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Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1954.

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

CARDIFF :
WILLIAM LEWIS (PRINTERS) LTD.

HEALTH COMMITTEE.

(All Members of the County Council, plus three co-opted Members.)

Chairman : County Alderman S. Cadogan, J.P.

Sub-Committees.

Health Administration Sub-Committee. (15 Members.)

Chairman : County Alderman The Rev. W. Degwel Thomas.

Nursing Services Sub-Committee. (50 Members.)

Chairman : County Alderman S. Cadogan, J.P.

General Health Services Sub-Committee. (50 Members.)

Chairman : County Councillor W. R. Francis.

Special Health Services Sub-Committee. (50 Members.)

Chairman : County Alderman Mervyn W. Payne, J.P.

Appointments Sub-Committee. (26 Members.)

Chairman : County Alderman S. Cadogan, J.P.

The Chairman and Vice-Chairman of the County Council and the Chairman and Vice-Chairman of the Health Committee are *ex-officio* members of all Sub-Committees.

Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour of presenting for your consideration the Annual Report for 1954 on the health and sanitary circumstances of the County, together with the vital statistics for that period. It includes the reports of the Principal Dental Officer, Mr. John Young, the County Analyst, Mr. D. Evans-Jones, M.Sc., F.R.I.C., and the Senior Sanitary Inspector, Mr. W. D. Lewis.

The Registrar-General's estimate of the population of the Administrative County was 737,800, an increase of 1,500 over the previous year. The population has steadily risen year by year since 1943, with the exception of 1951, the Census year, when the Census figure of 732,100 was over 5,000 less than the estimated population in 1950. It is evident that with the establishment of new industries in the County the rapid decline which took place in the early thirties has given way to a steady increase.

The excess of births over deaths in 1954 however is less, dropping from 3,224 to 2,483, due to the fall in the birth rate to 15.6 per 1,000 population, which is the lowest since 1939, although still higher than the England and Wales figure of 15.2. The fall has been greatest in some of the valley areas. Ogmore and Garw, for example, fell from 16.7 to 13.5; Maesteg from 18.5 to 16.1; and the Rhondda from 15.3 to 14.3.

Shortage of housing accommodation presents a problem to the young married couple and in areas where the development of new housing sites has taken place the birth rate has remained high, e.g. Glyncoirwg 20.6, Caerphilly 19.8, Port Talbot 18.2, Barry 18.0. The illegitimate birth rate of 28 per 1,000 births is the lowest recorded.

The death rate increased from 11.8 to 12.3, the number of deaths from all causes being 9,038, or 365 more than in 1953, but 333 of this increase occurred in the age group 75+. The principal cause of death was heart disease in all its forms, but although the number attributed to this was higher, coronary disease and angina, which has shown a steady rise in the last few years, dropped slightly last year. Deaths due to vascular lesions of the nervous system were 200 up and deaths due to neoplasms also increased, with the exception of those due to cancer of the breast, which were slightly lower.

The infant mortality rate of 32.40 showed an unwelcome increase and is now much higher than the England and Wales figure of 25.5. Bearing in mind the emphasis paid to the care of the premature infant, the neo-natal death rate, that is deaths within twenty-eight days of birth, is disappointingly high at 21.52 per 1,000 live births, an increase of 2.19, although I am glad to be able to report that the percentage of premature baby deaths in domiciliary practice is less than in any of the preceding three years. In contrast to this, the maternal mortality figure of 0.59 per 1,000 live and still births is by far the lowest ever recorded.

in the County and for the first time is below the England and Wales rate, which was 0.69. Seven maternal deaths occurred out of a total of 11,521 births. It can now be almost claimed that with the adequate ante-natal supervision and the domiciliary and hospital care fortunately now available death due to pregnancy should be a rare occurrence indeed. In addition to the 85 Local Authority ante-natal clinics, which is an increase of seven, many general practitioners now hold their own clinics and there is no reason why they should not be complementary as, in addition to the clinical examination by the clinic medical officer, the health visitors are giving more and more mothercraft instruction, which is of great value to the mother. One must not lose sight of the educative aspects of the clinics' work, as well as the instruction in ante-natal exercises which is given in some of the larger clinics. The arrangements made by Dr. Kathleen Davies in the Mid-Glamorgan Division have been continued and are much appreciated by the mothers. Dr. Llewellyn Williams, Medical Officer to the Aberdare and Mountain Ash Division, has also reported on the good work carried out in the teaching of mothercraft.

Attendances at infant welfare clinics dropped by over 14,000 to 171,076 last year. One cannot say that this has any direct bearing on the higher infant mortality rate, but these clinics are staffed by medical officers and health visitors well trained to give advice on the care of infants and maintained at no small cost for this purpose, and mothers would be well advised to take advantage of the facilities provided. There are some, no doubt, who, now that the Maternity and Child Welfare Authorities have taken over the responsibility from the Ministry of Food, regard the clinic as a place where dried milk and other welfare foods can be obtained at reduced rates. If this were their main purpose it would be better to advocate their closure.

Suitable clinic premises are however essential as it is not possible to teach health education, or expect mothers to wait in crowded, cold rooms which have had to serve in the past in some areas. I am pleased to report that a new clinic was opened at Porthcawl in March and that plans were well advanced for new clinics at Sandfields, Port Talbot, and Barry, while a large building in Penrhiwceiber will also be adapted in the next few months.

The health visiting staff, although depleted in numbers, have continued to do good work, although uncertainty regarding her future role has been, in my opinion, unsettling, and the Report of the Work Party, under Sir Wilson Jameson, which paid a visit to Cardiff to hear evidence, is eagerly awaited.

The number of domiciliary confinements (4,524) was a decrease of 134. The percentage of domiciliary to hospital confinements remaining approximately the same however as there were 230 less births.

The number of whole-time midwives was further reduced to 130, although the decrease in births tended to keep the case loads almost constant. Midwives continued to assist their home nursing colleagues when called upon to do so and this assistance has been of great value as, although the home nursing service was increased by three, this service has been hard pressed in dealing with the demands made upon it, approximately 30,000 more visits being made during the year. The number of cases attended has increased since 1950 by 7.6 per cent, but the number of visits paid by 27.6 per cent because a high proportion of the cases nursed are the elderly chronic sick, who require attention over a long period. An analysis of the case care made by Dr. Morley-Davies, the newly-appointed Divisional Medical Officer in the Rhondda Division for the six months ended the 31st December revealed that in 68 per cent of cases injections of one kind or another were given. It is evident that the bottle of medicine is being replaced in many cases by injections which are more effective in the treatment of certain conditions, but call for more frequent visitations from the home nurse, who often has to pay twice daily visits.

The Home Help Service continues to render valuable assistance mainly to elderly persons. As many were not receiving the amount of help warranted by the circumstances, the Committee agreed in November to increase the establishment to one per 2,750 population. This increase was offset partly by a decision to grant holidays with pay to casual home helps who are employed for more than 36 hours a month. The number of helps now employed is approximately 555, equivalent to 229½ whole-time, which made effective control by the Divisional Supervisors of Midwives and Home Nurses almost impossible. Where it could be arranged the Divisional Superintendent Health Visitors have assisted in the supervision. Even so, in the larger divisions this still remains insufficient to meet the needs.

The Ambulance Service continues to work to capacity and one can say without question that additional ambulance vehicles would have been required in the eastern end of the County if it were not for wireless control now installed in 25 vehicles. An overall reduction of 10,877 miles occurred during the year, there being 2,391 fewer journeys, although 2,542 more patients were conveyed. The accident rate which had been a cause for concern in 1953 was reduced from 115 to 82, equivalent to one accident (major and minor) per 14,525 miles run. The 245 patients conveyed by rail represented a saving of approximately 62,952 miles.

There were no deaths during the year from diphtheria, acute poliomyelitis, or measles, and once again the deaths from tuberculosis have fallen and the time may not be too far distant when what was a scourge in our midst will have been almost wiped out. It is too early to make extravagant claims for B.C.G. but steady progress is being made in the vaccination of Mantoux negative contacts and the school-leaver age group. The number of tuberculosis notifications has dropped considerably.

It is my pleasant duty and privilege to acknowledge the excellent work of the staff, both Central and Divisional. They have carried out their duties in a most conscientious manner, giving loyal and efficient service to the public whom we serve. My thanks are also due to my colleagues in other departments and, in conclusion, may I once again express my appreciation of the encouragement and consideration given at all times by the Chairman and members of the Health Committee.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

June, 1955.

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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 2233
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/
Rhondda	R. B. Morley-Davies, M.B., B.Ch., 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.

In my previous Annual Report I reported on the steps which had been recommended by the Committee in the acquisition and reservation of sites should the Authority decide to establish Health Centres at some future date.

The problems surrounding the setting up of Health Centres have been considered by the Central Health Services Council (Report of the Committee on General Practice within the National Health Service). A perusal of their report, which in my opinion seems to favour group practice, confirms the view I have previously expressed regarding the improbability of the establishment of Health Centres as envisaged by the 1946 Act. The need to retain sites already reserved or acquired should therefore, be reviewed from time to time.

The Welsh Board of Health have approved the plans for the erection of a clinic at Sandfields of modified design on a site originally of about $1\frac{1}{2}$ acres, but which was subsequently reduced to 0.89 acre to allow two police cottages to be built thereon.

Other sites were scheduled, provisionally reserved or amended during the year in the following localities :—

Llanmaes Road, Llantwit Major.
 Ash Street, Hawthorn, Pontypridd.
 Station Road, Senghenydd.
 High Street, Nelson.
 Wyndham Street, Barry.
 Ludlow Street, Caerphilly.
 Eastgate Street, Cowbridge.
 Hillside Park, Bargoed.
 Glyn Terrace, Fochriw.
 Mansel Street, Gowerton.
 Gwernifor Farm, Mountain Ash.
 West Street, Gorseinon.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

The new combined M. and C.W. and School Clinic at Porthcawl was completed and officially opened by County Councillor Jenkin John, J.P., on the 29th March, 1954.

In the 1954-55 Capital Building Programme, apart from the completion of the Porthcawl Clinic, the following new items were included.

Sandfields, Port Talbot	New clinic.
Penrhiwceiber	Conversion of Cwmcynon Workmen's Hall.
Barry	New clinic at Wyndham Street.
Ystalyfera	New clinic.
Croeserw	New clinic.
Hawthorn, Pontypridd	New clinic.
Llantwit Major	New clinic.

The Ministry were unable to approve the inclusion in the Building Programme for this year of the projects for Hawthorn, Pontypridd, Llantwit Major, and Croeserw, and although the remaining schemes were approved in principle, little progress was made for the reasons stated below :—

Sandfields, Port Talbot	Final agreement with Ministry over layout was not received until late in the year. Private Architect appointed and it is hoped to commence work early in 1955.
Penrhiwceiber	.. Despite agreement between County Council and Workmen's Hall Committee over purchase price it was not possible to complete owing to a temporary legal difficulty with the Charity Commissioner.
Barry	Working drawings being prepared at end of year.
Ystalyfera	Still unable to obtain site.

Minor works completed during the year included :—

Abercynon	New pram shelter.
Maesteg	do.
Gorseinon	do.

Unfortunately, after completion, the Abercynon pram shelter was damaged in an accident involving a double-decker bus, and steps have been taken to repair this.

The new pram shelter planned at the Tonyrefail Clinic is expected to commence before the end of the 1954–55 financial year.

The Authority has decided to vacate the accommodation hired for Maternity and Child Welfare purposes at the Town Hall, Cowbridge, for the premises formerly used as a Welfare Foods Distribution Centre at Woodstock House, Cowbridge. The terms of occupation have been agreed and the work of adaptation is expected to commence early in the new year.

In the Port Talbot area some of the difficulties of providing satisfactory clinic accommodation to meet the needs of the rapidly developing area have been the subject of comment by the Divisional Medical Officer, Dr. D. H. J. Williams, who states :—

"Baglan.

Rapid housing development in the Baglan area accentuated the need for adequate clinic facilities centrally placed in the area. The unsuitability of siting of the Infant Welfare Clinic held at the Whitford Hall—on the fringe of the district served—had been demonstrated by the poor attendances at that clinic.

This problem was however solved when, on the appointment of a Home Nurse-Midwife for Baglan, the local district authority allocated a house on the housing estate as a residence for the Nurse-Midwife—part of which was to be used for clinic purposes. It thus became possible to provide adequate Infant Welfare facilities and extend the Ante-natal service on the housing estate with an immediate and very satisfactory response by the people served.

Whilst this close and co-operative liaison between County and District Authorities served to effect a temporary solution to what had been an acute problem in a growing neighbourhood, the mounting attendance figures underline the need for the erection of a clinic to serve the area.

Margam.

The completion of the Community Centre at Margam made possible an extension of the Infant Welfare Clinic and Food Sales facilities in this area, a fortnightly session being introduced on the 20th September. As the premises unfortunately do not lend itself to ante-natal work this continues to be carried out at the Taibach Clinic."

Owing to local circumstances usually associated with attendances, variations, as shown in the following list, were made in the arrangements for holding clinic sessions:—

Health Division.	Area served.	Location of Clinic Premises.	Type and frequency of Sessions now held.	Remarks.
Aberdare and Mountain Ash	Abercynon Hirwaun ..	Walter Street, Abercynon Bethel Church Vestry, Hirwaun	Infant Welfare : Weekly Infant Welfare : Fortnightly	Previously held fortnightly. Previously held weekly.
	Penywaun	Apostolic Church, Gamlyn Terrace	Ante-natal : Tuesday mornings fortnightly Infant Welfare : Tuesday afternoons fortnightly	Previously held on Tuesday afternoons. New provision.
Caerphilly and Gelligaer	Trecenydd, Caerphilly	Penyrheol Clinic, Trecenydd	Infant Welfare : Tuesday afternoons weekly	Previously held fortnightly.
Mid-Glamorgan	Porthcawl ..	County Council Clinic, South Place, Porthcawl	All facilities previously available at 124, John Street, Porthcawl	New clinic.
	St. Brides Major	Church Hall, St. Brides Major	Combined Ante-natal and Infant Welfare : Friday afternoons fortnightly	Previously held at Bryn Zion Presbyterian Church.
	Cornelly ..	Methodist Chapel, Cornelly	Ante-natal : Alternate Friday mornings Infant Welfare : Alternate Tuesday afternoons.	Previously combined clinic held alternate Tuesday afternoons.
Pontypridd and Llantrisant	Gilfach Goch	Gelliarael Road, Gilfach Goch	Ante-natal : Thursday mornings fortnightly	Previously held three mornings monthly.
Port Talbot and Glyncothrwg	Cwmavon ..	Depot Road, Cwmavon ..	Ante-natal : Tuesday mornings weekly	Previously held Monday afternoons fortnightly.
	Baglan ..	65, Hawthorn Avenue, Baglan	Ante-natal : Wednesday afternoons fortnightly Infant Welfare : Wednesday afternoons fortnightly	New provision.
	Margam ..	Community Centre, Margam	Infant Welfare : Monday afternoons fortnightly.	New provision.
	Wenvoe ..	Village Hall, Wenvoe ..	Infant Welfare : Fourth Friday afternoon in each month	Previously held in Reading Room.

The following tables give statistical details of the services provided for the care of mothers and young children 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.	
BIRTHS.													
No. of births notified	{	(a) Live births	{ Domiciliary Institutional	377 608	762 624	534 1,061	369 657	425 734	411 658	620 1,251	376 601	662 901	4,536 7,095
		(b) Still-births	{ Domiciliary Institutional	8 31	13 28	16 35	4 24	12 20	6 24	7 42	7 21	19 37	92 262
ANTE-NATAL AND POST-NATAL CLINICS.													
(a) No. of clinics provided at the end of the year	{	Ante-natal clinics Post-natal clinics		8 —	14 1	18 —	5 —	7 —	11 —	10 —	5 —	7 —	85 1
(b) No. of sessions held per month at clinics included in (a)				26 —	28 1	44 —	22 —	33 —	34 —	33 —	20 —	44 —	284 1
(c) No. of women who attend- ed during the year	{	Ante-natal clinics Post-natal clinics*		1,106 103 (103)	1,667 225 (86)	1,491 89 (89)	1,211 268 (268)	1,202 103 (103)	1,273 99 (99)	1,409 243 (243)	682 93 (93)	1,474 — —	11,515 1,223 (1,084)
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> pre- viously attended any clinic during current preg- nancy and for P.N. clinics women who had <i>not</i> pre- viously attended any P.N. clinic after last confine- ment				584 103 (103)	1,351 191 (81)	1,153 87 (87)	989 268 (268)	909 91 (91)	955 75 (75)	1,020 110 (110)	612 90 (90)	1,176 — —	8,749 1,011 (905)
(e) Total No. of attendances made by women included in (c)	{	Ante-natal clinics Post-natal clinics*		3,506 108 (108)	5,627 304 (100)	6,219 95 (95)	5,325 363 (363)	5,735 110 (110)	5,236 118 (118)	4,781 426 (426)	3,907 97 (97)	8,008 — —	48,341 1,623 (1,411)
* Women post-natally examined at ante-natal clinics are included and also shown in brackets.													
INFANT WELFARE CENTRES.													
(a) No. of centres provided				9	23	29	12	13	15	27	18	7	145
(b) No. of sessions held per month at centres in (a)				37	58	96	34	40	40	76	48	72	500
(c) No. of children who attended centres for the first time during the year who were under 1 year of age				905	1,282	1,412	944	1,008	946	1,617	804	1,349	10,200
(d) No. of children who attended during the year who were born	{	1954 1953 1949-1952		801 731 713	1,085 1,073 1,046	1,303 1,263 1,670	863 869 999	913 849 1,050	888 793 719	1,464 1,309 1,277	718 769 500	1,207 1,053 873	9,200 8,700 8,800
(e) Total No. of children who attended the centres during the year				2,245	3,204	4,236	2,731	2,812	2,400	4,050	1,987	3,133	26,700
(f) No. of attendances during the year made by children who at the date of the first attendance were			Under 1 year .. 1 year but under 2 years 2 years but under 5 years	9,908 2,058 1,241	13,111 3,049 2,246	19,797 5,357 6,801	12,912 3,048 2,160	10,988 2,524 2,217	11,519 2,043 1,590	20,215 4,966 3,987	10,491 2,921 2,216	10,511 1,861 1,139	119,600 27,800 23,500
(g) Total No. of attendances made during the year				13,207	18,606	31,955	18,120	15,729	15,152	29,168	15,628	13,511	171,000

EXPECTANT AND NURSING MOTHERS.

On the 31st December, 1954, clinic facilities for expectant mothers were available at 85 centres, 38 of these being County Council-owned premises. The number of ante-natal clinic sessions held monthly showed an increase from 277 to 284.

There has been no change in the clinic routine. There is a medical officer in attendance at all ante-natal clinics and at most of the infant welfare sessions. In most divisions there are some part-time practitioners employed on a sessional basis for clinic work, but the majority of clinics are staffed by medical officers in the whole-time employment of the County Council.

In the clinic team the health visitor forms the more permanent link between the Health Authority and the family. The Midwives continue to attend on a rota basis, thus maintaining additional contact with their patients and obtaining the advice of the clinic medical officer in cases where such help is thought desirable.

There is good liaison with the family doctors in cases where their active assistance is thought desirable and co-operation between clinic medical officers and the maternity units of local hospitals has improved. Some general practitioners in the County hold regular ante-natal clinics at their own surgeries. This is an important and desirable development provided patients are not discouraged from attending the Local Health Authority's ante-natal clinics should they wish to do so, as mothercraft teaching forms an important part of the clinic services.

Professor A. S. Duncan, who is in charge of the Department of Obstetrics and Gynaecology of the Welsh National School of Medicine, has been particularly helpful in promoting co-operation between the maternity hospitals with which he is concerned and the County Midwifery Service.

During the year some restrictions were imposed by the Management Committee on the number of admissions to the Maternity Unit at the St. David's Hospital. For a short period the hospital found it necessary to discharge maternity patients before the tenth day after their confinement and many of the County midwives in the South-East Glamorgan Division were called upon to complete the nursing of these cases after discharge from hospital.

Ante-natal clinic attendances of 48,344 showed a reduction of 2,943 compared with last year's figures. With the increasing facilities for hospital confinements and the quite proper tendency of some hospitals to undertake their own ante-natal examinations of mothers booked for confinement in hospital, a decline in the number of attendances at our own ante-natal clinics is not unexpected. What is of great importance is to ensure that expectant mothers are brought under adequate ante-natal care, whether this is arranged by the Hospital, General Practitioner, or Local Health Authority services, and it is of equal importance that expectant mothers should receive adequate advice and instruction in general matters directed towards the improvement of their health and welfare. Here the midwife and the health visitor can be of invaluable assistance, the good offices of the latter continuing long into the post-natal stage encouraging and advising the mother in the training and rearing of tomorrow's citizen.

Health talks to mothers are given by the Health Visitors, particularly in the larger clinics which are more suitable for the work. An increasing interest is being shown by the Health Visitors in the possibilities of health education by group instruction of mothers attending ante-natal or infant welfare clinics. The success of this method depends to a great extent upon the personality and enthusiasm of the instructor.

Dr. J. Llewellyn Williams reports that in his division :—

"The most successful class has been held in Aberdare. Sixty mothers have attended and taken the complete course, which consists of the following six talks—

- (1) Introduction. General health. Food. Vitamins, clothing for mother (layette at hand with instructions).
- (2) Exercises. Talk : introduction to breast feeding.
- (3) Introduction of atlas. Breast feeding.
- (4) General care of baby. Preparation of cot, bathing, etc.
- (5) Gas and air demonstrations. Preparation of room (this talk given with the help of the midwife).
- (6) Summary and general advice.

followed by ante-natal exercises and a cup of tea.

Observations made by the patients lead us to believe that this work is greatly appreciated and certainly shows results, as many of these mothers breast feed their babies, and obviously by the way they dress their babies and handle them they have derived much knowledge and great confidence from these preparatory talks."

Not all premises lend themselves to group talks and individual advice to the expectant and nursing mother remains the most important method of health education.

It is hoped next year to supply a film strip projector and suitable film strips on health matters to each division. These visual aids will be used to reinforce or illustrate the spoken word and it will be interesting to see to what extent the attention of the mothers will be held by these methods.

POST-NATAL CLINICS.

Mothers are encouraged to attend for post-natal examination if this has not been done by the general practitioner or at hospital. These examinations are done during ante-natal clinic sessions unless, as in the more populous areas, the numbers justify the arrangement of separate post-natal clinics.

In the Caerphilly and Gelligaer Division, Dr. E. C. Powell reports that "the great majority of post natal examinations during the year were carried out at the Bargoed Clinic. These examinations are lengthy and in order to alleviate the pressure at Bargoed it is hoped in 1955 to hold similar clinics in either Ystrad Mynach or Caerphilly, which will greatly reduce the travelling of patients from the Caerphilly, Nelson, and Trelewis areas."

In the Mid-Glamorgan Division the well-established arrangements for special ante-natal and post natal exercise classes, devoted to exercises taught by physio-therapists and talks by the medical and nursing staffs, were continued.

NATIONAL INSURANCE ACT, 1953.

Under regulations made by the Minister of Pensions and National Insurance and operated as from the 26th October, 1953, increased maternity benefits became payable.

A home confinement grant of £3 was instituted for mothers whose confinements took place at home. Contrary to expectations in certain quarters, the prospect of additional benefit does not seem to have influenced any greater number of women in favour of being confined at home.

As from the 16th May, 1955, further increases of maternity benefit will become payable.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1954 was 28 per thousand births, compared with a rate of 46 for England and Wales.

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 rehabilitation of these girls is attempted. The Cwmdonkin Shelter, Swansea, very occasionally admits Glamorgan girls, and in certain other instances the County Council has accepted financial responsibility for girls where, owing to their temporary residence elsewhere, it was impracticable to arrange for their admission to hostels in or adjacent to Glamorgan.

If admitted to hostels unmarried mothers are expected to remain there for at least three months.

Many of the children are ultimately placed for adoption. Unless the unmarried mother is received back into the family circle and obtains help and sympathetic encouragement from her own people in the care of her baby, it is likely that she will encounter almost insurmountable difficulties in her attempts to find suitable employment and shelter while she has a baby to care for.

Much good work is done by the health visitor in effecting reconciliations where family harmony has been disturbed or prejudiced by "trouble" of this kind.

During the year 12 unmarried mothers were admitted for confinement to hostels under the County Council scheme and another was admitted post-natally with her baby. This was four less than in 1953.

Financial responsibility was also accepted for the maintenance of a mother at a mother and baby home in Yateley.

CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 153 centres in use as infant welfare clinics, the majority being staffed by whole-time medical officers and health visitors occasionally supplemented by other nursing help.

By the end of 1954, 14 additional clinics had been established, and the number of sessions per month had been increased from 429 in 1948 to 501. In some clinics qualified nurses not holding a health visitor's certificate assist, and there are a few clinics where, by a long-standing arrangement, a local practitioner attends on a sessional basis.

Although attendances showed a decrease from 185,490 to 171,076, these figures show that the desire of many mothers to avail themselves of the facilities offered at infant welfare centres has been well maintained. There is still room for considerable improvement in the attendances of children in the 1-5 age group.

The clinics are mainly advisory and educational in character and are not intended to provide a curative service. Although discouraged from giving clinical treatment, the enthusiastic clinic medical officer, together with his colleague, the health visitor, can, in co-operation with the family doctor, do much to encourage mothers to adopt sound practice in the nurture of their children. To some extent the success of the work of clinical medical officer and the health visitor can be related to measures, such as immunisation against diphtheria or whooping cough, as the numbers of children receiving these forms of prophylaxis should be substantially increased.

Where the local status of a properly staffed infant welfare clinic has degenerated into being regarded only as a place where proprietary foods can be purchased at cheap rates, it is time to admit failure and to consider whether it is worth while continuing to hold our sessions.

Some of the hired premises are very unsatisfactory, but little can be done to effect essential structural improvements and the need to stock Ministry of Food welfare food products has in many places increased existing difficulties of storage accommodation.

The examination of boarded-out children is 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, close contact is maintained 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 difficult cases and problem families within the knowledge of both departments. These committees continue to serve a very useful purpose.

"The Laurels" Nursery at Neath is under the general medical supervision of Dr. H. R. Stubbins, 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 the various Children's Homes including the nursery established at "Cartrefle," Bridgend.

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. The Act also provides for the registration of persons engaged in the day-minding of children for reward. There are, one child-minding establishment and two child-minders registered under the Act, and routine visits of inspection were paid during the year.

A certain amount of unofficial child-minding, apart from "baby sitting," is thought to be done in some areas but the extent of this is not known and, speaking generally, most of the minding arrangements are made with relatives.

CARE OF PREMATURE BABIES.

The better organisation of the care of premature infants born in the practice of domiciliary midwives has tended to produce good results in the survival of many whose chances of survival would otherwise have been considerably reduced.

