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Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1955.

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 to present the annual report for 1955 on the health and sanitary circumstances of the County, prepared in accordance with the Welsh Board of Health instructions in Circular 28/54 (Wales).

The Registrar-General's estimate of the population of the Administrative County was 737,400, an apparent decrease of 400 on the previous year. This decrease was more than accounted for by a fall of 820 in the population of the Cowbridge Rural District and appears to be due to a reduction in Service establishments in that area, rather than a decline in the civil population. There does, however, appear to have been a slight check in the steady increase which has been noticeable since the war.

The excess of births over deaths dropped from 2,483 to 1,484, the birth rate falling to 15·10, which although slightly higher than the rate for England and Wales, is a continuation of the downward trend which has been evident since 1947. The decrease in the rate was general in sixteen of the County Districts, the greatest fall being in the Neath Borough—14·78 to 12·64, and Glyncoirwg—20·63 to 19·04. In eight County Districts the birth rate increased. The highest birth rates were recorded in the Urban Districts of Caerphilly, Gelligaer, and Glyncoirwg, and the Port Talbot Borough.

The death rate increased from 12·3 to 13·09, the number of deaths from all causes being 9,653, as compared with 9,038, an increase of 615 over 1954, but 294 of the increase occurred in age group 75 plus. As is to be expected, the principal cause of death was heart disease in all its forms, there being an increase of 140 in deaths from coronary disease and angina, and 68 from vascular lesions of the nervous system. Deaths from cancer again increased by thirty-nine, lung cancer accounting for an additional thirty-four deaths; there was a slight fall in deaths from cancer of the uterus and breast.

The infant mortality figures are again disappointing, the Glamorgan rate of 33·58 being much higher than 24·9, the rate of England and Wales. It is to be hoped that the joint Inquiry now proceeding in the Mid-Glamorgan and Caerphilly and Gelligaer areas will give an indication as to how this wastage in life can be avoided. The neo-natal deaths also increased from 21·52 to 22·72 and the maternal death rate rose from 0·59 to 0·96 per thousand births.

The reduction in the number of births can in itself account for the decline in attendances at the ante-natal and child welfare clinics which, despite doubts in the minds of some as to their value, continue to play an important role in the care of mothers and young children. The attendances at the ante-natal clinics were 47,702, a reduction of 642, compared with the previous year.

Many general practitioners recognise the value of the clinics in maintaining a careful supervision of the expectant mothers who attend during pregnancy and welcome the reports regarding progress and special examinations carried out as a routine. There are others, unfortunately, holding the view that attendance in addition to the supervision exercised by themselves and the midwife is unnecessary. The teaching of mothercraft and health education is, however, of great value to the mothers and increasing emphasis is being placed on this aspect of the work.

Attendances at infant welfare clinics up to the age of twelve months remain at a high level, but after this the frequency of visits declines, an average of only three visits being paid in the next four years. The necessity for such visits is not so obvious to the mother, but it is during this formative period that things may start to go wrong, particularly in the mental development of the child. Careful training in this period has been shown to be of vital importance to the future mental health of the young and the Health Visitors' Refresher Course held this year, as usual in Dyffryn, was devoted to mental health.

The domiciliary nursing services have continued to do excellent work, often under difficulties due to the shortage of staff and an almost complete breakdown in the home nursing service occurred in the Mid-Glamorgan area due to the inability to find reliefs for members of the staff who were on sick leave. There was an increase of 20,980 in the number of visits paid. Staffing difficulties in hospital maternity unit resulting in curtailment of admissions have resulted in increased domiciliary confinements in some district already depleted of midwives and the provision of adequate cover to ensure no mother finds difficulty in obtaining the services of a midwife for her confinement, has presented many problems. In a number of instances midwives have had to forgo their days off. This they have borne ungrudgingly, although they are on call around the clock.

All midwives are trained in the use of gas and air analgesia, which is given to patients when required. Trilene is also being used in suitable cases. With these aids available the midwife herself is capable of dealing with normal deliveries; in 3,851 deliveries the general practitioner was present in 523.

The combined use of the Home Help and Home Nursing Services in the care of the aged has done much to meet the problem of the ageing population. 2,236 out of 2,968 cases provided with home help were aged persons and the chronic sick, almost all the help given being provided without charge, as the recipients of the service are in the main old age pensioners. More than half of the home nurses' visits were likewise to the 65 plus year group which, as its number increases, will make even greater demands which can only be met by an increase in the establishment.

The Ambulance Service has benefited by the installation of radio control, which is being extended to cover the whole County. Without the introduction of this measure it is doubtful whether it would have been possible to effect a reduction in the mileage travelled. The purchase during the year of eleven diesel-engined ambulances will, it is hoped, reduce costs without impairing efficiency and, up to now, no complaints have been received about them.

The year has not, fortunately, been marked by any epidemic sickness, other than whooping cough and measles. Poliomyelitis incidence remained low despite the hot summer.

The continuing reduction in the notifications of tuberculosis from 761 to 716 and deaths due to this disease from 181 to 161 is yet a further step in the steady progress being made to eradicate this disease. The increase in deaths due to lung cancer, on the other hand, is a matter for concern.

During the latter half of the year the effects of the Government "squeeze" were being felt and although an expenditure of £50,000 on capital projects was eventually approved by the Welsh Board of Health, the year ended with the threat of a drastic limitation, if not complete hold up, of this Authority's long overdue capital building programme for health projects.

Again 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.

July, 1956.

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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, Caer- philly 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, Dyfed Road, Neath	Neath 2481.
Pontypridd and Llan- trisant	T. Islwyn Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Court- house Street, Pontypridd	Pontypridd 2275.
Port Talbot and Glyn- corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot	Port Talbot 2137.
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Old County Council Offices, Westgate Street, Cardiff	Cardiff 22336.
West Glamorgan ..	G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H.	Divisional Health Office, 5, St. James' Crescent, Swansea	Swansea 57894/5.
Rhondda	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.

The Committee, on the suggestion of the Welsh Board of Health, has discontinued the reservation of further sites for health centre purposes. The present policy regarding the acquisition of sites is that where the Authority are requiring land for clinic purposes in localities where health centres might be considered necessary in the future, sufficient land be acquired for future development. In face of this obvious restriction, it is difficult to believe that the general establishment of health centres as originally envisaged by the National Health Service Act will materialise for many years.

In consequence of the Committee's new policy the search for suitable health centre sites at Abercregan, Aberdare, Aberkenfig, Bedlinog, Brithdir, Ogmores Vale, Pontrhydyfen, and Trecynon was discontinued. Among the sites previously earmarked or reserved for health centres which were abandoned or released in 1955 were the following :—

	<i>Acres.</i>		<i>Acres.</i>
Glynneath	1.03	Beddau	0.5
Clydach	1.41	Cilfynydd	0.9
Loughor	0.5	Talbot Green	0.5
Llanharan	1.0	Tonyrefail	1.43
Nantgarw	0.5	Tonmawr	0.75
Seven Sisters	1.5	Bridgend (Pendre)	1.3
Skewen	1.48	Maesteg (Alma Road)	0.75
Cwmavon (Tymawr House)	0.75	Nant-y-ffyllon	0.83
Dyffryn Rhondda	0.75	Tiryberth	0.5
Trelewis	0.73	Caerphilly (Mill Road)	0.5
Kenfig Hill	0.5	Caerphilly (Ludlow Street)	0.5
Aberdulais	1.9	Pencoed	1.36
Llanharan	1.0		

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

CLINICS.

Projects for the erection of clinics at Hawthorn (Pontypridd), Llantwit Major, and Croeserw not approved by the Ministry for inclusion in the 1954–55 building programme, have been carried over into the next financial year. Of the proposals then, or previously accepted by the Ministry, the following progress can be recorded :—

Sandfields (Port Talbot).

Work commenced on the erection of a maternity and child welfare clinic at Sandfields, Port Talbot, the contract having been placed with a private firm in the sum of £19,181. The clinic should be completed in 1956.

Barry.

Approval was received from the Welsh Board of Health on the 25th March, 1955, to the Authority's proposal to erect a new clinic at Wyndham Street, Barry, at an estimated cost of £5,910. The work is being undertaken by direct labour and it is hoped that the premises will be ready for occupation in April, 1956.

Cwmcynon Hall, Penrhiwceiber.

The conversion of these ex-Workmen's Hall premises was completed and the Hall was utilised as a clinic as from the 5th October, thus enabling the tenancy of the former clinic premises at Bethesda Chapel, Penrhiwceiber, to be relinquished.

Ystalyfera.

Authority of the Welsh Board of Health was received to include a proposal to erect a combined maternity and child welfare clinic and school clinic at Ystalyfera during the financial year 1955-56. The freehold interest in 0.2 acre of land has been acquired and it is hoped that the building of a single storey clinic will be commenced within the financial year.

Woodstock House, Cowbridge.

Accommodation at these hired premises has been adapted for clinic purposes and the hiring of the existing clinic premises at the Town Hall, Cowbridge, was terminated on the 30th April, 1955. The Woodstock House Clinic is also being used temporarily as local headquarters in connection with a survey of the population in the Vale of Glamorgan undertaken by the Medical Research Council.

Bettws.

The need of clinic premises to meet the growing population of the new housing site at Bettws became very acute, particularly as there seemed little prospect of building a clinic on the site earmarked in this district. As an emergency measure pending the erection of a permanent clinic in this rapidly developing area, arrangements were made to rent accommodation in a council house at 14, Heol Dewi Sant, and a clinic was opened there on the 20th October, 1955. Thanks are due to the Ogmore and Garw U.D.C. for their ready co-operation in this matter.

Clinic Sites.

Authority was given to acquire the sites for the future erection of clinics at :—

Greenfield Terrace, Cornelly.

Near Tynewydd Farm, Llanharry.

South of Rectory, Bettws.

Grounds of Maesycloed House, Maesycloed, Pontypridd (0.666 acre).

South of Police Station, Thomas Street, Abertridwr.

Llanmaes Road, Llantwit Major.

The interiors of some of the less suitable hired premises in which Clinics are held are drab and dingy, but the enthusiasm of the staff in their work and the interest and pride of the mothers in the welfare of their babies do much to counteract the gloominess of the surroundings and the general lack of amenities.

In reading a report such as this, published during the summer, one is apt to forget the miserably cold climatic conditions of winter. Even the newest specially constructed clinic premises come under criticism because of the occasional inadequacy of the heating arrangements. Premises not in regular and frequent use undoubtedly present special problems in satisfactory and economical space heating.

Many mothers in the mining valleys come from homes where there is no shortage of coal and in the colder months they cannot be expected to submit to the discomfort of presenting themselves for medical examination in a room with a temperature "in the lower forties," nor can the staff be blamed if they are reluctant to continue the clinic session in conditions of acute personal discomfort for themselves and their patients.

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	Penrhiw-ceiber	Cwmcynon Workmen's Hall (Purchased and converted)	Ante-natal : Infant Welfare and sale of Welfare foods :	Friday mornings fortnightly Wednesday mornings	Infant Welfare and sale of Welfare foods Session—Previously held on Wednesday mornings at Bethesda English Baptist Church.
	Mountain Ash	County Council Clinic, Aberdare Road, Mountain Ash	Ante-natal : Infant Welfare and sale of Welfare foods : Sale of Welfare foods :	Friday afternoons fortnightly Wednesday afternoons Friday afternoons, Saturday mornings	Ante-natal Session previously held Friday afternoons weekly.
Caerphilly and Gelligaer	Fochriw ..	Noddfa Baptist Church, Fochriw	Infant Welfare and sale of Welfare foods :	Thursday afternoons weekly	Previously held fortnightly.
	Trecenydd	Penyrheol Clinic, Trecenydd, Caerphilly	Ante-natal : Infant Welfare and sale of Welfare foods :	Wednesday afternoons Tuesday afternoons weekly	Ante-natal Sessions previously held on second and fourth Wednesday afternoons in month.
	Ystrad Mynach	County Offices, Caerphilly Road, Ystrad Mynach	Ante-natal : Post-natal : Infant Welfare :	Second Friday morning in month Second Friday morning in month Second Friday afternoon in month	Post-natal facilities new provision.
	Ogmore Vale	County Council Clinic, Park Avenue, Ogmore Vale	Ante-natal : Infant Welfare and sale of Welfare foods : Sale of Welfare foods :	Friday mornings Thursday mornings Friday afternoons	Infant Welfare previously held all day fortnightly.
Mid-Glamorgan	Nantymoel	Glanrhyd, Nantymoel ..	Infant Welfare and sale of Welfare foods :	Wednesday mornings	Previously held all day fortnightly.
	Bettws ..	14, Heol Dewi Sant, Bettws	Ante-natal : Infant Welfare and sale of Welfare foods :	Monday afternoons fortnightly Monday afternoons fortnightly	
	Pontycymmer	County Council Clinic, Alexandra Road, Pontycymmer	Ante-natal : Infant Welfare and sale of Welfare foods : Sale of Welfare foods :	Friday afternoons Wednesday afternoons fortnightly Friday afternoon weekly	Infant Welfare Session previously held Wednesday mornings fortnightly.
			The fortnightly Infant Welfare Sessions provided at the following Centres were discontinued :— School House, Llest Infants' School, Pontyrhyl.		Gilead Chapel, Coity.

Health Division.	Area served.	Location of Clinic premises.	Type and frequency of Sessions now held.	Remarks.
Pontypridd and Llantrisant	Ynysybwl..	Thompson Street, Ynysybwl	Ante-natal : Wednesday mornings fortnightly Infant Welfare and sale of Welfare foods : Wednesday afternoons	Infant Welfare Sessions previously held on Monday afternoons.
Port Talbot and Glyncoirwg	Port Talbot	County Council Clinic, Ynys Street, Port Talbot	Ante-natal : Wednesday and Thursday mornings Infant Welfare and sale of Welfare foods : Wednesday afternoons	Ante-natal Sessions previously held on Wednesday mornings only.
	Margam ..	Community Centre, Margam	Combined Ante-natal and Infant Welfare and sale of Welfare foods : Monday afternoons Ante-natal Sessions at Dyffryn Rhondda Clinic discontinued. Mothers now attend Cymmer Clinic.	Infant Welfare and sale of Welfare foods previous held fortnightly.
South-East Glamorgan	Cowbridge..	Woodstock House, Cowbridge	Ante-natal : Tuesday afternoons fortnightly Infant Welfare Sale of Welfare foods : Tuesday afternoons weekly	Previously held at Town Hall, Cowbridge.

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	400 536	717 619	512 1,049	365 585	348 696	474 650	676 1,191	290 637	603 898	4,385 6,861
		(b) Still-births	{ Domiciliary Institutional	8 27	10 25	13 53	3 24	9 23	4 25	13 33	7 11	11 49	78 270
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 2	19 —	6 —	7 —	11 —	10 —	5 —	7 —	87 2
(b) No. of sessions held per month at clinics included in (a)			Ante-natal clinics M.O. Midwives Post-natal clinics	24 — —	30 — 2	46 — —	22 4 —	33 — —	36 — —	34 — —	20 — —	44 — —	289 4 2
(c) No. of women who attend- ed during the year	{	Ante-natal clinics Post-natal clinics*		841 95 (95)	1,630 305 (115)	1,374 74 (74)	1,199 268 (268)	1,126 116 (116)	1,406 87 (87)	1,226 224 (224)	677 113 (113)	1,543 866 (866)	11,022 2,148 (1,958)
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had not pre- viously attended any clinic during current preg- nancy and for P.N. clinics women who had not pre- viously attended any P.N. clinic after last confine- ment			Ante-natal clinics Post-natal clinics*	659 95 (95)	1,307 269 (115)	1,067 74 (74)	938 268 (268)	857 105 (105)	1,096 84 (84)	1,000 117 (117)	592 108 (108)	1,210 866 (866)	8,726 1,986 (1,832)
(e) Total No. of attendances made by women included in (c)	{	Ante-natal clinics M.O. Midwives Post-natal clinics*		3,955 — 103 (103)	5,553 — 377 (131)	5,752 — 90 (90)	5,151 590 306 (306)	4,666 — 123 (123)	5,844 — 93 (93)	4,663 — 484 (484)	3,616 — 113 (113)	7,912 — 866 (866)	47,112 590 2,555 (2,309)
* 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	28	12	13	15	27	18	7	152
(b) No. of sessions held per month at centres in (a)				37	62	94	34	40	42	81	48	72	510
(c) No. of children who attended centres for the first time during the year who were under 1 year of age				880	1,256	1,423	865	939	942	1,387	844	1,291	9,827
(d) No. of children who attended during the year who were born in	{	1955 1954 1950-1953		776 720 636	1,183 993 951	1,268 1,210 1,949	784 795 891	821 732 979	864 819 701	1,290 1,206 1,205	768 669 461	1,150 932 799	8,904 8,076 8,572
(e) Total No. of children who attended the centres during the year				2,132	3,127	4,427	2,470	2,532	2,384	3,701	1,898	2,881	25,552
(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	9,721 1,719 1,329	13,572 3,213 2,041	19,492 5,592 6,466	11,594 2,579 2,044	10,810 2,307 2,216	12,244 2,148 1,719	20,553 4,746 3,850	10,364 2,457 1,804	10,473 1,829 1,114	118,803 26,590 22,583
(g) Total No. of attendances made during the year				12,769	18,826	31,550	16,217	15,333	16,111	29,129	14,625	13,416	167,976

EXPECTANT AND NURSING MOTHERS.

On the 31st December, 1955, clinic facilities for expectant mothers were available at eighty-seven centres, thirty-nine of these being County Council-owned premises. The number of ante-natal clinic sessions held monthly showed an increase from 284 to 289.

There has been no change in the clinic routine. There is a medical officer in attendance at all but one of the 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 the clinic medical officers and the maternity units of local hospitals has improved.

Ante-natal clinic attendances, including attendances at midwives' sessions of 47,702 showed a reduction of 642 compared with last year's figures. This reduction is less than in 1954, but follows the expected downward trend, which is not peculiar to this County and is partly due to 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, at least during the last eight weeks of the pregnancy.

Ante-natal care is available for all mothers who desire it. In the Authority's ante-natal clinics the clinic doctor, the midwife, and the health visitor all play a part in reassuring, advising, and instructing the mother during the ante-natal or post-natal period. In some areas the general practitioners take an unusually keen interest in the ante-natal welfare of their patients and devote special sessions at their own surgeries for expectant mothers in their care. Such an arrangement is inevitably followed by a reduction in the attendances at the Authority's ante-natal clinics. Where this happens the County midwife still retains her interest in the patient unless the latter has been booked to enter hospital and in some areas the midwives attend the doctor's clinic. General practitioners' ante-natal clinics, properly conducted, constitute a development on sound lines and a welcome improvement on the type of service which was generally available prior to 1948.

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.

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

Before March 31st, 1956, a film strip projector and suitable film strips on health matters will have been supplied to each division. Those divisions in which these visual aids are being used are enthusiastic about their value in the health education of mothers.

POST-NATAL CLINICS.

The total number of mothers who attended for post-natal examination last year was 2,555, an increase of 934 over 1954.

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 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, 1954—MATERNITY BENEFITS.

Increased benefits under the National Insurance Act, 1954, operated as from the 16th May, 1955, to increase the maternity grant to £10, the home confinement grant to £4, and the maternity allowance to 40s. 0d., with additions payable in certain circumstances for dependents.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1955 was 28·19 per thousand births, compared with a rate of 46·5 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, also 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.

During the year the Committee decided that as alternative arrangements could be made to accommodate unmarried mothers from Glamorgan, twelve months' notice be given to determine the agreement with the Carmarthenshire County Council on the 31st March, 1956. Two patients from the Administrative County area were admitted to Plasnewydd in 1955.

Unmarried mothers admitted from Glamorgan to Mothercraft Hostels are allowed to retain the whole of the maternity grant.

SWANSEA AND BRECON MORAL WELFARE ASSOCIATION.

The Committee decided to make a grant of £50 to the Association.

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 unsurmountable 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 eleven unmarried mothers were admitted for confinement to hostels under the County Council scheme. This was one less than in 1954.

ANTE-NATAL CLASSES.

On the progress made in the setting up of ante-natal classes, Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, makes the following comments :—

"During the last few years increased attention has been paid to the enlightenment and reassurance of the expectant mother. The Health Visitors in their Clinics have devoted much time to personal interviews, and expectant mothers take full advantage of these to discuss any present problems with the Health Visitor and are also helped to plan ahead their baby management. This teaching is also carried on further by the Health Visitor in her visits, later on, to the mothers in their own homes.

This has, during the last five years, been intensified and successful courses of ante-natal lectures have been arranged in Aberdare and Mountain Ash, Mid-Glamorgan, and Pontypridd and Llantrisant Health Divisions.

Three hundred and ninety-three mothers attended in 1955 and most of them made 100 per cent attendances.

We are hoping to further extend this work in the near future and courses of ante-natal lectures are being considered for Neath and District, Port Talbot and Glyncoirwg, and South-East Glamorgan Health Divisions.

The clinic doctors, health visitors, and midwives all take part in the lectures and the syllabuses include the following subjects :—

- (1) The physical and mental approach to pregnancy and normal confinement.
- (2) Diet in Pregnancy.
- (3) The layette and maternity wear.
- (4) Lactation and preparation for breast feeding.
- (5) Simple anatomy and physiology of pregnancy and parturition.
- (6) What to expect during labour and the puerperium.
- (7) Demonstration of the gas and air apparatus and preparation for confinement at home.
- (8) Baby management, bathing, dressing, feeding, etc.

It is further intended to extend the talks to include the 'understanding of the Infant and Toddler.'

The expectant mothers attending have been very keen and once started on the course of lectures, seem to make every effort to attend regularly. At one session which I attended, the young mothers said that their husbands were very co-operative and interested to hear what they had learned after each session.

They suggested that their husbands might attend with them for one session and were informed that if they were really keen to do so, an evening session could be arranged."

CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 152 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 nine additional clinics had been established, and the number of sessions per month had been increased from 429 in 1948, to 510. 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.

As in previous years, there has been a fall in the number of toddlers who attend the infant welfare clinics and there is considerable room for improvement in the attendances of children in the 1-5 age groups. It is, perhaps, not surprising that the mother who has regularly brought her first baby to the clinic during its first year of life should be reluctant to continue visits which inevitably make an inroad into her leisure time, assuming she has not already returned to her former employment. The baby has been weaned, therefore welfare foods at reduced rates no longer provide an inducement to attendance and the baby appears to be negotiating satisfactorily the various teething, walking, and talking stages.

Although total attendances showed a further decrease from 171,076 to 167,976, these figures show that the desire of many mothers to avail themselves of the facilities offered at infant welfare centres has been well maintained.

The clinics are mainly advisory and educational in character and are not intended to provide a curative service. In some quarters this fact is thought to discourage the attendance of mothers requiring treatment for their infants. 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.

It is a matter for enquiry rather than for conjecture whether attendances at infant welfare clinics would be sufficient to justify the continued existence of these centres if weighing of babies and the sale of proprietary and welfare foods were discontinued.

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. Meetings of officers 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.

Following a change of ownership, part of certain premises formerly registered under this Act was put to different use by the new proprietors.

The premises were inspected by a special Committee of the Nursing Services Sub-Committee and a recommendation made to vary the original order in respect of these premises. Apart from dealing with essential questions of staffing and equipment the order restricted the admission of residential pupils.

INVESTIGATION OF INFANT DEATHS.

The comparatively high rate of infant deaths in the County has been a matter of concern and, following a discussion with Professor A. S. Duncan, Professor A. G. Watkins, of the Welsh National School of Medicine, and Dr. A. R. Culley, of the Welsh Board of Health, proposals have been agreed for an early investigation into the causes of the high infant mortality rate in certain areas of Wales.

Glamorgan is one of the Counties in which the investigation will take place and the Mid-Glamorgan and Caerphilly and Gelligaer Divisions have been selected as two of the areas for detailed investigation.

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.

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

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

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.

Since July, 1954, responsibility for the distribution of welfare foods, i.e., national dried milk, cod liver oil, orange juice, and vitamin A and D, was undertaken by Local Health Authorities as part of their duties under Section 22 of the National Health Service Act.

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) Cod liver oil compound, and (issued free)
- (5) Vitamin A and D tablets (do.)

At Bridgend, Neath, and Port Talbot there are divisional welfare food depots in other than clinic premises and sales are made direct to the public on certain days.

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 Divisional Offices and distributed from there to the various clinics and distribution points in the divisions. In the Rhondda Division small quantities of welfare foods are held at the Divisional Office for sale in emergency but sufficient accommodation for the storage of welfare foods is available in the clinics.

Distribution of welfare foods is made as far as possible from the Authority's own clinics. Only where this is not practicable are other distribution centres used, the smallest of these being in private houses and operated by voluntary workers. The number of private houses used as distribution centres at the end of the year was twenty-one and thanks are due to these householders for their continued help.

Between November and December, 1954, there was a substantial fall in the issue of certain food items. This has continued in the case of national dried milk. Cod liver oil appears to be in greater demand during the winter months and, subject to this seasonal variation in consumption, the demand remains fairly constant. The consumption of orange juice shows an increase, the issues being greater during the summer months.

There appears to have been a steady increase in the demand for vitamin A and D tablets.

The decreased consumption of national dried milk became noticeable in December, 1954, and appears to coincide with the revised documentation which came into effect on the 1st November, 1954. It would be interesting to know what increases have taken place during the same period in the sale of liquid milk exchanged for tokens.

Other factors which it is thought have influenced sales are :—

- (1) Earlier weaning of babies, which appears to be a national and modern trend.
- (2) Decreased birth rate.
- (3) The sale of "clinic packs" of proprietary foods by chemists.

The actual items held at individual clinics are dependent on local demand. There has been a decrease in the sale of proprietary foods, generally corresponding to the fall in the sale of national dried milk.

The staffing of welfare foods clinics causes a strain on the divisional offices. Sales staffs have to be present at clinic sessions when food is available for sale. In some areas considerable time has to be spent in travelling to and from outlying clinics and where there are few attendances the value and amount of foods sold are small in relation to the costs of distribution.

During 1955 the following quantities of Ministry of Food products were issued :—

<i>National Dried Milk.</i>	<i>Cod liver Oil.</i>	<i>Orange Juice.</i>	<i>Vitamin A and D Tablets.</i>
308,427 tins.	80,925 bottles.	390,018 bottles.	24,801 packets.

The value of the postage stamps on the coupons surrendered by beneficiaries was £21,370.

The value of proprietary milk and welfare foods sold in the welfare clinics in 1955 was approximately £21,400.

DENTAL CARE.

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

"I regret very much that my introductory remarks to this report fall very much into the same mould as in past recent years, so far as the very much desired expansion of our dental service is concerned. The reason, of course, is that our understaffed state does not permit it, but with all our difficulties our returns of the year under review compare very favourably with the recent years and in some instances a slight improvement is noticeable.

The whole profession is at the moment very seriously undermanned and in the past few years the wastage rate in the ranks of the profession has exceeded the number of newly qualified dentists on the Dentists' Register. This position was slightly improved in the year 1954 and still further improved last year, when the numbers of newly qualified members did exceed the number of names removed from the register. It has also been reported that most of the dental schools have had more students enrolled last year than for the preceeding three or four years. This is a hopeful sign, which it is hoped will continue so that wastage is not only offset and made good, but that eventually, and at not too distant a date, the profession will be sufficiently strong to man adequately its various branches and cope satisfactorily with the dental needs of all sections of the community. It is a matter of common knowledge that the MacNair Committee has been set up to examine and report upon the poor recruitment to the profession and to make recommendations to remedy this state of affairs.

Our staffing position at the beginning of 1955, including that of the Rhondda Excepted Area, was rather better than at the beginning of 1954 and consisted of five whole-time dental officers and twenty-four part-time officers. Shortly after the year commenced we obtained the very welcome services of a new whole-time officer. This was a valuable acquisition. We experienced some changes among our part-time personnel, including the resignations of five sessional officers, but at the end of the year 1955 we had a total dental staff of six whole-time officers and twenty-two part-time officers. There were also slight changes in the numbers of sessions which our part-time officers gave us, varying with the demands of their practices. Still without varying staffing fortunes or misfortunes we have generally been able to present results which compare very favourably with the previous year.

At the suggestion of the Ministry of Health, we have had under consideration the operation of evening sessions for the treatment of expectant and nursing mothers and it is hoped to have evening sessions in certain divisions in operation early in 1956.

In 1955, 1,354 expectant and nursing mothers were referred from maternity and child welfare centres. Of this number 1,345 were found to require treatment, 1,196 were actually treated, and 793 patients of this group were rendered dentally fit, actually fifty-eight more than in the previous year, although the number of patients seen last year was seventy-eight less than in 1954. I always feel the need of some explanation of the difference in the numbers of those treated and those rendered dentally fit. It has always been found to be due to the inability of the patient to attend the clinic when nearing the time of her confinement, or to demands upon the mother during the nursing period. Numbers of cases, of course, commenced in one year frequently continue into the following year. The numbers of teeth extracted for this group was 5,311, which is 359 more than the high figure for 1954. 795 fillings were inserted, forty-two more than in the previous year. Other forms of treatment, such as scalings, dressings, and gum treatments, etc., amounted to 304 items and 531 dentures were supplied to patients, which is 117 more than in 1954.

The figures relating to the dental treatment of pre-school age children falls very much into the same pattern as that of the previous year, although the total number of pre-school age children examined and treated was slightly less than for 1954, the volume of work done for these small and sometimes difficult patients was practically the same, extractions being slightly fewer, which is a good point, and fillings slightly higher, which is also a good point. 1,079 pre-school age tots were referred, being thirty-three less than in 1954. Of these 1,006 were found to require treatment and 894 were actually treated. 658 were rendered dentally fit. 2,466 teeth were extracted and 278 fillings were inserted. Seventy-three other forms of treatment are recorded, these include such important things as dressings, gum treatments, and silver nitrate treatments. Scalings, I am glad to say, are very seldom necessary for these toddlers and only occasionally gum treatments, but the ever important value of the judicious use of silver nitrate cannot be overstressed. The painless application of this preparation to appropriate areas has done much to gain the confidence of these tots, apart from the very high value of the treatment itself, and when fillings of a more advanced character are necessary this confidence has assisted us to accomplish much.

It is regrettable that so many small pre-school agers require dental treatment. It is even more regrettable that so many require so much. To give the appropriate treatment is important and necessary, but it is time consuming since sometimes more than one visit is necessary before the child's confidence and co-operation is won and even then there is a very definite limit to the amount one can do at one sitting for mites of three or four years of age and very frequently younger. So I should like to repeat again the need for adequate measures to propagate a proper realistic attitude towards oral hygiene and the care of the teeth from an early age. Far too frequently our

difficulty has been the lack of education of the patient, and his or her disregard of dental hygiene and treatment. Diet, too, plays a very important part in this campaign and no opportunity should be lost in urging greater care in diet selection, coupled with oral hygiene after meals. Over refined carbohydrate foods are just as much a danger as sweets in promoting dental caries. It is a sobering fact that the school dental service in this country extracted one permanent tooth for every 4.1 fillings inserted, whereas in the Norwegian school dental service only one tooth was extracted for every sixty-three fillings inserted."

	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	155	175	296	94	158	195	94	47	140	1,354
Needing treatment	155	175	289	92	158	195	94	47	140	1,345
Treated	140	152	251	70	127	190	83	43	140	1,196
Made dentally fit	76	53	145	42	74	182	75	43	103	793
Extractions	659	712	1,271	474	944	525	279	62	385	5,311
Fillings	78	13	116	59	229	83	155	14	48	795
Inlays	—	—	—	—	—	—	—	—	—	—
Crowns	—	—	—	—	—	—	—	—	—	—
Scalings or scaling and gum treatment	39	32	50	13	38	73	4	1	31	281
Silver nitrate treatment	—	1	4	—	16	—	—	2	—	23
Radiographs	—	4	7	1	11	—	1	17	—	41
Dentures provided { Complete upper or lower	39	45	67	26	52	47	18	3	8	305
Partial upper or lower	20	25	38	30	35	18	13	8	39	226
CHILDREN UNDER 5 YEARS OF AGE.										
Examined	99	142	219	128	122	91	143	58	77	1,079
Needing treatment	99	139	201	90	122	87	135	56	77	1,006
Treated	89	128	182	89	64	87	129	49	77	894
Made dentally fit	83	43	168	49	27	84	101	49	54	658
Extractions	186	346	719	279	258	199	287	60	132	2,466
Fillings	6	6	24	85	57	44	53	2	1	278
Inlays	—	—	—	—	—	—	—	—	—	—
Crowns	—	—	—	—	—	—	—	—	—	—
Scalings or scaling and gum treatment	6	1	—	—	1	18	—	4	—	30
Silver nitrate treatment	—	7	—	6	2	—	3	5	15	38
Radiographs	—	—	3	—	—	—	—	2	—	5

SECTION 23.—COUNTY DOMICILIARY MIDWIFERY SERVICE.

On the 31st December, 1955, there were in the Administrative County 150 midwives who had notified their intention to practise. Nineteen of this number were actually practising as independent midwives. In the County Domiciliary Midwifery Service 131 were employed, fifteen 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 Bronwen 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 26. County Midwives attended 4,374 deliveries in 1955, a decrease of 150 compared with the previous year's total of 4,524. In the County there were 391 total births less than in 1954, the number of domiciliary births attended showing a reduction of 165, while the number of births occurring in hospital was reduced by 226.

There was a noticeable increase in the number of mothers confined outside the Administrative County, probably due to the opening of the new Maternity Unit at Glossop Terrace, Cardiff.

In previous reports I have also mentioned the difficulties likely to arise in maintaining an adequate Midwifery Service in view of the impending retirement of older midwives and the difficulty of finding recruits to replace them. This position has been further aggravated to some extent by the extension of the annual holiday entitlement of midwives to five weeks, making it necessary to find, in many cases, midwives who could act as relief during holiday periods.

Vacancies advertised for midwives in several parts of the County did not attract any applicants and it has only been possible to maintain service in some areas by calling out of retirement superannuated midwives. These, unfortunately, are rapidly dwindling in number and only a few of them are able, or willing to give service.

The average annual case load of domiciliary midwives continues to decline, but the areas covered by the individual midwife have had to be extended, in some areas to perhaps unreasonable limits in order to maintain the 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 to discuss the case with the clinic medical officer. Visits are made twice monthly by the midwife to her patient's home up to the last four weeks of pregnancy, and thereafter weekly until confinement. Co-operation between the Midwifery Service and general practitioners has always been extremely good in the County, and only on very rare occasions since the appointed day have complaints been received, either from doctors or patients, about this service.

In most areas of the County rapid transport of mothers in labour is provided for by the Ambulance Service. Even so, during the year twelve 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 11,144 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 1955 the number of patients who received gas and air analgesia was 3,348, i.e., seven less than in 1954. Expressed in terms of percentages 76.5 per cent of cases attended in 1955 received gas and air analgesia, compared with 72.9 per cent in 1954.

Pethedine, a drug to relieve pain during labour, was administered to 2,433 patients, or 55.6 per cent of the cases attended.

One set of an approved type of apparatus for the administration of the new anaesthetic—"Trilene" (Trichloroethylene)—is being issued to each division. When experience has been gained of their value in domiciliary midwifery it may be desirable to make these machines available to all of our midwives. 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, although it will not supersede the latter.

TRAINING OF MIDWIVES.

Ten pupil midwives were trained at the Part II Training School established at Neath. Comparatively few candidates applied for admission and the maintenance of adequate supervisory and domestic staffs presents a continuous problem. Many of the pupil midwives 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 them. These extra-territorial journeys involve considerable costs for hire of transport.