Training in the care of premature infants, including the special nursing techniques required, has been given to five midwives during the year. When the specially trained midwife takes charge of the premature infant she continues in attendance, using the special portable equipment supplied and working under the supervision of the family doctor, for as long as the case requires special attention. Before leaving the case it is handed over by the midwife to the health visitor, who takes over the general supervision.

The following tables show the number of premature babies nursed entirely at home (Table I (A)), those transferred to hospital (Table I (B)), and those born in hospital (Table I (C)). Of the premature infants born in domiciliary practice, the percentage of those who died is less than in any of the preceding three years, although there was a slight increase in the proportion of deaths occurring in very small premature babies. Of the 16 premature baby deaths recorded as have taken place at home, nine occurred within twenty-four hours after delivery.

TABLE I (A)—NURSED ENTIRELY AT HOME.

Birth Weight.	1949.		1950.		1951.		1952.		1953.		1954.	
	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.
4 oz. or less ..	27	% 85.2	16	% 75.0	20	% 75.0	16	% 81.3	16	% 87.5	7	% 100.0
4 oz.—4 lb. 6 oz. ..	49	20.4	21	14.3	28	32.1	22	27.3	18	16.7	10	20.0
Sub Total ..	76	43.4	37	40.5	48	50.0	38	50.0	34	50.0	17	52.9
6 oz.—4 lb. 15 oz. . .	40	15.0	25	4.0	29	—	20	10.0	28	7.1	12	8.3
15 oz.—5 lb. 8 oz. . .	143	5.6	135	2.2	113	4.4	129	2.3	101	4.0	101	5.9
Sub Total ..	183	7.7	160	2.5	142	3.5	149	3.4	129	4.7	113	6.2
Total ..	259	18.2	197	9.6	190	15.3	187	12.8	163	14.1	130	12.3

TABLE I (B)—TRANSFERRED TO HOSPITAL.

Birth Weight.	1949.		1950.		1951.		1952.		1953.		1954.	
	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.
4 oz. or less ..	15	% 73.3	24	% 62.5	18	% 72.2	12	% 75.0	19	% 52.6	24	% 66.7
4 oz.—4 lb. 6 oz. ..	18	44.4	19	42.1	14	28.6	19	15.8	20	35.0	26	30.8
Sub Total ..	33	51.6	43	53.5	32	53.1	31	38.7	39	43.6	50	48.0
6 oz.—4 lb. 15 oz. . .	5	—	18	27.8	13	30.8	2	—	5	60.0	12	25.0
15 oz.—5 lb. 8 oz. . .	13	15.4	10	2.0	10	30.0	4	—	4	25.0	6	33.3
Sub Total ..	18	11.1	28	25.0	23	30.4	6	—	9	44.4	18	27.8
Total ..	51	41.2	71	42.3	55	43.6	37	32.4	48	43.8	68	42.6

TABLE I (C)—BORN IN HOSPITAL.

Birth Weight.	1953.		1954.	
	Births.	Died.	Births.	Died.
3 lb. 4 oz. or less	78	% 56.4	68	% 79.4
3 lb. 4 oz.—4 lb. 6 oz. ..	133	18.0	118	22.9
Sub Total	211	32.2	186	43.5
4 lb. 6 oz.—4 lb. 15 oz. ..	141	6.0	146	6.8
4 lb. 15 oz.—5 lb. 8 oz. ..	260	3.8	262	3.1
Sub Total	401	4.5	408	4.4
Total	612	14.1	594	16.7

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 available for purchase.

All these clinics are well attended.

TRAINING OF NURSERY NURSES.

During the year 17 first-year and 19 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.

DISTRIBUTION OF WELFARE FOODS.

The breast feeding of infants is encouraged in all our clinics, and mothers who are unable to breast feed their infants are urged to use national dried milk as a substitute.

It may be recalled that the Welfare Foods Service is part of the Family Allowance Scheme and its purpose is to provide expectant mothers, mothers of young babies, and children up to the age of five years with milk and vitamin products at reduced rates. There are five different types of commodities in the range of these products :—

- (1) National dried milk full cream (sold at 10½d. per tin)
- (2) National dried milk half cream (do.)
- (3) Concentrated orange juice (sold at 5d. per bottle)
- (4) Codliver oil compound, and (issued free)
- (5) Vitamin A and D tablets (do.)

When the local offices of the Ministry of Food closed in the early part of July responsibility for the distribution of welfare foods, i.e. national dried milk, codliver oil, orange juice, and vitamin A and D, was undertaken by Local Health Authorities as part of their duties under the National Health Service. To enable this to be done in Glamorgan the County Council's scheme under Section 22 of the National Health Service Act, 1946, was amended as follows :—

"Supply of Welfare Foods.

The local Health Authority propose, as part of their arrangements under Section 22 of the National Health Service Act, 1946, to distribute welfare foods supplied by the Ministry of Food which are included in the National Welfare Foods Scheme, and to purchase and distribute other welfare foods where the welfare of expectant and nursing mothers or young children so requires."

In spite of the admittedly short notice that had been given, plans were made to take over the whole of the local distribution arrangements by the end of June. In some divisions lack of space prevented the storing, in premises already in the occupation of the County Council, of the large stocks of welfare foods which had to be handled. Fortunately a renewal of the hiring of the whole or part of the existing food office premises was possible in Neath (1, Alfred Street), Cowbridge (Woodstock House), and Aberdare (37, High Street). At Port Talbot and Bridgend alternative premises were found for use as main storage and distribution centres, and although in neither can the accommodation be regarded as satisfactory, the premises are conveniently situated in the local shopping centre and serve the needs of a large population.

In the Caerphilly and Gelligaer, Pontypridd and Llantrisant, South-East Glamorgan, and West Glamorgan Divisions the main bulk of Ministry of Food stores are held in the Divisional Offices and distributed from there to the various clinics and distribution points in the divisions. Problems of storage did not arise in the Rhondda Division as sufficient accommodation for the storage of welfare foods was available in the present clinics.

With regard to the arrangements for distribution to beneficiaries, the Committee decided that the distribution of welfare foods be made as far as possible from the Authority's own clinics. Only where this was not practicable were other distribution centres continued or established, the smallest of these being in private houses and operated by voluntary workers. To avoid inconvenience and possible hardship to mothers, additional food sales sessions were established at clinics in the more populous areas. This and the other extra work which was placed upon the divisions by the distribution of welfare foods made the appointment of additional staff, varying from one to two clerks, an urgent requirement in each division.

In the main the additional staff authorised was recruited from former Ministry of Food clerks with experience in this kind of work.

Very few criticisms have been received of the scheme now operating and, thanks to the assistance of the Ministries concerned and to good detailed preliminary planning by the divisions, the new arrangements are working smoothly.

During the period 28th June to 31st December, 1954, the following quantities of Ministry of Food products were issued :—

<i>National Dried Milk.</i>	<i>Codliver Oil.</i>	<i>Orange Juice.*</i>	<i>Vitamin A and D Tablets.</i>
190,568 tins.	41,409 bottles.	168,502 bottles.	9,933 packets.

* Including 14,493 bottles supplied to schools.

The value of the postage stamps on the coupons surrendered by beneficiaries exceeded £11,400.

Proprietary milk and welfare foods in limited range are also available at most of the infant welfare clinics, although since June, owing possibly to the introduction of Ministry of Food products, the sale of proprietary brands has shown a considerable reduction, i.e. approximately £30,000 to approximately £25,000.

DENTAL CARE.

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

"I am afraid in this prefacing paragraph to this report I have to follow the pattern of the past few years and express regret that our inadequate staffing position has still the effect of seriously handicapping our activities in the treatment of the priority classes of expectant and nursing mothers and the pre-school age children.

It has been the hope of Local Health Authorities all over the country that an improved salary scale would have the effect of improving recruitment to the Local Authority Dental Service, but the position has become one of intense competition between the Local Authority Service and the Practitioner and Hospital Services for recruits to their respective spheres of activities from a seriously undermanned profession. The poor student enrolment at the various training hospitals and schools is a grave situation, and is one that is giving the principals of the profession serious thought in the search for a remedy. In our own particular case it has the effect of restricting our efforts seriously, since in no less than four of our Health Divisions we are entirely dependent upon part-time services, and waiting lists and time lags in treatment are the inevitable results.

Our staffing position at the beginning of 1954 was rather worse than in the preceding year, as including the Rhondda Excepted Area we had only five whole-time dental officers and 21 part-time dental officers. We experienced slight improvements during the year with our part-time personnel and at the end of the year 1954, including the Rhondda Excepted Area, we had a staff of five whole-time officers and 24 part-time officers. There were slight fluctuations in the amount of time given to us by our part-time staff according to the number of sessions they were able to spare us from the demands of their practice.

With all our exasperating vicissitudes I am rather pleased to be able to report that our returns for the year under review show in the main an improvement upon previous years, as the accompanying table will show.

In 1954, 1,432 expectant and nursing mothers were referred to us by our Maternity and Child Welfare Centres, 244 more than the previous year. Out of this number 1,407 were found to require treatment, 1,254 were actually treated, and 735 were rendered dentally fit—191 more than the previous year. As I have said in previous years, it is necessary to explain the difference in the number of those treated and those rendered dentally fit. This is due to the inability of the patient to attend due to the nearing of the time of the confinement, demands upon the mother during the nursing period, and so on, and, of course, numbers of cases commenced in one year frequently continue into the following year, making it sometimes difficult to assess a case as dentally fit. The number of teeth extracted for this group was 4,952, which is 1,340 more than for the year 1953. 980 administrations of nitrous oxide and oxygen were given for the above extractions, 753 fillings were inserted, 354 more than in the previous year. Other forms of treatment, such as scalings, dressings, gum treatments, and prophylaxis amounted to 388 items, and 414 dentures were supplied to patients, which is 205 more than in 1953.

The figures relating to the dental treatment of pre-school age children are in the main very much on the same level as for the previous year with two notable exceptions, i.e. the number of fillings for these small patients and also a satisfactory rise (considering our handicaps) in the number of pre-school age tots rendered dentally fit. 1,112 pre-school age children were referred to us, just 18 less than in the previous year. Of these, 1,058 were found to require treatment, 932 were actually treated and 797 were rendered dentally fit, a rise of 60 over the figure for 1953. 2,475 teeth were extracted and 270 fillings were inserted, 42 more than for 1953. 89 other forms of treatment are recorded; these other forms include scalings, gum treatments, dressing, and silver nitrate treatment. The value of the use of silver nitrate in children's dentistry, especially young children's dentistry cannot be overstressed. It plays a very important part in conserving the teeth of these youngsters and because of the perfectly painless method in which it is applied it fills the very important function of gaining the confidence of these small and frequently difficult patients. It is often quite astonishing how much can be accomplished once confidence has been established and the use of silver nitrate is invaluable in achieving this end, at the same time performing its useful rôle in conserving the temporary dentition. For this group 865 administrations of nitrous oxide and oxygen frequently with vinesthene as an adjuvant vapour were given, making a total of 1,845 administrations for both classes.

Our chief handicap is of course our staffing position, but I feel that our position could be eased to a large extent if a better knowledge of oral hygiene could be instilled in our prospective patients as only too frequently mothers, expectant and nursing, present themselves for treatment with mouths in a very poor and neglected condition, which is very often quite avoidable given a better sense of oral hygiene. We, the officers in the Service, have always maintained that the beginning of a good dental service for school or M. and C.W. needs lies in ante-natal care, and we would urge

that the necessary instruction should be undertaken. As a class, mothers, especially expectant mothers, are interested in this, but only too often they rely upon, or are influenced by the often specious advertisements of various products. Timely advice about dentifrices, tooth brushes, diet, and other aspects of oral hygiene would, I am sure, pay a handsome dividend."

	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	111	149	231	129	179	196	79	73	285	1,432
Needing treatment	111	138	223	129	179	191	78	73	285	1,407
Treated	101	126	186	97	136	188	67	68	285	1,254
Made dentally fit	41	47	133	69	77	151	46	68	103	735
Extractions	440	379	1,032	518	696	959	247	135	546	4,952
Fillings	56	82	120	52	248	83	45	43	24	753
Inlays	—	—	—	—	—	—	—	—	—	—
Crowns	—	1	—	—	—	—	—	—	—	1
Scalings or scaling and gum treatment	37	19	44	3	46	13	4	22	41	229
Silver nitrate treatment	—	—	—	—	—	—	—	1	—	1
Dressings	16	8	—	14	4	42	—	5	69	158
Radiographs	—	4	6	3	14	—	2	9	—	38
Dentures provided { Complete	5	11	42	34	41	21	10	1	—	165
Partial	7	25	24	39	27	52	20	12	43	249
CHILDREN UNDER 5 YEARS OF AGE.										
Examined	75	116	237	100	101	173	171	39	100	1,112
Needing treatment	68	113	222	94	101	168	155	37	100	1,058
Treated	56	77	196	86	75	163	145	34	100	932
Made dentally fit	54	41	182	74	43	154	135	34	80	797
Extractions	169	163	515	312	206	522	349	69	170	2,475
Fillings	1	6	29	95	71	34	31	3	—	270
Inlays	—	—	—	—	—	—	—	—	—	—
Crowns	—	—	—	—	—	—	—	—	—	—
Scalings or scaling and gum treatment	4	—	—	—	1	16	—	1	—	22
Silver nitrate treatment	—	—	—	19	6	—	—	3	5	33
Dressings	—	—	14	13	3	—	—	4	—	34
Radiographs	—	—	3	—	2	—	—	—	—	5

SECTION 23.—COUNTY DOMICILIARY MIDWIFERY SERVICE.

On the 31st December, 1954, there were in the Administrative County 151 midwives who had notified their intention to practise. Twenty-one of this number were actually practising as independent midwives. In the County Domiciliary Midwifery Service 130 were employed, 12 being engaged as nurse-midwives.

The arrangements for supervision under the Midwives Acts remained the same as in previous years. At the Central Office there is a County Non-medical Supervisor of Midwives and Home Nurses, Miss B. Davies, and for each of the nine divisions there is a Divisional Non-medical Supervisor.

Mention has been made in previous reports of the steadily falling number of domiciliary births. This is shown in the graph on page 27. County midwives attended 4,524 deliveries in 1954, a decrease of 34 compared with the previous year's total of 4,658. In the County there were 230 total births less than in 1953, the number of births attended by County midwives showing a reduction of 134, while the number of births occurring in hospital was reduced by 90.

The national average weekly cost of maintaining a patient in a maternity hospital during 1953-54 was 8 0s. 5d. The cost per domiciliary cases attended in Glamorgan was £25 0s. 1d.

Prior to 1948 most midwives who attended domiciliary confinements did so in their capacity as midwives—no doctor having been engaged by the patient. Since then it has become an increasing practice for patients to arrange for a medical practitioner to provide them with medical care. Because of this most of the domiciliary midwifery cases are now attended by the midwife in the capacity of maternity nurse. Of the 3,132 cases in which a doctor had been booked to attend, a doctor was present at delivery in 476 cases.

I have previously remarked on the effect of a continuous rise in the number of hospital confinements upon the domiciliary midwifery service. In its report for the year ended the 31st March, 1954, the Central Midwives Board gives the percentage of institutional deliveries as 64 per cent of the total births. In Glamorgan for the year ended the 31st December, 1954, the percentage is 63.9.

In districts where Part II Midwifery Training Schools have been established, i.e. Neath and Barry, it has been extremely difficult to find within reasonable distance of the training schools a sufficient number of domiciliary confinements to enable adequate practical training to be given to pupil midwives. This is a matter of serious concern, particularly as the number of recruits to the midwifery profession is extremely limited and there is already a shortage of trained mobile, i.e. unmarried midwives, who are willing to undertake domiciliary midwifery work.

There is no evidence that the increase of maternity benefits and allowances for women confined at home has in any way encouraged women to have their babies at home. The cost of confinement in hospital may be more costly to the State although economically advantageous to the mother. While various schools of thought dispute the need to use costly hospital bed accommodation for normal confinements, requests for the admission of such cases still exceed the number of beds available. Owing to the increase of maternity bed accommodation generally, hospitals are able to admit more mothers on social grounds than because of any actual or threatened complication of pregnancy.

As stated elsewhere in this report, the number of maternity beds available for County patients at St. David's Hospital, Cardiff, was temporarily restricted last year.

Since 1948 there has been a substantial reduction in the number of midwives employed in the department, but there are obvious limits beyond which it would be unwise to reduce the midwifery establishment if mothers who prefer to be confined at home are to receive proper attention. In addition to the reduction since 1948 in the number of whole-time midwives employed, in most areas the former arrangements under which domiciliary relief midwives were appointed to cover sickness and holiday periods have been discontinued. Wherever it is practicable to do so midwives are expected to relieve one another, except where occasionally the appointment of temporary help is necessary at holiday times and during prolonged periods of sickness.

The reduced case-loads of midwives are not peculiar to Glamorgan. Paradoxically it is only with extreme difficulty that applicants can be found for permanent appointments in the County Midwifery Service. Nineteen midwives are due to retire within the next five years and, although it may not be necessary to replace all of them, where replacements are considered essential it is almost certain that suitable applicants for the vacancies will be few. In this connection it might be appropriate to quote the following extract from the report of the Central Midwives Board for the year ended the 31st March, 1954:—

"After taking into consideration statistical estimates for the future trend of population, and particularly the increase in women in the age group 18-30, which will take place about 1961, the Board concluded that it was of prime importance that a well-organised domiciliary service should be maintained even though it might appear to be under-employed in the next year or two. The Board have sought to impress this view on other authorities concerned with the Maternity Service."

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

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.

In most areas of the County rapid transport of mothers in labour is provided for by the Ambulance Service. Even so, during the year nine babies were born in ambulances.

The arrangements whereby midwives in certain areas assist their home nursing colleagues in the nursing of other than midwifery patients continued during the year, and a total of 9,919 home nursing visits were made by County midwives. This afforded much relief to their hard-pressed colleagues and, I think, has led to a closer appreciation by the midwives of the work of the Home Nursing Service.

ANALGESIA IN MIDWIFERY.

One hundred and twenty-nine County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its administration.

During 1954 the number of patients who received gas and air analgesia was 3,355, i.e. 75 more than in 1953. Expressed in terms of percentages 72.9 per cent of cases attended in 1954 received gas and air analgesia, compared with 70.4 per cent in 1953.

Pethedine, a pain relieving drug for administration during labour, was administered to 2,205 patients, or 47.9 per cent of the cases attended.

A new anaesthetic—"Trilene" (Trichloroethylene) has been approved by the Central Midwives Board on a recommendation of a Committee of the Medical Research Council which, during the past few years, has been making exhaustive trials with various types of apparatus for use in connection with the administration of this new drug. An approved type of apparatus is likely to become available shortly and when supplies of the new machines are available it will be necessary to make arrangements for the midwives to receive special instruction in their use.

Apart from providing a more effective type of anaesthesia the apparatus is much lighter and less costly than the present Minnetts gas and air machine.

The Nursing Services Committee at its meeting in November agreed to the supply of the new apparatus; the exact type has yet to be decided but it is hoped that new machines will be available for some, if not all of our midwives, during the coming financial year.

TRAINING OF MIDWIVES.

Twelve pupil midwives were trained at the Part II Training School established at Neath. Comparatively few candidates applied for admission and many had to attend domiciliary confinements in the adjacent Port Talbot area because there were insufficient domiciliary cases in Neath to provide the requisite experience for the pupil midwives. These extra-territorial journeys involved considerable costs for hire of transport.

There is a Part II Training School at the Barry Nursing Home, administered by the Cardiff Hospital Management Committee, the midwifery teaching on the district being done by selected County midwives practising in the area. Fifteen pupil midwives received training on the district. Similar difficulties were encountered in finding a sufficient number of home confinements in the area and some of the pupil midwives had to make journeys to Penarth to attend deliveries.

SPECIAL TRAINING IN THE CARE OF THE PREMATURE BABY.

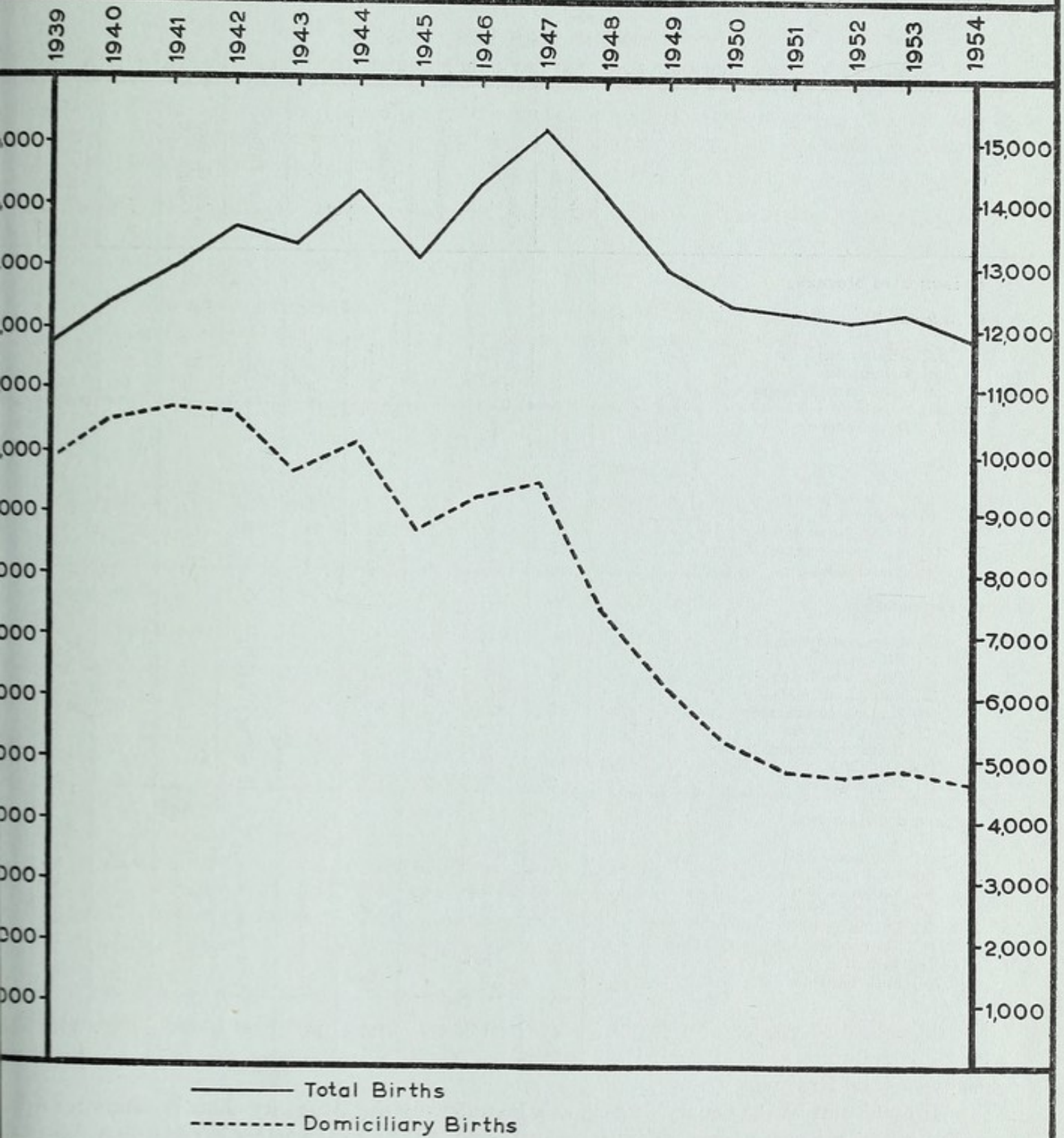
In previous years County midwives requiring training in the care of the premature infant were sent to Sorrento Hospital, Birmingham, or to St. David's Hospital, Cardiff, according to the availability of training vacancies.

Following a recommendation made by the Neath and District Divisional Health Committee early in the year, an approach was made to the Mid-Glamorgan Hospital Management Committee to make similar facilities available at the Neath General Hospital. This they arranged to do, so that from time to time selected midwives from the Neath area will be able to attend on a non-residential basis, for a month's course of training in the care of premature infants, including the special nursing technique required.

During the year five midwives from the following divisions attended courses in this subject :—

<i>Health division.</i>	<i>No. of midwives sent.</i>		<i>Hospital attended.</i>
Neath and District	2	.. Neath General, Neath.
South-East Glamorgan	1	.. St. David's, Cardiff.
Rhondda	2	.. do.

BIRTHS



MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 1,106 occasions for reasons shown in the following table. This compares favourably with figures of 1,233 for 1953 and 1,198 for 1952.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1954.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath.	Pontypridd.	Port Talbot.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(1) RELATING TO MOTHER.										
(i) Ante-natal.										
(a) Albuminuria	1	2	7	13	4	6	2	3	3	4
(b) Eclampsia	—	—	—	1	—	1	—	—	—	—
(c) Ante-partum haem. .. .	2	12	5	8	5	7	3	6	20	6
(d) Abortions	1	23	—	4	15	10	9	10	10	8
(e) Miscellaneous	1	5	3	4	9	1	1	8	12	4
(ii) Natal.										
(a) Placenta praevia	—	—	—	1	—	—	—	1	1	—
(b) Prol. 1st st. lab. .. .	6	8	12	2	4	9	2	4	13	6
(c) Prol. 2nd st. lab. .. .	3	14	7	11	14	2	—	6	8	6
(d) Ab. presentation	2	9	3	2	8	—	—	2	8	—
(e) Miscellaneous	—	7	4	3	4	1	—	9	13	—
(iii) Post-natal.										
(a) P.-n. convulsions	—	1	—	1	—	—	—	—	—	—
(b) Albuminuria	—	—	—	—	1	—	—	3	—	—
(c) Rupt. perineum	10	36	23	35	19	22	10	17	39	2
(d) Plac. abnormals.	3	1	8	3	1	3	—	3	7	—
(e) Post-partum haem.	3	12	3	5	4	—	—	2	11	—
(f) Puerp. pyrexia	2	14	2	5	8	2	2	7	9	—
(g) Breast conditions	—	2	1	3	4	—	—	—	1	—
(h) Stillbirth	—	1	2	1	10	3	—	—	—	—
(j) Miscellaneous	2	8	5	7	8	—	—	2	9	—
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	—	11	2	—	2	—	—	2	11	—
(b) Asphyxia	1	4	3	2	1	5	2	4	7	—
(c) Malformation	—	6	2	2	3	4	—	1	9	—
(d) Eye conditions	—	6	5	9	7	—	3	2	9	—
(e) Prematurity	—	3	3	7	6	5	2	5	9	—
(f) Skin conditions	—	2	9	9	1	1	1	2	2	—
(g) Jaundice	—	9	1	1	2	2	—	1	4	—
(h) Miscellaneous	4	5	9	12	7	2	1	2	6	—
Totals	41	201	119	151	147	86	38	102	221	1,

SUPERVISION OF MIDWIVES.

It is the duty of the County Council, as a Local Supervising Authority under the Midwives Acts exercise general supervision over all midwives practising in their area, whether in domiciliary, hospital independent practice. This work devolves in the main on the Divisional Non-medical Supervisors act under the general direction of the Divisional Medical Officers, with the County Superintendent Non-medical Supervisor acting on my behalf as liaison officer.