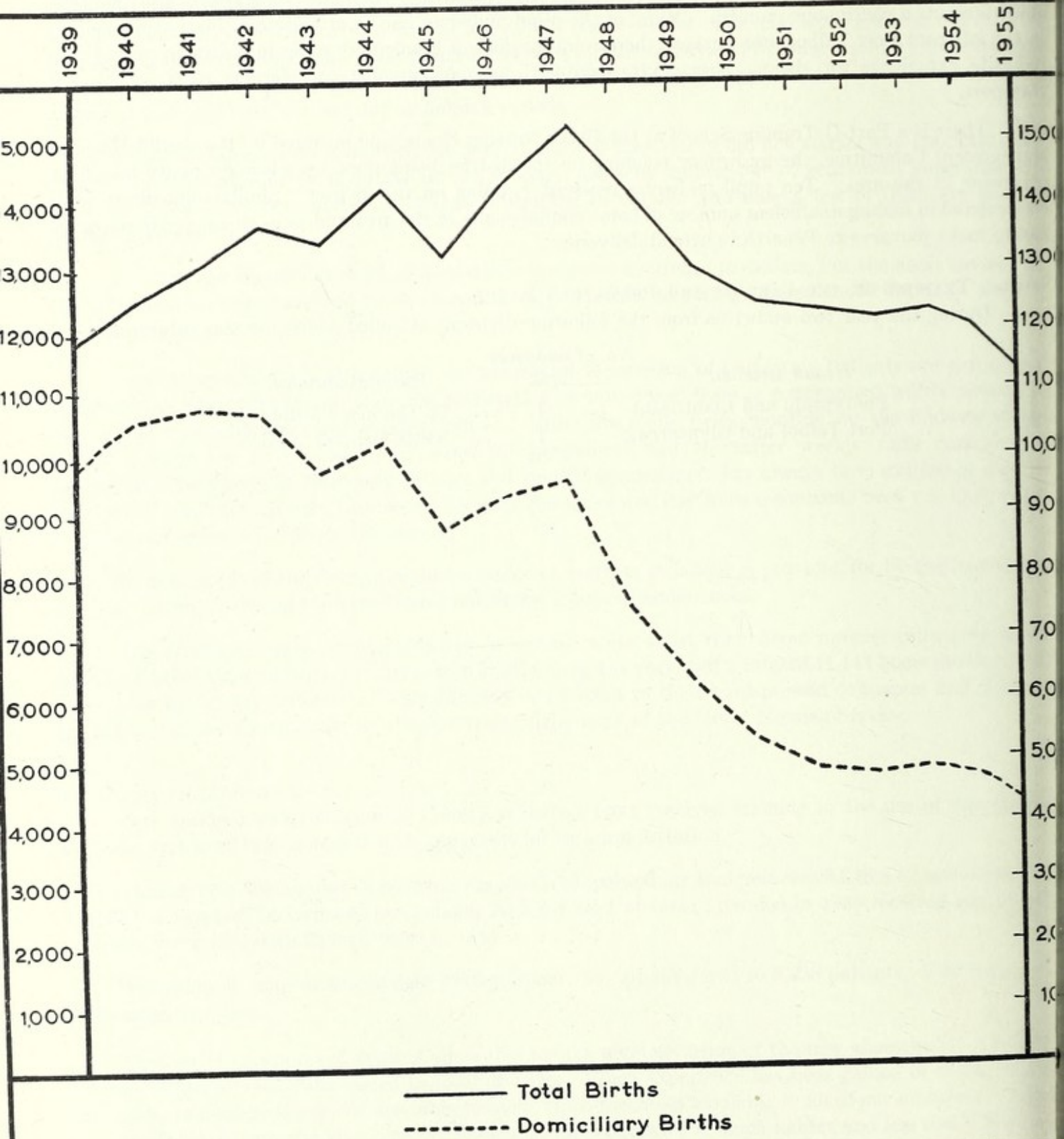
There is a Part II Training School at the Barry Nursing Home, administered by the Cardiff Hospital Management Committee, the midwifery teaching on the district being done by selected County midwives practising in the area. Ten pupil midwives received training on the district. Similar difficulties were 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.

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

<i>Health division.</i>	<i>No. of midwives sent.</i>		<i>Hospital attended.</i>
Pontypridd and Llantrisant ..	1	..	St. David's, Cardiff.
Port Talbot and Glyncoirwg ..	1	..	Neath General, Neath.

BIRTHS



MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 907 occasions for reasons shown in the following table. This compares favourably with figures of 1,106 for 1954 and 1,233 for 1953.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1955.

	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	—	3	3	1	—	1	2	1	7	18
(b) Eclampsia	—	2	—	—	—	—	1	—	—	3
(c) Ante-partum haem.	2	10	3	5	1	4	3	5	17	50
(d) Abortions	—	18	7	8	6	2	21	1	12	75
(e) Miscellaneous	2	5	3	12	1	—	6	2	19	50
(ii) Natal.										
(a) Placenta praevia	—	2	1	—	—	—	—	—	—	3
(b) Prol. 1st st. lab.	3	8	5	1	4	2	—	1	4	28
(c) Prol. 2nd st. lab.	10	12	2	4	2	6	6	5	12	59
(d) Ab. presentation	4	14	8	1	2	1	—	3	8	41
(e) Miscellaneous	1	6	3	9	1	1	2	7	7	37
(iii) Post-natal.										
(a) P.-n. convulsions	—	—	—	—	—	—	—	—	—	—
(b) Albuminuria	—	—	—	—	—	—	1	—	—	1
(c) Rupt. perineum	7	29	14	20	10	29	10	13	29	161
(d) Plac. abnormalities	1	8	5	—	—	4	1	—	6	25
(e) Post-partum haem.	1	14	1	6	2	2	—	—	5	31
(f) Puerp. pyrexia	—	8	3	3	2	6	5	3	7	37
(g) Breast conditions	—	1	1	1	—	1	1	—	3	8
(h) Stillbirth	—	—	1	3	9	5	5	2	—	25
(j) Miscellaneous	2	6	2	12	4	2	3	6	6	43
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	—	11	5	—	3	1	2	1	—	23
(b) Asphyxia	1	3	3	3	2	6	—	2	6	26
(c) Malformation	3	9	2	1	4	2	4	1	3	29
(d) Eye conditions	1	1	1	10	2	—	4	1	12	32
(e) Prematurity	3	14	3	5	3	3	2	3	9	45
(f) Skin conditions	—	5	2	2	—	—	2	3	6	20
(g) Jaundice	—	1	2	1	—	—	—	3	2	9
(h) Miscellaneous	3	—	2	8	3	2	—	1	9	28
Totals	44	190	82	116	61	80	81	64	189	907

SUPERVISION OF MIDWIVES.

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

Non-medical Supervisors are also responsible for the supervision of the Home Nursing Service and the Home Help Service. Duties in connection with the latter service make a disproportionate inroad into their time and this in some divisions is still a matter of concern.

The following figures of inspections carried out during the year show the extent to which claims have been made on the time of these officers :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Domestic Help Services.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(a) To County Midwives	94	298	155	65	96	110	154	159	63	1,194
(b) To Independent Midwives	10	—	2	2	—	—	1	3	4	22
(c) To Nursing Homes	—	5	6	1	—	—	6	2	—	20
(d) To Home Nurses	64	228	69	42	106	102	156	337	67	1,171
(e) To Home Helps and Applicants for Home Help	535	623	630	136	620	560	463	520	552	4,639

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 three 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.

[illegible]

CENTRAL MIDWIVES BOARD RULES, 1955.

Early in the year new Rules were made by the Central Midwives Board for the improvement of the standard of professional practice of midwives. One of the most important sections of the Rules deals with the administration of analgesics and gives approval to additional apparatus for administering Trichloroethylene by midwives on their own responsibility.

It is also a requirement that in future pupil midwives undergoing Part II Training shall receive instruction in mothercraft, infant feeding, and care. These important subjects should long ago have been introduced into the training curriculum of the midwife.

A further important clause in the Rules is the requirement that as from the 1st January, 1958, all practising midwives and supervisors of midwives who qualified before 1st January, 1939, and have not practised since that date, must undergo instruction within five years of beginning employment and these Courses must be approved by the Board.

The Board have decided to raise the upper age limit for entering midwifery training from 40 to 50 years of age. Certain alterations have also been made in the Rules governing the Midwives Code of Practice. The Rules generally are designed to maintain the high standard of professional work which the public now expect from those engaged in the practice of midwifery. The new Rules tend towards the further professional emancipation of midwives and remove some of the controls which, although essential in the early part of the century, have been found irksome and unnecessary in the light of the high standards of training and skill of the modern midwife.

POST-GRADUATE COURSES.

To comply with the revised Rules of the Central Midwives Board the Committee has already authorised the holding of residential post-graduate courses for midwives at Dyffryn House.

Much importance is attached to institutional and domiciliary midwives taking refresher courses together. In conjunction with Professor A. S. Duncan, of the Welsh School of Medicine, a programme has been prepared and submitted to the Central Midwives Board for a residential course for County midwives to be held at Dyffryn House in April and November, 1956. A certain number of vacancies at these courses will be reserved for midwives employed in maternity hospital units within the County and for a limited number of midwives from adjacent local health authorities.

REFRESHER COURSE.

A Refresher Course for midwives was held at the County Hall on the 4th, 11th, 18th, and 25th February, 1955, when approximately seventy nurses attended on each day.

The nurses attended in two groups and the following lectures were given :—

<i>Subject.</i>	<i>Lecturer.</i>
"Analgesia in Childbirth"	Professor William W. Mushin, Department of Anaesthetics, Cardiff Royal Infirmary.
"The Patient, the Midwife, and the Doctor"	Professor A. S. Duncan, Department of Obstetrics and Gynaecology, Cardiff Royal Infirmary.
"Diabetes"	Dr. Leonard Howells, Consultant Physician.
"Current Views on Toxaemia of Pregnancy"	Dr. H. J. Fisher, Senior Lecturer, Department of Obstetrics and Gynaecology, Cardiff Royal Infirmary.
"Tuberculosis, with particular reference to Pregnancy"	Dr. S. H. Graham, Chest Physician, Cardiff Hospitals Management Committee.

In addition, selected films dealing with Obstetrics and Antibiotics were shown.

The lectures were greatly appreciated by those in attendance and at the end of each group of lectures, an hour was devoted to general discussion and questions.

SECTION 24—HEALTH VISITING SERVICE.

On the 31st December, 1955, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine divisional superintendents, one whole-time health visitor, and 111 health visitors-school nurses. Five 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 1955 totalled eleven. There were fourteen new appointments, giving a welcome gain of three officers.

In these appointment figures there are included five student health visitors who qualified during the year and whose appointments 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, 1956. 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.

In addition to home visits undertaken as part of their school health service duties, health visitors made a total of 259,439 visits during 1955, an increase of 1,086 visits over the figure for 1954. Their visits involved 61,313 families or households; this number included 16,000 tuberculous households. The number of children under 5 years of age visited during the year was 59,923, which was 4,263 less than in 1954. The number of visits made to expectant mothers increased by 532 to a total of 10,397, and an increase of 4,820 is recorded in visits to "other cases." The 27,413 visits to "other cases" include visits to proposed adopters and special or routine visits to the aged and infirm, problem families and mental defectives, and can be more time-consuming than normal routine visits to expectant and nursing mothers.

In addition, from time to time health visitors are asked to undertake special enquiries on behalf of extraneous bodies and all this work means a considerable addition to their normal duties. Although the functions of health visitors have been considerably extended since 1948, unfortunately, the numbers of health visitors have diminished and it is particularly difficult in some areas for the routine work of the Health Visiting Service to be undertaken, much less any additional burdens accepted.

No matter how willing the health visitors may be to carry out additional burdens, the first duty of the health visitor must be to assist or advise the mothers and children in the clinics and at home and to the tuberculous patient's household, where she can do much to help to prevent the spread of infection.

In the rehabilitation of the problem family, the results are all too often unrewarding and the work frustrating, but the health visitor continues to play an important part in co-operation with the other members of the local Co-Ordination Committee and other social workers in this field.

In some areas routine visits have to be limited owing to the demands on the health visitor's time for more urgent visits of a special nature. The health visiting staff is insufficient in number to do full justice to the various calls which this expanding service has made upon it.

Whether a health visitor should be an all-purpose visitor or whether she should be specially trained as a super being specialising in and acting as a consultant for all or any of the various branches of preventive work, e.g. care of problem families, etc., are questions which may be theoretically attractive in academic circles or for discussion groups, but the plain fact remains, and must again be emphasised, that health visiting as at present practised does not attract sufficient recruits in spite of the financial help given to students by local health authorities who would, not otherwise be able to recruit newcomers to the service.

The dilution of this service by women with lesser qualifications, who might relieve the health visitor of some of her clinic and school health duties, is a question which will undoubtedly be receiving the attention of the Working Party as the skill and training of the health visitor is not to be dissipated on less important functions.

HOSPITAL WAITING LIST ENQUIRY.

During the year, at the request of Professor F. Grundy, of the Welsh National School of Medicine, my department co-operated in an enquiry into waiting lists of hospitals in the Cardiff area. So far as the department was concerned this involved the completion of a fairly detailed questionnaire by health visitors in respect of approximately 1,100 patients whose names were on the hospital waiting lists under review. The health visitors who undertook this work (assisted in one area by some student health visitors) were able, with only a few exceptions, to obtain comprehensive answers to the enquiries made and, therefore, contributed, in no small measure, to the success of this important investigation.

REFRESHER COURSE.

Maintaining the high standard set in preceding years, the sixth annual refresher course was held at Dyffryn House during Whit-week, 1955. In addition to twenty-nine Glamorgan health visitors, ten 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 Handicapped in the Community" ..	Dr. W. E. Thomas, County and Principal School Medical Officer.
"Deprived Children"	Dr. R. T. Bevan, Deputy County and Principal School Medical Officer.
"Welfare Services"	J. Howard Bargh, Esq., D.P.A., Director of Welfare Services.
"Problems of the Adolescent" ..	Dr. J. P. Spillane, Consultant Psychiatrist, Whitchurch Hospital.
"The Child of the Unmarried Mother" ..	Miss E. G. Wright, County Superintendent Health Visitor and School Nurse.
"Employment of the Disabled" ..	Dr. Idris Davies, Medical Adviser for Wales, Ministry of Labour and National Service.
"The Concept of Emotional Security" ..	Dr. A. J. Dalzell-Ward, Deputy Medical Director, The Central Council for Health Education.
"The Insecure Personality"	do.
"Blind Children"	Geoffrey Exley, Esq., Principal, Glamorgan Residential School for the Blind
"Congenital and Inherited Deformities" ..	Dr. P. T. Bray, Consultant Paediatrician, Cardiff Royal Infirmary.

In accordance with the reciprocal arrangements, ten Glamorgan health visitors attended a course organised by the Bristol Authority at the Redland Training College, Bristol, from the 12th to the 17th September.

Similar arrangements have been agreed for an exchange of health visitors next year, i.e., for ten Glamorgan health visitors to attend the Bristol course and for ten 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 Visitors, excluding Divisional Superintendent H.V.s, employed at the end of the year	{	Whole-time on health visiting	—	—	—	—	—	—	—	—	1	1	
		Part-time on health visiting	10	11	13	12	12	9	15	10	19	111	
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			8.13	7.04	8.66	6.46	8.00	6.72	10.00	8.26	12.40	75.67	
No. of visits paid by Health Visitors	{	Expectant mothers	{ First visits	650	940	1,212	597	201	350	201	405	400	4,956
			{ Total visits	1,501	1,481	3,592	801	455	536	384	734	913	10,397
	{	Children under 1 year of age	{ First visits	953	1,610	1,663	933	1,101	1,062	1,939	961	1,590	11,812
			{ Total visits	8,774	6,689	8,316	5,747	7,690	6,801	10,754	9,065	18,831	82,667
	Children between ages 1-2 years		.. Visits	3,842	3,914	4,000	3,069	4,339	3,484	5,456	4,061	8,456	40,621
	Children between ages 2-5 years		.. Visits	9,831	7,496	10,730	7,858	6,284	7,917	12,007	8,815	11,403	82,341
	Tuberculous Households		.. Visits	2,182	918	2,175	1,437	1,797	2,208	1,171	1,407	2,705	16,000
	Others		.. Visits	7,640	1,337	3,193	2,721	3,226	2,332	2,456	2,091	2,417	27,413

On the work in the South-East Glamorgan Health Division, Dr. D. Trevor Thomas reports :—

"The work of the health visitor has greatly increased in the last few years, with a much greater demand on her home visiting time. This is particularly shown in written reports to hospitals, e.g., medico/social reports on asthma patients, reports on the chronic sick at home who are on the hospital waiting lists, maternity bed booking enquiries, the maladjusted child, delinquent child, etc.

In some parts of the Division, Penarth, Whitechurch, and Rhiwbina, the health visitor strength is only approximately one per 9,000-11,000 population. This figure is very unfavourable compared with that of one per 4,000-5,000 which I believe to be the average in County Boroughs, and more unfavourable still compared with certain parts of Scotland, e.g., Aberdeen, where they aim at one health visitor per two-and-a-half thousand population. In practice we are rapidly approaching a situation where the health visitor, in attempting to carry out all these multifarious and important duties, is in danger of falling down on the job, so much so that in fact, if no more health visitors are appointed very shortly to these depleted areas, then a review of their work must be made and certain of their duties will definitely have to be cut out.

Much is heard these days of prevention of mental ill health, the care and assessment of the need of the aged, the expansion of health education, etc., but until a properly staffed Service is available, we can only really pay lip service to these.

The County Council's Reception Centre at Rhoose, with its frequent change in families, is a big problem. Here, in the main, we have potential or actual problem families giving us a unique opportunity for their training and rehabilitation, which opportunity is being badly missed through lack of adequate staff."

SECTION 25.—HOME NURSING SERVICE.

On the 31st December, 1955, there were engaged in this most valuable service 123 whole-time and twenty-two part-time home nurses. In addition, there were fifteen nurse/midwives. This represents an increase of three nurse/midwives over the numbers for the previous year.

The calls on this service become heavier each year, as will be seen from the following table :—

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
1955	17,851	520,659

Since 1950 the number of cases attended has increased by 15·1 per cent and the number of visits by 32·9 per cent.

As in previous years the home nursing service was only maintained with difficulty. There is a serious shortage in Glamorgan of nurses and midwives willing to undertake domiciliary work. There is rarely any choice of applicants and recent experiences only confirm my view that domiciliary nursing in a County area has few, if any, attractions for the modern nurse.

Excluding infectious diseases, there was an increase in the number of all other types of cases attended of 1,156 and an increase of 20,988 visits paid. Of the 520,659 visits, more than half were paid to patients who were 65 or over. There were 5,494 such patients and the fact that they received nursing attention on 263,675 occasions indicates that most of the elderly patients require frequent visitation, usually for long periods. About one quarter of all patients visited were surgical cases. It may be assumed, in the absence of supporting figures, that a large number of the 4,245 patients in this category had recently been discharged from hospital, thus freeing much-needed beds for patients on hospital waiting lists.

A high proportion of the visits made are for the purpose of giving injections, as will be seen from the following tables taken from the reports made by Dr. Kathleen Davies, the Divisional Medical Officer of the Mid-Glamorgan Health Division, and Dr. R. B. Morley-Davies, the Divisional Medical Officer of the Rhondda

TABLE I.

MID-GLAMORGAN (Population 104,270 ; Number of Nurses 18.5).

Result of Survey carried out in November, 1955. Total No. of Visits made—7,272.

District.	Number of injections.							Total No. of visits for Injections.
	Insulin.	Streptomycin.	Penicillin Estopan.	Heart Stimulants.	Anahæmin.	Cytamen.	Others.	
Bridgend	120	30	2	67	13	6	30	268
Ogmore Valley	135	46	52	80	34	124	31	502
Garw Valley	—	64	30	178	21	4	9	306
Northcawl	42	22	—	4	10	12	4	94
Cenfig Hill-Cornelly ..	158	39	59	51	38	32	57	434
Aberkenfig-Tondu	30	18	146	25	24	45	53	341
Maesteg	85	83	2	65	18	25	1	279
Pen-coed-Vale	30	30	48	—	—	18	6	132
Total	600	332	339	470	158	266	191	2,356

The above table indicates that in almost 32.4% of visits injections are given for a variety of conditions. 5 per cent of the injections are insulin injections for diabetes, which must, of course, be given regularly. Younger patients often give their own injections and sometimes other members of the family can do so. This should be encouraged as the total visits for insulin injections alone in this one Division amounts to approximately 7,000 in a year. It is interesting to note the variation in types of preparation used in the different localities, 146 injections of penicillin being given in the Aberkenfig-Tondu area, as against two in Bridgend and Maesteg with larger populations. The injection of Cytamen for anaemia by nurses in the Ogmore Valley is much higher than any other part of the Division and the same can be said for heart stimulants in the Garw Valley. These variations seem to depend in no small measure on the preference of general practitioners for particular preparations.

RHONDDA DIVISION (Population—108,210 ; Number of Nurses—19).

A fuller analysis of the 1,668 cases treated during the year was made in this Division by Dr. Morley-Davies. Table II sets out the nature of treatment given with the percentage injections of the total for each sex :—

TABLE II.

Nature of treatment.	Males.	Treatment as % total for sex.	Females.	Treatment as % total for sex.	Both sexes.	Treatment as % of all treatment. Both sexes.
Injections	442	% 62	562	% 59	1,004	% 60
Dressings	111	16	107	11	218	13
General Nursing Care	78	11	180	19	258	15
Enemas	72	10	77	8	149	9
Others	9	1	30	3	39	2
All treatment	712		956		1,668	

The distribution of cases requiring injections for each practice in the area shows very wide variation at one end of the scale 86 per cent of the nurses' visits to the patients of one doctor were to give injections, as against 13 per cent at the other end, the average for the twenty-four practices being 76.6 per cent.

Consideration of the frequency of injections for certain conditions was of interest.

TABLE III.

Cardio-Vascular Disease. Number of Cases—261.

Percentage of cases receiving injections—64 per cent.

	Frequency of treatment.							Total.
	Twice daily.	Once daily.	Four times weekly.	Three times weekly.	Twice weekly.	Once weekly.	Occasionally.	
Neptal	—	7	—	5	44	17	—	73
Messalyl	—	11	1	4	15	4	1	36
Others	—	30	—	4	14	10	—	58
Total injections	—	48	1	13	73	31	1	167
General Nursing Care ..	9	71	2	7	2	3	—	94

TABLE IV.

Anaemia. Number of Cases all requiring Injections—120.

Type of injection.	Frequency of treatment.					Total.
	Once daily.	Four times weekly.	Three times weekly.	Twice weekly.	Once weekly.	
Cytamen	4	—	13	17	18	52
Imferon	24	—	6	5	6	41
Anahaemin	3	1	2	5	6	17
Others	3	—	1	1	1	6
Total	34	1	22	28	31	*116

* In addition 1 injection of anahaemin was given occasionally.

1 "other" injection was given fortnightly.

2 "other" injections were given monthly.

TABLE V.

Bronchitis and Pneumonia. Number of Cases all requiring Injections—288.

Type of injection.	Frequency of treatment.							Total.
	Twice daily.	Once daily.	Four times weekly.	Three times weekly.	Twice weekly.	Once weekly.	Occasion-ally.	
Penicillin	1	265	—	—	—	—	—	266
Others	—	22	—	—	—	—	—	22
Total	1	287	—	—	—	—	—	288

TABLE VI.

Tuberculosis. Number of Cases all requiring Injections—42.

Type of injection.	Frequency of treatment.					Total.
	Once daily.	Four times weekly.	Three times weekly.	Twice weekly.	Once weekly.	
Streptomycin	28	—	2	7	2	39
Others	2	—	—	—	1	3
Total	30	—	2	7	3	42

The information submitted for the two Divisions referred to above gives some indication of the demand on Home Nurses for the giving of injections. General practitioners have been asked, from time to time to assist, if possible, by giving injections in their own surgeries for ambulant patients. Unfortunately a large percentage of the patients are elderly patients who must be treated at home, 190 of the 261 cardiac vascular cases being over 60 years of age.

Preparation of syringes for injection takes up time which the busy nurse can ill-afford if she is to go around her district and with the concurrence of the chest physicians each nurse was issued with a cartridge syringe for the injection of streptomycin made up in cartridge form. This not only saves time, but also reduces the risk of skin reactions in nurses who may be sensitive to streptomycin.

Although it adds slightly to the cost of the drug injected, an extension of this practice to other preparations would be of considerable help to the nurses.

The following remarks by Dr. D. Trevor Thomas, the Divisional Medical Officer of the South-East Glamorgan Health Division, are of interest :—

“There was a sharp rise in the number of injections given during the winter months particularly for the respiratory group of diseases.

It is found that some general practitioners expect the nurses to give injections to those patients who are quite ambulant and carrying on at their work, and I have made it clear to the nurses that this group should be administered to by their doctors and not by the nurses, who should confine their duties to those actually ill in their homes.

With regard to the home nursing of sick children, the number of cases appear to be very few and no special scheme in co-operation with the general medical practitioners to relieve the pressure in hospital beds has been put into operation.”

Although the working party appointed by the Minister of Health to consider the training of district nurses were not unanimous in their recommendations, the majority were satisfied that four months' training was sufficient to equip a registered nurse for this work and that qualified health visitors, state certified midwives, nurse teachers, or those with at least eighteen months' experience in district nursing should have three months' training.

In Glamorgan, while there are a number of Queen's trained nurses still on the home nursing staff, the majority of our home nurses have had no special training in domiciliary work although their years' experience have enabled them to undertake satisfactorily the duties required of them.

The working party's report, published in August, 1955, also recommended that district nurses should attend a refresher course of not less than five days' duration at intervals of not more than five years. No one will quarrel with this recommendation which is but an extension of the practice which has been followed by this Authority of arranging a shortened two-day refresher course for its home nurses every two years.

Most of the nurses employed are married women, already residing in the areas in which they are called upon to practice. Recruitment, although less difficult than for domiciliary midwifery service, is still so poor in Glamorgan that the imposition of further training would be more likely to act as a deterrent to recruitment rather than otherwise.

At the end of the year no instructions had been received from the Ministry of Health regarding the implementation of any of the recommendations contained in the working party's report, but if the recommendation regarding the provision of training of district nurses prior to appointment is accepted by the Minister, it may be desirable to consider making arrangements for their training within the County.

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 ..	1,240	306	9	55	14	10	47,497	10,155	139	2,207	169	39	283	56	1	9	—	7
Caerphilly and Gelligaer ..	1,570	697	8	89	12	18	46,075	17,096	32	4,232	53	228	316	115	—	24	—	—
Mid-Glamorgan	1,463	612	2	87	41	12	43,682	14,326	20	3,683	223	19	409	127	—	12	—	—
Neath and District ..	1,051	283	3	153	4	3	30,767	6,825	20	5,338	27	18	173	42	—	19	—	1
Pontypridd and Llantrisant ..	84	237	—	56	22	4	22,916	7,542	—	3,007	169	8	181	36	—	2	—	—
Port Talbot and Glyncoirwg ..	1,212	363	4	148	4	3	30,725	8,887	13	4,748	21	42	223	48	—	8	—	—
South-East Glamorgan ..	1,918	861	11	61	26	529	53,374	19,476	85	3,699	146	1,731	302	140	—	11	—	2
West Glamorgan	1,157	384	15	65	9	38	38,849	11,127	126	2,799	129	537	243	62	1	14	—	1
Rhondda	1,598	502	2	70	6	—	60,854	13,584	12	3,136	47	—	433	57	—	8	—	—
Totals	12,013	4,245	54	784	138	617	374,739	109,018	447	32,849	984	2,622	2,563	683	2	107	—	11

For a fortnight in October the staffing situation of the Domiciliary Nursing Service became so difficult, owing to the absence of home nurses on account of illness or annual leave, that it was found impossible to provide service in parts of the Mid-Glamorgan Division. Accordingly, it was found necessary to inform the local general practitioners of this temporary limitation of service.

The maintenance of an efficient Home Nursing and Domiciliary Midwifery Service under such circumstances is becoming increasingly difficult, and although the nurses relieve each other during the weekly off-duty day and the monthly week-end whenever possible, this cannot always be arranged because of the pressure of work. Periods of sickness absence or annual vacation also have to be covered. Relief for holiday periods have been provided in the establishment, but the increase in the holiday allowance from four to five weeks for nurses and midwives will require additional coverage and provision has been made in next year's estimates for an additional four home nurses.

REFRESHER COURSE.

This was held in November, 1955. The nurses were divided into two groups and each group attended a two-day course.

As will be seen from the following programme, the lectures were well chosen, several letters of appreciation being received from and on behalf of the nurses who attended :—

<i>Subject.</i>	<i>Lecturer.</i>
"The Home Nursing of the Medical Case"	Dr. Arthur J. Thomas, Consultant Physician.
"Prevention of the Spread of Tuberculosis"	Dr. R. T. Bevan, Deputy County Medical Officer.
"Malignant Disease and its Treatment"	Dr. Glyn C. D. Evans, Consultant Radiotherapist.
"Accidents in the Home"	Dr. A. L. Jagger, Medical Officer.
"The Treatment and Care of Chronic Rheumatic Conditions"	Dr. Kenneth Lloyd, Consultant in Physical Medicine.

SECTION 26.—VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

Concern was expressed by the Ministry of Health at the small numbers of infant vaccination performed in 1954. My report for that year contained reference to the low figures of routine vaccination in this County.

Because few people—doctors or laymen—have ever seen a case of smallpox, the population generally are no longer in fear of it. The stimulus of a local outbreak, which in these days of air travel could occur would drive people to seek, often too late, the safety that simple vaccination can give. Such a reminder of the need for vaccination should not be necessary.

Far too few infants are being vaccinated in this County or in the Country generally to ensure the protection in the event of a smallpox epidemic.

The figures given in the following table show a further reduction in the number of vaccinations and re-vaccinations performed in 1955. In an endeavour to promote the interest of general practitioners in the work, the matter was discussed in the local Medical Committee, who agreed to co-operate by circularising all practitioners in the County and inviting their help in persuading parents of infant children to agree to their vaccination. In addition, the health visitors were asked to redouble their efforts to obtain parental consent to vaccination. By the end of the year the position showed no improvement :—

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1955.						Age at 31st December, 1955.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	47	1	4	1	24	77	—	—	—	—	27	27
Caerphilly and Gelligaer ..	224	21	8	5	13	271	—	—	—	—	29	29
Mid-Glamorgan	120	3	27	31	37	218	—	—	1	10	63	74
Neath and District	62	7	7	8	14	98	—	—	1	7	54	62
Pontypridd and Llantrisant ..	83	2	10	17	35	147	—	1	4	5	44	54
Port Talbot and Glyncoirwg ..	350	23	19	15	30	437	—	—	—	1	16	17
South-East Glamorgan	310	13	13	13	34	383	—	—	7	16	192	215
West Glamorgan	53	38	6	4	11	112	—	—	—	7	39	46
Rhondda	104	7	9	6	38	164	—	—	2	5	80	87
Totals 1955	1,353	115	103	100	236	1,907	—	1	15	51	544	611
Totals 1954	1,482	183	85	108	283	2,141	1	—	9	74	911	995

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

IMMUNISATION AGAINST DIPHTHERIA.

During 1945, 6,757 children completed a full course of primary immunisation and 4,920 children were given a secondary or reinforcing injection. The corresponding figures for 1954 were 8,862 and 6,084 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 ninety-eight deaths; last year was the seventh successive year with no deaths from this disease.

The incidence of diphtheria continues to show a decline, so unfortunately, does the percentage of immunised children under five. Immunisation of at least 75 per cent of babies under one year of age is still regarded as necessary if the child population is to be protected against this disease.

The national figures for 1950-54 show a greater incidence of diphtheria among younger children than the figures for the preceding five years. This is a danger signal which young mothers would do well to heed for there is ample evidence in past reports to prove that diphtheria can be dangerous to unprotected child life.

Continued apathy towards immunisation will lead to an increase in the number of unprotected children and a general fall in the level of immunity cannot be contemplated without concern. Unfortunately, parental indifference in this matter is not easily disturbed, although every effort is made by suitable publicity, some of which is sponsored nationally, and personal approach by health visitors to persuade parents to realise the importance of immunisation.

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	1-4	5-14		
Aberdare and Mountain Ash	455	162	185	802	706
Caerphilly and Gelligaer	387	317	286	990	548
Mid-Glamorgan	483	275	196	954	765
Neath and District	429	206	67	702	1,024
Pontypridd and Llantrisant	383	270	64	717	623
Port Talbot and Glyncoirwg	407	177	6	590	208
South-East Glamorgan	608	428	39	1,075	618
West Glamorgan	28	442	8	478	407
Rhondda	177	258	14	449	21
Totals	3,357	2,535	865	6,757	4,920

WHOOPIING COUGH.

In the annual report of the Chief Medical Officer of the Ministry of Health for 1954 it is stated that 65 per cent of the deaths from this disease occur under the age of 1 year and that no less than 40 per cent of the total deaths took place during the first six months of life ; greater protection will, therefore, be achieved if vaccination is given before six months.

The return of whooping cough immunisation for the first complete year are shown in the following table :—

NUMBER OF CHILDREN IMMUNISED 1955.

Division.	0-1.	1-4.	Over 4.	Total.
Aberdare and Mountain Ash	90	516	6	612
Caerphilly and Gelligaer	347	235	11	593
Mid-Glamorgan	60	627	10	697
Neath and District	50	561	2	613
Pontypridd and Llantrisant	191	207	19	417
Port Talbot and Glyncoirwg	382	151	7	540
South-East Glamorgan	470	250	8	728
West Glamorgan	11	263	3	277
Rhondda	97	125	2	224
Totals	1,698	2,935	68	4,701

SECTION 27.—COUNTY AMBULANCE SERVICE.

PERSONNEL.

On the 31st December, 1955, the personnel of the service comprised :—

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

The authorised establishment of driver/attendants is 160 rising to 202. In addition one private firm remained under contract with the County Ambulance Service.

TRAINING OF PERSONNEL.

It is a condition of service that drivers take a refresher course in first aid during each financial year and pass a first aid examination at least every third year to retain the inclusive basic wage.

At the end of the year 125 drivers were in possession of current first aid certificates.

UNIFORM.

Two improvements in the uniform of ambulance personnel were agreed by the Committee :—

(a) The supply of waterproof interlining, and a detachable warm lining to raincoats, and the discontinuance of the issue of great coats.

(b) Alteration in the style of officers' jackets.

There is much to be said in favour of a standard type of uniform agreed nationally for all ambulance service personnel, as well as the supply of agreed badges of rank to enable officers in this service, to be readily distinguishable when on duty.

SAFE DRIVING COMPETITION.

In the National Safe Driving Competition for 1954, organised by the Royal Society for the Prevention of Accidents, 126 of our drivers were awarded diplomas.

All drivers are entered in this Competition and it is hoped that the awards will be an encouragement to them to maintain a high standard of driving and so contribute in some measure to the efforts of those engaged in the campaign to reduce the number of road accidents.

CAPITAL BUILDING PROGRAMME (AMBULANCE SERVICE).

Proposals for the undermentioned building works were submitted to the Welsh Board of Health in the building programme for 1955-56 :—

Trealaw Control Station.	
Glyncorrwg	} Sub-Station.
Clydach	
Nelson	
Cowbridge	

Ministry approval was, however, only received for the Trealaw project and the other four proposals were re-submitted in the 1956-57 programme.

From the particulars shown later in this paragraph it will be seen that one main station and three sub-stations were completed during the year. This represents a considerable improvement on what has been done in any previous year to improve garage accommodation and provide reasonable amenities for personnel.

NEW PREMISES.

Llantwit Major.

A new sub-station on a site of 0.15 acre at Llanmaes Road, Llantwit Major, was erected and completed during the year. The official opening ceremony was held on the 10th October, 1955, when the new sub-station was formally opened by County Councillor Isaac D. Morgan. The approximate cost of the building, which comprises a staff duty room and accommodation for one ambulance vehicle, was £3,210.

Hawthorn.

On the 20th October, 1955, County Councillor Arthur W. Harris officially opened the new control station at Hawthorn, Pontypridd. This is the first main ambulance station in Glamorgan to be built completely to the Architect's design. Providing garage space for seven vehicles and three reserve vehicles (including car) and adequate accommodation for staff and equipment, the building, which cost approximately £18,500 to erect, is a great improvement on the somewhat unsatisfactory premises which had been shared with the Fire Service on the Treforest Trading Estate for the previous six and a half years.

Caerphilly.

Good progress was made in the erection of a sub-station at Waunfach Street, Caerphilly. The premises were occupied in November and the Llanbradach sub-station and the temporary garage at Energlyn discontinued. The arrangements whereby service was provided by a private contractor in Senghennydd were also discontinued. This sub-station houses two ambulances.

Cymmer.

A two-bay sub-station was also completed at Cymmer in November.

Clydach.

The freehold interest in 0.07 of an acre of land at Clydach was purchased in March. It was hoped to include the provision of a garage on this site in the 1955-56 programme. Unfortunately the project did not materialise and restrictions on capital expenditure have caused its exclusion from the 1956-57 programme.

Reynoldston.

The Committee agreed to acquire the freehold interest in approximately 0.25 of an acre of a site adjacent to the fire station at Reynoldston for the erection of an ambulance sub-station. Although this is regarded as one of the more urgent needs, it is not likely to materialise for some years.

Trealaw.

In April, after a local inquiry, the Ministry of Housing and Local Government decided in favour of the County Council's application to develop land adjoining the Carnegie Clinic, Trealaw, by the building of an ambulance control station. The proposed station will accommodate seven operational vehicles with space for three reserve vehicles and the site is well placed in relation to the area to be served.

A firm of private architects has been appointed to prepare plans and it is expected that work will commence on the site before the end of the financial year.

FIRE SERVICE PREMISES.

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

Ambulance Sub-Stations—

Fire Service Station, Cowbridge.

Fire Service Station, Porthcawl.

In Cowbridge there is a possibility of a site being acquired and jointly utilised by both Services.

It has been found impossible to obtain other accommodation in Porthcawl, although it would be desirable to do so as the space now occupied in the fire station by the ambulance vehicle personnel is required for Fire Service purposes.

OPERATIONAL DETAILS.

As will be seen from the first of the following tables, 1,659,636 miles were travelled in 1955, involving 60,329 journeys, and the removal of 283,622 patients. Compared with the preceding year these figures show reductions of 41,977 in mileage, 2,452 in the number of journeys, and 3,225 in the number of patients conveyed.

These are very welcome reductions, particularly in the number of patients conveyed and there is no reason to think that these figures could not be further reduced if persons refrained from requesting the use of the Service without reasonable cause.

The returns in respect of the respective control stations vary considerably and not all show decreases under the same headings. Increases in the number of journeys and patients carried are features of the Aberkenfig and Trealaw returns, although mileage figures are reduced. Bargoed and Barry show an increase in the number of patients carried, yet only Barry and Gorseinon show increases of mileage.

MONTHLY TOTALS OF WORK DONE.