Any allegation of disobedience of the rules of the Central Midwives Board by a practising midwife or of malpractice, negligence or misconduct must be investigated by the Local Supervising Authority and, if a *prima facie* case is established, reported immediately to the Board.

The Ministry of Health has drawn the attention of hospital authorities to the powers and duties of the Central Midwives Board and Local Supervising Authorities in relation to these matters, and hospital authorities were asked to assist by reporting any instances which may come to their notice. Fortunately the improved standard of midwifery training has done much to stimulate a sense of professional responsibility among those now engaged in the practice of midwifery and it is extremely rare in the County for disciplinary action to be taken under the Board's rules.

Non-medical Supervisors are also responsible for the supervision of the Home Nursing Service and the Home Help Service. Duties in connection with the latter service make a disproportionate inroad into their time and this in many divisions is still 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 Glyncoed.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
To County Midwives	91	304	148	115	80	102	184	196	70	1,290
To Independent Midwives	10	—	—	3	—	2	—	—	2	17
To Nursing Homes	—	5	4	—	—	—	6	5	—	20
To Home Nurses	54	170	54	82	54	110	142	252	48	966
To Home Helps and Applicants for Home Help	530	807	776	201	495	588	495	597	671	5,160

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—											
Doctor Not Booked	Doctor present at delivery	4	13	16	6	6	2	15	3	16	81
	Doctor not present at de- livery	73	315	175	152	138	135	66	77	180	1,311
Doctor Booked	Doctor present at delivery	22	36	74	19	29	18	102	74	102	476
	Doctor not present at de- livery	283	406	278	176	263	256	441	229	324	2,656
MIDWIVES IN PRIVATE PRACTICE—											
Doctor Not Booked	Doctor present at delivery	—	—	—	—	—	—	—	—	—	—
	Doctor not present at de- livery	—	—	—	7	—	1	—	—	—	8
Doctor Booked	Doctor present at delivery	1	—	2	1	—	2	1	—	3	10
	Doctor not present at de- livery	2	—	—	8	—	1	1	—	46	58
ADMINISTRATION OF ANALGESICS.											
No. of Midwives in practice in the area qualified to administer analgesics	Domiciliary ..	10	19	17	10	11	11	18	17	16	129
	In institutions	13	5	15	18	13	—	6	18	12	100
	Private prac- tice ..	1	—	—	1	—	—	—	—	1	3
No. of sets of apparatus for the administration of analgesics in use by County Midwives ..		10	19	17	10	11	11	18	17	16	129
No. of cases in which gas and air was administered by County Midwives—											
(a) When doctor not present at delivery ..		293	497	302	252	230	294	433	225	392	2,911
(b) When doctor present at delivery		—	41	70	16	18	14	106	65	107	43
No. of cases in which pethedine was administered											
1. by County Midwives—											
(a) When doctor not present at delivery ..		266	348	167	132	149	168	304	200	199	1,933
(b) When doctor present at delivery		—	31	37	14	15	11	68	33	55	26
2. by Midwives in Private Practice—											
(a) When doctor not present at delivery ..		—	—	—	7	—	—	—	—	—	—
(b) When doctor present at delivery		—	—	—	1	—	—	—	—	—	—

SECTION 24.—HEALTH VISITING SERVICE.

On the 31st December, 1954, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine Divisional Superintendents, two whole-time health visitors, and 107 health visitors—school nurses. Eight of the latter, although not in possession of the Health Visitor's Certificate, had been granted dispensation by the Ministry of Health, which enables them to be employed as health visitors.

Losses of health visitors—school nurses by resignation and retirements in 1954 totalled 18. There were 12 new appointments, leaving a net loss of six officers.

Frequent advertising of vacancies met with little or no response, particularly if the vacancies were in those parts of the County which are deemed by candidates to be less attractive than the larger townships. Fortunately six student health visitors qualified during the year and their appointment helped to maintain the health visiting services in the divisions to which they were allocated.

Six other students, sponsored by the Health Committee, are undergoing training for the Health Visitors' Certificate at the Welsh National School of Medicine and should be ready to present themselves for examination in June, 1955. This scheme, although excellent in purpose, does little to meet the very real need for more recruits to the Health Visiting Service and the number of qualified entrants obtained from this source rarely covers the loss of existing staff by normal wastage.

Glamorgan was one of the areas visited in November by the Working Party set up, under the chairmanship of Sir William Jameson, by the Ministers of Education and Health and the Secretary of State for Scotland to advise on the proper field of work, recruitment, and training of health visitors in the National Health Service and the School Health Service. It is hoped that the report of this Working Party will be available early in 1955. Local Health Authorities and health visitors will await its publication with keen interest for the future development, if not the very existence of the Health Visiting Service, as at present constituted, will depend on the recommendations which the report is expected to contain.

In the meantime, the Health Visiting Service in this County, though sorely depleted in number, has continued its health advisory functions in the home, at clinics, schools, and wherever a suitable occasion has been offered.

While, as in previous years, most of the 258,353 visits made by health visitors under Local Health Authority arrangements were to the homes of children under one year, the co-ordination of this work with other home visiting duties, e.g. to expectant mothers, to tuberculosis households, to the aged and infirm, and to special cases and in connection with follow-up visits for the School Health Service means that the individual health visitor has a varied and heavy case-load.

Regular visits by health visitors to selected mental defectives have also been continued, as well as to problem families, their reports on the latter being of considerable value to the Divisional Co-ordination Committee.

The visits made to tuberculous households afford excellent opportunities of doing good preventive work. Special enquiries, whether about the aged, the medical history of would-be child adopters, the after-care of former hospital patients, the immediate problems of problem families or the home condition of mental defectives under Statutory Supervision, all combine to provide the health visitor with varied professional interests, apart from those always at hand in the course of her more routine duties in school and clinic.

There has been a growing acceptance of the health visitor by the general practitioner in some areas, and in certain of the psychiatric clinics in the County her presence as a liaison officer has been requested and welcomed by the Consultant Psychiatrists.

All this is to the good, but unfortunately there is a limit to which a seriously understaffed service can be stretched and this has almost been reached in this County.

The results of adding more duties to a staff which is acknowledged to be numerically inadequate to carry out existing commitments are bound to be disappointing, and an assessment of priorities will have to be made if the best use is to be made of our health visiting staff.

REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

The fifth annual refresher course was held at Dyffryn House during Whit-week, 1954. In addition to 28 Glamorgan Health Visitors, 10 Health Visitors from the Bristol Health Department attended by arrangement between the two Authorities.

My thanks are again due to the Education Committee and its Chairman (County Alderman Llewellyn 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 for this event.

Miss E. G. Wright acted as Warden of the course and the following programme of lectures was arranged :—

<i>Subject.</i>	<i>Lecturer.</i>
"The Spastic Child"	Dr. W. E. Thomas, County and Principal School Medical Officer.
"Health Visiting : The Professional Ethic"	Miss E. G. Wright, Superintendent Health Visitor and School Nurse.
"Maladjustment in Children"	Dr. J. P. Spillane, Consultant Psychiatrist, Whitchurch Hospital.
"The Deaf Child"	Professor A. W. G. Ewing and Mrs. Ewing, Department of Education of the Deaf, Manchester University.
"Infant Morbidity"	Dr. J. Jacobs, Consultant Paediatrician, Cardiff Hospitals Management Committee.
"Youth Employment"	Miss B. G. Payn, County Youth Employment Officer.
"The Medical Problems of the Deprived Child"	Dr. R. T. Bevan, Deputy County and Principal School Medical Officer.
"Co-operation in the Social Services"	Mr. R. Huws Jones, Director of Social Science Courses, Swansea University.
"What is Case Work"	Miss G. M. Aves, O.B.E., Chief Welfare Officer, Ministry of Health do.
"The Application of Case Work in the Social Services"	

In addition, Professor and Mrs. A. W. G. Ewing gave a demonstration on the screening of deaf children, and a Forum on Juvenile Delinquency was held, in which the following took part :—

Dr. J. P. Spillane, Consultant Psychiatrist, Whitchurch Hospital.

Mr. R. Huws Jones, Director of Social Science Courses, Swansea University.

Mr. H. M. Lloyd, The Area Secretary, The Law Society (South Wales) Legal Aid Area.

Miss Vera Williams, Probation Officer, Cardiff.

Members of the Children's Department attended when lectures of mutual interest to both department were held, and Mr. Collis, the Deputy Children's Officer, assisted in a session devoted to "Case Studies."

The course was greatly appreciated by all who attended and the outstanding features were undoubtedly the lectures and demonstrations given by Professor and Mrs. Ewing.

In accordance with the reciprocal arrangements, 10 Glamorgan Health Visitors attended a course organised by the Bristol Authority at the Redland Training College, Bristol, from the 29th August to the 4th September.

Similar arrangements have been agreed for an exchange of Health Visitors next year, i.e. for Glamorgan Health Visitors to attend the Bristol Course and for 10 Bristol Health Visitors to attend the course to be held at Dyffryn House during Whit-week, each Authority to be responsible for the travelling and incidental expenses of their health visitors, without any financial adjustment in respect of residential accommodation.

The health visitors attending these courses paid tribute to the quality of the lectures and the interest shown in the ensuing discussions demonstrated how much these post-graduate facilities are appreciated by those taking part.

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		—	—	—	—	—	—	—	—	2	2
	Part-time on health visiting		9	9	15	10	12	9	15	10	18	107
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			6.20	6.00	10.00	7.35	8.00	6.70	10.00	7.19	12.80	74.24
No. of visits paid by Health Visitors	Expectant mothers	First visits	515	697	1,224	544	199	318	172	496	575	4,740
		Total visits	1,284	1,250	3,371	898	378	447	343	763	1,131	9,865
	Children under 1 year of age	First visits	1,021	1,481	1,630	1,051	1,230	1,062	2,038	998	1,816	12,327
		Total visits	8,248	6,961	8,522	6,564	7,764	6,618	11,418	9,482	18,531	84,108
	Children between ages 1-2 years	.. Visits	3,973	4,068	4,406	3,586	4,225	3,214	5,625	4,269	8,362	41,728
	Children between ages 2-5 years	.. Visits	8,536	8,126	12,319	8,793	6,674	7,154	11,975	9,684	10,795	84,056
	Tuberculous Households	.. Visits	1,715	812	2,654	1,535	1,857	1,890	1,182	1,355	3,003	16,003
	Others	.. Visits	5,251	650	3,410	3,267	2,755	1,659	1,663	1,947	1,991	22,593

SECTION 25.—HOME NURSING SERVICE.

The staff complement in this service was 123 whole-time, 22 part-time, and 12 nurse-midwives.

The following comparative table shows the demands made upon this service during the last five years :—

Year.	Cases attended.	Visits paid.
1950	15,510	391,861
1951	16,692	435,285
1952	15,030	445,014
1953	16,665	470,376
1954	16,696	499,679

Since 1950 the number of cases attended has increased by 7.6 per cent and the number of visits by 26 per cent.

At £94,950, the estimated cost of this service during the financial year ended the 31st March, 1955, the Home Nursing Service is a comparatively cheap service. Although she has neither the equipment nor the facilities of her more favoured colleague in hospital, the home nurse, often battling with the elements as well as a heavier case-load at times when the seasonal incidence of sickness is highest, wins the warmest praise from doctor and patient alike.

The following is a summary of the home nurses' work during 1954 :—

Health Divisions.	No. of cases attended.						Total visits paid.						No. of cases remaining on registers at the end of the year.					
	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.
Aberdare and Mountain Ash ..	1,196	329	13	99	16	10	45,556	10,638	150	3,843	175	246	247	41	—	6	—	—
Caerphilly and Gelligaer ..	1,533	805	2	74	13	30	43,810	18,641	7	2,352	64	228	332	92	—	17	1	—
Mid-Glamorgan ..	1,394	568	1	96	12	23	41,659	14,414	16	3,586	62	122	355	100	—	17	1	1
Neath and District ..	894	248	—	127	7	3	29,190	6,422	—	5,105	37	36	178	30	—	28	—	—
Pontypridd and Llantrisant ..	804	317	3	44	12	—	19,953	8,131	22	2,117	36	—	173	37	—	6	—	—
Port Talbot and Glyncoirwg ..	1,046	408	1	126	7	3	26,408	8,428	1	4,521	43	36	223	44	—	21	—	—
South-East Glamorgan ..	1,711	702	13	56	31	134	52,266	16,729	92	3,640	292	399	455	164	1	11	2	3
West Glamorgan ..	1,154	414	16	71	16	41	36,471	12,396	118	3,819	109	363	225	58	2	13	1	2
Rhondda ..	1,582	420	6	50	1	14	61,266	12,431	49	3,004	2	178	424	67	1	14	—	—
Totals ..	11,314	4,211	55	743	115	258	356,579	108,230	455	31,987	820	1,608	2,612	633	4	133	5	6

Owing to the increase in the number of home nursing visits in the Caerphilly and Gelligaer Division, the Committee has made provision for the appointment of three whole-time additional nurses next year. Only with difficulty has this service been able to meet the demands made upon it by hospitals and medical practitioners. Good liaison with the Hospital Service enables the latter to effect economies in the use of hospital beds, whether by pre-diagnostic preparations undertaken by the nurse in the patient's home or by the home nursing care of patients after hospital in-patient treatment. In such cases the services of a home help may also be required and it is not unusual for the home nurse and the home help to be visiting the same household.

In October a memorandum issued by the Ministry of Health made suggestions for the consideration of Regional Hospital Boards, Boards of Governors, and Hospital Management Committees about methods for securing the more effective use and speedier turnover of hospital beds. Whatever may be the outcome of any review which these bodies may undertake, lengthy waiting lists will continue to be a feature of many hospitals and the home nurses' visiting lists will continue to include large numbers of the elderly chronic sick for whom no hospital beds can be made available, as well as those discharged to their homes because further hospital treatment is of no avail.

Patients in these categories usually require frequent, regular visits and their nursing care involves heavy work for the nurse, whose visits often have to be continued for many months.

Other long-term cases are the tuberculous undergoing bed-rest treatment at home. The number of these continues to increase owing to the work of the Mass Radiography Units, which are finding more early cases of tuberculosis. The nursing of infective tuberculous patients is not without risk to the home nurse engaged in this work. There is risk of contracting dermatitis due to the handling of streptomycin or other drugs used in the treatment of the patient and the possibility of the nurse herself contracting tuberculosis. To minimise these risks rubber gloves have been supplied for use when giving injections and it is proposed to issue a special supply of caps and gowns to be kept for use in the nursing of tuberculous patients. The items will be held on charge by the nurse concerned and arrangements will be made for their efficient disinfection or sterilization and laundering. These protective measures for the nurse's benefit are being implemented in accordance with the Memorandum, submitted by the Chief Medical Officer of the Ministry of Health, intended for the general guidance of professional staff engaged in nursing infective tuberculous patients at home.

A considerable proportion of the increased number of visits made by home nurses may be accounted for by the greater tendency to utilise their services for giving injections. Dr. R. B. Morley-Davies has furnished the following summary of a survey of new cases attended by home nurses in the Rhondda Health Division during the six months ended the 31st December, 1954, from which it will be noted that out of a total of 746 patients 32 per cent only required general nursing, the remaining 68 per cent being referred for penicillin, etc., injections :—

DETAILS OF NEW CASES ATTENDED BY HOME NURSES IN THE RHONDDA HEALTH DIVISION DURING THE
THE SIX MONTHS ENDED THE 31ST DECEMBER, 1954.

CASES ATTENDED DURING THE PERIOD JULY TO DECEMBER, 1954.

Nature of Treatment	Frequency of Visits paid to cases per week.								Total cases.
	14	7	6	5	4	3	2	1	
Penicillin	3	292	—	—	3	—	2	1	301
Neptal	2	9	—	—	—	1	50	26	88
Insulin	5	19	—	—	—	—	—	—	24
Cytamen	1	5	—	—	—	5	12	9	32
Anahaemin	—	7	—	—	1	4	14	8	34
Streptomycin	—	21	—	—	—	—	8	—	29
General Nursing	6	167	—	—	14	16	11	24	238
Totals	17	520	—	—	18	26	97	68	746

The two tables which follow show an analysis of the cases attended and the age groups of the patient during the same period, by one of the Rhondda Home Nurses.

CASES ATTENDED DURING SIX MONTHS ENDED 31ST DECEMBER, 1954.

Nature of treatment.	Frequency of Visits paid per week.							
	14	7	6	5	4	3	2	1
Penicillin	1	61	—	—	2	—	2	4
Neptal	1	3	—	—	—	—	13	6
Insulin	—	2	—	—	—	—	—	—
Cytamen	1	1	—	—	—	—	1	1
Anahaemin	—	—	—	—	—	2	3	6
General Nursing	2	7	—	—	3	5	3	6
Totals	5	74	—	—	5	7	22	23

AGE GROUPS.

Nature of treatment.	0-	10-	30-	40-	60-	70-	80-
Penicillin	12	12	6	12	17	10	1
Neptal	—	—	1	7	8	5	2
Insulin	—	—	—	—	1	1	—
Cytamen	1	1	—	1	1	—	—
Anahaemin	—	—	—	7	3	1	—
General Nursing	6	1	1	3	5	6	4
Totals	19	14	8	30	35	23	7

EQUIPMENT.

An anomalous position regarding the supply of syringes on the prescription of the family doctor is worthy of note. Many of the patients attended by home nurses receive injections of drugs prescribed by the family doctor as part of their treatment. When the injections can be given by using a 2 m.l. syringe, syringes of this size can be obtained from a chemist on the family doctor's prescription on Form E.C. 10. Where, however, the volume of the injection requires a 5 c.c. syringe for its administration, as in the case of streptomycin for tuberculosis, the family doctor is precluded from supplying a syringe of this size. The patient therefore either has to buy his own syringe or look to the home nurse, who does not normally carry a syringe of this size as part of her equipment.

The Committee agreed that syringes of this size ought to be included in Part IV of the Drug Tariff, which sets out a list of drugs and appliances which a medical practitioner can prescribe for his patient under National Health Service Act arrangements and representations were made to the Minister of Health accordingly.

SECTION 26.—VACCINATION AND IMMUNISATION.

Although the figures continue to show a slight increase over those for the previous two years, the returns of smallpox vaccinations performed during the year, whether by general practitioners or at our own clinics, are still disappointingly low, being 2,141 compared with 2,010 during 1953.

The present very unsatisfactory position regarding vaccination is no worse in Glamorgan than in the country generally. Health visitors have been asked to intensify their efforts to obtain a further increase in the number of children submitted for vaccination.

Aberdare and Mountain Ash, Pontypridd and Llantrisant, Port Talbot and Glyncoirwg, and South-east Glamorgan show increases in the numbers of children vaccinated under one year of age, but the numbers vaccinated (1,482) are still comparatively small in relation to the number of births (11,522).

The following report of a survey of children in the Mid-Glamorgan Division received from the Divisional Medical Officer, Dr. Kathleen Davies, is of interest :—

"A survey was made in the Mid-Glamorgan Health Division of children born between the 1st July, 1953, to the 31st December, 1953, to investigate the vaccination state of these children.

Of the 805 births notified, 716 children were still living in the area and were contacted and it was found that only 9.35 per cent had been vaccinated. The percentage of children vaccinated varied considerably from one district to another, being highest in the Porthcawl area, where 26.6 per cent had been done, while in the Garw Valley none of the children had been done. I am informed that one of the general practitioners in this Valley refuses to vaccinate babies.

Only 32.8 per cent of the vaccinations performed had been notified to me by the general practitioners; as a result the six-monthly return of vaccinations does not give a true picture of the number of vaccinations carried out. Twenty-two general practitioners had vaccinated the 67 babies and of these 15 had failed to notify them.

On investigation of the notified vaccinations since the 1st January, 1950, it was discovered that no notifications had been received from Pontycymmer or Blaengarw.

The parents of the 649 children who had not been vaccinated were asked why it had not been done. 55.3 per cent were indifferent, though a few stated that they would have it done if vaccination was carried out in clinic. 35.3 per cent objected to vaccination for the following reasons:—

- (1) Not necessary as cases of smallpox did not occur in this country. (Some would have the child vaccinated if epidemic occurred.)
- (2) The parents themselves had not been vaccinated.
- (3) Relative had "bad arm" following vaccination and in two cases a relative had died from meningitis following vaccination.
- (4) Afraid to subject baby to any discomfort.
- (5) Told by general practitioner it was not necessary.

6.1 per cent had asked their general practitioners to vaccinate the baby but it had not been done. In five instances the parents had only recently contacted them and probably these children will be vaccinated.

3.3 per cent had not been vaccinated because of illness—the greater majority of these children were suffering from infantile eczema and the doctor had advised against it."

From this it would seem that there is reason to think that notifications are not made of all cases vaccinated by general practitioners and the true figures may be a little better than that in the table given below :—

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1954.						Age at 31st December, 1954.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Cardiff and Mountain Ash ..	60	6	4	2	21	93	—	—	—	1	54	55
Merthyr Tydfil and Gelligaer ..	248	14	8	8	15	293	—	—	—	2	28	30
Mid-Glamorgan	95	2	18	8	31	154	—	—	—	7	323	330
North and District	61	—	5	3	16	85	—	—	4	3	48	55
Pontypridd and Llantrisant ..	55	10	7	12	54	138	—	—	—	8	36	44
Port Talbot and Glyncothrwg ..	340	17	9	3	31	400	—	—	—	5	27	32
South-East Glamorgan	471	74	21	60	48	674	—	—	4	35	253	292
West Glamorgan	42	47	10	7	31	137	1	—	1	7	75	84
Ystradgynlais	110	13	3	5	36	167	—	—	—	6	67	73
Totals 1954	1,482	183	85	108	283	2,141	1	—	9	74	911	995
Totals 1953	1,246	169	129	116	350	2,010	1	—	8	55	646	710

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

MUNISATION.

During 1954, 8,862 children completed a full course of primary immunisation and 6,084 children were given a secondary or reinforcing injection. The corresponding figures for 1953 were 6,623 and 4,061 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; last year was the sixth successive year with no deaths from this disease.

The figures for primary and secondary diphtheria immunisation show a heartening increase, but more propaganda is necessary to increase the number of children immunised so that at least 75 per cent of the child population is protected before their first birthday. Until this is done diphtheria will lurk in the background as a deadly threat to child health.

National publicity undertaken by the Ministry of Health is supplemented in the Health Divisions by the personal efforts of health visitors and clinic medical officers to persuade parents to agree to have their children immunised, but in the last few years the response has been somewhat discouraging, although recently there has been a readier acceptance of combined injections designed to secure protection against diphtheria and whooping cough.

In his comments on the work of the Caerphilly and Gelligaer Health Division Dr. E. C. Powell states the increase in the number of children immunised "can be partly accounted for by the increasing requests from parents for their children to have the combined whooping cough and diphtheria immunisation. 411 children received the combined injections, the use of which has been extended to all clinics."

The diphtheria immunisation figures for the respective health divisions are shewn in the following table :—

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.		
Aberdare and Mountain Ash ..	432	256	37	7	14	337	—	1,083	1,346
Caerphilly and Gelligaer ..	271	230	35	17	60	308	1	922	734
Mid-Glamorgan	501	260	240	52	24	158	69	1,304	628
Neath and District	468	218	18	8	5	48	—	765	560
Pontypridd and Llantrisant ..	286	375	51	28	23	22	4	789	111
Port Talbot and Glyncoirwg ..	336	233	29	17	4	11	1	631	362
South-East Glamorgan	633	467	137	58	22	196	25	1,538	936
West Glamorgan	57	476	89	16	6	2	1	647	994
Rhondda	628	424	47	24	12	47	1	1,183	413
Totals	3,612	2,939	683	227	170	1,129	102	8,862	6,084

SECTION 27.—COUNTY AMBULANCE SERVICE.

PERSONNEL.

On the 31st December, 1954, the personnel of this service comprised :—

- 1 County Ambulance Officer (Mr. G. F. Austin).
- 7 Area Ambulance Superintendents ;
- 21 Assistant Superintendents ;
- 154 Driver/Attendants in the employ of County Council.

The authorised establishment of driver/attendants is 160 rising to 202. In addition there were two private firms under contract with the County Ambulance Service.

TRAINING OF PERSONNEL.

New conditions of service for ambulance personnel were recommended by the National Joint Council and approved by the County Council during the year. These conditions included certain requirements regarding first aid certificates, viz. that ambulance drivers be required to take a refresher course in first aid during each financial year and to pass a first aid examination at least every third year to retain the inclusion of basic wage.

The personnel generally are very proud of their knowledge of first aid. Many of them have long years of membership of voluntary first aid organisations and hold awards for advanced knowledge of this subject.

PREMISES.

In the early years when the County Council first became responsible for the provision of the Ambulance Service, I had occasion to comment adversely on the inadequacy and unsuitability of many of the premises used as ambulance stations and sub-stations. Some improvements were made in the intervening years and, although there is still much new building work to be done, it is gratifying to report that in 1954 a fair measure of progress has been achieved.

Among the more important items of work started or completed during the year are the following :—
Ambulance Control Station, Gorseinon.

The adaptation, at an approximate cost of £1,550, of freehold premises in West Street, Gorseinon, was completed and the ambulance control transferred from Pontardawe on the 25th February, 1954. This control station covers the areas of the Urban District of Llchwyr and the Rural Districts of Pontardawe and Gower.

Hawthorn, Pontypridd.

Work has been started on the erection of a specially designed ambulance control station at Hawthorn, Pontypridd, on a site acquired by the County Council. This is the first station in the County to be specially designed and built as an ambulance station. Designed by a firm of private architects, the building is estimated to cost £16,507 5s. 6d., and the contractors hope to complete the work by April, 1955.

Sub-stations.

Remarks.

adaptations and extensions to the existing ambulance station at Depot Road, Aberdare.	Work expected to commence before the 31st March, 1955.
New ambulance station, Cymmer, Port Talbot.	Work has been commenced.
New ambulance station at Caerphilly.	Scheme in hands of private architects. Expected to commence before the 31st March, 1955.
Plantwit Major.	Work has been commenced.

The 1955-56 building programme includes the following :—

	<i>Remarks.</i>	<i>Estimated cost.</i> £
New ambulance station at Trealaw	Objection to development of site adjacent to Carnegie Welfare Centre on County Council-owned land will be heard at Ministry enquiry to be held on the 11th January, 1955. Provision most urgent and could be commenced in 1955-56	18,500
New ambulance station at Glyn-corrwg	Site can be developed as soon as District Council have completed access road. Is considered that work can commence in 1955-56	4,000
New ambulance station, Clydach	Terms for acquisition of suitable site have been agreed between owner and District Valuer	4,000
New ambulance station at Nelson	Approach is being made to the owner of the site (Caerphilly Urban District Council) for purchase	4,000
New ambulance station, Cowbridge	The Fire Service propose to commence the new fire station in 1955-56 and it is considered that the ambulance station should be erected at the same time	4,000

*Remarks.**Estimate
cost
£*

Other long-term projects approved in principle by the Committee include :—

New main control station, Neath..	Provision urgently required but site not available. Could not be undertaken before 1956-57	.. .. .	17,
New sub-station, Gwauncaegurwen	Site is available and work could probably be undertaken in 1956-57	.. .. .	4,
New sub-station, Reynoldston ..	Urgently required as Authority have been asked to vacate present hired premises. No site yet available	.. .. .
New sub-station, Cwmllynfell ..	It has not yet been possible to find a suitable site	.. .. .	4,
New sub-station, Mountain Ash ..	do.	.. .. .	5,

CLOSURE OF SUB-STATIONS.