1955.	County Council-owned Vehicles.			Contractors and Private Hirers.			All Sections.		
	Patients.	Journeys.	Mileage.	Patients.	Journeys.	Mileage.	Patients.	Journeys.	Mileage.
January ..	24,009	5,286	140,432	305	91	2,162	24,314	5,377	142,594
February ..	23,613	4,848	129,961	275	70	1,778	23,888	4,918	131,739
March ..	26,550	5,379	150,021	108	45	912	26,658	5,424	150,933
April ..	22,381	4,929	133,949	35	21	252	22,416	4,950	134,201
May ..	23,364	4,891	138,485	20	18	203	23,384	4,909	138,688
June ..	24,038	5,091	142,223	45	25	315	24,083	5,116	142,538
July ..	22,970	4,949	138,128	45	31	425	23,015	4,980	138,553
August ..	21,552	4,880	130,648	20	12	113	21,572	4,892	130,761
September ..	23,615	4,884	137,062	34	26	404	23,649	4,910	137,466
October ..	23,885	4,909	136,791	22	21	387	23,907	4,930	137,178
November ..	24,849	5,031	142,731	52	30	404	24,901	5,061	143,135
December ..	21,813	4,851	131,698	22	11	152	21,835	4,862	131,850
Totals ..	282,639	59,928	1,652,129	983	401	7,507	283,622	60,329	1,659,636

COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1954.			1955.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,650	38,953	269,469	9,731	42,700	263,623
Bargoed	6,958	30,542	203,145	6,840	30,659	202,792
Barry	6,607	27,636	187,392	6,128	29,262	191,635
Gorseinon ..	6,394	25,848	179,087	6,401	25,715	185,251
Neath	11,387	47,935	254,725	9,961	38,580	221,880
Trealaw	9,557	47,698	247,695	9,696	51,403	246,714
Pontypridd .. (formerly Treforest)	12,228	68,235	360,100	11,572	65,303	347,741
Totals ..	62,781	286,847	1,701,613	60,329	283,622	1,659,636

The transport of persons to hospital out-patient departments usually for physiotherapy remains the biggest worry of the Area Superintendents. In some hospitals certificates recommending the provision of ambulance transport seem to be available for the asking and are not always signed by responsible officers and, so long as there is easy and over-generous certification, the demand for conveyance will continue with the ever-growing risk that in a real emergency prompt service may not always be available. This problem is under discussion with hospitals at the present time.

Area superintendents co-operate with and readily assist each other in the co-ordination of journeys to avoid excessive mileage or duplication of effort. There is also good liaison between our own Service and the Ambulance Services of other local health authorities.

RADIO TELEPHONY.

The closer control of the deployment of vehicles, their quick turn-round, and the co-ordination of journeys without necessarily returning to base are still the major advantages to be gained from the use of mobile radio, which is now installed in Barry, Bargoed, Treforest, and Trealaw main stations and in the operational vehicles working in the eastern end of the County. No longer is it necessary in these areas to provide cover for local emergencies by keeping one vehicle at the main station ready for instant despatch and the area superintendents are enthusiastic in their appreciation of the assistance derived from this new Service. Without its aid the added work in coping with the demands for transport in these areas would have been much more difficult.

In December the General Health Services Committee agreed that radio control should be provided for ambulances in the Gorseinon and Neath areas. A search was made for suitable sites on which transmitters could be installed. In this matter willing help was received from the Neath Borough Council and the Gower Rural District Council.

A site at Three Crosses owned by the Gower Rural District Council was considered suitable for the fixed transmitter to serve the Gorseinon Ambulance Control area and for the Neath Ambulance Control area. A temporary mast will be erected on the top of the Old Town Hall building at Neath. An extensive survey of the area was followed by demonstrations and test and, with the new type of equipment which it is proposed to supply, excellent coverage will be effected in these parts of the County.

Details of the estimated costs are set out below :—

Area.	Fixed and mobile equipment, mast, etc.	Fencing, etc., but not including cost of site.
	£ s. d.	£
Gorseinon	1,226 5 0	425
Neath	1,594 15 0	—
Aberkenfig	1,839 10 0	625
Totals	£4,660 10 0	£1,050

The vehicle accident rates for 1954 and 1955 classified in control areas are set out in the following table :—

ACCIDENT RATES.

Control Area.	1954.			Control Area.	1955.		
	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.
Trealaw	10	7	0.283	Barry	8	4	0.209
Barry	8	6	0.320	Neath	13	9	0.406
Aberkenfig	13	9	0.363	Gorseinon	9	10	0.540
Pontypridd (formerly Treforest)	17	17	0.472	Bargoed	9	11	0.553
Gorseinon	9	9	0.503	Aberkenfig	14	15	0.577
Neath	13	19	0.746	Trealaw	10	19	0.770
Bargoed	9	15	0.756	Pontypridd	17	29	0.834

The excellent co-operation of the Western Region of the British Railway Executive has again been a pleasing feature of the arrangements made for the transport of patients by rail. The ambulance services of other Local Health Authorities have also rendered prompt and efficient help in undertaking the collection of patients at the end of their train journeys and their conveyance to the address required. 180 patients, forty-seven of whom were recumbent, were conveyed under these very convenient, time-saving, and economical arrangements in 1955.

It will be seen from the following table that these figures show a reduction compared with those of the two preceding years :—

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
1955	47	133	180	48,210

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 4,378 patients—320 less than in 1954—were carried on their behalf, a distance of 58,251 miles.

VEHICLES.

Nine new vehicles were purchased and placed in commission during the year. On the 31st December, 1955, the numbers of operational vehicles in the fleet totalled eighty ambulances. In addition, there were twenty 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.

ISSUE OF TOOLS.

In order that the daily and weekly routine checks of vehicles may be carried out efficiently in each control area, it was decided to supply seven tool kits, each containing essential items of equipment, at a total estimated cost of £400.

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. In 1954 the number was eighty-two, and in 1955 the number increased to ninety-seven. This gives a rate of 0.587 accidents for 10,000 miles, or one accident for every 17,032 miles travelled. These figures, although not as good as those for 1954, 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.

COSTS.

A statement of mileage costs prepared by the County Treasurer in respect of the year 1954-55 showed that running costs increased in that year from 23.92d. to 24.95d. per mile. With a further rise in operational costs which has taken place during the current year, it is unlikely that the present cost per mile can be maintained.

DIESEL ENGINED VEHICLES.

As an experiment a 3.4 litre diesel engined vehicle was introduced into the fleet last year and operated over varying periods in two different parts of the County, one hilly and the other slightly less so. The number of miles per gallon of diesel oil consumed varied from 19.7 to 24.1. For the total mileage operated to the 31st December, 1953, in both areas the average miles per gallon figure was 22.0.

This represents a considerable saving on the corresponding figure of 11.3 miles per gallon for the comparable petrol engined vehicle which it replaced.

Three additional diesel engined vehicles have since been delivered and at the end of the year orders for ten similar vehicles had been placed. Speaking generally the diesel engined ambulance is suitable for all types of ambulance work and operation and maintenance costs are considerably lower than for petrol engined vehicles.

CIVIL DEFENCE.

Driving Instruction.

Four drivers, who had passed a course of training at the Police Driving Training School, Bridgend, were appointed on a temporary basis to act as Driving Instructors to members of the Ambulance Section of the Civil Defence Corps. As soon as final arrangements for the attendance of volunteers in the areas mentioned were completed driving instruction was commenced and by the end of the year there were eight-nine volunteers under driving instruction.

At the publicity parades held in various parts of the County during the year, Civil Defence (Ambulance) and County Ambulance Service vehicles took part, being manned by volunteer drivers and attendants from local groups of the Civil Defence Ambulance Service. There is no shortage of volunteers on these occasions, in spite of the inroads made into the leisure of those taking part. Similarly, at Civil Defence and Mobile First Aid Unit exercises, which have been held from time to time during the year, volunteers and ambulance vehicles from the Civil Defence Ambulance Section have co-operated well with the other services taking part in these exercises.

TRAINING OF AMBULANCE AND CASUALTY COLLECTION SECTION.

Towards the end of the year the revised syllabus of training covering the full duties of the Ambulance and Casualty Collecting Section was received. The syllabus applies to all members of the section, as well as to peace time Ambulance Service personnel. It was not possible before the end of the year to take any action regarding section training in accordance with the new syllabus.

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

TUBERCULOSIS.

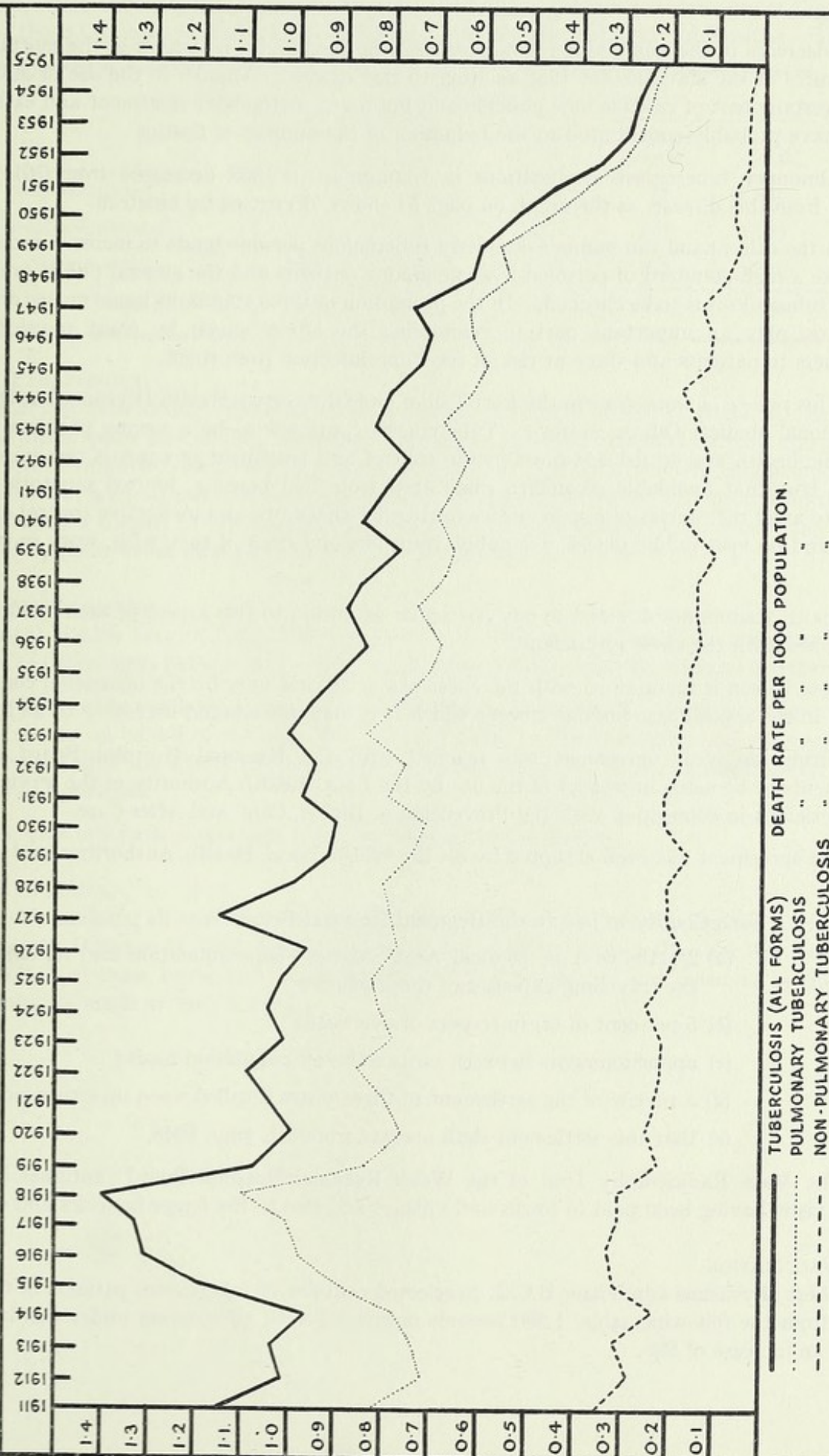
TABLE I.—NOTIFICATIONS.

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
1955	716	0.97	113	0.15

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
1955	162	0.22	0.22	0.22	0.13	9	0.01	0.005	0.01	0.02

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



INCIDENCE.

A decrease in the number of pulmonary cases notified and a reduction in the mortality rate are the main features of the statistics for 1955 relating to this disease. Thanks to the use of Mass Radiography, earlier ascertainment of cases is now possible and improved methods of treatment and earlier admission to hospital have probably contributed to the reduction in the number of deaths.

Pulmonary tuberculosis notifications in Glamorgan in 1955 decreased from 761 to 716 and the mortality from this disease, as the graph on page 51 shows, decreased by nineteen.

On the other hand the number of elderly tuberculous persons tends to increase and sustained efforts to promote a high standard of personal hygiene among patients and the general public are necessary if the spread of tuberculosis is to be checked. In the promotion of these standards home nurses and health visitors can and do play an important part in reinforcing the advice given by chest physicians and general practitioners to patients and those at risk of receiving infection from them.

In his review of work done in the Port Talbot and Glyncothwrg Health Division, Dr. D. H. J. Williams, the Divisional Medical Officer, states: "Tuberculosis continues to be a vexing problem to all concerned with public health and whilst advances in the control and treatment of cases is recognised it remains all too often true that avoidable secondary cases arise from bad housing, limited sanatoria beds, inertia of contacts to avail themselves of opportunities for regular check-ups and ineffective control of infectious cases who can and do visit public places, use public transport and even, if they wish, work in contact with food supply.

Health visitors are directed to pay particular attention to this aspect of their work and close liaison is maintained with the chest physician."

Close liaison is maintained with the chest physician, not only by the occasional conferences that are held, but in the special case finding surveys which it is sometimes found necessary to undertake at schools.

During the year agreement was reached with the Regional Hospital Board on the financial arrangements to be made in respect of the use by the Local Health Authority of the services of the Board's chest physicians in connection with the Prevention of Illness, Care, and After-Care.

The agreement has been accepted by all the Welsh Local Health Authorities and the terms are as follows :—

"Each County to pay to the Regional Hospital Board—

- (a) 2/11ths of T.B. Medical Area Salaries—superannuation and national insurance plus the travelling expenses of those officers ;
- (b) 5 per cent of (a) in respect of overheads ;
- (c) apportionments between areas to be on population basis ;
- (d) a review of the settlement in three years if called upon on either side ;
- (e) that this settlement shall operate from 5th July, 1948."

The Mass Radiography Unit of the Welsh Regional Hospital Board continues its surveys in the County, visits having been paid to 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, 1,880 persons received B.C.G. vaccination under this latter arrangement in 1954, an increase of 282.

In addition, 3,085 children were vaccinated by Assistant School Medical Officers under the 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	142	224	400	85	851
No. of females vaccinated	154	197	451	227	1,029
Totals—1955	296	421	851	312	1,880
1954	299	352	696	251	1,598

AFTER-CARE OF PARAPLEGICS.

The material help provided by the department to paraplegics is now usually restricted to the provision of hospital beds, lifting poles and chains, Dunlopillo mattresses, pillows, and nursing care and requisites. The Welfare Services Committee deals with applications from these and other severely handicapped persons needing alterations to or adaptations of houses. Not all paraplegics need nursing attention from the district nurse. Many have been trained to be independent in respect of personal hygiene, thus relieving the home nursing Service of frequent visits which would otherwise be necessary.

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 one patient was sent from the Administrative County.

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 981 examinations were undertaken, 444 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	—	—	—	—	981
(2) Number of persons registered as blind or partially sighted during 1954	212	27	2	193	434
(3) Number of persons at (2) recommended for :—					
(a) No treatment	76	10	2	137	225
(b) Treatment (medical, surgical or optical) ..	136	17	—	56	209
(4) Number of persons at (3) (b) who on follow-up action have received treatment	11	3	—	13	27

Senile cataract is still the principal cause of blindness.

At the end of the year there were 1,761 persons on the Blind Register and 401 on the Partially Sighted Register.

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

B. OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	4
(ii) Number of cases in which—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

CHIROPODY.

This is a priceless boon for those elderly people needing it. Unfortunately, it is not within the power of the County Council to provide this treatment in the homes of the aged, but the Committee have approved the free use of clinic accommodation by Voluntary Organisations arranging chiropody treatment at Aberdare, Bargoed, Ystrad Mynach, and Pontycymmer.

ISSUE OF MEDICAL COMFORTS.

The free issue of nursing requisites most usually needed for the use of patients being nursed at home is made by the home nurses. The larger items and those not in general demand are issued from the Divisional Office. 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 4,885 issues were made compared with 4,498 in 1954. Items in greatest demand were air rings, bed pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals.

The following comment of Dr. D. H. J. Williams, (Port Talbot and Glyncothwrg Health Division) is probably generally applicable: "... but an unsatisfactory feature which persists is the difficulty of obtaining the return of articles when no longer needed thus leading to time consuming and unnecessary administrative work. I can offer no solution to this problem other than a change in human nature or a deposit on the article loaned. The former is, I feel, impossible and the latter undesirable."

CONVALESCENCE.

Last year periods of convalescence were authorised for 161 persons, but only 147 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 721.

(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.

Advantage is taken of the publicity material that is made available by the Ministry, Central Council for Health Education, and various Voluntary Organisations interested in particular branches of health work. Divisional Medical Officers furnish an estimate of their requirements and bulk orders are placed for ease of delivery and payment. There is little variation in method of display or distribution. Posters in clinics, pamphlets handed to parents or special invitations sent by post, e.g., for diphtheria immunisation and B.C.G. vaccination are the accepted time-honoured ways of dealing with the mass of literature that is available in never ending succession from the many organisations specialising in its production.

There is no easy method of assessing the effectiveness of the material, most of it presumably designed by experts, on the minds of those for whom it is primarily intended. Perhaps television and radio will ultimately prove to be the best media for the more general forms of health education although I doubt whether many of the existing forms are more effective than the kindly advice sincerely offered to the individual at the appropriate time by an interested and sympathetic doctor, dentist, health visitor, district nurse, or midwife.

In the Aberdare and Mountain Ash Division an experiment was made by supplementing group talks at the clinic with suitable film strips used in a projector purchased during the year. So far sufficient interest has been shown by mothers to maintain the enthusiasm of those members of the health visiting staff who take part in this form of health education.

PREVENTION OF ACCIDENTS.

Literature and publicity material of the Royal Society for the Prevention of Accidents are increasingly used for display in clinics and by health visitors in their work in encouraging safety in the home.

Home accidents are often due to ignorance or carelessness and the vigilant health visitor, no matter what may be the real purpose of her visit to a home, is quick to see and advise on any aspect of home safety to which attention should be called. Public apathy and ignorance seem widespread judging by the continued high incidence of preventable deaths and injuries. The toll is particularly heavy among the old and the young.

Deaths from accidents in the County during 1955 were attributable to the following causes :—

Driver's mechanically propelled vehicles	..	1
Motor cyclists	.. .. .	1
Pedestrians	.. .. .	2
Passengers	.. .. .	1

National records—unfortunately of the wrong type—are still being broken in respect of road accidents, the number of road deaths being the highest in any year since 1944 and the total number of casualties exceeding 260,000. In Glamorgan the figures kindly supplied by the Chief Constable are 314 casualties and five deaths.

CLEAN FOOD EDUCATIONAL CAMPAIGN.

The importance of keeping food hygiene before the public eye was emphasised by the Ministry of Health in a circular issued in April, 1955.

A reduction in the number of incidents of food poisoning, fortunately very few in this County, can only be achieved by those engaged in the preparation, cooking, and serving of food. Housewives and the staffs of catering establishments must be constantly alert to the risks to which they subject others by lack of simple hygiene practice in the preparation of food.

Supplies of illustrated coloured posters with the slogan "Prevent Food Poisoning" were obtained from the Ministry of Information and the Director of Education arranged for their display in school kitchens and canteens.

That public money should have to be spent on coloured posters exhorting people to wash their hands before handling food and always after using the w.c. is a sad reflection on the inadequacy of our modern social standards.

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.

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.

The work of the health visitor is aimed indirectly at the preservation of the family as a harmonious social unit. In recent years the risk of family break-up having a bad effect on the health, including mental health, of the children has been stressed by the Minister who has urged the employment of the Local Health Authorities' Domiciliary Services to help in keeping families together during periods of strain.

In commenting on the work done in the Rhondda Division in the prevention of break-up of families, Dr. Morley-Davies writes :—

"Family difficulties frequently originate in the illness or infirmity, often of a temporary character, of a parent or guardian, and an analysis of the work undertaken by the domiciliary services in the Division reveals that forty-five such families were assisted during the year by the provision of home help and that the total household assistance provided for these families amounted to 7,780 hours.

Children in 'problem families' where one or both parents are often handicapped by physical ill health or are of low intelligence or suffering from mental instability, are peculiarly exposed to physical neglect and risk of mental illness, and during the year twenty-two such families were closely supervised by this Divisional Co-ordination Committee on Children Ill-treated or Neglected in their own Homes.

The health visitor whose work now extends to cover the whole field of prevention of ill-health, is, by reason of her close contact with families with young children, particularly well placed to recognise the early signs of failure in the family which may lead to the disruption of normal family life, and the part played by this divisional health visiting staff in the supervision of 'problem families,' in conjunction with other health or welfare workers, cannot be over emphasised.

In conclusion the Domiciliary Home Nursing Service has played no small part in preventing the temporary break-up of the family, and an analysis of the work undertaken by the home nurses during the year shows that thirty-two children who received accidents as a result of burns, scalds, or falls, were treated at home."

Figures are not available for the other divisions where similar good work is being attempted and where Co-ordination Committees continue to meet bi-monthly under the chairmanship of the Divisional Medical Officer in their efforts to lessen the "problem of problem families."

SECTION 29.—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents the establishment of this Service on the 31st December, 1955, was 268. Actually there were on the pay roll on that date twenty-two whole-time, sixty-five part-time, and 534 casual home helps.

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

Year.	Whole-time.	Part-time.	Casual.	Total.
1948	44	26	—	70
1949	106	63	—	169
1950	105	153	27	285
1951	76	121	183	380
1952	64	102	265	431
1953	48	86	366	500
1954	32	68	455	555
1955	22	65	534	621

RECRUITMENT.

No difficulty in recruitment has been reported and a wider field of candidates ensured better selection than in previous years. Married women form the majority of the personnel engaged in the service. Many have their own domestic commitments and are only available for casual employment for limited periods or within easy distance of their own homes. Some fail to get accustomed to working in different household for short periods, whether in the same day or in the same week. Some find the work or the householders or the claims of their own family, too exacting. These factors may have some bearing on the very frequent changes in personnel to which reference has been made in previous reports.

Of the home helps engaged in 1952, 50 per cent of them left the Service within twelve months. The figures for 1954 show a slight improvement, 42 per cent of those recruited leaving in their first year of service.

Only ten of the home helps appointed in 1948 remain among the total of 621 home helps employed on the 31st December, 1955. During the year 282 home helps were appointed ; there were 216 resignations.

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 employed at the 31st December, 1954—										
Whole-time ..	5	5	—	1	3	—	7	—	1	22
Part-time ..	—	8	12	5	6	18	3	6	7	65
Casuals ..	51	41	89	55	40	30	66	41	121	534
No. and types of cases where Home Help was provided during the year—										
Maternity ..	10	9	18	14	9	36	62	11	19	188
Tuberculous ..	11	7	2	14	9	18	16	8	27	112
Chronic sick ..	96	26	178	50	26	39	154	88	191	848
Acute sick ..	30	19	18	32	44	25	47	16	48	279
Aged and infirm ..	218	193	121	147	159	91	158	70	231	1,388
Blind ..	21	7	13	11	10	14	23	11	16	126
Mental ..	—	—	—	—	—	—	—	—	—	—
Others ..	—	4	5	1	—	—	5	1	11	27
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	13	4	24	26	16	40	14	19	8	224
Part fee charged ..	42	25	78	17	29	32	105	22	70	420
Free service	331	236	253	226	212	151	236	164	465	2,324

Home help was rendered to a total of 2,968 households compared with 2,706 in 1954. With the exception of Port Talbot and Glyncorrwg, all the divisions show a decrease in the number of maternity cases attended. Out of a total number of 4,487 domiciliary births recorded in the County last year, home help was supplied in only 188 households. One is reluctant to assume that adequate private domestic help was available in the other 4,299 homes where mothers were confined.

Port Talbot and Glyncoirwg, South-East Glamorgan, and Rhondda Division show slight increases in the number of acute sick cases attended. The remaining divisions show slight decreases, and for the County as a whole there is a decrease of sixteen. 1,388 aged and infirm cases were attended, compared with 1,175 last year.

Free service was rendered in a total of 2,324 cases, part fee was charged in 420, and full fee in 224. The corresponding figures for 1954 were—free cases 2,059, part fee 444, and full fee 203.

Lengthy illness of a wage earner or a dependent member of his household usually imposes a financial handicap. Where friends or relatives are unable to give sufficient practical help and home help is required for long periods, the continuing expense can place a crippling burden on the householder called upon to meet the full charge—now 2s. 11d. per hour.

It will be seen that only a small number of the recipients are called upon to make a contribution towards the cost, but in some of the few cases where the full or greater part of the cost is recoverable, a request is made by the recipient for the withdrawal of the home help's services, often long before the need has ended. The assessment of ability to pay for the service is necessary, however, as otherwise the demands on the service would be much greater, often from persons well able to get assistance themselves.

Although neighbourly help in running the home is often forthcoming for short periods, it is often supplementary to that given by the home help, who cannot cover all the daytime hours and there must be gaps in service which cannot be filled owing to the limited number of personnel available. Invariably the household must, and indeed does, fend for itself for most of the week-end, for this is a time when the employed members are usually available.

The cost of this service increases steadily, as the following table shows :—

	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55
Authorised establishment	207	230	230	230	230	243
Actually employed on 31st March—						
Whole-time	112	95	77	65	49	31
Part-time	86	141	113	95	82	68
Casual	—	83	192	297	380	489
Actual expenditure	£22,972	£46,407	£61,042	£71,603	£83,175	£92,751

The estimated expenditure for 1955-56 is £110,740.

SUPERVISION.

The arrangements made in 1954 whereby some of the supervisory functions of this Service have been undertaken by divisional superintendent health visitors have eased, to a certain extent, the burdens falling on the non-medical supervisors of midwives and home nurses in these divisions.

The Domiciliary Midwifery, Home Nursing, and the Home Help Services are personal services usually required urgently or in an emergency. An applicant for any of these services usually expects them to be "on tap" and, although the first two services can usually be made immediately available, requests for home helps are so numerous that preliminary enquiries are usually necessary to ascertain whether the partial or complete withdrawal of help from an existing case is justified in order to give some help to the

new applicant. These enquiries have to be undertaken promptly if help is to be given where it is most needed and they do place a heavy burden on the divisional officers responsible for this work, which often has to be done at the expense of routine duties.

The amount of supervision that it is possible for non-medical supervisors of midwives and home nurses to give to home helps in the course of their work is still inadequate, but Mrs. N. O. Parry, the County Organiser of Home Helps, has been able to give a measure of relief in the Eastern end of the County by devoting some of her time directly to these duties. Of all the services for which my department is responsible, the Home Help Service poses to those of my staff, lay, or professional, who are in any way concerned with maintaining its efficiency, more problems than any other. It does, however, form an integral part of the nursing services particularly associated with the sick and the aged.

Frequent changes of personnel and a relatively high incidence of sickness, particularly during winter months, when staff numbers are depleted and requests for home helps are more numerous, calls for careful management to ensure that help is supplied to the most deserving cases.

The following table, showing a quarterly analysis of cases assisted in the last five years, shows the marked changes already noted in the types of cases assisted. 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, while three quarters of the available service in 1955 was supplied to the chronic sick and the aged and infirm :—

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	1.42
31st December	154	16.23	50	5.27	273	28.77	133	14.01	275	28.98	40	4.21	1	0.11	23	2.42
1951.																
31st March ..	161	14.88	57	5.27	287	26.52	175	16.17	344	31.79	49	4.53	—	—	9	0.83
30th June ..	153	13.14	73	6.27	340	29.21	149	12.80	386	33.16	51	4.38	1	0.09	11	0.95
30th September	144	12.24	64	5.44	363	30.87	149	12.67	380	32.31	58	4.93	1	0.09	17	1.45
31st December	90	7.97	63	5.58	358	31.71	134	11.87	404	35.78	63	5.58	3	0.27	14	1.24
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	1.16
30th June ..	89	7.22	69	5.60	359	29.12	132	10.71	491	39.82	77	6.24	—	—	16	1.29
30th September	104	8.37	65	5.23	398	32.02	120	9.65	467	37.57	77	6.19	—	—	12	0.97
31st December	88	6.35	78	5.63	415	29.94	147	10.61	570	41.12	75	5.41	—	—	13	0.94
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	0.86
30th June ..	86	5.39	74	4.64	496	31.10	174	10.91	674	42.26	82	5.14	1	0.06	8	0.50
30th September	78	4.92	82	5.17	484	30.54	159	10.03	691	43.60	80	5.05	—	—	11	0.69
31st December	70	4.24	82	4.97	515	31.17	163	9.87	731	44.25	83	5.02	—	—	8	0.48
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	0.50
30th June ..	61	3.37	85	4.69	533	29.42	157	8.66	868	47.90	94	5.19	2	0.11	12	0.66
30th September	70	3.76	91	4.89	569	30.61	130	6.99	900	48.41	87	4.68	2	0.11	10	0.55
31st December	61	3.18	86	4.48	568	29.57	146	7.60	951	49.51	96	4.99	1	0.05	12	0.62
1955.																
31st March ..	55	2.69	84	4.11	636	31.13	137	6.71	1016	49.73	99	4.85	—	—	16	0.78
30th June ..	66	3.08	73	3.41	637	29.75	178	8.31	1067	49.84	102	4.76	—	—	18	0.84
30th September	60	2.96	66	3.25	593	29.23	154	7.59	1037	51.11	101	4.98	—	—	18	0.89
31st December	63	2.95	78	3.66	592	27.75	171	8.02	1107	51.90	103	4.83	—	—	19	0.89

In April the Co-ordination Committee gave consideration to the assessment of home help cases with the object of achieving unification throughout the County in the treatment of non-dependent relatives.

The recommendations of the Co-ordination Committee in this matter are :—

<i>Case.</i>	<i>Recommendation.</i>
(a) Where householder and non-dependent relatives live as separate families and the application for help is made by the householder	The charge shall be assessed on the householder's income, which shall include the payment for accommodation made by non-dependent relatives, or 75 per cent of this payment if accommodation is furnished, or, if no payment is said to be made, a sum equal to one-half of the rent paid by the applicant.
(b) Where householder and non-dependent relatives live as one family, and the need for help arises from sickness in the non-dependent family	The application shall be made by the non-dependent, any payments for rent being allowed as an expense.
(c) Where householder and non-dependent relative (one) live together as one family	The application shall be made by the householder, and after allowing the non-dependent relative a sum of 65s. 0d. for his or her own private needs, any income of the non-dependent relative remaining shall be brought into the assessment of the means of the applicant.
(d) Where householder and more than one non-dependent relative (not being a married couple) live together as one family	As for (c) above, the personal allowance of 65s. 0d. being given to each non-dependent relative.
(e) Where householder and non-dependent relatives (married couple — one of whom is working) live together as one family	If justification for help in such a case arises (e.g., a disability or a large family) recommendation (d) above shall apply, allowance being given for the adults only, but subject to the assessment on the non-dependent not exceeding that which would be produced by direct assessment.
(f) Where householder and non-dependent relatives (married couple—both working) live together as one family	In exceptional cases where the granting of help is considered necessary, and the wife is unwilling to give up her employment, the non-dependent relative shall be required to apply for the help and the charge shall be based on the incomes of both the husband and wife with an assumed contribution from the householder (of 2s. 6d. a week if the householder's only income is an old age pension).

No recovery is made in cases where the total charge for any week is 2s. 6d. or less.

NIGHT SERVICE.

No night "sitter-in" service has been established, but the County Medical Officer is authorised to submit any special case requiring night help to the Chairman of the Health Administration Sub-Committee who has power to act.

Dr. D. Trevor Thomas makes the following comments on the work in the South-East Glamorgan Health Division :—

“Demands for this Service have continued to be heavy, by far the greatest being from the aged, sick, and infirm (over 65 per cent of the cases helped). In this Division considerable difficulty is experienced in recruiting home helps in the Whitchurch, Rhiwbina, and Penarth districts, whereas applicants for employment are usually plentiful in the Barry area where a selection can be made after a visit to the applicant's home by the County Organiser or the Divisional Supervisor.

With about eighty home helps on the staff and approximately 260 cases receiving help, the volume of supervisory work is pretty obvious. I am more convinced than ever that this Service suffers sadly in this Division from lack of adequate supervision. I believe that in due course it is proposed to share the supervisory work between the Superintendent Health Visitor and the Superintendent of Home Nurses and Midwives, but in my opinion even this will not give anything like adequate supervision in a Division of this size, with a large rural area to cover.

In theory the supervisor pays a first visit where *the need at the time* is assessed and entered up on an investigation report. Following this she should pay reasonably frequent visits—

(a) to determine whether the help supplied is sufficient ;

(b) to see that the home help carries out all her duties in a satisfactory manner.

I regret to state that only a small proportion of home helps bothers to inform us that any particular case is having too little or too much help. To have an efficient Home Help Service in this Division requires at least one full time supervisor provided with transport.”

Dr. Morley-Davies has furnished the following interesting details concerning the employment of home helps in the Rhondda Health Division :—

“The number of home helps employed in this Division increased from 113 (one whole-time, twelve part-time, forty casual, and sixty ‘relief’ casual employees) at the beginning of the year to 129 (one whole-time, seven part-time, thirty-seven casual, and eighty-four ‘relief’ casual employees) at the end of the year.

The number of cases provided with home help was 543, representing an increase of thirty-two over the corresponding number in the previous year ; help was provided for 191 cases of the chronic sick as compared with 183 in the previous year, and for sixteen more cases of the aged or infirm group, whilst there was a diminution of ten in the number of maternity cases provided with help.

An analysis of the duration of help provided shows that 219 cases received help throughout the year as compared with 232 in the previous year, and that seventy-one cases received help for a period of six to nine months as compared with ninety-three during the preceding year, whilst only twenty-one cases received help for periods of less than two weeks as compared with twenty-six during the previous year, and twenty-eight cases received help for a period of one month as compared with forty-three during the preceding year. In addition 204 cases received help for periods of more than one month but less than six months as compared with 117 during 1954.

An analysis of the number of cases in which charges were made in accordance with the Unification of Income Scales shows that the whole fee was only charged in eight cases and that part fee was charged in seventy cases whilst no fee was made in the remaining 465 cases ; the corresponding figures in respect of the previous year were ten, forty-nine, and 452 respectively.

A further analysis of the cases assisted shows that the help allocated to maternity cases amounted to 1,472 hours whilst the total help allocated amounted to 84,439½ hours ; the corresponding figures for the previous year were 1,579½ hours and 80,100½ hours respectively.

As in previous years the benefits of this Service were much appreciated by a large number of people in the Division, especially the aged or infirm and chronic sick, and this group received 78 per cent of the total household assistance provided during the year.

Regarding the question of the supervision of the work of the home helps it will be noted that the total number of home helps employed at the end of the year was 129—i.e., sixteen more than at the end of the previous year—forty-one helpers having left the Service during the year and fifty-seven new helpers engaged. During the year this turnover of personnel caused sixty-six investigations to be made by the Non-Medical Supervisor of Home Helps regarding the personal suitability of these and other applicants including visits to their homes, and the total number of visits paid to home helps and applicants for employment and for assistance, etc., by the Non-Medical Supervisor of Home Helps, who also acts as Supervisor of Midwives and Home Nurses, amounted to 618."

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. 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.
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. Shoebridge.

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

Mr. E. J. Powell, S.R.M.N.
 Mr. Ivor Evans.
 Mr. Tom J. Jones.
 Mr. S. Williams.

Co-operation between officers of the department, the Regional Board, and the mental hospitals within the County has reached a high level.

The Deputy County Medical Officer is personally responsible for the compilation and periodic revision of the priority list of cases needing urgent admission to hospitals for the mentally defective.

At the periodic conferences of the officers engaged in mental deficiency work all cases are discussed in the light of the most recent information available and the decision to include a name on the priority list or to assess the degree of priority is taken by Dr. Bevan, who has the advantage of knowing most of the defectives concerned.

MENTAL DEFICIENCY ACTS, 1913-38.

One hundred and twenty-six defectives were ascertained to be subject to be dealt with during the year. 1,455 patients were under statutory or voluntary supervision and 794 patients were in Institutions. 179 patients were on the waiting lists to enter Institutions. Nineteen patients were under guardianship of whom fourteen receive guardianship grants.

In view of the large numbers of patients under supervision, duly authorised officers are now responsible for visiting adult males. These number 380. Health visitors assist in the supervision of 228 children and females.

GUARDIANSHIP GRANTS.