Ambulance Sub-station, Bryn.

In my last Annual Report I mentioned that this sub-station was vacated on the 24th November 1953, and that the area was being covered temporarily by ambulance vehicles stationed at Port Talbot. Since that date there has been no increase in the number of patients conveyed from the Bryn area and the Committee has decided to close this sub-station.

Ambulance Sub-station, Hopkinstown.

With the aid of mobile radio, which has been fitted to all the vehicles in the Treforest Control area, it is possible to cover the Hopkinstown area from Treforest without detriment to the service. Hopkinstown sub-station was therefore closed and the vehicle and driver operating from this sub-station transferred to the Treforest Control.

FIRE SERVICE PREMISES.

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

Ambulance Control Station.

Fire Service Station, Treforest Trading Estate.

Ambulance Sub-stations.

Fire Service Station, Cowbridge.

Fire Service Station, Porthcawl.

Great difficulty is being experienced in finding other accommodation in Porthcawl but endeavours are being made to obtain suitable alternative premises as the space now occupied in the fire station by ambulance vehicle personnel is required for Fire Service purposes.

OPERATIONAL DETAILS.

As will be seen from the first of the following tables, 1,701,613 miles were travelled in 1954, involving 62,781 journeys, and the removal of 286,847 patients. Compared with the preceding year these figures show reductions of 10,877 in mileage and 2,391 in the number of journeys, although the number of patients conveyed showed an increase of 2,542. The reductions, though comparatively small, are welcome. More welcome, however, would be a reduction in the number of patients making use of the service with reasonable cause.

COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1953.			1954.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,779	38,552	259,732	9,650	38,953	269,469
Bargoed	7,642	27,671	201,108	6,958	30,542	203,145
Barry	6,691	27,994	185,603	6,607	27,636	187,392
Gorseinon ..	6,118	26,150	178,617	6,394	25,848	179,087
Neath	11,925	49,558	280,305	11,387	47,935	254,725
Trealaw	10,506	46,350	244,704	9,557	47,698	247,695
Treforest	12,511	68,030	362,421	12,228	68,235	360,100
	65,172	284,305	1,712,490	62,781	286,847	1,701,613

MONTHLY TOTALS OF WORK DONE.

1954.	County Council-owned Vehicles.			Contractors and Private Hirers.			All Sections.		
	Patients.	Journeys.	Miles.	Patients.	Journeys.	Miles.	Patients.	Journeys.	Miles.
January ..	24,778	5,453	146,433	351	96	2,261	25,129	5,549	148,694
February ..	21,532	4,833	133,879	362	102	2,372	21,894	4,935	136,251
March	26,513	5,587	150,928	315	103	2,217	26,828	5,690	153,145
April	21,704	5,101	134,771	331	97	2,309	22,035	5,198	137,080
May	23,139	5,244	142,128	354	119	2,664	23,493	5,363	144,792
June	22,305	4,936	134,889	290	81	1,888	22,595	5,017	136,777
July	24,165	5,110	143,490	239	97	2,153	24,404	5,207	145,643
August	20,696	4,777	129,419	220	86	2,054	20,916	4,863	131,473
September ..	24,105	5,177	137,887	319	94	2,141	24,424	5,271	140,028
October	24,981	5,163	142,680	260	94	2,072	25,241	5,257	144,752
November ..	25,837	5,120	144,083	295	97	2,163	26,132	5,217	146,246
December ..	23,458	5,137	134,943	298	77	1,789	23,756	5,214	136,732
Totals ..	283,213	61,638	1,675,530	2,634	1,143	26,083	286,847	62,781	1,701,613

At the request of the Minister of Health the Clerk of the Glamorgan Executive Council sent a reminder to general practitioners of the need to exercise all possible care when ordering an ambulance for their patients and the rules on the use of the local ambulance service were reproduced for the general guidance of everyone concerned. The possibility of misuse of the service would be greatly minimised if the general rules laid down were more closely followed.

Out-patients still comprise the majority of the patients carried. Many of these attend Physio-therapy departments and are for all practical purposes the equivalent of weekly or monthly season ticket holders. In the Ambulance Service, as in other branches of social service, there is abuse by the minority. How to check it and control the ever-increasing demand for conveyance by ambulance is, I fear, beyond the scope of the local health authorities unless they are aided in their efforts by the whole-hearted co-operation of family doctors, hospital authorities, and, above all, the patient himself. Apart from the fact that the ambulance service provides free door to door transport, it is a matter for conjecture whether most of the sitting cases would not have a more comfortable and speedy journey if they used the normal bus services.

RADIO TELEPHONY.

The installation of mobile radio has played an important part in speeding up the working of the Ambulance Service and in enabling the Area Ambulance Superintendents to cope with increased routine and emergency demands efficiently and with due economy.

As an instance of the practical way in which radio telephony can be used in an emergency the following extract of a report which I made to the Committee regarding an incident which took place at the Tower Colliery, Hirwaun, on the 19th November, 1954, is worthy of inclusion in this report.

It provides a noteworthy example of the way in which the intelligent use of mobile radio enables the Ambulance Service to function promptly and efficiently in an emergency. The time table of action taken by the Area Ambulance Superintendent at Treforest is therefore set out below :—

- 2.41 p.m. Area Superintendent received a telephone call for ambulance assistance at the colliery. Request was for one ambulance but that possibly another would be needed. There was no ambulance available in Treforest station or any of its attached sub-stations.
- 2.45 p.m. Hirwaun vehicle No. JNY299, which was on a return journey from Cardiff, was contacted by radio whilst returning patients to Penywaun and was sent to the incident.
- 2.46 p.m. The Aberdare ambulance No. PNY787 was contacted by radio at the Aberdare Hospital and sent to the incident.
- 2.57 p.m. The second Hirwaun ambulance No. KTX483, which was ascertained by radio to be at the St. Tydfil's Hospital, Merthyr Tydfil, waiting for patients to receive their treatment, was warned to proceed quietly towards Hirwaun and to maintain a "radio watch."
The Mountain Ash ambulance No. JNY359 was also contacted by radio and found to be at Penrhiwceiber on a journey to Abercynon to discharge a patient. This driver also was warned to keep a "radio watch."
- 3.20 p.m. A further call was received for additional ambulance assistance at the colliery and vehicle No. KTX483 was directed to proceed and arrived in a matter of minutes.
- 3.25 p.m. Ambulance No. JNY299 arrived at Aberdare Hospital with two stretcher cases and one sitting case. Ambulance No. PNY787 arrived shortly after with two stretcher cases.
- 3.40 p.m. Whilst ambulance No. KTX483 was proceeding to Merthyr General Hospital with two stretcher cases and two sitting cases, the Hospital Consultant at the Aberdare General Hospital asked the driver of vehicle No. PNY787, which was at the hospital, whether contact could be made with the vehicle proceeding to Merthyr to ascertain whether there were any fracture cases aboard. The Area Ambulance Superintendent got in touch with the driver, who ascertained from the nurse who was acting as escort on the vehicle that one patient had a fractured femur and the second spinal injuries.
The Hospital Consultant then asked whether these patients could be diverted to the Aberdare Hospital, where a ward had been prepared, and this was done.

3.45 p.m. The driver of the Mountain Ash vehicle JNY359 was instructed to proceed to the colliery to convey a sitting case to his home in Cwmparc.

In his report on the incident, the Area Ambulance Superintendent (Mr. E. T. Hier) states :—

“It must be remembered that during the hour that the emergency lasted other requests for ambulance transport, queries, and other radio communications were kept going. Incidentally, there were nine other ambulances working during this time on various cases in my area and, as this is typical of the work carried out in this area almost daily, this incident did not interrupt the normal running of the Control.

I would like to add to complete this statement that had it not been for wireless, Control problems would have arisen as far as the service is concerned as, on receipt of this message, there was not one ambulance in that area that I could have contacted by telephone.”

During the year 17 vehicles under the control of the Treforest station and associated sub-stations were fitted with mobile radio, making a total of 25 ambulances equipped with this form of control.

In an organisation of this size dealing with large numbers of patients and escorts, it is inevitable many problems arise which are dealt with locally and without reference to the Central Office. The Ambulance Superintendents and their assistants and the individual drivers have dealt with such problems with their usual efficiency and understanding and many letters of appreciation of the work of the personnel have been received from grateful patients during the year.

NATIONAL COAL BOARD.

Ambulance Service vehicles continue to be made available to the National Coal Board for the conveyance of injured mineworkers, and during the year 4,698 patients were carried on their behalf a distance of 62,963 miles.

VEHICLES.

Three new vehicles were purchased and placed in commission during the year. On the 31st December, 1954, the numbers of operational vehicles in the fleet totalled 79 ambulances and two cars. In addition, there were 19 reserve vehicles.

SERVICING.

The servicing and maintenance of the County ambulance vehicles is arranged by the County Surveyor. Most of this work is done at the Waterton Depot, but vehicles at outlying stations are serviced at local commercial garages and are sent to Waterton periodically for major overhauls. These arrangements continue to work satisfactorily.

DAMAGE TO VEHICLES.

In 1953 our vehicles were involved in 115 accidents. This was a source of concern both to the department and to the Committee. I am glad to report that in 1954 the number of accidents in which County vehicles were involved showed a reduction to 82. This gives a rate of 0.489 accidents for 10,000 miles, or one accident for every 20,433 miles travelled. These figures are a considerable improvement on the 1953 figures of 0.688 accidents per 10,000 miles, or one accident for every 14,525 miles travelled.

The vehicle accident rates for 1952 and 1953 classified in control areas are set out in the following table :—

ACCIDENT RATES.

Control Area.	1953.			Control Area.	1954.		
	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.		No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Barry	8	6	.323	Trealaw ..	10	7	.283
Gorseinon ..	9	10	.560	Barry	8	6	.320
Trealaw	10	15	.645	Aberkenfig ..	13	9	.363
Neath	13	19	.678	Treforest ..	17	17	.472
Aberkenfig ..	13	17	.723	Gorseinon ..	9	9	.503
Treforest ..	17	29	.800	Neath	13	19	.746
Bargoed ..	9	19	.971	Bargoed ..	9	15	.756

Again I wish to express my appreciation of the excellent co-operation of the Western Region of the British Railway 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. 245 patients 71 of whom were recumbent, were conveyed under these very convenient, time-saving, and economical arrangements in 1954.

The extent of growth of this very useful and time-saving method of long distance transport of patient is shown in the following table :—

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.	
1950	30	42	72	20,518
1951	38	83	121	38,354
1952	34	123	157	46,574
1953	71	169	240	59,484
1954	55	190	245	62,952

CIVIL DEFENCE.

(a) Civil Defence (Casualty Collection) Regulations, 1954.

New responsibilities have been placed on the Civil Defence Ambulance Section, which, under the regulations, which came into operation on the 30th July, 1954, will be reconstituted and henceforth known as the Ambulance and Casualty Collection Section. Guidance on the manner in which the collection of casualties will be organised is still awaited from the Ministry.

Though the number of trained volunteers in this section is small, when civil defence exercises are arranged by the County Civil Defence Officer there is no shortage of volunteers, who are prepared to participate although often at some personal inconvenience.

It is however useless to disguise the fact that much more needs to be done, and on a much larger scale than hitherto, if an adequate and fully-trained section is to be developed.

Towards the end of the year intimation was received of changes in Civil Defence training, the purpose being to reduce the time taken in training, to start practical instruction at an earlier stage, and to make the training more interesting. The integration of basic training with section training envisaged by the new proposals should do much to reduce the monotony of certain phases of the present training syllabus and stimulate a new interest, both in volunteers themselves and those charged with the organisation of the Ambulance Section.

(b) Driving Instruction of Volunteers.

The majority of volunteers assigned to the Ambulance Section are unable to drive and require driving instruction. To arrange this for a large number of volunteers residing in different parts of the County is no easy task, particularly when it is remembered that many of the volunteers are shift workers and are unable to attend for instruction except at odd times. Much thought has been given with a view to organising their driving instruction on an economical basis. In a couple of areas some volunteers have been taught to drive by instructors selected from the peace-time Ambulance Service personnel, but the output of trained drivers by this method has been slow and other methods have had to be considered in order to get volunteers quickly trained to pass the Ministry's driving test and so maintain their interest in Civil Defence.

During the year consideration was given to the possibilities of arranging for driving instruction to be given by Commercial Motor Schools, by members of the Police Driving Training School, or by members of the County Ambulance Service. The Committee finally decided that use should be made of the Police Driving Training School to train specially selected members of the County Ambulance Service, four of whom would be appointed on a temporary basis to act as driving instructors to members of the Ambulance Section of the Civil Defence Corps. My thanks are due to the Chief Constable for his interest and ready help in this matter.

(c) Civil Defence Training of County Ambulance Service Personnel.

In consultation with the County Civil Defence Officer, a specially-designed course of basic training in Civil Defence was given to personnel of the County Ambulance Service. The lecturers were supplied by Mr. R. I. Hicks. The course of lectures was held at each of the seven ambulance control stations and was completed in November. It is hoped to arrange courses of instruction in Section Training in 1955.

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

TUBERCULOSIS.

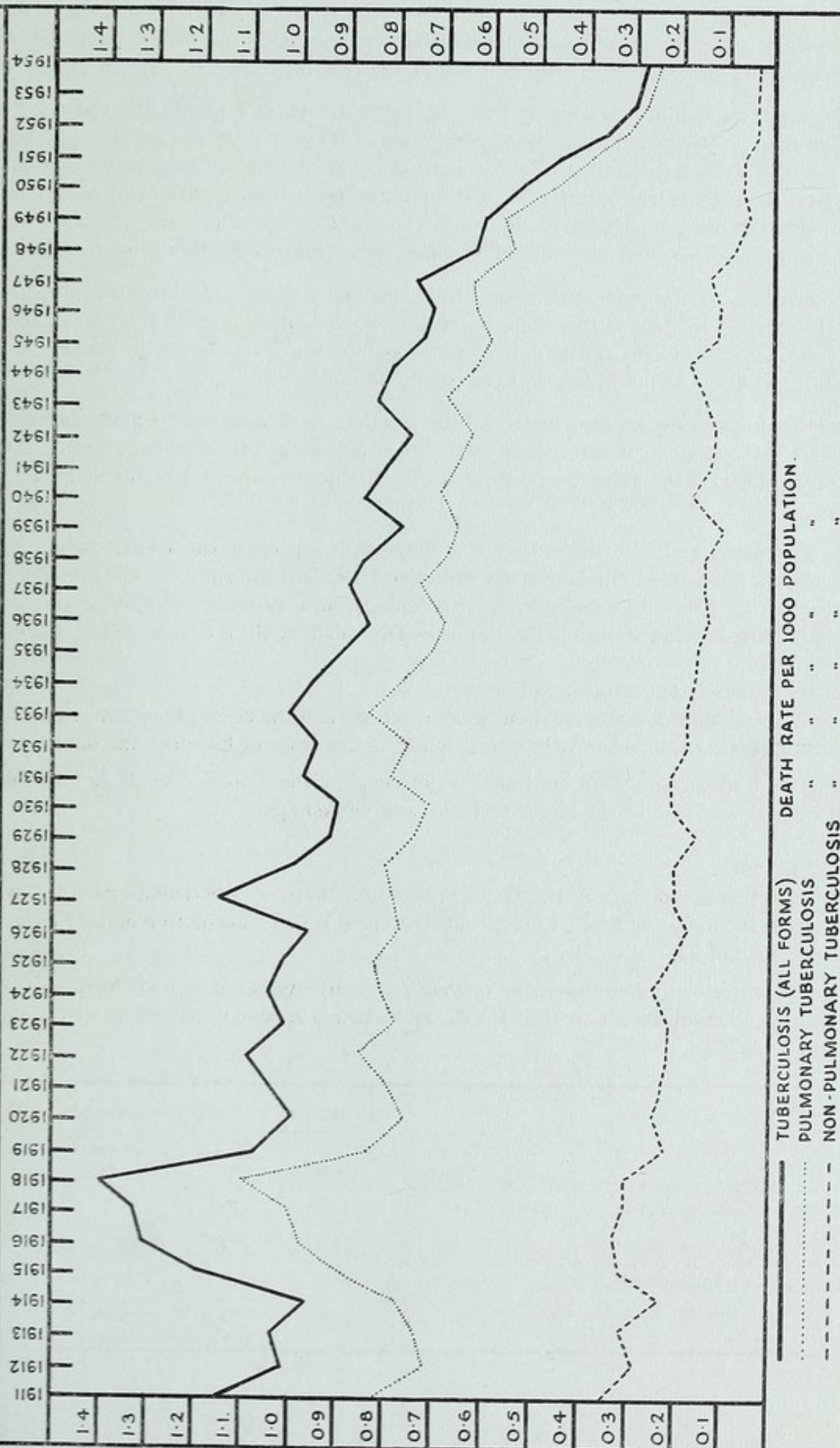
TABLE I.—NOTIFICATIONS.

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
1953	956	1.30	120	0.16
1954	761	1.03	126	0.17

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 population.			
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.	England and Wales.
1938	491	0.73	0.59	0.69	0.53	105	0.16	0.10	0.15	0.10
1939	469	0.74	0.42	0.66	0.53	83	0.14	0.05	0.12	0.10
1940	477	0.70	0.57	0.67	0.58	119	0.18	0.12	0.17	0.11
1941	492	0.71	0.54	0.66	0.60	107	0.15	0.12	0.14	0.12
1942	447	0.68	0.48	0.63	0.54	94	0.13	0.12	0.13	0.11
1943	468	0.74	0.49	0.67	0.56	105	0.15	0.14	0.15	0.11
1944	454	0.68	0.55	0.64	0.52	111	0.15	0.18	0.16	0.10
1945	416	0.64	0.49	0.60	0.52	92	0.15	0.09	0.13	0.10
1946	432	0.65	0.49	0.61	0.46	77	0.10	0.12	0.11	0.08
1947	432	0.62	0.56	0.61	0.47	83	0.13	0.09	0.12	0.08
1948	393	0.54	0.55	0.54	0.44	61	0.08	0.09	0.08	0.07
1949	399	0.59	0.43	0.55	0.40	42	0.05	0.08	0.06	0.05
1950	325	0.47	0.37	0.44	0.32	58	0.07	0.10	0.08	0.04
1951	280	0.41	0.31	0.38	0.27	48	0.07	0.05	0.07	0.04
1952	218	0.32	0.25	0.30	0.21	20	0.03	0.02	0.03	0.03
1953	202	0.27	0.30	0.27	0.18	23	0.03	0.03	0.03	0.02
1954	181	0.24	0.26	0.25	0.16	21	0.03	0.02	0.03	0.02

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



INCIDENCE

Pulmonary tuberculosis notifications in Glamorgan in 1954 decreased from 956 to 761 and the mortality from this disease, as the graph on page 49 shows, decreased by 21.

Although the mortality figures for pulmonary tuberculosis show a further welcome fall, one has to consider this figure with a certain amount of caution. While it is true that the number of deaths has declined, it is also true that thanks to the use of modern anti-biotics in the treatment of pulmonary tuberculosis the lives of patients who formerly died at an earlier age are being prolonged, with a resultant increase of the number of known tuberculosis subjects in the population. This may, in turn, create still further problems as more cases are brought to light by mass X-ray units and other modern diagnostic procedures.

The occasional conferences with chest physicians are of great value and continued to be held during the year. In matters relating to the domiciliary care of the tuberculous in relation to the Home Nursing Service, as well as in problems arising out of the County Council's proposal to supply B.C.G. vaccination to school children, their help and advice have been invaluable.

The chest physicians are appreciative of the excellent work done by the home nurses in the treatment of tuberculous persons at home, and there seems little doubt that there is excellent co-operation between the chest physician and the general practitioner and the home nurse in the domiciliary treatment of the tuberculous.

Contact tracing and following-up are most important aspects of the health visitors' work in this field. In all divisions they are able to make prompt reports on the environmental circumstances of patients coming to the notice of the chest physicians for the first time. These reports are of value, not only to the chest physician but to the District Medical Officer and the Divisional Medical Officer, to whom copies are also sent.

ASCERTAINMENT AND CASE-FINDING SURVEYS.

Special investigations are carried out in association with the chest physician in all schools from which a case has been reported, or when it has been found that a sufferer has been in contact with the children.

The Mass Radiography Unit continues its surveys in the County, visits having been paid to 33 towns and villages and also to the larger factories and workshops.

B.C.G. VACCINATION.

Chest physicians administer B.C.G. to selected contacts of tuberculous patients in their care. As will be seen from the following table, 1,598 persons received B.C.G. vaccination under this latter arrangement in 1954, a decrease of 93.

In addition, 40 school children were vaccinated by Assistant School Medical Officers under the recently approved arrangements for the B.C.G. vaccination of school leavers, as envisaged in Ministry of Health Circular 22/53.

	Age at Date of B.C.G. Vaccination.				
	Under 1 year.	1-4 years.	5-14 years.	15 years or over.	Total.
No. of males vaccinated	160	175	341	75	751
No. of females vaccinated	139	177	355	176	847
Totals—1954	299	352	696	251	1,598
1953	247	390	786	268	1,691

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 escort is also provided.

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

AFTER-CARE OF PARAPLEGICS.

In 1949 the Welsh Board of Health drew attention to the powers of the Local Health Authority under Section 28 of the National Health Service Act (which are very wide in their scope) and stressed the need for Authorities to provide adequate after-care under this section to paraplegics who would have had many months, often several years, of highly specialised medical and nursing treatment in hospital before they were considered sufficiently rehabilitated to be resettled in the community.

The experience of hospital paraplegic centres had been that faulty after-care may in a few hours precipitate an infection and undo all the protracted treatment already given.

The arrangements approved by the Committee for dealing with patients in this category have been applied to the benefit of 20 persons during the year. Most of the cases were miners who sustained severe spinal injuries during the course of their employment. After a prolonged period of specialised hospital treatment and some months before they are likely to be discharged, the question of the suitability of the patient's housing accommodation is considered. Minor and sometimes major alterations are usually involved, e.g. substitution of a ramp for steps leading to and inside the house, widening of doors to allow entrance of wheeled chair, provision or adaptation of toilet and bathroom accommodation. In some instances where rehousing is indicated an approach to the housing authority is usually sympathetically received. Most of these patients also require a special type of hospital bed with lifting pole and chain, and a Dunlopillo mattress, as well as numerous pillows and the usual bedclothing. Individual cases require different items, and their requirements on the medical equipment side are discussed with the hospital medical officers and, where necessary, with the family doctor, who, of course, can always call in the home nurse to assist him in the nursing care which most of the patients will always require after discharge from hospital.

The following are details of the cases dealt with by the Health Department during the year :

No. of cases.	Alteration to property only.	Provision of nursing equipment only.	Alteration to property and provision of nursing equipment.	Still under consideration (awaiting details of costs, etc.	Total estimated cost.
20	2	8	8	2	£1,500

INCIDENCE OF BLINDNESS.

The work of examining all applicants for inclusion in the Blind and Partially Sighted Registers maintained by the County Director of Welfare Services has continued, and during the year 944 examinations were undertaken, 400 of these being first examinations. Owing to the age and infirmity of the patients many examinations are made at their homes.

Some indication of the prevalence of the various causes of disability is given by the following :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability.				Total.
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.	
(1) Number of examinations during 1954	465	79	4	396	944
(2) Number of persons registered as blind or partially sighted during 1954	194	32	1	137	364
(3) Number of persons at (2) recommended for :—					
(a) No treatment	94	20	1	101	216
(b) Treatment (medical, surgical or optical) ..	100	12	—	36	148
(4) Number of persons at (3) (b) who on follow-up action have received treatment	20	8	—	14	42

Senile cataract is still the principal cause of blindness.

All patients who it is considered would benefit from treatment are referred to their medical practitioners unless they are already under treatment. There appears to be no delay in this County in obtaining hospital treatment and the figures given under item (4) may not be complete as there may be a number of cases who have received treatment without the knowledge of the department. Arrangements are being made to ensure that a closer follow-up is maintained.

Although those patients at 3 (a) above were not recommended for treatment during 1954, if there is any possibility that something can be done for them in the future, they are kept under observation and may well be recommended for treatment at a subsequent re-examination.

At the end of the year there were 1,730 persons on the Blind Register and 367 on the Partially Sighted Register.

Arrangements for the home teaching and visitation of these persons are made by the Welfare Service Department.

B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	7
(ii) Number of cases in which—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

CHIROPODY.

The need for providing chiropody treatment for the aged is brought to notice from time to time. Such facilities would be of inestimable value to the elderly person who is unable to move very far without pain or difficulty because of remediable foot conditions. Hospital Management Committees may, if they so desire, provide this treatment for persons attending out-patient departments. For persons in hostels provided by the County Council the Welfare Services Committee have agreed to provide occasional chiropody service.

The Ministry of Health only allows local authorities who had set up a chiropody service prior to July, 1948, to continue this work as a service under Section 28 of the National Health Service Act. This is unfortunate as it precludes many old persons from the benefits of a service which very few of them can afford to pay for. Sore feet can cause untold agony and "tie to the house" many who could move around and fend for themselves if a little chiropody treatment were made available. In Bargoed the local Old People's Welfare Committee has secured the voluntary services of a chiropodist, who devotes an hour on one evening a week to this work. The Health Committee has agreed that the Bargoed Clinic be made available for this purpose, free of hiring charge. Arrangements are being made by the British Red Cross for a similar clinic in Aberdare.

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. 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 4,498 issues were made compared with 4,521 in 1953. Items in greatest demand were air rings, bed pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals.

CONVALESCENCE.

Last year periods of convalescence were authorised for 162 persons but only 150 actually accepted the vacancies when offered. The majority stayed for a fortnight at the Rest, Porthcawl. 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 undertake 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 Principal 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 Principal 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.

The number of special examinations arranged under (i) and (ii) was 715.

(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 Principal School Medical Officer of the appointing Local Education Authority.

Since the 1st April, 1953, an X-ray examination of the chest has formed an essential part of the medical examination on entry to the teaching profession.

HEALTH EDUCATION.

Although posters and pamphlets have continued to be used as formal media of health education under appropriate circumstances, it is doubtful whether they engage the serious attention of those who see them. Too often the message fails to register in spite of the pleasing and attractive manner in which it is presented.

The continued personal contact between health personnel, particularly health visitors and young mothers, is, I think, one of the best and most successful methods of health education. Some of the health talks on radio and the articles in the local and national press and in women's magazines reach a very large number of people and the occasional health talks given on television would reach a wider public.

Occasionally lectures on health topics were given during the year to select audiences—usually a women's institutes—and Dr. Gwladys Evans, Dr. Bevan, and I have given talks to school canteen staff attendance officers, and other groups during the year.

The magazine *Better Health*, produced by the Central Council for Health Education, is supplied monthly to every school in the County. It contains excellent short articles on health topics and provides useful hints for talks by teachers of children of all ages. I have previously commented on the good work done by the teachers in inculcating simple rules of hygiene into the minds of the children in their care.

The services and health publicity material of the Central Council for Health Education are free drawn on as required, and the Health Topics stand has been fully used in selected sites throughout the County as a medium for the display of frequently changed attractive posters depicting aspects of the activities of a health department.

ACCIDENTS IN THE HOME.

The toll of pain, discomfort, and death caused by avoidable accidents in the home continues. In England and Wales there are approximately 6,000 deaths every year from accidents in the home, and ten times that number of people receive non-fatal injuries. About 600 persons die and 12,000 are seriously injured by burns and scalds. Most of these accidents are due to failure to take reasonable precautions. Children under five and people of 65 and over are those to whom most of these misfortunes happen. The absence of fireguards undoubtedly causes many accidents and burns, especially to old infirm persons and toddlers.

To assist the efforts which are being made nationally to educate people in the commonsense and practical ways of reducing home accident risks, all members of the staff whose duties bring them into the homes of the people have been asked to advise householders of the simple preventive measures by which accidents in the home may be avoided.

In Great Britain last year there were also 5,010 deaths and 233,271 injured as a result of the 195,716 road accidents reported. Deaths and injuries were more numerous among the middle age groups and elderly people than in 1953.

Irrespective of the ages of those involved, the loss of life and the incapacity arising out of accidents, whether in the home or on our traffic-filled roads, are serious considerations for any community. Fatalities among children are far too numerous to suggest that the problem is capable of easy solution, and the figures are far too disturbing and the nation cannot afford not to take drastic action to bring about a reduction.

PREVENTION OF BREAK-UP OF FAMILIES.

The maintenance of harmonious relationships within the family is a side of the health services which rarely receives direct attention from the many health workers whose work brings them in personal contact with families in the home. Their influence and advice at the propitious time may do much to smooth out family difficulties and prevent further deterioration. A circular received from the Welsh Board of Health in November gave some suggestions for dealing with this matter. Re-deployment of existing staff of health visitors has been suggested as an economical way of enabling more time to be given to families in need of help; but as most divisions have insufficient health visitors to cover the minimum essential requirements of a Health Visiting Service, health visiting has of necessity to be arranged on a selective rather than on a routine basis at present.

Commonsense advice from someone acceptable to the patient, whether friend, neighbour, or health visitor, can do much to reassure a person who is temporarily weighed down by minor problems or difficulties.

CO-ORDINATION COMMITTEE.

The Co-ordination Committee formed to deal with cases of neglect or ill-treatment of children still functions well in each division and meets bi-monthly under the chairmanship of the Divisional Medical Officer.

This Committee forms a firm link between the Health Department and the Children's Department, local officers of the Education Committee, and of the N.S.P.C.C.

Many of the children are from families long known to the department as problem families, and although the results of efforts made to rehabilitate people in this group are slow and unspectacular, they are occasionally rewarding and worthwhile.

SECTION 29.—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of the service on the 31st December, 1954, was 243. Actually there were on the pay roll at that time 32 whole-time, 68 part-time, and 455 casual home helps.

For the purpose of comparison the following table shows the number in each category employed each year since the appointed day :—

Year.	Whole-time.	Part-time.	Casual.
1948	44	26	—
1949	106	63	—
1950	105	153	27
1951	76	121	183
1952	64	102	265
1953	48	86	366
1954	32	68	455

RECRUITMENT.

Contrary to their experience in the early years of this service, most divisions were able to recruit home helps without difficulty. In fact, many have waiting lists of thoroughly domesticated married women who desire appointment as casual home helps with the result that better selection is now possible.

There are, however, frequent changes in personnel, and last year the number of resignations was 229 out of a total of 284 appointments. Only 13 of the home helps appointed during 1948 remain among the total of 555 home helps employed on the 31st December, 1954.

HOLIDAYS FOR CASUAL HOME HELPS.

In June the County Council decided that holidays with pay be granted to casual home helps on the basis of the general conditions applicable to whole-time home helps and subject, among other conditions, to the casual home help having been employed for not less than 36 hours in each calendar month during the qualifying period.

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, 1954—										
Whole-time ..	6	8	1	1	4	—	11	—	1	32
Part-time ..	—	7	12	8	7	11	4	7	12	68
Casuals ..	42	40	79	41	34	37	47	35	100	455
No. and types of cases where Home Help was provided during the year—										
Maternity ..	17	18	28	18	15	9	66	24	29	224
Tuberculous ..	9	8	4	8	11	18	19	10	23	110
Chronic sick ..	87	30	155	35	28	38	139	71	183	766
Acute sick ..	42	23	25	38	51	18	41	18	39	295
Aged and infirm ..	190	153	93	124	118	79	146	57	215	1,175
Blind ..	18	8	18	9	10	14	10	13	13	113
Mental ..	—	—	—	—	—	—	2	1	—	3
Others ..	2	2	4	1	—	—	2	—	9	20
No. of cases in which charges were made in accordance with the re- covery scale—										
Whole fee charged	12	3	20	34	11	27	74	12	10	203
Part fee charged ..	27	36	73	37	32	37	114	39	49	444
Free service	326	203	234	162	190	112	237	143	452	2,059

During the year it became evident from reports received from many of the divisions that the demand for the services of home helps continued to increase and that it was found necessary in several divisions to curtail seriously the amount of help allocated to individual cases. Many of the chronic sick, aged, and infirm were often left without adequate assistance.

In most divisions there were occasions when demand exceeded supply and considerable ingenuity was required to reallocate the rotas of home helps so that urgent cases could receive timely assistance. Some of those households obtaining free service occasionally request a little more of the home help's time, but others, knowing that they are liable to pay the full charge, seek the minimum amount of help and usually contrive somehow to manage with a little less time than their needs justify.

In November a special sub-committee considered the establishment of this service and recommended that it be increased from the basis of one home help to 3,000 population, which was fixed in December, 1950, to one home help per 2,750 of the population. This will result in an increase of the equivalent of 20 whole-time helps for the County and financial provision has been made for this increase to take effect during the next financial year.

SUPERVISION.

This has been a matter which has caused some concern owing to the large number of home helps now engaged. The assistance of the County Organiser of Home Helps, Mrs. N. O. Parry, is at all times available to any of the non-medical supervisors of midwives and home nurses, who have supervisory functions in respect of this service at divisional level. In addition, she is able to advise on the special needs of different applicants and the most economical use of the time of the home helps assigned to a particular household.

The difficulties experienced by the non-medical supervisors of midwives and home nurses in maintaining adequate control and supervision of the service and the personnel engaged therein were the subject of a report to the special sub-committee appointed to consider matters in relation to the Home Help Service.

In the more heavily pressed divisions it was decided that some of the supervisory duties should be undertaken in a section of the divisional area by the divisional superintendent health visitor. Such an arrangement had been operating since the beginning of the year in the Aberdare and Mountain Ash Health Division and in the Neath and District Division, and the experiment in those divisions appears to be working quite satisfactorily.

Applicants assessed as being liable to pay the full charge are called upon to pay at the rate of 2s. 9d. per hour. Since the 25th January, 1954, the rate included an administrative charge in respect of this service. This is no light-weight burden for the head of a family with dependent children, and routine enquiries as to continuing need are not usually required as home helps rarely remain long in attendance. The total amount recovered is comparatively small.

As in previous years, there were frequent changes of personnel. This is not surprising. There is little that is lyrical in a sinkful of dirty dishes wherever it may be and doing somebody else's family washing or household chores, before going home to do one's own, is not conducive to the creation of high-flown feelings of altruism in the minds of those engaged in this service. Working conditions in the household, lack of amenities, and an unfavourable domestic atmosphere can discourage the best of home helps, but complaints are rarely heard on these subjects and many of the home helps take a personal pride in their work, particularly in those households where they are in regular attendance.

Considering the large number of households to which home help is given, the number of appeals against the charges assessed is very small. The Chairman of the Co-ordination Committee and the Chairman of the Nursing Services Sub-Committee, in consultation with the County Treasurer and the County Medical Officer are authorised to depart from the unified scale to the benefit of the applicant where the circumstances are considered to be exceptional, for example, blind or tuberculous persons not in receipt of national assistance, or where the illness is of long duration.

The incidence of sickness among the personnel remains high, and during winter months, particularly when staff numbers are depleted and requests for home helps are more numerous, it is often difficult to ensure that help is supplied even to the most deserving cases.

From the following table, showing a quarterly analysis of cases assisted in the last five years, marked changes will be noted in the types of cases assisted. The chronic sick and the aged and infirm are receiving help to a much greater extent than in the early years of the service, while there has been a substantial fall in the number of maternity cases supplied with home help to less than half the total for the corresponding quarters in 1950 :—

HOME HELP SERVICE.

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

Quarter ended	Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1950.																
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	1.47
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
1951.																
31st March ..	161	14.88	57	5.27	287	26.52	175	16.17	344	31.79	49	4.53	—	—	9	0.8
30th June ..	153	13.14	73	6.27	340	29.21	149	12.80	386	33.16	51	4.38	1	0.09	11	0.9
30th September	144	12.24	64	5.44	363	30.87	149	12.67	380	32.31	58	4.93	1	0.09	17	1.4
31st December	90	7.97	63	5.58	358	31.71	134	11.87	404	35.78	63	5.58	3	0.27	14	1.2
1952.																
31st March ..	84	6.95	64	5.29	373	30.85	144	11.91	457	37.80	69	5.71	4	0.33	14	1.1
30th June ..	89	7.22	69	5.60	359	29.12	132	10.71	491	39.82	77	6.24	—	—	16	1.2
30th September	104	8.37	65	5.23	398	32.02	120	9.65	467	37.57	77	6.19	—	—	12	0.9
31st December	88	6.35	78	5.63	415	29.94	147	10.61	570	41.12	75	5.41	—	—	13	0.9
1953.																
31st March ..	87	5.75	79	5.22	497	32.82	146	9.64	610	40.29	81	5.35	1	0.07	13	0.4
30th June ..	86	5.39	74	4.64	496	31.10	174	10.91	674	42.26	82	5.14	1	0.06	8	0.0
30th September	78	4.92	82	5.17	484	30.54	159	10.03	691	43.60	80	5.05	—	—	11	0.0
31st December	70	4.24	82	4.97	515	31.17	163	9.87	731	44.25	83	5.02	—	—	8	0.0
1954.																
31st March ..	77	4.28	80	4.44	564	31.33	177	9.84	810	45.00	81	4.50	2	0.11	9	0.0
30th June ..	61	3.37	85	4.69	533	29.42	157	8.66	868	47.90	94	5.19	2	0.11	12	0.0
30th September	70	3.76	91	4.89	569	30.61	130	6.99	900	48.41	87	4.68	2	0.11	10	0.0
31st December	61	3.18	86	4.48	568	29.57	146	7.60	951	49.51	96	4.99	1	0.05	12	0.0

SECTION 51.—MENTAL HEALTH SERVICE.

ADMINISTRATION.

The Authority's powers and duties under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-38, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters.

The service continued to operate generally on the lines set out in the County scheme. Dr. Gwladys Evans, the senior medical officer for mental health work, undertakes most of the medical examinations. Dr. D. T. Lewis has also been employed, although less frequently than in previous years, on a sessional basis and it has not been necessary to seek the assistance of the Regional Hospital Board in the examination or re-examination of defectives.

The following are engaged on mental health work :—

Mental Deficiency Acts, 1913-38.

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

Greenhill Occupation Centre.

Supervisor	.. ..	Miss M. E. Stephens.
Assistant Supervisor	.. ..	Miss M. J. Lloyd.
Caretaker-Instructor	.. ..	Mr. D. T. Bowen (Mrs. Bowen acts as cook and assists her husband with the duties of caretaker).
Gardener-Assistant	.. ..	Mr. D. G. Thomas.

Baglan Occupation Centre.

Supervisor	.. ..	Miss M. E. Grey.
Assistant Supervisors	.. ..	Miss S. J. Howells. Mrs. M. V. Showbridge (as from the 14th June, 1954).

*Lunacy and Mental Treatment Acts, 1890-1930.**Duly Authorised Officers.*

Mr. E. J. Powell.
Mr. Ivor Evans.
Mr. Tom J. Jones (as from the 1st January, 1954).
Mr. S. Williams.

My deputy, Dr. R. T. Bevan, continued 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. He has done much to bring about the harmonious liaison which I am glad to say now exists between the department, the officers of the Regional Hospital Board, and the medical staff of the mental hospitals with whom we are mainly concerned.

OCCUPATION AND TRAINING.

Greenhill Occupation Centre, Aberaman.

It is unfortunate that the fullest possible use is not being made of the staff and accommodation at this centre, where, on the industrial and occupation sides, more patients can be catered for than are available in the Aberdare and Mountain Ash areas.

At the end of the year there were 23 boys and 15 girls in attendance. Good use is being made of the new workshops and excellent craft work is being done by the patients under supervision. An endeavour was made to extend the catchment area to include suitable patients from the Rhondda, but the cost of transport was found to be prohibitive and the Committee has agreed that a site be sought in the Rhondda Valley, where hatted accommodation could be erected to serve the needs of this area.

Baglan Occupation Centre.

The old church schoolroom in which this centre is housed is far from suitable and, as we do not have the exclusive use of the accommodation, the staff work under considerable difficulties. In spite of this the centre continued to do good work in the training of the 13 boys and 22 girls who attend, apart from the relief afforded to their parents, who are able to enjoy a fair proportion of the day without the burden of providing for their constant care.

An additional assistant supervisor was appointed in June. Some rearrangement of the escort duties was also made, a part-time escort being employed to relieve the supervisor of this work.

Hitherto children attending the centre were conveyed to and from suitable collecting points by the County Ambulance Service. Owing to pressure of other duties it was found impossible to continue these arrangements. For the children requiring transport from districts west of the centre a bus has been hired. The children attending from the eastern part of the district served by the centre are still conveyed by ambulance.

GENERAL.

Fourteen defectives from Glamorgan attend at the Swansea Occupation Centre and five at the Cardiff Occupation Centre, by arrangement with the authorities concerned. Because of the demand for places will not be possible to arrange for the admission of more Glamorgan patients to the Swansea Centre.

PROPOSED ADDITIONAL CENTRES.

Caerau House, Gelligaer.

During the year the Committee recommended the acquisition of Caerau House, Gelligaer, for use as an occupation centre. The house, a substantially built freehold property, is on the bus route from Penpedairhe and Gelligaer and being about 700 yards from the square and railway station, Pengam, is comparatively easy of access by road or rail. It has an area of nearly two acres, which includes a grass paddock of about three-quarters of an acre.

Some adaptation and minor repairs will be necessary to bring the place into a state of readiness for occupation. It is hoped to complete the work in time to open the premises in 1955. They will provide accommodation as a day occupational centre for about 32 defectives, drawn from homes in the Rhymney and Aber valleys.

Barry.

There is need for an occupation centre to serve the needs of the 42 suitable persons in the Barry and Penarth areas and Dinas Powis and Wenvoe areas.

In the absence of premises which could be used or adapted for the purpose, the Committee have recommended the provision of hatted accommodation to be built on a site to be selected in Barry.

The following table shows the disposal of 46 other patients admitted under Orders made on petition :—

<i>Name of institution.</i>	<i>No. of patients admitted.</i>	
Hensol Castle, Pontyclun	33	
Ely Hospital, Cardiff	5	
Pantglas Hall, Carmarthen	3	
Brynhyfryd Hospital, near Welshpool	1	
Cell Barnes Hospital, St. Albans	1	Recertification.
County Hospital, Griffithstown	1	
Eryri Hospital, Carmarthen	1	
Llys Maldwyn Hospital, Caersws	1	

The growing number of patients in urgent need of institutional care has become a matter of grave concern. Although 46 patients were admitted to institutions during the year, 179 patients were in urgent need of institutional care on the 31st December, 1954, compared with 135 on the 1st January, 1954. The position regarding female patients is more acute as over the past two years 38 females only have been placed in institutions, compared with 66 males. Of the 18 females admitted in 1954, eight were transferred from places of safety, four from hospitals and an approved school, leaving only six patients admitted from the community in the normal way. Seven males were admitted during the same period from places of safety.

These difficulties are, in a large measure, due to the failure to obtain staff for new wards at Hensol Castle. So many "places of safety" vacancies are required in emergency that very few vacancies remain for allocation to patients on ordinary priority lists.

The present method of arranging for admission to hospitals for the mental defective is extremely cumbersome and to my mind quite unnecessary in the majority of cases. It is hoped that the Royal Commission will find it possible to recommend a reduction in the very formal procedure which under existing law have to be meticulously followed.

PLACES OF SAFETY.

One of the most difficult and heart-rending tasks is to find a place of safety for the occasional cases where, in an emergency due to death or illness of a near relative, there is no one to care for the defective. In such circumstances prompt action is desirable to remove the defective from his home and to place him temporarily in an institution where he can be cared for until arrangements are made for his disposal. Although, technically, there are several institutions which have been designated as places of safety, when the emergency arises it is found that very few of them can find accommodation and a wearying round of telephoning to institutions likely to have vacancies, or to the Regional Hospital Board, does not always produce effective results.

MENTAL DEFECTIVES GAINFULLY EMPLOYED.

The following table shows the trades followed by those mental defectives who were gainfully employed during the year 1954. It will be noticed that the total number of youths in employment is high in comparison with the adults; in the main this situation is perhaps due to :—

- The excellent work of the County Youth Employment Service in persistently endeavouring to obtain employment for suitable young defectives.
- The names of those adult defectives removed from supervision who, after a period, have succeeded in remaining in employment and have settled down well in the community.

- (c) The reluctance of employers to pay an adult wage for the services of some of the older defectives.
- (d) The employment situation which obtained in previous years whereby older defectives, having had no opportunities for employment when young, have subsequently been regarded as unemployable.

The type of work in which defectives are engaged is unskilled or semi-skilled, with emphasis on the former.

MENTAL DEFECTIVES GAINFULLY EMPLOYED.
(Patients in the community on licence from institutions are not included.)

Occupation.	Aged under 21 years.		Aged 21 years and over.		Total.		Occupation.	Aged under 21 years.		Aged 21 years and over.		Total.	
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.
Bakery	1	—	1	—	2	—	Gardening	1	—	1	—	2	—
Billposting	—	—	1	—	1	—	General Labouring ..	12	—	17	—	29	—
Brewery, Mineral Waters	—	3	—	—	—	3	Greengrocery	—	—	1	—	1	—
Brickworks	3	1	3	—	6	1	Laundry	—	—	—	1	—	—
Building	5	—	15	—	20	—	Local Authority (labourers) ..	3	—	8	—	11	—
Canteens	1	3	1	3	2	6	Mining (labourers) ..	18	—	29	—	47	—
Coal Delivery	3	—	2	—	5	—	Newspaper Round ..	—	—	1	—	1	—
Dairy	1	—	1	—	2	—	Railways	1	—	1	—	2	—
Domestic	—	7	—	15	—	22	Remploy	1	1	5	—	6	—
Factory (heavy labouring)	1	—	3	—	4	—	Roundsmen	2	—	3	—	5	—
Factory (light)	9	13	2	9	11	22	Saw Mills	3	—	1	—	4	—
Farm Workers	8	—	3	—	11	—	Shop Assistants	—	—	2	—	2	—
Forestry	—	—	2	—	2	—	Steel and Tinplate ..	5	—	6	2	11	—
Furniture Removal ..	1	—	—	—	1	—	Self employed * ..	—	—	4	—	4	—
Garage, Bus Depots ..	—	—	3	—	3	—							
								79	28	116	30	195	

* Self employed—Hawker, Smallholder, News Vendor, Shopkeeper.

HOSTELS FOR MENTALLY DEFECTIVE YOUNG PEOPLE.

Much concern has been expressed in the past because of the absence of hostel accommodation for mentally defective young persons. The categories most affected are :—

- (a) Those in the care of the Children's Committee.
- (b) Educationally subnormal children leaving residential schools.
- (c) Patients already in institutions who would be discharged* if suitable home conditions were available.
- (d) Those living with unsatisfactory parents in poor homes.

The provision of hostel accommodation for girls has for long been an urgent problem and an approach was made at the end of the year with a view to obtaining the approval of the Welsh Board of Health to a proposal to provide hostel accommodation under the provisions of sections 28 and 51 of the National Health Service Act, 1946. The Welsh Board of Health have expressed their sympathy with the proposal to establish a hostel which they say would have to be provided under section 51 of the National Health Service Act, but unfortunately the premises it was hoped to acquire were found to be unsuitable and it was impossible to proceed with the immediate project.

A search is being made for two suitable sites on which ultimately a hostel for boys and one for girls may be established.

Such hostels would facilitate the settlement of defectives in the community. An effort would be made to place suitable defectives in normal employment and the provision of institutional treatment would only be considered as a last resource if, after exhaustive trials, it is found that a patient is not likely to find a place in normal society.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

Mental illness and the social and economic loss occasioned thereby are gradually assuming the importance which these subjects have long deserved. The provisions of the Lunacy Acts seem no longer to be in accord with modern medical views on the methods of dealing with the mentally sick, and the outlook of the man in the street towards mental illness in his fellows is more rational, humane, and less prejudiced than that of his forebears.

The appointment by the Government in October, 1953, of a Royal Commission to enquire into the arrangements for the treatment of mental illness or mental defect is a timely acknowledgment that public opinion is ready to accept less cumbersome and more enlightened procedures in dealing with the very large numbers of the population who, under the stress of life in our modern society, suffer from mental breakdown.

Under the present arrangements it is gratifying to observe that the work of the duly authorised officers during the year was largely the arrangement of treatment for voluntary patients, as the table on page 64 shows.

The names of the duly authorised officers and their districts are set out below :—

<i>Duly authorised officers.</i>	<i>Districts covered.</i>
Mr. Tom J. Jones ..	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, Llchwyr 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 Glyncofrwng Urban.
Mr. S. Williams ..	The parishes of Van, Rudry, and Rhydygwern in Cardiff Rural, Gelli-gaer Urban, Caerphilly Urban, Aberdare Urban, Mountain Ash Urban, and Pontypridd Urban.

There is excellent liaison between the duly authorised officers and the general practitioner and their friendly relationships with the staff at the mental hospitals in the area, which they frequently visit in the course of their duties, have been of benefit to the patients and made smooth the working of a service which would otherwise be difficult or embarrassing.

There is one class of patient for which inadequate provision has been made: I refer to the elderly senile patient. One of the unfortunate and not infrequent concomitants of old age is a slow deterioration of the mind. Those thus afflicted, the senile but not certifiable, are mentally confused and unable to maintain their former "mental independence." Mental infirmity is one of the tragic risks of the elderly and does not always go hand in hand with obvious physical infirmity. The need of special provision for this group of our fellow beings has been mentioned in previous reports. Certification under the Lunacy Acts seems a harsh way of dealing with them and nobody welcomes this step, although there are circumstances in which it becomes inevitable.

HOSPITAL ADMISSIONS.

During 1954 the duly authorised officers arranged the admission to hospital of 765 patients, 468 of whom were admitted as voluntary patients under the Mental Treatment Acts.

There was a slight fall in the total number of cases admitted by duly authorised officers during the year. This is due to more voluntary patients making their own arrangements for admission, the assistance of duly authorised officers being called upon where the stage of illness is more advanced. Greater use is being made of section 20 of the Lunacy Act, 1890, where patients are admitted to hospital for observation, because of a reluctance in many instances on the part of some family doctors to certify.

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, Sections 14-16. 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.	
1949	96	121	3	2	93	102	4	7	438
1950	139	176	2	9	90	110	14	10	550
1951	152	173	4	11	81	104	12	19	556
1952	186	233	1	6	71	98	25	34	654
1953	221	265	2	3	90	97	55	38	771
1954	208	260	-	2	91	97	51	56	765

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 interest.

In 1954, 71 cases were dealt with. These involved 91 after-care visits by duly authorised officers and 73 by mental health supervisors and health visitors, making a total of 164 visits.

PUBLIC HEALTH.

GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

As foreshadowed in my report for 1953, the Cardiff and County Joint Public Health Laboratory ceased to function under this title on the 28th February, 1954, the Cardiff City Council having withdrawn from the partnership on the establishment of their own laboratory.

The County Council, as the remaining partner of the former joint undertaking, continued to carry on the laboratory under the title of Glamorgan County Public Health Laboratory.

The Joint Laboratory Committee was dissolved and the Health Administration Sub-Committee assumed responsibility for administration of the laboratory.

The examination of Food and Drugs samples has, for a number of years, been carried out at the laboratory and forms a large proportion of the work undertaken. The number of samples submitted for examination is steadily increasing and has become an important part of the laboratory's functions.

At present work is undertaken for the undermentioned Authorities :—

County.

Glamorgan County Council.

Merthyr County Borough.

Twenty-four Glamorgan County Districts.

Outside Authorities.

Bedwellty Urban District.

In addition, work is undertaken under the Fertilisers and Feeding Stuffs Act, 1926, for the Glamorgan County Council and Merthyr County Borough.

Samples of sewage effluents, trade effluents, and river waters are also chemically examined on behalf of the Glamorgan Rivers Board.

Phosphatase tests on milk samples are undertaken on behalf of the Medical Research Council.

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

Description of Samples.	County Council.	County Districts.	Other Authorities.	Total.
Food and Drugs Acts samples ..	4,072	1,776	383	6,231
Fertilisers and feeding stuffs	94	—	28	122
Motor spirit	—	—	—	—
Water	6	931	356	1,293
River water	—	3	389	392
Sewage and sewage effluents	—	35	877	912
Trade effluents	—	1	389	390
Pasteurised milk	—	—	3,454	3,454
Sterilised Milk	—	—	33	33
Ice cream	—	527	13	540
Atmospheric pollution	—	161	27	188
Miscellaneous	5	2	4	11
Totals	4,177	3,436	5,953	13,566

FOOD AND DRUGS.

The County Council is the Authority under the Food and Drugs Acts for the whole of the Administrative area, with the exception of the Municipal Boroughs of Neath, Port Talbot, and Barry (from the 1st November, 1954), and the Urban Districts of Aberdare, Pontypridd, and Rhondda.

Pontypridd Urban District Council.

Although the final census figures published in 1954 showed that the population of the Pontypridd Urban District Council was less than 40,000, the County Council raised no objection to a proposal that the Pontypridd Council remain the Food and Drugs Authority for the district.

Barry Municipal Borough.

For this area the final census figures showed that the population of the Borough exceeded 40,000. The County Council raised no objection to the Barry Borough becoming the Food and Drugs Authority for the area and arrangements were made for the transfer of functions as from the 1st November, 1954.