The former scale for assessing the requirements of applicants for assistance under the National Assistance (Determination of Need) Amendment Regulations having come into operation on the 7th February, 1955, the Sub-Committee recommended that a new scale shall apply to those in receipt of guardianship grants in order to bring the grants to the appropriate level of payment, namely for persons aged 21 years and over new scale 33s. 6d.; aged 18 years or over but less than 21 new scale 27s. 6d.; for persons aged 16 or over but less than 18 years new scale 22s. 6d.; aged 11 years or over but less than 16 years new scale 17s. 0d.; aged 5 years or over but less than 11 years 14s. 6d.

At Christmas time an additional sum of 7s. 6d. was provided for each patient under guardianship for the provision of Christmas presents by the guardians.

OCCUPATIONAL AND TRAINING.

Greenhill Occupation and Training Centre, Aberaman.

Twenty-six boys and nineteen girls are in attendance.

A special Sub-Committee of the Special Health Services Sub-Committee visited this centre in March. A revision of the time table was suggested and the advice of one of the Education Committee's Inspectors of Schools was sought on suitable practical activities.

The annual outing was held at Porthcawl on the 1st July and the Christmas party on the 16th December.

Mr. Bowen, the instructor and caretaker, had a serious illness in October and his consequent absence from duty was a serious handicap to the efficiency of the male workshops. The new workshop is a well-lit building with plenty of space for the rather small number of males engaged there. The quality of the handwork is extremely good and there is no difficulty in disposing of it locally.

Those in attendance who are not within walking distance of this centre are supplied with tokens permitting free travel on local buses for the journeys to and from the centre. Most of them live in the Aberdare area, but a few travel from Abercynon and Pontypridd.

Baglan Occupation Centre.

Sixteen boys and twenty-one girls attend this Occupation Centre. The excellent work done in the inadequate premises in which the centre is held is a tribute to Miss Grey, the Supervisor, and her two assistants. Towards the end of the year the Committee, having decided to seek more suitable premises, recommended the adaptation of a portion of "Lletty Nedd" for use as an occupation and training centre, and the acquisition of accommodation at these premises is being treated as a matter of urgency.

The annual outing was held at Porthcawl on the 20th July. The Christmas party was held on the 21st December. There was a very successful parents' open-day and sale-of-work on the 20th December.

The arrangements initiated last year for the transport by hired bus of children from the Neath and Dulais Valleys are working smoothly and the County Ambulance Service provides a vehicle for the conveyance of children from the eastern part of the district served by the centre.

Thanks to a generous gift of £30 from the Port Talbot Soroptomists Society, a play chute and a wireless receiver have been purchased for the use of the children at this centre.

GENERAL.

All those in attendance at both centres receive a free mid-day meal and one-third of a pint milk daily. The cost of providing milk to those over 18 years who are not entitled to receive milk under the Milk in Schools scheme is borne by the Authority.

Thirteen defectives from Glamorgan attend at the Swansea Occupation Centre and eleven at the Cardiff Occupation Centre, by arrangement with the Authorities concerned.

PROPOSED ADDITIONAL CENTRES.

The Committee are acutely aware of the need for further training and occupation centres for defectives in those areas of the County not covered by the Aberaman and Baglan Centres.

Organised care of defectives, such as an occupation centre would provide during the day time, would prove a boon to mothers who normally get little relief from the continuous strain of looking after a mentally defective child.

As a priority measure, the Welsh Board of Health agreed to the inclusion in the building programme for 1955-56 of a proposal to provide a centre at Trealaw on a site adjacent to the present M. and C. W. Clinic.

As a step towards the provision of additional centres, the Committee have decided to recommend the following programme :—

- (a) that the requirements of the Caerphilly/Ystrad Mynach districts, which include certain cases from the Monmouthshire area, be treated as next in order of priority for the provision of a centre, and that, in addition to the negotiations now proceeding with the owners of "Caerau House," Gelligaer, for the granting of a short-term lease of these premises, inquiries be made as to sites which may be suitable in either the Ystrad Mynach or Caerphilly area for the erection of an occupation centre ;

- (b) that the provision of a centre for Barry, Penarth, and the surrounding district be placed next in order of priority ; (negotiations have been commenced for the acquisition of a site of 0.5 acre at Gladstone Road, Barry) ;
- (c) that an occupation centre be located in the Bridgend/Tondu district to serve the Mid-Glamorgan area ; and
- (d) that a centre be suitably located to serve the needs of defectives in the West Glamorgan Division.

PROPOSED HOSTEL ACCOMMODATION FOR MENTALLY DEFECTIVE PERSONS OVER THE AGE OF EIGHTEEN.

The Welsh Board of Health has approved in principle the Authority's proposal to provide hostel accommodation for approximately twelve girls and the Council's approved scheme under Sections 28 and 51 of the National Health Service Act, 1946, has been amended to include this proposal. It was originally intended to establish the hostel at Pencoed or Coychurch, but it was not found possible to acquire suitable sites or premises suitable for adaptation in these areas. Eventually a site was found in Bridgend and it is hoped to begin the work of construction before the end of the financial year, 1955-56.

PATIENTS ADMITTED TO INSTITUTIONS.

In 1955, forty-four defectives were admitted to institutions under order, thirteen were admitted to places of safety, and twelve were admitted to institutions for short-term care.

As will be seen from the following table, which gives a comparison of the number of admissions during previous years, the number of admissions under order has fallen since 1953, when Llanfrechfa Grange was opened :—

	Number of patients admitted during the year to		
	Institutions under Order.	Places of safety.	Institutions for short-term stay.
1949	25	3	—
1950	15	2	—
1951	28	11	—
1952	41	15	2
1953	58	19	2
1954	46	16	12
1955	44	13	12

The disposal of the forty-four patients admitted to Institutions is shown below :—

Name of Institution.	No. of patients admitted.
Hensol Castle, Pontyclun	29
Ely Hospital, Cardiff	6
Llys Maldwyn Hospital, Caersws	4
Mount Pleasant Hospital, Swansea	3
Pantglas Hall, Carmarthen	1
Rampton State Institution	1

The position in 1955 regarding the admission of male mental defectives became very difficult. Of the forty-four patients admitted, only fourteen were males and, of these, six were admitted from places of safety, three from hospital, and one from prison, leaving only four from the community. Seven female patients were admitted from places of safety during the same period.

The high proportion of beds taken up by patients admitted to "places of safety" as a result of exceptional urgency further reduces the limited number of vacancies available for allocation to patients on priority or ordinary waiting lists. When vacancies do occur in the normal way they frequently are for high grade patients. Most rarely is it possible to obtain the admission of a low grade defective requiring constant care and attention.

The officers of the Regional Hospital Board and the mental hospitals and institutions in the area are sympathetic towards requests made for urgent admissions of defectives, although it is appreciated that staffing and other difficulties often preclude hospitals from accepting a defective whose prompt removal is desired.

The following table gives the reasons for the admission of the thirteen patients admitted to places of safety :—

<i>Reason for admission.</i>	<i>No. of patients.</i>
Death of parents or guardian	4
Age or ill-health of guardian, coupled with patient's ill-temper	3
Illness of mother or guardian. Helpless low grade patient	2
Confinement of mother—(two low grade M.D. children at home)	1
Court Order	1
Indecent behaviour of patient in care of County Council	1
Relatives not willing to care for difficult patient	1

Nine of the patients were adults, two were adolescents, and two were children. They were admitted to the following hospitals :—

<i>Name of hospital.</i>	<i>No. admitted.</i>
Hensol Castle, Pontyclun	5
Ely Hospital, Cardiff	5
Mount Pleasant, Swansea	2
Graig, Pontypridd	1

SHORT-TERM STAY.

Eight children and four adults were admitted during the year to institutions for short-term stay, under the provisions of Ministry of Health Circular 5/52. The maximum stay is normally two months.

They were admitted under the following circumstances :—

<i>Reasons.</i>	<i>No. admitted.</i>
Confinement of mother/guardian	6
Mother receiving operative treatment	2
Ill-health of guardian/relative	2
Rest for parents/guardian	2
The duration of stay was—	<i>No. of patients.</i>
Under one month	6
Under two months	3
Exceeding two months	3*

* Two of these patients were detained at the hospitals concerned after their period of short-term stay. The third patient was permitted to stay for three months.

Eight patients were received at Hensol Castle, three at Ely Hospital, and one at Pantglas Hall, Carmarthen.

MENTAL DEFECTIVES GAINFULLY EMPLOYED.

The following table shows the occupations followed by those mental defectives who were gainfully employed, mainly as unskilled workers, during 1955. The figures at the foot of the table show that forty-three more were employed than in 1954, although the names of seventeen men and five women were removed from supervision lists.

Thanks are again due to the County Youth Employment Service for their efforts in placing suitable young defectives in employment.

No serious difficulty has been experienced in obtaining employment for suitable defectives and employers have been sympathetic and tolerant.

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	2	—	2	—	4	—	Labourers—						
Brickworks	3	2	2	—	5	2	Local Authority ..	3	—	11	—	14	—
Building	6	—	16	—	22	—	Public Corporations	—	—	6	—	6	—
Cinemas	1	—	3	—	4	—	Latherer	1	—	—	—	1	—
Coal Delivery ..	1	—	8	—	9	—	Metal Work	4	8	3	—	7	8
Dairy	—	1	3	—	3	1	Messenger/Errand Boy	—	—	2	—	2	—
Dock Labourers..	—	—	2	—	2	—	Mining—						
Domestic, Hotels/Catering							Labourers	24	—	30	—	54	—
Full-time	3	7	3	12	6	19	Trainees	3	—	—	—	3	—
Part-time	—	—	—	5	—	5	Mineral Water ..	1	2	—	1	1	3
Factory	7	14	5	6	12	20	Newspaper Round ..	—	—	7	—	7	—
Farms	5	1	10	—	15	1	Railways	2	—	1	—	3	—
Flour Mills	4	1	—	—	4	1	Remploy	—	—	5	1	5	1
Forestry	1	—	2	—	3	—	Saw Mills	1	—	—	—	1	—
Garage, Bus Depots	1	—	3	—	4	—	Seaman	1	—	—	—	1	—
Gardening	2	—	—	—	2	—	Tinplate	4	3	3	1	7	—
Greengrocery ..	—	—	1	—	1	—	Vanboys	4	—	—	—	4	—
Iron and Steel ..	2	—	5	—	7	—	Self employed* ..	—	—	4	—	4	—
Labourers— General	2	—	6	—	8	—		88	39	143	26	231	65
							Totals for 1954 ..	79	28	116	30	195	58

* Self employed—Hawker, Smallholder, Newsvendor, Shopkeeper.

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

Duly authorised officers.

Districts covered.

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 Borough, Ogmore and Garw Urban, Llantrisant and Llantwit Fardre Rural, Maesteg Urban, and Glyncofrwg Urban.
Mr. S. Williams ..	The parishes of Van, Rudry, and Rhydygwern in Cardiff Rural, Gelligaer Urban, Caerphilly Urban, Aberdare Urban, Mountain Ash Urban, and Pontypridd Urban.

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.

HOSPITAL ADMISSIONS.

Until the 1st July, 1955, patients were admitted to mental hospitals from the areas of local authorities who administered the hospitals prior to 1948. Unfortunately this meant that it was often not possible to admit patients to the mental hospitals nearest their home addresses, e.g., inhabitants of Whitchurch were obliged to enter Morgannwg Hospital, Bridgend.

In an effort to overcome this difficulty the Welsh Regional Hospital Board rearranged, as from the 1st July, 1955, the catchment areas of mental hospitals in South Wales. The position as it affects the county is as follows :—

<i>Hospital.</i>	<i>Former catchment area.</i>	<i>New catchment area.</i>
Whitchurch	Cardiff County Borough	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanfedw, Llanedeyrne, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van).
Morgannwg, Bridgend ..	Glamorgan County	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llchwyr Urban District, Pontardawe Rural District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough.
Swansea	Swansea County Borough and Merthyr County Borough	Swansea County Borough, Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District.

The arrangement is working well on the whole. It is possible that some difficulties will remain but complete revision of areas will be dependent on providing additional beds at certain hospitals.

During 1955 the duly authorised officers arranged the admission to hospital of 740 patients, 380 of whom were admitted as voluntary patients under the Mental Treatment Acts.

Again there has been a slight fall in the total number of admissions since the peak year of 1953, but greater use was made of Section 20 of the Lunacy Act, 1890, under which patients are admitted to hospital for observation. The trend previously observed towards a further increase in the number of voluntary patients whose admissions were arranged by the duly authorised officers under the Mental Treatment Acts seems to have halted. The reason is not clear. It may be due to voluntary patients making their own arrangements for admission. Mental hospitals are overcrowded and voluntary patients not requiring urgent attention have to wait many months for admission, although many in the meantime are supervised at Psychiatric clinics.

County patients for admission to Whitchurch Hospital are first sent to St. David's Hospital, Cardiff for observation.

An interesting feature at Whitchurch Hospital is the Neurosis Centre, which admits patients without any legal formality.

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
1955	158	222	—	2	82	95	99	82	740

SENILE PATIENTS.

Recourse to judicial process for the admission to mental hospitals of senile patients requiring hospital care because of confused mental state is a harsh procedure where the patient cannot be persuaded to enter hospital voluntarily and the time has surely arrived when proper accommodation should be provided for such persons in places other than mental hospitals.

AFTER-CARE.

The number of patients placed under care or after-care supervision has increased considerably. One hundred and three cases were dealt with, compared with seventy-one cases in the previous year. Sixty-nine visits were made by duly authorised officers and 263 by mental health supervisors. Regular visits extending over many months are usually found to be necessary.

An increasing number of female patients are referred to the department by Medical Superintendents of mental hospitals for follow-up visits. In addition, a substantial number of female patients are referred by the Consultant Psychiatrist at the East Glamorgan Hospital and, in some instances, by general practitioners and, sometimes, the patients themselves request a visit. Visits are, therefore, paid not only to those who leave mental hospitals, but to those who have not entered such hospitals. In some instances the patients have been driven to utter despair because of bad housing and in a few cases it has been possible to overcome these difficulties. A number of patients have suicidal tendencies and require more frequent visiting.

PSYCHIATRIC CLINICS.

The weekly psychiatric out-patient clinic held at Ynysangharad House, Pontypridd, by Medical Officers of the Morgannwg Hospital Committee under a pre-1948 arrangement was discontinued in December, 1955, on the transfer of the clinic to the Graig Hospital, Pontypridd.

PUBLIC HEALTH.

GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

Originally established in 1904 as a joint undertaking with the then Cardiff Corporation, the laboratory, since March, 1954, has functioned as a County Council establishment.

The examination of Food and Drugs samples forms a large proportion of the work undertaken. The number of formal and informal samples submitted for examination to Mr. D. Evans Jones, M.Sc., R.I.C., the Public Analyst, is steadily increasing and has become an important part of the laboratory's functions.

Mr. D. Evans Jones also acts as Public Analyst 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 ..	4,324	2,009	341	6,674
Fertilisers and feeding stuffs	89	—	30	119
Water	—	1,000	384	1,384
River water	7	9	493	509
Sewage and sewage effluents	—	38	845	883
Trade effluents	—	4	310	314
Pasteurised milk	—	—	3,713	3,713
Sterilised milk	—	—	82	82
Ice cream	—	461	4	465
Atmospheric pollution	—	182	23	205
Miscellaneous	11	8	1	20
Totals	4,431	3,711	6,226	14,368

The chief groups of chemical examinations are classified in the following table, which gives comparison with the records of the previous year :—

Nature of examination.	1954.	1955.	Increase.	Decrease.
Food and Drugs	6,231	6,674	443	—
Fertiliser and feeding stuffs	122	119	—	3
Water	1,293	1,384	91	—
River water	392	509	117	—
Sewages and effluents	1,302	1,197	—	105
Pasteurised and Sterilised milk ..	3,487	3,795	308	—
Ice-cream	540	465	—	75
Atmospheric pollution	188	205	17	—
Miscellaneous	11	20	9	—
Total	13,566	14,368	985	183

Food and Drugs Acts, 1938-55.

During the year 1955 from all sources a total of 6,674 samples were submitted to the County Laboratory for examination under the Food and Drugs Acts, 1938-55.

Of these samples 236 (or 3·5 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Of the 2,350 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 33 (or 1·4 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Separate detailed reports upon samples collected under the Food and Drugs Acts, 1938-55 are made to the Glamorgan County Council and to the respective Local Authorities.

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, and the Urban Districts of Aberdare, Pontypridd, and Rhondda.

The watch on the quality and composition of food supplies was continued during the year by the sampling officers under the Food and Drugs Act and the County Analyst.

The Committee decided, in December, to bring under review the charges to be made to individual bodies who submit large numbers of samples for analysis.

During the year 4,324 samples, or 10·3 samples per 1,000 population, were collected from the County area for which the County Council is responsible as a Food and Drugs Authority, and submitted for analysis by the analyst. This showed an improvement on previous years.

Two hundred and three samples, or 4·7 per cent of the total samples collected, were found to be unsatisfactory. Of the 2,251 samples of milk taken, 1,922 (or 85·4 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 329 samples were of adulterated milk, since 223 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-five lower than 5 per cent ;

Forty-six between 5 and 15 per cent ; and

Twenty-nine above 15 per cent.

During the year legal proceedings in respect of unsatisfactory or adulterated food stuffs were undertaken in twenty cases, fines totalling £34 2s. 0d., plus £20 19s. 0d. advocate's fee, £15 0s. 0d. analyst's fee, £1 costs, and 15s. 0d. witness' fee being imposed on the vendors.

Action is also taken on other samples which are necessarily taken informally, such as cake and sponge mixtures and vitamin preparations.

The local sanitary authority in each case has been asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps are taken to inform 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 destroy completely 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.

FOOD AND DRUGS ACT, 1955.

This Act came into operation on the 1st January, 1956. It is a consolidating measure, repealing the 1954 Act and consolidates it together with the Food and Drugs Act, 1938, the Food and Drugs (Milk, Dairies, and Artificial Cream) Act, 1950, and certain other enactments relating to slaughter houses and knackers yards. So far as the County Council is concerned as a Food and Drugs Authority, the principal changes of the new Act relate to the procedure for sampling and analysis.

The time limit within which a prosecution must be made, where a sample has been procured, is increased for foods other than milk and there are changes in the conditions for the acceptance of a warranty as a defence.

The District Councils will be responsible for the administration of the Food Hygiene Regulations, 1955, most of which come into operation on the 1st January, 1956. The Regulations modify and extend the hygiene requirements of the 1938 Act with a view to bringing under control the hygiene of food establishments hitherto not specifically included in previous Regulations, e.g., sales vehicles, canteens, clubs, schools, and other institutions, as well as undertakings carried on by public and local authorities.

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.

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 977 samples were taken, of which seventeen were unsatisfactory, eight on the methylene blue test, and nine 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; 826 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.

Milk.

The distribution of milk to retailers is now undertaken in the main by large combines. The milk is already bottled when it reaches the retailer and there appears to be little or no tampering with the sealed bottles; indeed, the sale of adulterated milk is to all intents and purposes a thing of the past.