Food and Drugs Amendment Act, 1954.

This Act received the Royal assent on the 25th November, 1954. One section, which deals with the restriction of private slaughter houses, came into effect immediately, but it is unlikely that the remainder of this consolidating enactment will come into operation until the early months of 1955, when the Ministry of Food propose to bring into effect simultaneously the new Food Hygiene Regulations in replacement of those made under the 1938 Food and Drugs Act. In many places where food is prepared or served, better hygienic conditions are desirable and one of the objects of the Act is to secure an improvement in this respect. The proposed regulations will undoubtedly strengthen the County District Councils in the efforts they are making to encourage greater cleanliness of premises used in the food trade and to promote a high standard of personal cleanliness among those engaged in the preparation and handling of food.

The Education Committee has made a very useful contribution in furtherance of these objectives by arranging periodical courses of instruction for cooks and other workers employed in school canteens.

The Milk (Special Designation) (Specified Areas) Order, 1954.

Section 23 of the Food and Drugs, Milk, Dairies and Artificial Cream Act, 1950, enables the Minister of Food, after consultation with interested organisations, to order the compulsory use of special designations for retail sales of milk in any area in England and Wales in which it is not in operation.

Under Statutory Instrument No. 282 of 1954 the provisions of this Order became operative as from the 1st April, 1954, in the following areas of the Administrative County :—

The Borough of Barry.

The Urban Districts of Aberdare, Caerphilly, Gelligaer, Mountain Ash, Penarth, Pontypridd, Rhondda.

The Rural District of Cardiff.

The measures taken to ensure the protection of the public and to detect adulteration of foodstuffs are 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	185	1,976	2,161	40	229	269
Almond and Butter Cracknells ..	—	1	1	—	1	1
Antacid Powder	—	1	1	—	—	—
Arrowroot	—	4	4	—	—	—
Aspic Jelly Powder	—	1	1	—	—	—
Aspirin Tablets	—	14	14	—	1	1
Baking Powder	—	33	33	—	3	3
Banana Whip	—	2	2	—	—	—
Barley Crystals	—	1	1	—	—	—
Beef Dripping	—	2	2	—	—	—
Beef Sausage	21	—	21	4	—	4
Beer	—	2	2	—	—	—
Bicarbonate of Soda	—	9	9	—	—	—
Black Treacle	—	1	1	—	—	—
Blackcurrant Cordial	—	1	1	—	—	—
Blackcurrant Juice	—	2	2	—	—	—
Blancmange Powder	—	30	30	—	—	—
Boric Acid Crystals	—	2	2	—	—	—
Boric Ointment	—	1	1	—	—	—
Boric Powder	—	1	1	—	—	—
Borax	—	1	1	—	—	—
Borax and Honey	—	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)
Bottled Beetroot	—	1	1	—	—	—
Branston Pickle	—	1	1	—	—	—
British Wine	—	3	3	—	—	—
Bun Flour	—	2	2	—	1	1
Butter	90	—	90	1	—	1
Buttered Brazils	3	—	3	—	—	—
Butter Candy	—	1	1	—	—	—
Butter Drops	3	—	3	—	—	—
Buttered Macaroons	2	—	2	—	—	—
Buttermaid Rolls	1	—	1	—	—	—
Buttermints	1	—	1	1	—	1
Butterscotch	5	—	5	—	—	—
Cake Mixture	—	60	60	—	11	11
Cake and Pudding Mixture ..	—	10	10	—	2	2
Calves Foot Jelly	—	1	1	—	1	1
Camphorated Oil	1	1	2	1	1	2
Canned Applies	—	1	1	—	—	—
Canned Bananas	—	1	1	—	—	—
Canned Beans	—	6	6	—	—	—
Canned Beetroot	—	1	1	—	—	—
Canned Blackberries	—	1	1	—	—	—
Canned Blackcurrants	—	1	1	—	—	—
Canned Broth	—	1	1	—	—	—
Canned Carrots	—	1	1	—	—	—
Canned Cherries	—	1	1	—	1	1
Canned Cottage Pie	—	1	1	—	—	—
Canned Cranberries	—	1	1	—	—	—
Canned Cream of Chicken Soup ..	—	1	1	—	—	—
Canned Cream of Tomato Soup ..	—	1	1	—	—	—
Canned Fig Pudding	—	2	2	—	—	—
Canned Fish	—	16	16	—	—	—
Canned Gooseberries	—	6	6	—	—	—
Canned Grapefruit	—	2	2	—	—	—
Canned Greengages	—	1	1	—	—	—
Canned Meat	—	12	12	—	—	—
Canned Oranges	—	3	3	—	—	—
Canned Orange Juice	—	1	1	—	—	—
Canned Oysters	—	2	2	—	—	—
Canned Peas	—	3	3	—	—	—
Canned Plums	—	2	2	—	—	—
Canned Rabbit	—	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)
Canned Raspberries	—	1	1	—	—	—
Canned Redcurrants	—	1	1	—	—	—
Canned Rhubarb	—	5	5	—	—	—
Canned Sausages	—	1	1	—	—	—
Canned Soup	—	12	12	—	1	1
Canned Spinach	—	1	1	—	—	—
Canned Stewed Steak	—	1	1	—	—	—
Canned Strawberries	—	5	5	—	—	—
Canned Tomatoes	—	9	9	—	—	—
Canned Tomato Juice	—	5	5	—	2	2
Canned Trifle Pudding	—	1	1	—	—	—
Cheese	1	—	1	—	—	—
Cheese Cake Mixture	—	1	1	—	—	—
Cheese Macaroni	—	1	1	—	—	—
Cheese Spread	—	5	5	—	1	1
Chemical Food	—	1	1	—	—	—
Children's Tonic	—	1	1	—	—	—
Chippolatas Sausages	1	—	1	—	—	—
Chocolate Cigarettes	—	1	1	—	—	—
Chocolate Spread	—	1	1	—	—	—
Christmas Pudding	—	1	1	—	—	—
Coca Cola	—	2	2	—	—	—
Cochineal	—	1	1	—	—	—
Cocoa	—	2	2	—	—	—
Cod Liver Oil	—	8	8	—	—	—
Coffee Powder	—	3	3	—	—	—
Coffee and Chicory Essence	—	31	31	—	—	—
Compound Fat	—	1	1	—	—	—
Compound Condiment	—	1	1	—	—	—
Condensed Milk	—	31	31	—	—	—
Concentrated Apple Juice	—	1	1	—	—	—
Cooking Fat	4	13	17	—	—	—
Cornflour	—	17	17	—	—	—
Cough Mixture	—	1	1	—	—	—
Cream of Tartar	—	2	2	—	—	—
Currants	—	12	12	—	—	—
Curry Powder	—	4	4	—	—	—
Mustard Powder	—	22	22	—	—	—
Cut Peel	—	2	2	—	—	—
Handelion and Burdock Drink	—	1	1	—	—	—
Dessert Powder	—	9	9	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Desiccated Coconut	—	5	5	—	—	—
Diabetic Marmalade	—	1	1	—	—	—
Dried Crumbs	—	1	1	—	—	—
Dried Peas	—	3	3	—	—	—
Dried Thyme	—	2	2	—	—	—
Dripping	1	—	1	—	—	—
Egg Preserving Compound ..	—	1	1	—	—	—
Epsom Salts	—	14	14	—	—	—
Esko Whipping	1	1	2	1	1	2
Essence of Rennet	—	2	2	—	—	—
Farinoca	—	1	1	—	—	—
Fever Curer	—	1	1	—	1	1
Fish Paste	—	24	24	—	—	—
Flavouring Essence	—	2	2	—	—	—
Flour	—	2	2	—	—	—
Fruit Cake	—	1	1	—	—	—
Fruit Lollies	—	1	1	—	—	—
Fruit Sauce	—	3	3	—	—	—
Gelatine	—	5	5	—	—	—
Ginger Wine Essence	—	1	1	—	—	—
Glacé Cherries	—	13	13	—	—	—
Glauber Salts	—	3	3	—	—	—
Gluconis	—	1	1	—	—	—
Glucose	—	1	1	—	—	—
Glycerine	—	3	3	—	—	—
Glycerine and Borax	—	1	1	—	—	—
Golden Breadcrumbs	—	1	1	—	—	—
Golden Spread	—	1	1	—	—	—
Golden Syrup	—	2	2	—	—	—
Grapefruit Squash	—	3	3	—	—	—
Gravy Browning	—	18	18	—	—	—
Ground Almonds	1	7	8	—	1	1
Ground Arrowroot	—	1	1	—	—	—
Ground Cinnamon	—	4	4	—	—	—
Ground Cloves	—	1	1	—	—	—
Ground Coffee	—	2	2	—	—	—
Ground Ginger	—	2	2	—	—	—
Ground Nutmeg	—	4	4	—	—	—
Ground Rice	—	1	1	—	—	—
Guava Jelly	—	1	1	—	—	—
Halibut Liver Oil	—	21	21	—	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)
Health Salts	—	5	5	—	—	—
High Protein Food	—	1	1	—	—	—
Honey	—	9	9	—	—	—
Korlicks Tablets	—	1	1	—	—	—
Horseradish Cream	—	3	3	—	—	—
Ice Cream	113	—	113	7	—	7
Med Lollies	1	—	1	—	—	—
Ring Sugar	—	4	4	—	—	—
On Jelloids	—	1	1	—	—	—
Orange Juice	—	1	1	—	—	—
Ham	—	34	34	—	—	—
Orange Marmalade	—	1	1	—	—	—
Vanilla Powder	—	1	1	—	—	—
Cruschen Salts	—	1	1	—	—	—
Lamb and Pork Sausages	1	—	1	—	—	—
Hard	8	5	13	—	—	—
Laxative	—	1	1	—	—	—
Lemonade	—	3	3	—	1	1
Lemon Barley	—	1	1	—	—	—
Lemon Cheese	—	2	2	—	—	—
Lemon Curd	—	12	12	—	—	—
Lemon Juice	—	1	1	—	—	—
Lemon Squash	—	1	1	—	—	—
Peppercorns	—	1	1	—	—	—
Life Drops	—	2	2	—	—	—
Lollipop	—	3	3	—	—	—
Lucozade	—	3	3	—	—	—
Macaroni	—	2	2	—	—	—
Maple Syrup	—	1	1	—	—	—
Margarine	21	17	38	—	—	—
Marmalade	—	12	12	—	—	—
Marshmallow Cream	—	1	1	—	—	—
Marzipan	—	2	2	—	—	—
Mayonnaise	—	6	6	—	—	—
Meat Paste	—	28	28	—	—	—
Milk Beverage	—	2	2	—	—	—
Minced Chicken	1	4	5	—	—	—
Minced Meat	—	12	12	—	—	—
Minced Jelly	—	2	2	—	—	—
Mixed Dried Fruits	—	2	2	—	—	—
Mixed Peel	—	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)
Mixed Spice	—	1	1	—	—	—
Molasses	—	1	1	—	—	—
Mustard	—	14	14	—	—	—
Non-alcoholic Wine	—	1	1	—	—	—
Non-brewed condiment	1	19	20	—	—	—
Non-brewed Table Relish	—	1	1	—	—	—
Oat Cakes	—	1	1	—	—	—
Oatmeal	—	2	2	—	—	—
Olive Oil	—	5	5	—	—	—
Orangeade	—	1	1	—	—	—
Oranges	—	2	2	—	—	—
Orange Barley Water	—	1	1	—	—	—
Orange Curd	—	4	4	—	—	—
Orange Drink	—	7	7	—	—	—
Orange Juice	—	1	1	—	—	—
Orange Marmalade	—	1	1	—	—	—
Orangeade Powder	—	1	1	—	—	—
Orange Squash	—	17	17	—	—	—
Pancake and Yorkshire Pudding						
Mixture	—	1	1	—	—	—
Parsley and Thyme Stuffing	—	3	3	—	—	—
Pastry Mixture	1	5	6	—	2	2
Patent Groats	—	1	1	—	—	—
Peanut Butter	—	2	2	—	—	—
Pearl Barley	—	4	4	—	—	—
Pepper Compound	—	3	3	—	—	—
Peppermint Cordial	—	1	1	—	1	1
Piccalilli	—	2	2	—	—	—
Pickle	—	3	3	—	—	—
Pickle Onions	—	2	2	—	—	—
Pickling Spice	—	2	2	—	—	—
Pie Filling	—	5	5	—	—	—
Pineapple Chunks	—	1	1	—	—	—
Pineapple Juice	—	1	1	—	—	—
Porage Oats	—	1	1	—	—	—
Pork Sausages	6	—	6	1	—	1
Preserved Rhubarb	—	1	1	—	—	—
Processed Peas	—	1	1	—	—	—
Prunes	—	5	5	—	—	—
Pudding Mixture	—	16	16	—	4	4
Raisins	—	3	3	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Raspberrade	—	1	1	—	—	—
Raspberr Cordial	—	2	2	—	—	—
Raspberr Vinegar	—	2	2	—	—	—
Redcurrant Jelly	—	1	1	—	—	—
Rice	—	16	16	—	—	—
Rice Creamola	—	2	2	—	1	1
Rikola Tonic	—	1	1	—	—	—
Rose Hip Syrup	—	1	1	—	—	—
Ruby Wine	—	2	2	—	—	—
Rum	1	—	1	—	—	—
Rum and Butter Toffees	1	—	1	—	—	—
Rusks	—	1	1	—	—	—
Saccharin Tablets	—	2	2	—	—	—
Sago	—	13	13	—	—	—
Salad Cream	—	27	27	—	2	2
Sanatogen Tonic Wine	—	1	1	—	—	—
Sandwich Spread	—	8	8	—	—	—
Sardines	—	1	1	—	—	—
Sauce	—	26	26	—	—	—
Sausages	10	1	11	—	—	—
Scone Flour Mixture	—	1	1	—	1	1
Self-raising Flour	—	42	42	—	2	2
Semolina	—	4	4	—	1	1
Sherrbert	—	1	1	—	—	—
Sherry	—	1	1	—	—	—
Shortbread Mixture	—	2	2	—	—	—
Shredded Beef Suet	—	17	17	—	—	—
Soup Powder	—	1	1	—	—	—
Spirit Vinegar	—	1	1	—	—	—
Split Peas	—	1	1	—	—	—
Sponge Mixture	—	90	90	—	18	18
Sterilised Cream	—	27	27	—	—	—
Stomach Powder	—	5	5	—	—	—
Sugar	—	18	18	—	—	—
Sultanas	—	15	15	—	—	—
Sweets	19	5	24	—	—	—
Sweet Pickles	—	1	1	—	—	—
Synthetic Cream Powder	—	4	4	—	—	—
Syrup of Figs	—	1	1	—	—	—
Table Jellies	—	80	80	—	1	1
Tapioca	—	6	6	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Tartaric Acid	—	1	1	—	—	—
Tea	—	31	31	—	—	—
Tea Cake Mixture	—	9	9	—	1	1
Tomato Chutney	—	4	4	—	—	—
Tomato Sauce	—	30	30	—	1	1
Tomato Soup	—	7	7	—	—	—
Tomato and Mango Relish ..	—	1	1	—	—	—
Treacle	—	2	2	—	—	—
Trifle Pack	—	4	4	—	—	—
Vegetable Salad	—	1	1	—	—	—
Vienna Sausage	—	1	1	—	—	—
Vigour Restorer	1	1	2	1	—	1
Vinegar	1	34	35	—	1	1
Vitacup	—	2	2	—	1	1
Vitamin Capsules, etc.	—	33	33	—	4	4
Whipping Compound	—	2	2	—	—	—
White Pepper	—	19	19	—	—	—
Yorkshire, Pancake and Fritter Mixture	—	1	1	—	—	—
Yorkshire Pudding Mixture ..	—	1	1	—	—	—
Yorkshire Relish	—	1	1	—	—	—
Total	507	3,565	4,072	57	302	359

During the year 4,072 samples, or 8.6 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 to the analyst. This showed an improvement on previous years. This area excludes the municipal borough of Neath and Port Talbot and the urban districts of Aberdare, Pontypridd, and Rhondda, and the municipal borough of Barry as from the 1st November, 1954.

Three hundred and fifty-nine samples, or 8.8 per cent of the total samples collected, were found to be unsatisfactory. Of the 2,161 samples of milk taken, 1,892 (or 87.6 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 269 samples were of adulterated milk, since 173 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:—

- Twenty-eight lower than 5 per cent ;
- Twenty-nine between 5 and 15 per cent ; and
- Ten above 15 per cent.

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

ANALYSIS OF IRREGULAR SAMPLES OTHER THAN MILK.

Commodity.	Number of samples.	Nature of adulteration or irregularity.
Cake Mixtures	6	Infested with meal mites.
Adding Mixtures	3	do.
Sponge Mixtures	17	do.
Ice Creamola	1	do.
Un Flour	1	do.
One Flour Mixture	1	do.
Molona	1	do.
ea Cake Mixture	1	do.
Cake and Pudding Mixture	1	In a caked condition with very low available carbon dioxide content.
Cake Mixture	1	Infested with book lice and meal mites.
Cake and Pudding Mixture	1	do.
Cake Mixture	3	Infested with book lice.
Adding Mixture	1	do.
Baking Powder	3	Deficient in available carbon dioxide.
Sponge Mixture	1	do.
Self-raising Flour	2	do.
Ice Cream	7	Deficiency in fat.
Whipping	2	do.
Vinegar	1	Deficient in acetic acid.
Hot Sausage	4	Contained an excess of sulphur dioxide.
Monade	1	do.
Camphorated Oil	2	Deficient in camphor.
Stacup	1	Not suitable for use as a beverage since its physical state has changed from its original powdered state into a caked mass.
Peppermint	1	Deficient in butter fat.
Canned Tomato Juice	2	Contained a large amount of tin.
Canned Soup	1	do.
Peppermint Cordial	1	do.
Vanilla Cream	1	Deficient in vegetable oil.
Aspirin Tablets	1	Did not comply with the requirements of the British Pharmacopoeia, 1953.
Canned Cherries	1	Had an unpleasant smell and contained a large amount of iron.

Commodity.	Number of samples.	Nature of adulteration or irregularity.
Table Jellies	1	Deficient in sugar.
Tomato Sauce	1	Deficient in tomato solids.
Salad Cream	1	Showed evidence of hydrolytic rancidity.
Pastry Mixture	2	do.
Butter	1	do.
Ground Almonds	1	do.
Vitamin Capsules, etc.	3	Deficient in vitamin A content.
Halibut Liver Oil Capsules	2	do.
Vitamin Capsules	1	Partially covered with a mould.
Calves Foot Jelly	1	do.
Cake Mixture	1	do.
Almond and Butter Cracknells	1	Infested with beetles.
Port Sausages	1	Inferior quality. Slightly deficient in meat content.
Fever Curer	1	Did not comply with the requirements of the Pharmacy and Medicine Act, 1941.
Cheese Spread	1	Inferior quality, with water content above the proposed standards.
Vigour Restorer	1	Falsely declared to contain quinine sulphate.

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 stock held by the retailers, and steps are taken to inform manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

Despite most careful precautions by the manufacturers, it is practically impossible to completely destroy the ova of meal mites from cereal foods. If these products are kept in stock for prolonged periods the ova hatch out and infestation occurs. The sampling officers always impress upon retailers the need for quick turnover of stocks.

During the year legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in 20 cases, fines totalling £73 plus £12 12s. 0d. advocate's fee, £13 10s. 0d. analyst's fee, and £3 9s. 1d. witness' fee being imposed on the vendors.

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 Acts, 1938.

There were 11 such licences in operation on the 31st December, 1954. 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 937 samples were taken, of which 21 were unsatisfactory, 18 on the methylene blue test, and three 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 two County Sanitary Inspectors in conjunction with their other duties ; 10 inspections were made during the year.

The following report has been contributed by Mr. W. D. Lewis, the Senior County Sanitary Inspector :—

"Food and Drugs.

The total number of samples of food stuffs submitted to the Public Analyst during the year ended 31st December, 1954, was 4,072, of which 359 or 8·8 per cent were reported as being unsatisfactory. There were 17 prosecutions. In 1953 the number of unsatisfactory samples was 511 or 12·4 per cent and there were 20 prosecutions.

2,161 samples of milk were collected for analysis, of which 1,892 or 87·6 per cent were reported as being samples of genuine milk. Of the 269 which were reported 'not genuine' or below the presumptive standard, 173 were deficient in non-fatty solids, but the Hortvet freezing point test showed the deficiency to be natural and not due to the addition of water to the milk.

Legal proceedings were taken in eight cases where added water was found in the milk and fines were imposed in each case.

The samples which were deficient in milk fat were followed up, and 'Appeal to Cow' samples taken, where necessary, proved that the milk was genuine milk as produced by the cow.

Nearly all the milks reported as unsatisfactory were samples of raw milk received at the milk depots, bottled milk being, with two or three exceptions, satisfactory.

The Milk (Special Designations) (Specified Areas) Order, 1954, came into operation on the 1st April, 1954, and six County districts in the eastern part of the County were affected, being designated 'Special Areas.' A specified area is one in which only specially designated milk may be sold by retail, that is to say 'tuberculin tested' raw milk, 'pasteurised milk,' or 'sterilised milk.'

Another change in the law relating to milk became operative on the 1st October, 1954, whereby every churn, can, or bottle which contains pasteurised milk must have a cap or cover overlapping the lip of the containers ; furthermore, all milk which is pasteurised must be put in the container in which it is to be delivered to the customer at the premises at which it is pasteurised.

The new regulations make the sale of pasteurised milk by can and dipper illegal, and puts an end to the undesirable practice whereby pasteurised milk purchased in bulk was bottled at an establishment other than the one at which pasteurisation was carried out.

Ice-cream.

The Food Standards Order, 1951, prescribes a minimum fat content of 5 per cent for ice-cream. Of 113 samples submitted for analysis seven were below standard, six of which resulted in prosecution and fines.

In 1953, 119 samples were taken of which 10 were below standard.

Sausages.

Although there is no standard for the meat content of sausages, the Minister of Food requires information as to the composition and price of sausages. The County Public Analyst reports quarterly to the Minister on the samples taken by the County Sanitary Inspector. The standard of the sausages sampled was satisfactory.

Under regulations made during the year, it is an offence to sell sausages containing preservative without displaying a notice to this effect. Preservatives were found in four samples where their presence had not been declared and proceedings were taken against the vendors.

Drugs.

Eight of the 143 samples of various proprietary drugs and vitamin preparations taken during the year were unsatisfactory, the main reason being deficiency in vitamin content occasioned by storage over the effective life of the product.

As a result of representations made by the Authority to the County Council's Association, it is likely that manufacturers will be required to declare the date of manufacture and warranty period for drugs and vitamin preparations which will be laid down in the British Pharmacopoeia."

FOOD HYGIENE.

Outbreak of Salmonella Typhi-murium.

An outbreak of food poisoning occurred at the Abergarw Estate, Brynmenyn, on the 2nd September. Prompt action was taken by the District Medical Officer of Health, Dr. J. Alun Evans, who traced the source of the outbreak to brawn prepared by a housewife on the estate, who was the probable source of infection of the brawn which was distributed to several of her neighbours.

The outbreak was caused by the infection from an outside source of the person preparing the brawn and the transmission by her of the organisms to the product after it had been cooked. Twenty-seven cases were reported. There were no secondary infections.

This is yet another example of the need for strict hygiene by persons engaged in the handling of food

HOUSING.

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 1954.	Number partly completed during the year 1954.	Number for which plans were passed but not commenced during the year 1954.
	Completed and occupied during the year 1954.	Partly completed during the year 1954.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Cardare	236	—	—	1,832	1	8	—
Cardiff Borough	140	130	82	2,682	101	63	64
Cardiff Rural	86	6	225	1,031	55	46	98
Cardiff Urban	70	—	—	2,292	55	26	24
Cardiff Urban Borough ..	—	—	—	48	—	1	—
Cardiff Urban	26	—	110	1,220	357	7	11
Cardiff Urban	32	54	—	702	2	—	1
Cardiff Urban	6	114	46	1,318	18	19	28
Cardiff Urban	30	—	12	748	6	5	6
Cardiff Urban	10	—	233	693	—	1	2
Cardiff Urban	153	128	100	1,665	20	15	19
Cardiff Urban	120	286	4	813	—	2	—
Cardiff Urban	80	6	16	911	43	35	20
Cardiff Urban	106	34	32	1,347	3	3	4
Cardiff Urban	—	—	—	324	43	38	36
Cardiff Urban	650	403	—	3,106	49	87	41
Cardiff Urban	155	178	86	1,416	2	10	10
Cardiff Rural	217	218	20	1,522	305	251	106
Cardiff Rural	166	57	24	1,347	17	9	43
Cardiff Rural	38	20	42	338	38	48	98
Cardiff Rural	119	50	—	2,068	12	10	10
Cardiff Rural	263	191	—	2,236	29	42	10
Cardiff Rural	222	162	35	2,284	40	56	34
Cardiff Rural	124	79	70	1,825	5	12	13
Totals	3,049	2,116	1,137	33,768	1,201	794	678

RURAL HOUSING.

The Joint County Committee continued to function, although only one meeting was held during the year.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 AND 1951.

In December, 1954, the Committee made an important decision, altering the basis upon which the County Council should contribute towards the cost of water supplies and sewerage schemes. Hitherto the County Council made a contribution equivalent to that made by the Welsh Board of Health, subject to a maximum contribution equal to the capitalised value of one-third of the annual deficiency of such schemes. Subject to the proviso that where the Ministry's grant is less than one-third of the capitalised value of the annual deficiency, special consideration shall be given to the merits of each case, it has been decided that future contributions to be made under the above Acts shall be calculated in accordance with a scale based upon the respective penny-rate products of the rural district councils, ranging from contributions of 70 per cent of the capitalised value of the annual deficiency on the schemes after the deduction of Government grant, where the penny-rate product is £350 or less, to 20 per cent, where the penny-rate product is over £800.

In accordance with this formula, contributions by the County Council amounting to £56,723 in respect of schemes submitted by the Gower, Neath, and Cardiff Rural District Councils were approved during the year.

ATMOSPHERIC POLLUTION.

The Beaver Committee on Air Pollution, whose interim report was published in 1953, referred to air pollution as a social and economic evil which should no longer be tolerated.

The risk to human health of industrial and domestic smoke is being more generally realised and the recommendations contained in the Committee's report will doubtless commend themselves to local authorities in this County and elsewhere who today face the difficult, although not impossible, task of endeavouring to reduce atmospheric pollution.

Not all the blame for our unhealthy atmosphere should be directed to the chimneys of industrial and commercial undertakings, as the domestic chimney emits nearly half of the two million tons of smoke with which the air is laden. The County Council's interest in this problem is shown by its entry into membership of the National Smoke Abatement Society and the appointment of representatives to attend meetings of the Society.

STATISTICAL REVIEW, 1954.

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 1954, and for the purpose of comparison quotes similar statistics for the years 1953 and 1934 :—

		Birth Rate.			Death Rate.			Infant Mortality Rate.		
		1954.	1953.	1934.	1954.	1953.	1934.	1954.	1953.	1934.
England and Wales		15.2	15.5	14.8	11.3	11.4	11.8	26	27	59
Administrative County of Glamorgan ..		15.6	16.2	16.5	12.3	11.8	13.6	32	31	65
Total Urban Districts		15.9	16.4	16.7	12.4	11.9	14.0	32	29	66
Total Rural Districts		14.9	15.6	15.7	12.0	11.4	12.4	31	37	61
Health Division.	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban ..	13.8	13.6	13.4	14.3	14.7	15.3	27	31	79
	Mountain Ash Urban ..	15.2	17.0	18.2	12.9	11.3	14.2	21	25	67
Caerphilly and Gelligaer	Caerphilly Urban ..	19.8	20.1	20.6	10.1	9.3	15.1	36	37	62
	Gelligaer Urban ..	17.8	18.5	19.0	12.1	10.8	15.1	45	32	66
Mid-Glamorgan	Bridgend Urban ..	17.5	16.3	11.0	11.1	10.0	9.4	12	40	55
	Maesteg Urban ..	16.1	18.5	18.8	13.1	11.0	12.1	51	33	109
	Ogmore & Garw Urban ..	13.5	16.7	16.7	12.2	11.5	15.0	46	43	66
	Porthcawl Urban ..	13.1	14.2	9.6	14.6	13.7	10.9	31	43	34
	Penybont Rural ..	15.7	16.6	16.4	14.2	12.9	12.9	45	33	61
Neath and District	Neath Borough ..	14.8	14.2	15.2	12.8	11.2	13.0	36	18	52
	Neath Rural	14.2	15.0	17.5	10.8	10.9	13.9	27	50	63
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	17.4	20.0	18.9	10.5	10.3	12.8	31	39	67
	Pontypridd Urban ..	16.2	15.2	17.3	14.2	16.9	13.7	36	19	67
Port Talbot and Glyncorrwg	Glyncorrwg Urban ..	20.6	19.3	18.6	9.1	10.6	13.6	51	44	112
	Port Talbot Borough ..	18.2	18.5	18.1	10.0	11.1	14.4	23	19	65
South-East Glamorgan	Barry Borough ..	18.0	17.7	16.0	11.2	9.8	12.8	24	30	67
	Cardiff Rural	12.9	13.2	11.7	13.4	12.6	10.3	21	17	48
	Cowbridge Borough ..	13.6	11.7	17.6	6.8	11.7	10.4	—	—	53
	Cowbridge Rural ..	16.8	15.5	16.5	6.9	5.8	11.1	15	25	46
	Penarth Urban ..	14.3	16.9	13.2	12.6	11.8	12.5	19	9	48
West Glamorgan	Gower Rural	14.7	17.5	14.1	13.3	11.8	11.4	41	44	65
	Llwchwr Urban ..	13.5	12.6	16.4	12.1	10.5	12.1	43	37	44
	Pontardawe Rural ..	14.3	13.9	14.5	13.4	13.2	13.2	39	49	67
Rhondda ..	Rhondda Urban ..	14.3	15.3	16.4	13.2	12.8	14.5	32	31	62

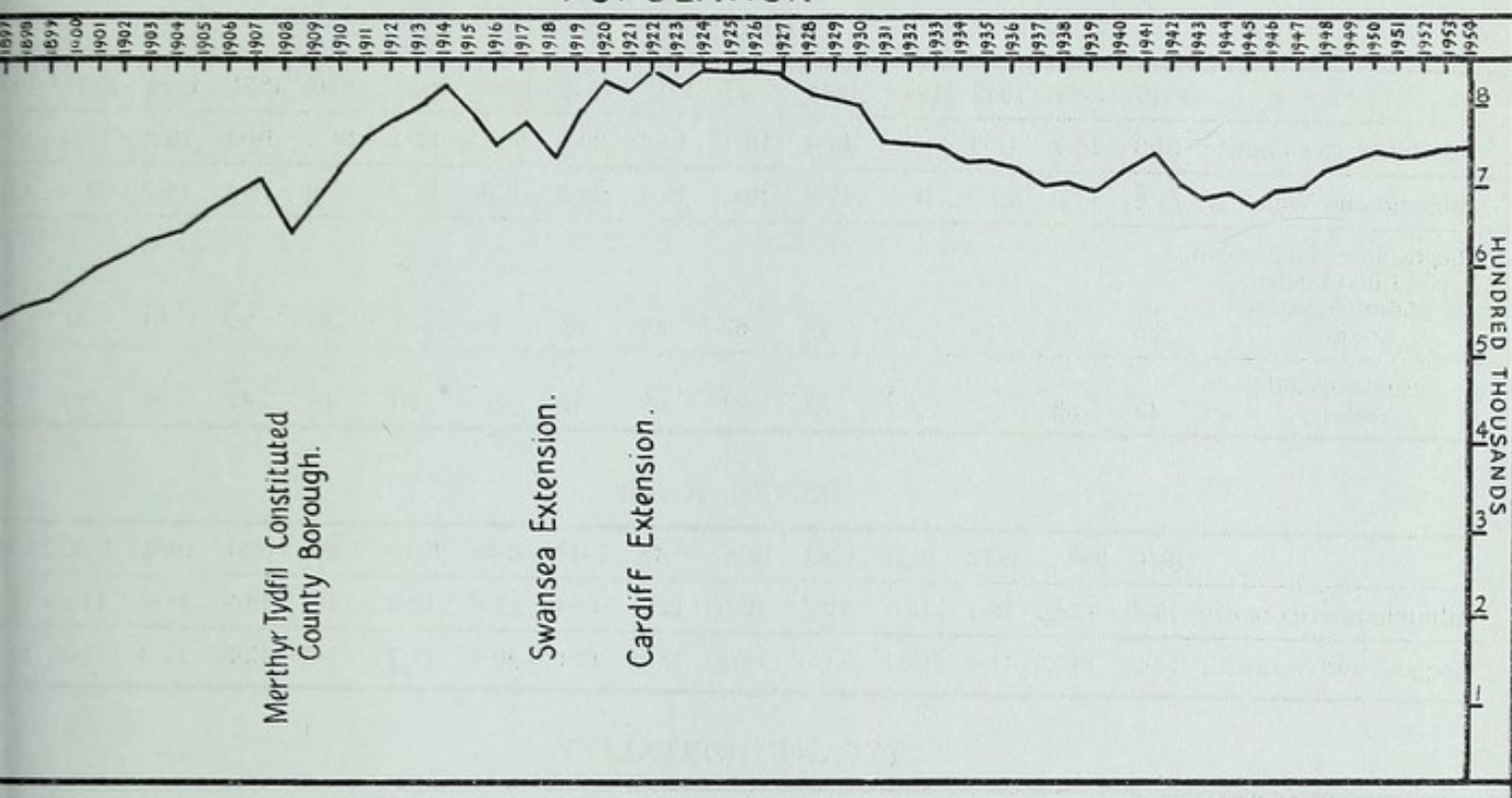
POPULATION.

The estimates of the Registrar-General gives the population of the Administrative County as 737,800 as compared with the 1953 estimate of 736,300.

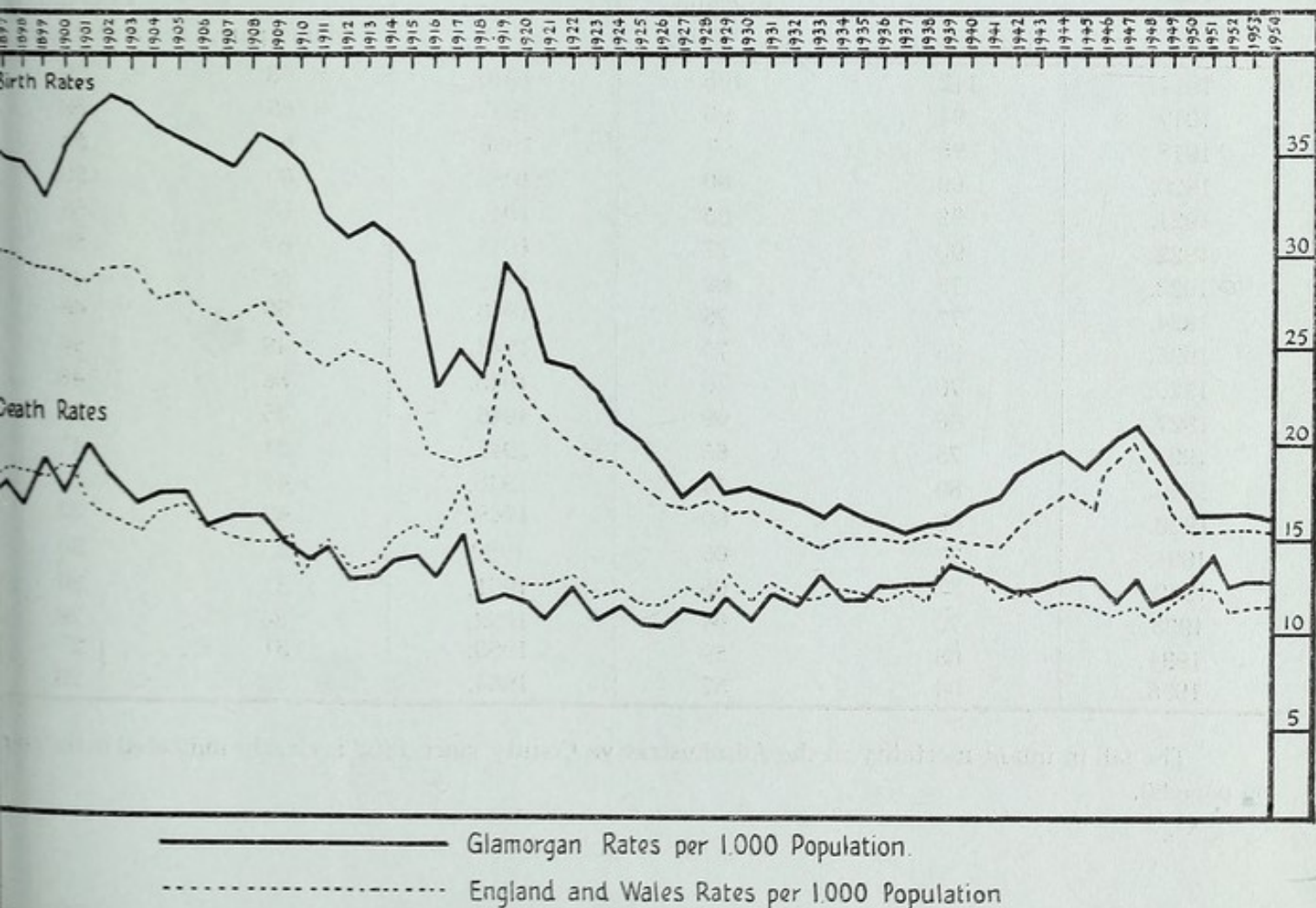
Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1933	758,160	2,504
1903	631,398	13,137	1934	751,650	3,579
1913	791,208	14,363	1935	743,800	3,015
1914	802,752	14,047	1936	731,350	2,358
1915	777,430	12,266	1937	714,200	1,714
1916	752,619	11,485	1938	708,500	1,982
1917	766,990	10,236	1939	709,500	1,746
1918 *Swansea Extension	740,254	8,866	1940	716,400	2,077
1919	795,924	9,828	1941	740,310	2,595
1920	827,639	14,128	1942	714,400	4,422
1921	814,717 (Census)	14,015	1943	697,300	4,125
1922 *Cardiff Extension	838,064	10,006	1944	704,540	5,043
1923	827,900	10,656	1945	697,780	3,621
1924	839,500	10,294	1946	710,160	5,208
1925	843,400	8,898	1947	712,070	5,491
1926	843,100	8,213	1948	725,200	5,316
1927	837,000	5,366	1949	730,400	3,619
1928	812,200	5,748	1950	737,890	2,483
1929	809,200	4,582	1951	732,100 (Census)	1,855
1930	809,200 Mid-year, 1929	4,921	1952	732,500	2,366
1931	766,141 (Census)	3,670	1953	736,300	3,224
1932	763,000	3,482	1954	737,800	2,483

The population of the Administrative County increased by 1,500.

ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



BIRTH AND DEATH RATES



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

BIRTHS.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Administrative County	16.3	16.7	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.2	16.3	16.2	16.2	15.6
England and Wales ..	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2
Illegitimate birth-rate per 1,000 births— Administrative County ..	29	35	34	44	49	67	43	34	34	31	35	32	30	31	28
England and Wales ..	43	53	54	63	72	92	65	52	53	50	49	47	46	46	46

DEATH RATE.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Administrative County	13.4	12.9	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.8	13.8	11.6	11.8	12.3
England and Wales ..	14.3	13.2	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3

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	1936.	63	59
1917.	94	96	1937.	65	58
1918.	95	97	1938.	60	53
1920.	90	80	1939.	60	50
1921.	93	83	1940.	65	55
1922.	90	77	1941.	67	59
1923.	75	69	1942.	55	49
1924.	77	75	1943.	56	49
1925.	83	75	1944.	48	46
1926.	76	70	1945.	58	46
1927.	86	69	1946.	45	43
1928.	75	65	1947.	51	41
1929.	80	74	1948.	41	34
1930.	69	60	1949.	40	32
1931.	77	66	1950.	39	30
1932.	72	65	1951.	37	30
1933.	79	64	1952.	34	28
1934.	65	59	1953.	31	27
1935.	64	57	1954.	32	26

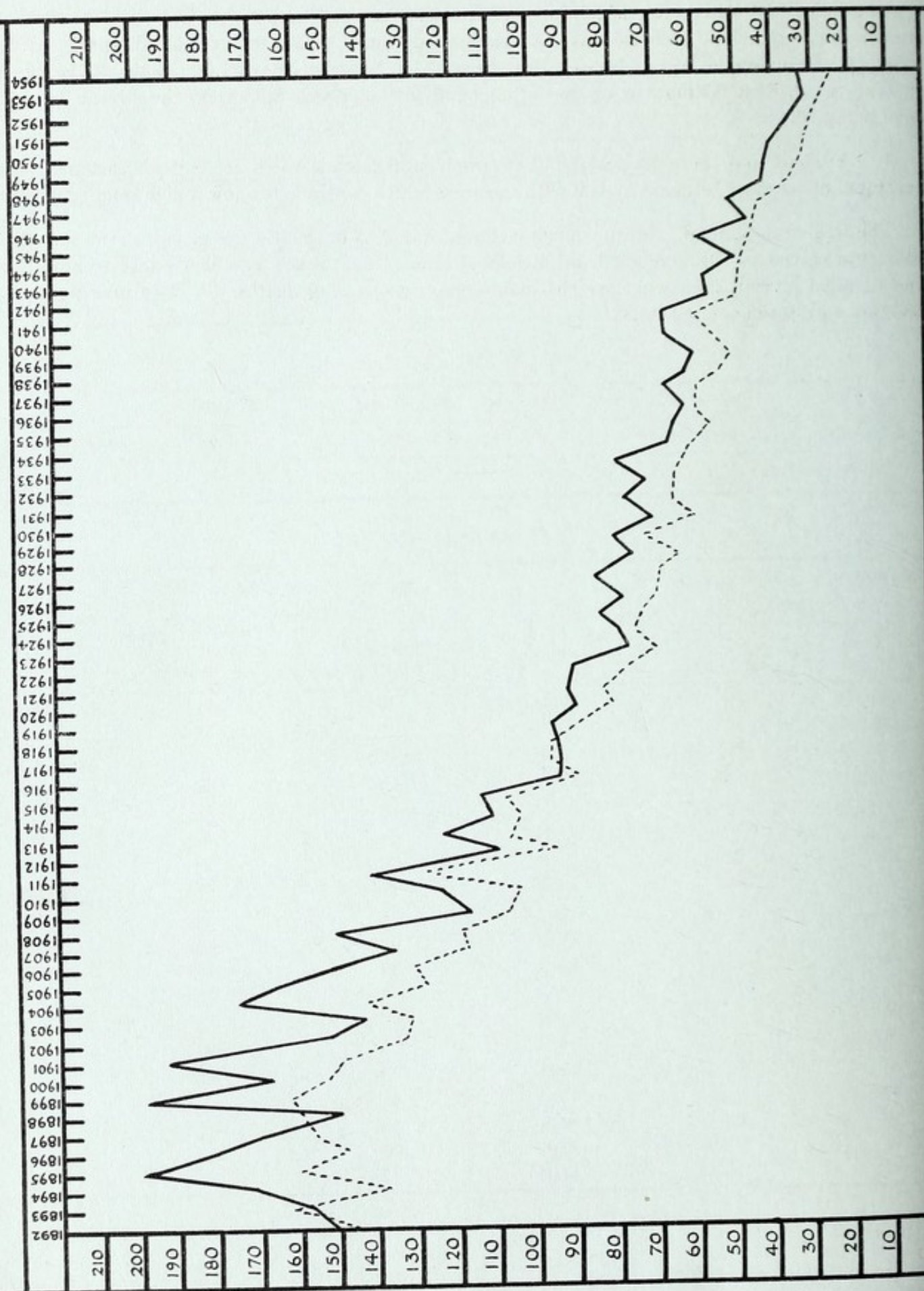
The fall in infant mortality in the Administrative County since 1892 is clearly indicated in the graph on page 86.

The infant mortality rate, which had fallen each year since 1947, when it was 51 to 31 in 1953, it will be seen showed a slight increase this year due to a continued high rate in certain districts Glyncorrwg and Maesteg, for example, being almost twice the national figure of 26 per 1,000 births. The five districts comprising South-East Glamorgan on the other hand are all lower than this, the overall figure for the division being 20.

It is evident that there are social and environmental factors which account for this and means that concentrated effort must be made to deal with the areas which continue to show a high infant mortality rate.

The Registrar-General's return, showing causes of deaths in the 0-1 age group, shows that 206 of the 70 deaths are given as "Other defined and ill defined causes," so it is not possible to state accurately without further detailed investigation what are the main conditions causing deaths. A close investigation will be carried out during the coming year.

ADMINISTRATIVE COUNTY OF GLAMORGAN • INFANT MORTALITY •



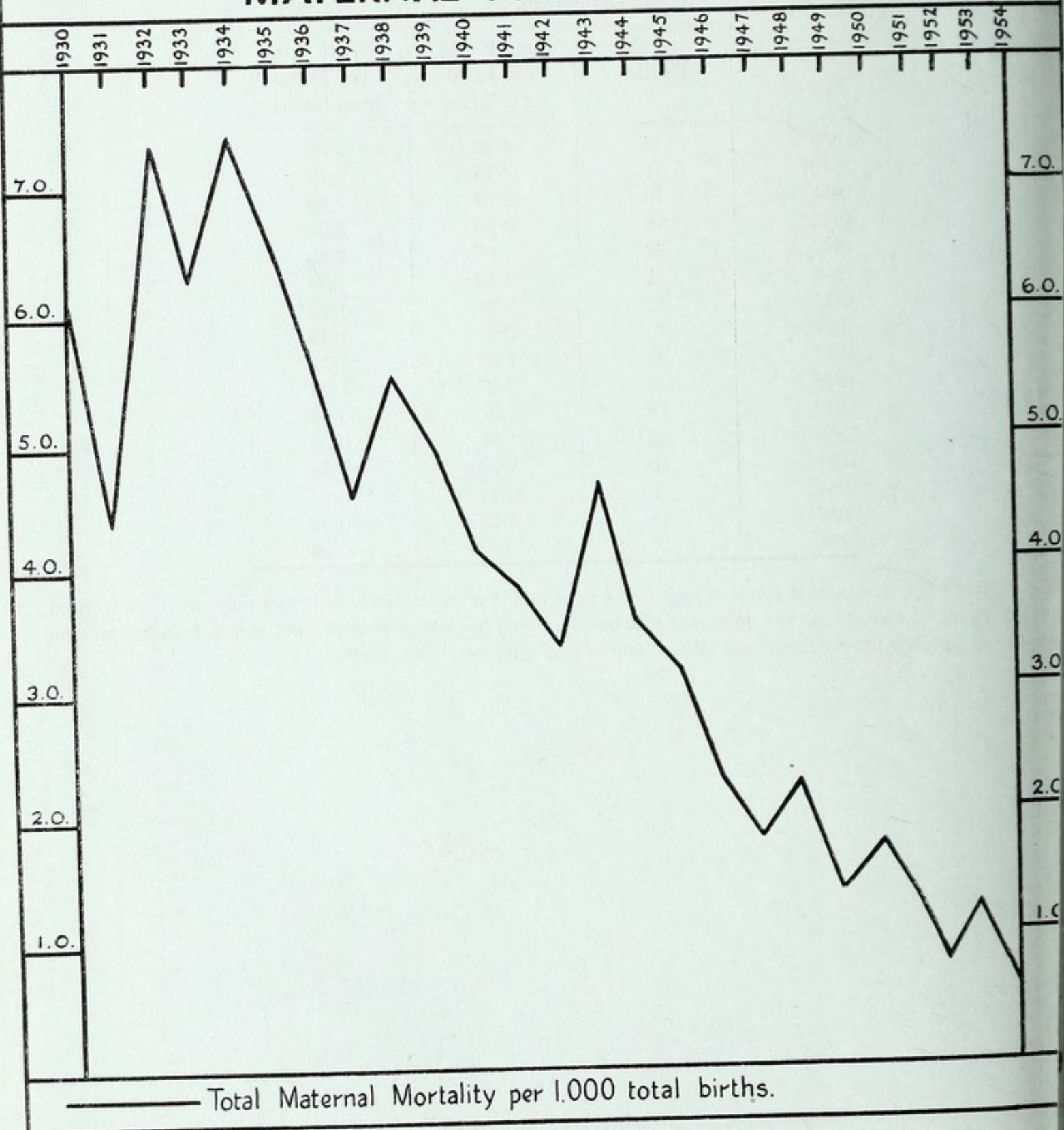
Total Infant Mortality Rate per 1,000 Live Births - Administrative County.

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
1953	..	15	1.23	0.76
1954	..	7	0.59	0.69

After being considered for so long a black spot in so far as the maternal mortality rate is concerned, it is gratifying to record that the figure of 0.59, besides being the lowest ever in the County, for the first time was below the rate for England and Wales, which was 0.69 per 1,000 births.

ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY



INFECTIOUS DISEASES.

The only epidemic of note during the year was whooping cough, 1,427 cases being notified with four deaths. This disease can result in permanent lung damage and warrants the measures which are being taken to step up vaccination against this disease, combined whooping cough and diphtheria immunisation being carried out as a routine in all divisions.

	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.
1900	484	76	232	36	525	83
1910	88	12	185	26	308	43
1920	167	20	105	13	330	39
1930	108	13	58	7	72	9
1940	98	14	13	2	18	3
1950	—	—	8	1.1	5	0.7
1951	—	—	15	2	9	0.8
1952	—	—	3	0.4	3	0.4
1953	—	—	2	0.3	2	0.3
1954	—	—	4	0.5	—	—

The incidence of poliomyelitis was the lowest since the war, only eight cases being notified, two of which were non-paralytic. There were no deaths.

Most of the 63 cases of paratyphoid fever were due to infection from one source, which was soon discovered and dealt with.

CANCER.

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

TABLE I.

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
1953	753	620	1,373	186	199
1954	759	659	1,418	192	204

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site.	Year.							
	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.
Stomach	284	275	305	291	335	300	277	294
Breast	107	97	91	100	109	111	117	111
Uterus	54	62	79	67	75	52	66	77
Lung	694	792	779	141	168	200	205	207
Other				719	736	667	708	729
Total cancer deaths	1,139	1,226	1,254	1,318	1,423	1,330	1,373	1,418

As reported in my last year's report, the number of cancer deaths in Glamorgan, and particularly in the Cardiff Rural District, tends to be somewhat distorted owing to the deaths at the Cancer Therapy Unit at Whitchurch Hospital, which are non-transferable.

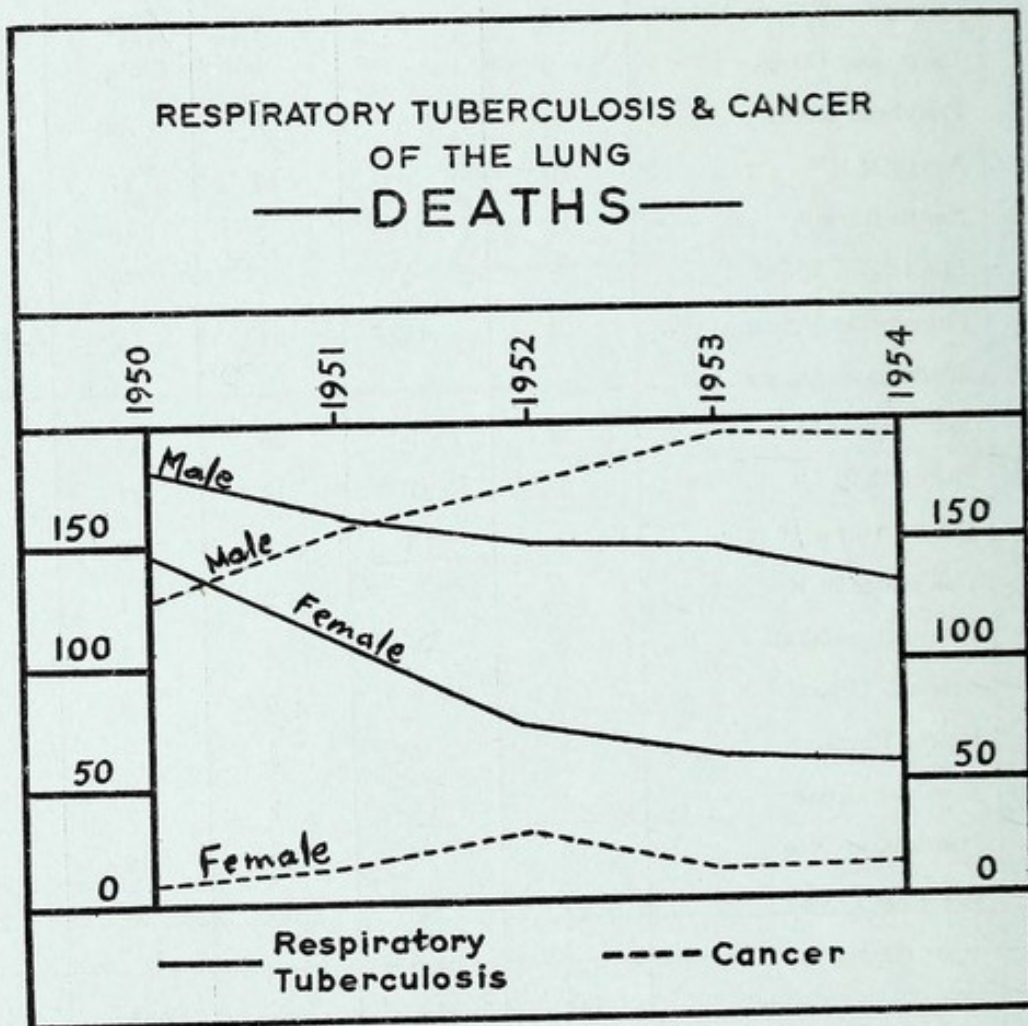
ADMINISTRATIVE COUNTY OF GLAMORGAN—DEATHS FROM LUNG CANCER.

Health Division.	Constituent Districts.	Deaths.					
		1950.	1951.	1952.	1953.	1954.	Total.
Aberdare and Mountain Ash	Aberdare Urban	4	9	12	8	11	44
	Mountain Ash Urban ..	5	8	2	5	3	23
Caerphilly and Gelligaer	Caerphilly Urban	4	4	9	4	7	28
	Gelligaer Urban	5	13	7	4	3	32
North-Glamorgan ..	Bridgend Urban	3	5	4	4	3	19
	Maesteg Urban	4	5	3	8	12	32
	Ogmore and Garw Urban	5	5	7	2	4	23
	Porthcawl Urban	2	2	3	5	5	17
	Penybont Rural	6	5	6	8	8	33
	Neath M.B.	10	6	15	17	13	61
	Neath Rural	10	11	7	10	5	43
Pontypridd and Llantrisant	Llantrisant Rural	7	3	4	7	6	27
	Pontypridd Urban	4	14	11	7	20	56
Port Talbot and Glyncoirwg	Glyncoirwg Urban	—	—	3	3	—	6
	Port Talbot M.B.	9	10	20	14	9	62
South-East Glamorgan	Barry M.B.	9	11	14	11	11	56
	Cardiff Rural	11	10	8	18	34	81
	Cowbridge M.B.	—	—	2	1	1	4
	Cowbridge Rural	2	—	4	4	2	12
	Penarth Urban	7	2	6	8	9	32
West Glamorgan ..	Gower Rural	4	2	4	—	3	13
	Llwchwr Urban	4	12	7	7	9	39
	Pontardawe Rural	9	7	12	22	5	55
Rhondda	Rhondda Urban	17	24	30	28	24	123
	Totals ..	141	168	200	205	207	921

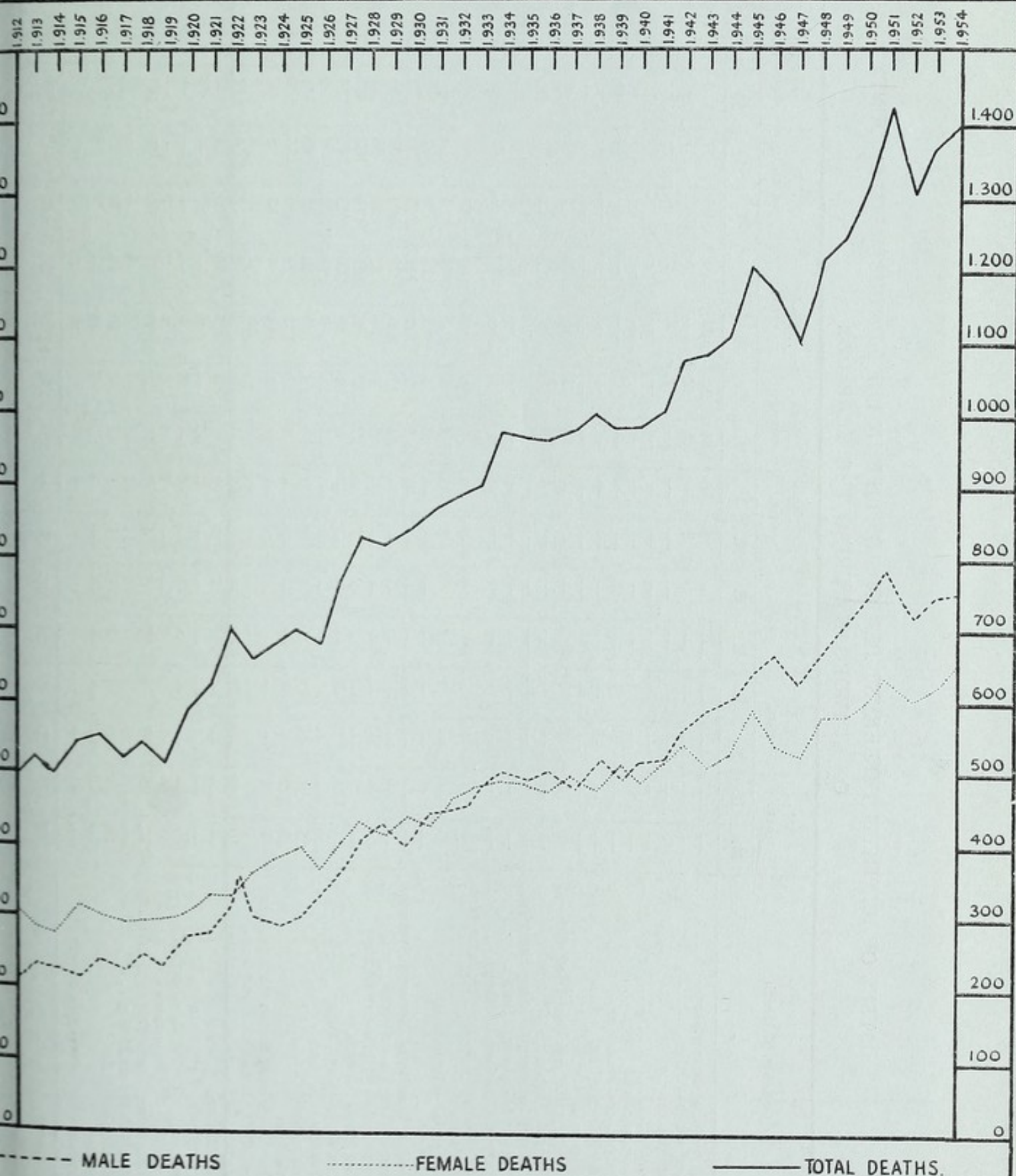
CANCER OF THE LUNG.

The above table shows the incidence of deaths from lung cancer in the County Districts of Glamorgan over the past five years. Although the period covered is not sufficient to allow for any significant conclusion to be made, it will be noted that in certain areas the figures show a persistently high incidence of deaths from this cause.

The following graph shows the number of lung cancer deaths—male and female—as compared with respiratory tuberculosis in Glamorgan for the last five years :—



ADMINISTRATIVE COUNTY OF GLAMORGAN • CANCER DEATHS •



--- MALE DEATHS

..... FEMALE DEATHS

—— TOTAL DEATHS.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1954.

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
Syphilitic Disease
Diphtheria
Whooping Cough
Meningococcal Infections
Acute Poliomyelitis
Measles
Other Infective and Parasitic Diseases
Malignant Neoplasm—Stomach
Malignant Neoplasm—Lung Bronchus
Malignant Neoplasm—Breast
Malignant Neoplasm—Uterus
Other Malignant and Lymphatic Neoplasms
Leukaemia—Aleukaemia
Diabetes
Vascular Lesions of Nervous System
Coronary Disease—Angina
Hypertension with Heart Disease
Other Heart Disease
Other Circulatory Disease
Influenza
Pneumonia
Bronchitis
Other Diseases of Respiratory System
Ulcer of Stomach and Duodenum
Gastritis, Enteritis, and Diarrhoea
Nephritis and Nephrosis
Hyperplasia of Prostate
Pregnancy, Childbirth, Abortion
Congenital Malformations
Other defined and ill-defined diseases
Motor vehicle accidents
All other accidents
Suicide
Homicide and operations of war
All causes ..	197	173	30	17	24	23	51	34	268	193	1,377	876	1,469	1,042	1,626	1,638	5,042	3,996

1954.

NOTIFICATION OF INFECTIOUS DISEASES.

95

NOTIFICATION OF INFECTIOUS DISEASES.

	SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Croup)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Ophthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARATYPHOID		ENTERIC FEVER		Food Poisoning	TUBERCULOSIS						ERYSIPELAS	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non-paralytic	Infective	Post-Infective			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ADMINISTRATIVE COUNTY	587	0.80	1,427	1.93	3	0.004	256	0.35	416	0.56	36	6	2	—	3	193	7	76	6.60	—	—	63	0.09	—	—	119	836	1.13	24	0.03	121	0.16	77	0.10
TOWN DISTRICTS	468	0.88	907	1.70	3	0.006	183	0.34	290	0.54	31	5	1	—	2	152	7	59	6.95	—	—	49	0.09	—	—	96	660	1.23	17	0.03	86	0.16	56	0.10
RURAL DISTRICTS	119	0.59	520	2.56	—	—	73	0.36	126	0.62	5	1	1	—	1	41	—	17	5.60	—	—	14	0.07	—	—	23	176	0.87	7	0.03	35	0.17	21	0.10
Health Division.	Constituent Districts.																																	
Aberdare and Mountain Ash	16	0.39	2	0.05	2	0.05	9	0.22	26	0.64	5	—	—	—	—	3	1	15	26.79	—	—	—	—	—	—	11	74	1.82	3	0.07	7	0.17	2	0.05
	30	0.97	1	0.03	1	0.03	6	0.19	21	0.88	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1.68	2	0.06	3	0.10	—	0.29
Carmarthen and Gelligaer	—	—	34	0.92	—	—	1	0.03	—	—	3	2	—	—	—	5	—	14	19.15	—	—	—	—	—	—	—	50	1.36	1	0.03	5	0.14	—	—
	26	0.72	86	2.38	—	—	1	0.03	—	0.77	3	1	—	—	—	3	—	6	9.32	—	—	1	0.03	—	—	13	50	1.38	1	0.03	4	0.11	1	0.03
Mid-Glamorgan	14	1.00	31	2.21	—	—	3	0.21	—	—	—	—	—	—	—	—	1	4.08	—	—	—	—	—	—	—	2	26	1.86	—	—	3	0.21	2	0.14
	26	1.13	33	1.44	—	—	3	0.13	14	0.61	1	—	—	—	—	—	1	2.71	—	—	—	—	—	—	—	3	40	1.75	—	—	4	0.17	8	0.35
Ogmore and Garw Urban	34	1.52	69	3.09	—	—	3	0.13	50	2.24	1	—	—	—	—	—	1	3.31	—	—	—	—	—	—	—	41	28	1.25	1	0.04	2	0.09	2	0.09
Port Talbot Urban	8	0.81	13	1.32	—	—	—	—	—	—	—	—	—	—	—	—	1	7.75	—	—	—	—	—	—	—	—	5	0.51	—	—	1	0.10	—	—
Penycolt Rural	18	0.51	63	1.79	—	—	5	0.14	12	0.34	1	—	—	—	—	6	—	8	14.47	—	—	—	—	—	—	22	35	1.00	2	0.06	14	0.40	3	0.09
South and District	14	0.44	23	0.73	—	—	2	0.06	10	0.32	3	—	—	—	—	—	1	2.15	—	—	—	—	—	—	—	46	1.46	—	—	3	0.10	—	—	
	15	0.36	26	0.63	—	—	3	0.07	20	0.49	1	—	—	—	—	—	1	1.70	—	—	—	—	—	—	—	27	0.65	2	0.05	3	0.05	4	0.10	
Penypridd and Llantrisant	40	1.56	240	9.37	—	—	5	0.20	28	1.09	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	45	1.76	—	—	5	0.20	6	0.23	
	44	1.15	22	0.88	—	—	—	—	1	0.03	—	—	1	—	—	—	1	2	3.24	—	—	—	—	—	—	53	1.39	—	—	4	0.10	3	0.08	
Port Talbot and Glyncegwr	1	0.10	4	0.42	—	—	1	0.10	1	0.10	5	—	—	—	—	—	1	5.08	—	—	—	—	—	—	—	22	2.30	1	0.10	4	0.42	1	0.10	
	31	0.68	204	4.45	—	—	11	0.24	20	0.44	2	—	—	—	—	1	3	—	—	—	—	—	—	—	—	51	1.11	—	—	8	0.17	6	0.13	
South-East Glamorgan	26	0.63	106	2.56	—	—	65	1.57	21	0.51	—	1	—	—	2	7	—	2	2.69	—	—	—	—	—	—	5	0.12	—	—	—	—	—	—	
	20	0.54	79	2.12	—	—	19	0.51	32	0.86	—	—	1	—	1	18	—	2	2.69	—	—	—	—	—	—	1	28	0.72	2	0.05	8	0.19	8	0.19
Cowbridge Borough	7	0.80	43	2.15	—	—	—	—	2	1.94	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	30	0.75	1	0.03	2	0.05	1	0.03
Cowbridge Rural	13	0.65	43	2.15	—	—	39	1.95	25	1.25	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	0.60	1	0.05	8	0.40	—	—	
Pearth Urban	11	0.58	38	2.01	—	—	3	0.16	19	1.01	8	—	—	—	—	11	—	3	8.93	—	—	—	—	—	—	1	21	1.11	6	0.32	12	0.64	2	0.11
West Glamorgan	9	0.77	9	0.77	—	—	—	—	1	0.09	—	—	—	—	—	9	—	4	23.20	—	—	—	—	—	—	—	8	0.68	—	—	—	—	5	0.43
	13	0.51	24	0.93	—	—	1	0.04	3	0.12	2	—	—	—	—	99	1	12	34.68	—	—	—	—	—	—	—	8	0.31	—	—	3	0.12	—	—
Pontardawe Rural	4	0.12	60	1.86	—	—	2	0.06	8	0.25	—	1	—	—	—	4	—	1	2.18	—	—	—	—	—	—	1	21	0.65	1	0.03	4	0.12	2	0.06
Rhondda	167	1.54	217	2.00	—	—	74	0.88	74	0.88	—	—	—	—	—	23	1	2	1.29	—	—	—	—	—	—	104	0.96	—	—	15	0.14	12	0.11	

STATE OF NEW YORK

No.	Name	1890			1891			1892			1893			1894			1895			1896			1897			1898			1899			1900			1901			1902			1903			1904			1905			1906			1907			1908			1909			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			1951			1952			1953			1954			1955			1956			1957			1958			1959			1960			1961			1962			1963			1964			1965			1966			1967			1968			1969			1970			1971			1972			1973			1974			1975			1976			1977			1978			1979			1980			1981			1982			1983			1984			1985			1986			1987			1988			1989			1990			1991			1992			1993			1994			1995			1996			1997			1998			1999			2000			2001			2002			2003			2004			2005			2006			2007			2008			2009			2010			2011			2012			2013			2014			2015			2016			2017			2018			2019			2020			2021			2022			2023			2024			2025			2026			2027			2028			2029			2030			2031			2032			2033			2034			2035			2036			2037			2038			2039			2040			2041			2042			2043			2044			2045			2046			2047			2048			2049			2050			2051			2052			2053			2054			2055			2056			2057			2058			2059			2060			2061			2062			2063			2064			2065			2066			2067			2068			2069			2070			2071			2072			2073			2074			2075			2076			2077			2078			2079			2080			2081			2082			2083			2084			2085			2086			2087			2088			2089			2090			2091			2092			2093			2094			2095			2096			2097			2098			2099			2100			2101			2102			2103			2104			2105			2106			2107			2108			2109			2110			2111			2112			2113			2114			2115			2116			2117			2118			2119			2120			2121			2122			2123			2124			2125			2126			2127			2128			2129			2130			2131			2132			2133			2134			2135			2136			2137			2138			2139			2140			2141			2142			2143			2144			2145			2146			2147			2148			2149			2150			2151			2152			2153			2154			2155			2156			2157			2158			2159			2160			2161			2162			2163			2164			2165			2166			2167			2168			2169			2170			2171			2172			2173			2174			2175			2176			2177			2178			2179			2180			2181			2182			2183			2184			2185			2186			2187			2188			2189			2190			2191			2192			2193			2194			2195			2196			2197			2198			2199			2200			2201			2202			2203			2204			2205			2206			2207			2208			2209			2210			2211			2212			2213			2214			2215			2216			2217			2218			2219			2220			2221			2222			2223			2224			2225			2226			2227			2228			2229			2230			2231			2232			2233			2234			2235			2236			2237			2238			2239			2240		
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DATE		DESCRIPTION		AMOUNT		BALANCE	
1900	Jan 1	Balance		100.00		100.00	
1900	Jan 15	Interest		5.00		105.00	
1900	Feb 1	Interest		5.00		110.00	
1900	Feb 15	Interest		5.00		115.00	
1900	Mar 1	Interest		5.00		120.00	
1900	Mar 15	Interest		5.00		125.00	
1900	Apr 1	Interest		5.00		130.00	
1900	Apr 15	Interest		5.00		135.00	
1900	May 1	Interest		5.00		140.00	
1900	May 15	Interest		5.00		145.00	
1900	Jun 1	Interest		5.00		150.00	
1900	Jun 15	Interest		5.00		155.00	
1900	Jul 1	Interest		5.00		160.00	
1900	Jul 15	Interest		5.00		165.00	
1900	Aug 1	Interest		5.00		170.00	
1900	Aug 15	Interest		5.00		175.00	
1900	Sep 1	Interest		5.00		180.00	
1900	Sep 15	Interest		5.00		185.00	
1900	Oct 1	Interest		5.00		190.00	
1900	Oct 15	Interest		5.00		195.00	
1900	Nov 1	Interest		5.00		200.00	
1900	Nov 15	Interest		5.00		205.00	
1900	Dec 1	Interest		5.00		210.00	
1900	Dec 15	Interest		5.00		215.00	
1901	Jan 1	Interest		5.00		220.00	
1901	Jan 15	Interest		5.00		225.00	
1901	Feb 1	Interest		5.00		230.00	
1901	Feb 15	Interest		5.00		235.00	
1901	Mar 1	Interest		5.00		240.00	
1901	Mar 15	Interest		5.00		245.00	
1901	Apr 1	Interest		5.00		250.00	
1901	Apr 15	Interest		5.00		255.00	
1901	May 1	Interest		5.00		260.00	
1901	May 15	Interest		5.00		265.00	
1901	Jun 1	Interest		5.00		270.00	
1901	Jun 15	Interest		5.00		275.00	
1901	Jul 1	Interest		5.00		280.00	
1901	Jul 15	Interest		5.00		285.00	
1901	Aug 1	Interest		5.00		290.00	
1901	Aug 15	Interest		5.00		295.00	
1901	Sep 1	Interest		5.00		300.00	
1901	Sep 15	Interest		5.00		305.00	
1901	Oct 1	Interest		5.00		310.00	
1901	Oct 15	Interest		5.00		315.00	
1901	Nov 1	Interest		5.00		320.00	
1901	Nov 15	Interest		5.00		325.00	
1901	Dec 1	Interest		5.00		330.00	
1901	Dec 15	Interest		5.00		335.00	
1902	Jan 1	Interest		5.00		340.00	
1902	Jan 15	Interest		5.00		345.00	
1902	Feb 1	Interest		5.00		350.00	
1902	Feb 15	Interest		5.00		355.00	
1902	Mar 1	Interest		5.00		360.00	
1902	Mar 15	Interest		5.00		365.00	
1902	Apr 1	Interest		5.00		370.00	
1902	Apr 15	Interest		5.00		375.00	
1902	May 1	Interest		5.00		380.00	
1902	May 15	Interest		5.00		385.00	
1902	Jun 1	Interest		5.00		390.00	
1902	Jun 15	Interest		5.00		395.00	
1902	Jul 1	Interest		5.00		400.00	
1902	Jul 15	Interest		5.00		405.00	
1902	Aug 1	Interest		5.00		410.00	
1902	Aug 15	Interest		5.00		415.00	
1902	Sep 1	Interest		5.00		420.00	
1902	Sep 15	Interest		5.00		425.00	
1902	Oct 1	Interest		5.00		430.00	
1902	Oct 15	Interest		5.00		435.00	
1902	Nov 1	Interest		5.00		440.00	
1902	Nov 15	Interest		5.00		445.00	
1902	Dec 1	Interest		5.00		450.00	
1902	Dec 15	Interest		5.00		455.00	
1903	Jan 1	Interest		5.00		460.00	
1903	Jan 15	Interest		5.00		465.00	
1903	Feb 1	Interest		5.00		470.00	
1903	Feb 15	Interest		5.00		475.00	
1903	Mar 1	Interest		5.00		480.00	
1903	Mar 15	Interest		5.00		485.00	
1903	Apr 1	Interest		5.00		490.00	
1903	Apr 15	Interest		5.00		495.00	
1903	May 1	Interest		5.00		500.00	
1903	May 15	Interest		5.00		505.00	
1903	Jun 1	Interest		5.00		510.00	
1903	Jun 15	Interest		5.00		515.00	
1903	Jul 1	Interest		5.00		520.00	
1903	Jul 15	Interest		5.00		525.00	
1903	Aug 1	Interest		5.00		530.00	
1903	Aug 15	Interest		5.00		535.00	
1903	Sep 1	Interest		5.00		540.00	
1903	Sep 15	Interest		5.00		545.00	
1903	Oct 1	Interest		5.00		550.00	
1903	Oct 15	Interest		5.00		555.00	
1903	Nov 1	Interest		5.00		560.00	
1903	Nov 15	Interest		5.00		565.00	
1903	Dec 1	Interest		5.00		570.00	
1903	Dec 15	Interest		5.00		575.00	
1904	Jan 1	Interest		5.00		580.00	
1904	Jan 15	Interest		5.00		585.00	
1904	Feb 1	Interest		5.00		590.00	
1904	Feb 15	Interest		5.00		595.00	
1904	Mar 1	Interest		5.00		600.00	
1904	Mar 15	Interest		5.00		605.00	
1904	Apr 1	Interest		5.00		610.00	
1904	Apr 15	Interest		5.00		615.00	
1904	May 1	Interest		5.00		620.00	
1904	May 15	Interest		5.00		625.00	
1904	Jun 1	Interest		5.00		630.00	
1904	Jun 15	Interest		5.00		635.00	
1904	Jul 1	Interest		5.00		640.00	
1904	Jul 15	Interest		5.00		645.00	
1904	Aug 1	Interest		5.00		650.00	
1904	Aug 15	Interest		5.00		655.00	
1904	Sep 1	Interest		5.00		660.00	
1904	Sep 15	Interest		5.00		665.00	
1904	Oct 1	Interest		5.00		670.00	
1904	Oct 15	Interest		5.00		675.00	
1904	Nov 1	Interest		5.00		680.00	
1904	Nov 15	Interest		5.00		685.00	
1904	Dec 1	Interest		5.00		690.00	
1904	Dec 15	Interest		5.00		695.00	
1905	Jan 1	Interest		5.00		700.00	
1905	Jan 15	Interest		5.00		705.00	
1905	Feb 1	Interest		5.00		710.00	
1905	Feb 15	Interest		5.00		715.00	
1905	Mar 1	Interest		5.00		720.00	
1905	Mar 15	Interest		5.00		725.00	
1905	Apr 1	Interest		5.00		730.00	
1905	Apr 15	Interest		5.00		735.00	
1905	May 1	Interest		5.00		740.00	
1905	May 15	Interest		5.00		745.00	
1905	Jun 1	Interest		5.00		750.00	
1905	Jun 15	Interest		5.00		755.00	
1905	Jul 1	Interest		5.00		760.00	
1905	Jul 15	Interest		5.00		765.00	
1905	Aug 1	Interest		5.00		770.00	
1905	Aug 15	Interest		5.00		775.00	
1905	Sep 1	Interest		5.00		780.00	
1905	Sep 15	Interest		5.00		785.00	
1905	Oct 1	Interest		5.00		790.00	
1905	Oct 15	Interest		5.00		795.00	
1905	Nov 1	Interest		5.00		800.00	
1905	Nov 15	Interest		5.00		805.00	
1905	Dec 1	Interest		5.00		810.00	
1905	Dec 15	Interest		5.00		815.00	
1906	Jan 1	Interest		5.00		820.00	
1906	Jan 15	Interest		5.00		825.00	
1906	Feb 1	Interest		5.00		830.00	
1906	Feb 15	Interest		5.00		835.00	
1906	Mar 1	Interest		5.00		840.00	
1906	Mar 15	Interest		5.00		845.00	
1906	Apr 1	Interest		5.00		850.00	
1906	Apr 15	Interest		5.00		855.00	
1906	May 1	Interest		5.00		860.00	
1906	May 15	Interest		5.00		865.00	
1906	Jun 1	Interest		5.00		870.00	
1906	Jun 15	Interest		5.00		875.00	
1906	Jul 1	Interest		5.00		880.00	
1906	Jul 15	Interest		5.00		885.00	
1906	Aug 1	Interest		5.00		890.00	
1906	Aug 15	Interest		5.00		895.00	
1906	Sep 1	Interest		5.00		900.00	
1906	Sep 15	Interest		5.00		905.00	
1906	Oct 1	Interest		5.00		910.00	
1906	Oct 15	Interest		5.00		915.00	
1906	Nov 1	Interest		5.00		920.00	
1906	Nov 15	Interest		5.00		925.00	
1906	Dec 1	Interest		5.00		930.00	
1906	Dec 15	Interest		5.00		935.00	
1907	Jan 1	Interest		5.00		940.00	
1907	Jan 15	Interest		5.00		945.00	
1907	Feb 1	Interest		5.00		950.00	
1907	Feb 15	Interest		5.00		955.00	
1907	Mar 1	Interest		5.00		960.00	
1907	Mar 15	Interest		5.00		965.00	
1907	Apr 1	Interest		5.00		970.00	
1907	Apr 15	Interest		5.00		975.00	
1907	May 1	Interest		5.00		980.00	
1907	May 15	Interest		5.00		985.00	
1907	Jun 1	Interest		5.00		990.00	
1907	Jun 15	Interest		5.00		995.00	
1907	Jul 1	Interest		5.00		1000.00	
1907	Jul 15	Interest		5.00		1005.00	
1907	Aug 1	Interest		5.00		1010.00	
1907	Aug 15	Interest		5.00		1015.00	
1907	Sep 1	Interest		5.00		1020.00	
1907	Sep 15	Interest		5.00		1025.00	
1907	Oct 1	Interest		5.00		1030.00	
1907	Oct 15	Interest		5.00		1035.00	
1907	Nov 1	Interest		5.00		1040.00	
1907	Nov 15	Interest		5.00		1045.00	
1907	Dec 1	Interest		5.00		1050.00	
1907	Dec 15	Interest		5.00		1055.00	
1908	Jan 1	Interest		5.00		1060.00	
1908	Jan 15	Interest		5.00		1065.00	
1908	Feb 1	Interest		5.00		1070.00	
1908	Feb 15	Interest		5.00		1075.00	
1908	Mar 1	Interest		5.00		1080.00	
1908	Mar 15	Interest		5.00		1085.00	
1908	Apr 1	Interest		5.00		1090.00	
1908	Apr 15	Interest		5.00		1095.00	
1908	May 1	Interest		5.00		1100.00	
1908	May 15	Interest		5.00		1105.00	
1908	Jun 1	Interest		5.00		1110.00	
1908	Jun 15	Interest		5.00		1115.00	
1908	Jul 1	Interest		5.00		1120.00	