Check samples are taken of farm milk on delivery at milk depots. If an adverse report is received from the Public Analyst, these are followed up and further samples taken at the farm. In the majority of cases it was proved by the follow-up samples that the original milk was genuine, as given by the cow, no offence having been committed.

In one case, however, the 'Appeal to Cow' sample proved that the milk which had been originally sampled was adulterated and the vendor was convicted.

Ice-cream.

Some of the smaller manufacturers of ice-cream are experiencing some difficulty in maintaining the required standard of 5.00 per cent fat in their ice-cream, due no doubt to haphazard methods of measuring the ingredients, with the result that there were three prosecutions for selling ice-cream deficient in fat.

Milk (Special Designations) Order.

There has been a steady reduction in the number of pasteurising establishments in the County. In 1953 there were seventeen, while at the end of the present year there were only ten.

The smaller producers are finding the cost of equipment replacement very expensive and the losses sustained through non-return of milk bottles is in some areas a very large item.

Specified Areas.

During the year 1955 the whole of the County has become a 'Specified Area' by virtue of two Orders issued by the Minister of Food. Parts of the County were designated in 1954 and the extension of the Order to cover the whole of the County means that the use of a Special Designation is now obligatory in relation to all milk sold by retail in the County. Specially designated milk is 'Pasteurised,' 'Sterilised,' or 'Tuberculin Tested' milk.

If the milk is tuberculin tested and is either pasteurised or sterilised, it can be sold as 'Tuberculin Tested, Pasteurised,' or 'Tuberculin Tested, Sterilised' as the case may be.

Food Hygiene Regulations, 1955.

These Regulations come into force on the 1st January, 1956, and are intended to help to secure clean food and reduce food-borne disease. Most of the regulations come into operation on the 1st January, 1956, but some provisions which involve structural alterations will be postponed until the 1st July, 1956.

The new regulations apply to any place where food is handled or supplied in the course of a food business, whether there is an actual sale or not, and will include the schools, residential establishments and staff canteens which are under the control of the County Council.

The regulations centre on three aspects of food hygiene: (a) structural condition of food premises, (b) the construction and cleanliness of equipment used in preparation of food, and (c) cleanly practices by food handlers themselves while preparing or handling food.

Fertiliser and Feeding Stuffs Act, 1926.

The administration of this Act was transferred from the County police to the Health department on 1st April, 1955.

The consent of the Minister of Agriculture is required before proceedings can be taken for most offences under this Act, and this has been a bone of contention for a long time. The County Councils Association, together with other Associations, have made representations to the Ministry for the amendment of the Act to simplify procedure and to allow local authorities to take proceedings for offences without the consent of the Minister. Of the sixty-six samples taken, three of which had deficiencies considered to be to the prejudice of the purchaser and one which was incorrectly designated, appropriate action was taken by the Clerk of the County Council in the first three cases to prevent a recurrence. Legal action was taken in the last case, resulting in a fine of £2, plus £1 1s. 0d. costs against the vendor."

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 1955.	Number partly completed during the year 1955.	Number for which plans were passed but not commenced during the year 1955.
	Completed and occupied during the year 1955.	Partly completed during the year 1955.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare	—	14	136	1,905	8	6	5
Barry Borough	153	149	—	2,735	123	92	62
Bridgend	21	203	12	1,052	85	40	35
Caerphilly	—	—	—	2,301	45	20	23
Cowbridge Borough ..	—	—	—	48	1	—	—
Gelligaer	6	104	6	1,226	12	8	2
Glyncorwg	33	70	26	735	2	—	—
Llchwyr	78	50	76	1,396	23	27	15
Maesteg	12	—	40	760	8	23	—
Mountain Ash	—	233	—	698	1	2	1
Neath Borough	145	96	158	1,810	17	15	4
Ogmore and Garw ..	321	—	4	1,099	2	2	—
Penarth	15	25	52	925	57	37	16
Pontypridd	66	20	80	1,413	3	1	5
Porthcawl	—	—	—	324	46	80	9
Port Talbot Borough ..	430	214	280	4,755	60	54	10
Rhondda	157	244	54	1,531	5	3	9
Cardiff Rural	215	136	36	1,737	308	221	153
Cowbridge Rural	57	24	—	1,404	12	19	13
Gower	18	50	—	356	43	15	19
Llantrisant and Llantwit Fardre	50	54	58	2,118	22	25	6
Neath Rural	199	186	8	2,435	43	49	34
Penybont	192	344	1	2,476	63	44	35
Pontardawe	91	114	10	1,916	12	17	8
Totals	2,259	2,330	1,037	37,155	1,001	800	464

WATER ACT, 1945.

The Health Committee supported the proposals of the Port Talbot Borough Council to make Order for the extraction of water from Ffrwdwyllt river and Cwm Phillip stream respectively to meet the demand for water arising out of the Borough Council's housing schemes and the additional needs of new local industries.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1955.

Under these Acts assistance amounting to £250 was given to the Mid-Glamorgan Water Board towards the cost, estimated to be £3,380, of providing a water supply to the Nash lighthouse.

PUBLIC HEALTH ACT, 1936 (SECTION 307).

On consideration of an application from an urban district council for assistance towards the cost of a scheme the Committee decided that in general no grant should be made to borough and urban authorities under the provisions of the Public Health Act, 1936.

STATISTICAL REVIEW, 1955.

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 1955, and for the purpose of comparison quotes similar statistics for the years 1954 and 1935 :—

			Birth Rate.			Death Rate.			Infant Mortality Rate.		
			1955.	1954.	1935.	1955.	1954.	1935.	1955.	1954.	1935.
England and Wales	..	..	15.0	15.2	14.7	11.7	11.3	11.7	25	26	57
Administrative County of Glamorgan	..		15.1	15.6	16.0	13.1	12.3	12.0	34	32	64
Total Urban Districts	..	..	15.4	15.9	16.4	13.0	12.4	12.3	35	32	66
Total Rural Districts	..	..	14.3	14.9	14.9	13.2	12.0	10.8	30	31	58
Health Division.	Constituent Districts.										
Aberdare and Mountain Ash	Aberdare Urban	..	13.6	13.8	13.2	16.7	14.3	13.2	33	27	67
	Mountain Ash Urban	..	15.1	15.2	16.9	14.4	12.9	13.0	37	21	87
Caerphilly and Gelligaer	Caerphilly Urban	..	18.1	19.8	19.6	10.8	10.1	12.7	36	36	78
	Gelligaer Urban	..	18.6	17.8	19.4	12.4	12.1	13.1	49	45	74
Mid-Glamorgan	Bridgend Urban	..	17.5	17.5	13.7	10.5	11.1	10.9	16	12	66
	Maesteg Urban	..	15.9	16.1	18.9	12.6	13.1	12.9	44	51	76
	Ogmore & Garw Urban	..	14.8	13.5	16.0	12.1	12.2	10.6	21	46	53
	Porthcawl Urban	..	15.0	13.1	13.2	14.6	14.6	13.1	41	31	35
	Penybont Rural	..	14.2	15.7	18.2	15.2	14.2	10.3	44	45	59
Neath and District	Neath Borough	..	12.6	14.8	15.5	13.9	12.8	11.7	40	36	47
	Neath Rural	..	13.7	14.2	15.4	12.6	10.8	10.7	41	27	53
Pontypridd and Llantrisant	Llantrisant & Llantwit										
	Fardre Rural	..	17.0	17.4	17.2	12.0	10.5	11.5	30	31	68
	Pontypridd Urban	..	13.8	16.2	16.8	14.1	14.2	12.2	38	36	61
Port Talbot and Glyncorrwg	Glyncorrwg Urban	..	19.0	20.6	21.8	10.5	9.1	9.5	44	51	55
	Port Talbot Borough	..	18.8	18.2	17.2	11.0	10.0	12.1	34	23	72
South-East Glamorgan	Barry Borough	..	16.9	18.0	16.2	11.2	11.2	12.0	27	24	51
	Cardiff Rural	..	13.1	12.9	11.1	14.0	13.4	10.0	20	21	41
	Cowbridge Borough	..	14.6	13.6	9.6	12.6	6.8	12.5	133	—	—
	Cowbridge Rural	..	16.3	16.8	16.3	8.0	6.9	10.5	19	15	77
	Penarth Urban	..	14.7	14.3	12.2	11.7	12.6	12.7	29	19	53
West Glamorgan	Gower Rural	..	14.0	14.7	11.9	14.4	13.3	10.9	30	41	42
	Llwchwr Urban	..	12.6	13.5	13.9	11.5	12.1	11.1	31	43	39
	Pontardawe Rural	..	13.4	14.3	13.9	14.7	13.4	11.7	21	39	66
Rhondda	Rhondda Borough	..	13.7	14.3	16.1	14.6	13.2	12.6	32	32	71

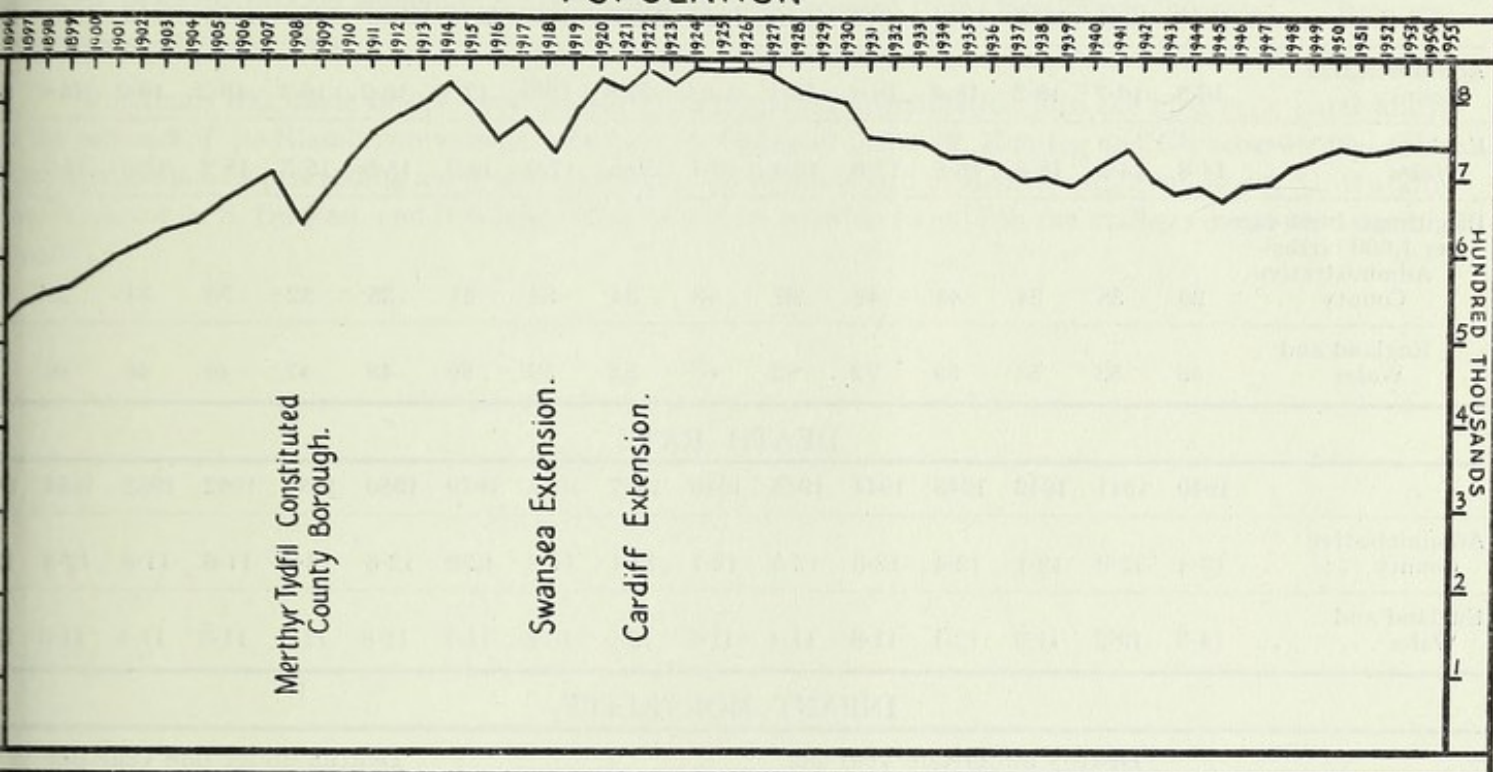
POPULATION.

The estimates of the Registrar-General gives the population of the Administrative County as 737,400 as compared with the 1954 estimate of 737,800.

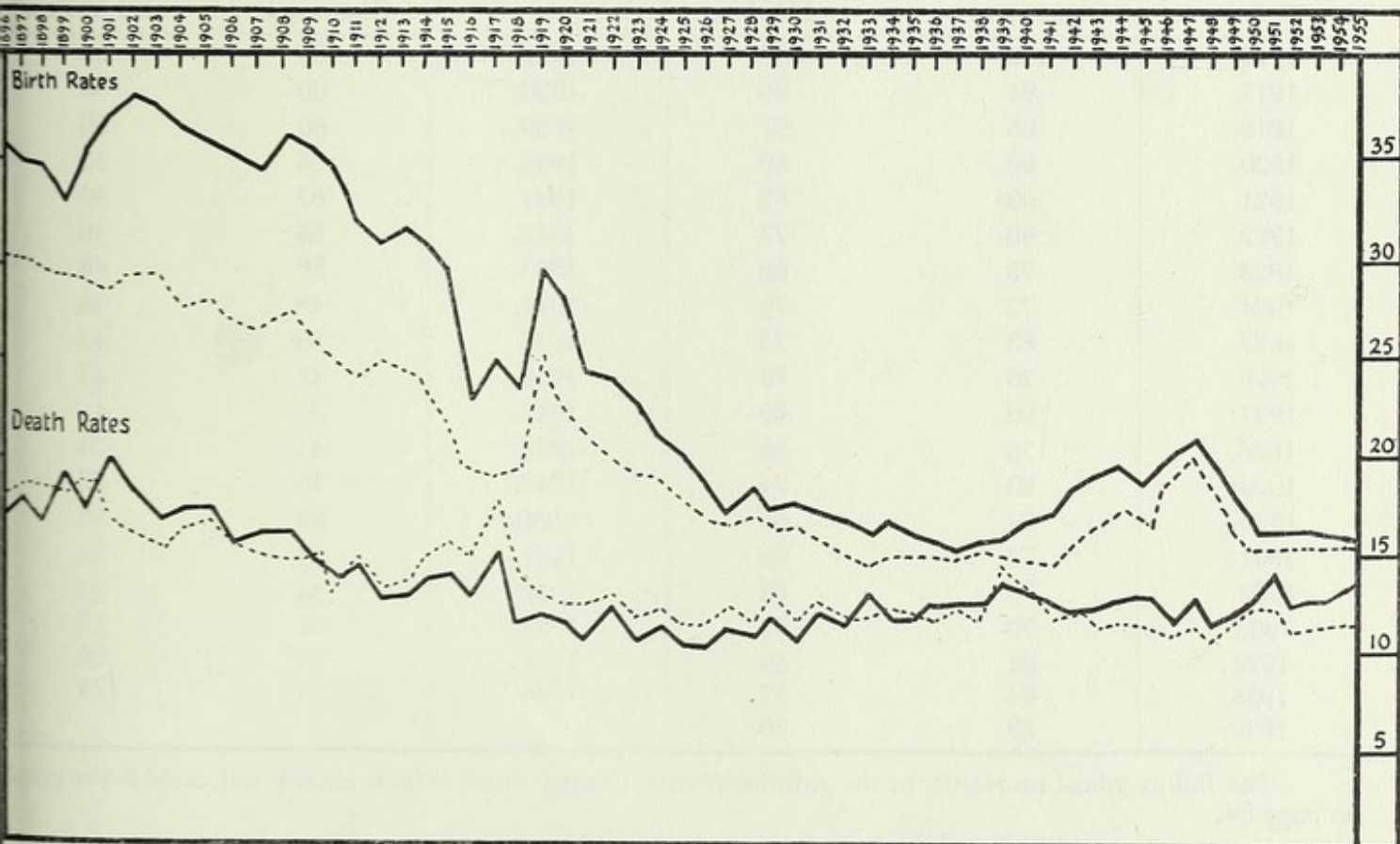
Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1934	751,650	3,579
1903	631,398	13,137	1935	743,800	3,015
1913	791,208	14,363	1936	731,350	2,358
1914	802,752	14,047	1937	714,200	1,714
1915	777,430	12,266	1938	708,500	1,982
1916	752,619	11,485	1939	709,500	1,746
1917	766,990	10,236	1940	716,400	2,077
1918 *Swansea Extension	740,254	8,866	1941	740,310	2,595
1919	795,924	9,828	1942	714,400	4,422
1920	827,639	14,128	1943	697,300	4,125
1921	814,717 (Census)	14,015	1944	704,540	5,043
1922 *Cardiff Extension	838,064	10,006	1945	697,780	3,621
1923	827,900	10,656	1946	710,160	5,208
1924	839,500	10,294	1947	712,070	5,491
1925	843,400	8,898	1948	725,200	5,316
1926	843,100	8,213	1949	730,400	3,619
1927	837,000	5,366	1950	737,890	2,483
1928	812,200	5,748	1951	732,100 (Census)	1,855
1929	809,200	4,582	1952	732,500	2,366
1930	809,200 Mid-year, 1929	4,921	1953	736,300	3,224
1931	766,141 (Census)	3,670	1954	737,800	2,483
1932	763,000	3,482	1955	737,400	1,484
1933	758,160	2,504			

The population of the Administrative County decreased by 400.

ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



BIRTH AND DEATH RATES



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

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	1955
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	15.1
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	14.8
Illegitimate birth-rate per 1,000 births—																
Administrative County ..	29	35	34	44	49	67	43	34	34	31	35	32	30	31	28	25
England and Wales ..	43	53	54	63	72	92	65	52	53	50	49	47	46	46	46	44

DEATH RATE.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
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	11.8
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	11.1

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	1937.	65	58
1917.	94	96	1938.	60	53
1918.	95	97	1939.	60	50
1920.	90	80	1940.	65	55
1921.	93	83	1941.	67	59
1922.	90	77	1942.	55	49
1923.	75	69	1943.	56	49
1924.	77	75	1944.	48	46
1925.	83	75	1945.	58	46
1926.	76	70	1946.	45	43
1927.	86	69	1947.	51	41
1928.	75	65	1948.	41	34
1929.	80	74	1949.	40	32
1930.	69	60	1950.	39	30
1931.	77	66	1951.	37	30
1932.	72	65	1952.	34	28
1933.	79	64	1953.	31	27
1934.	65	59	1954.	32	26
1935.	64	57	1955.	34	25
1936.	63	59			

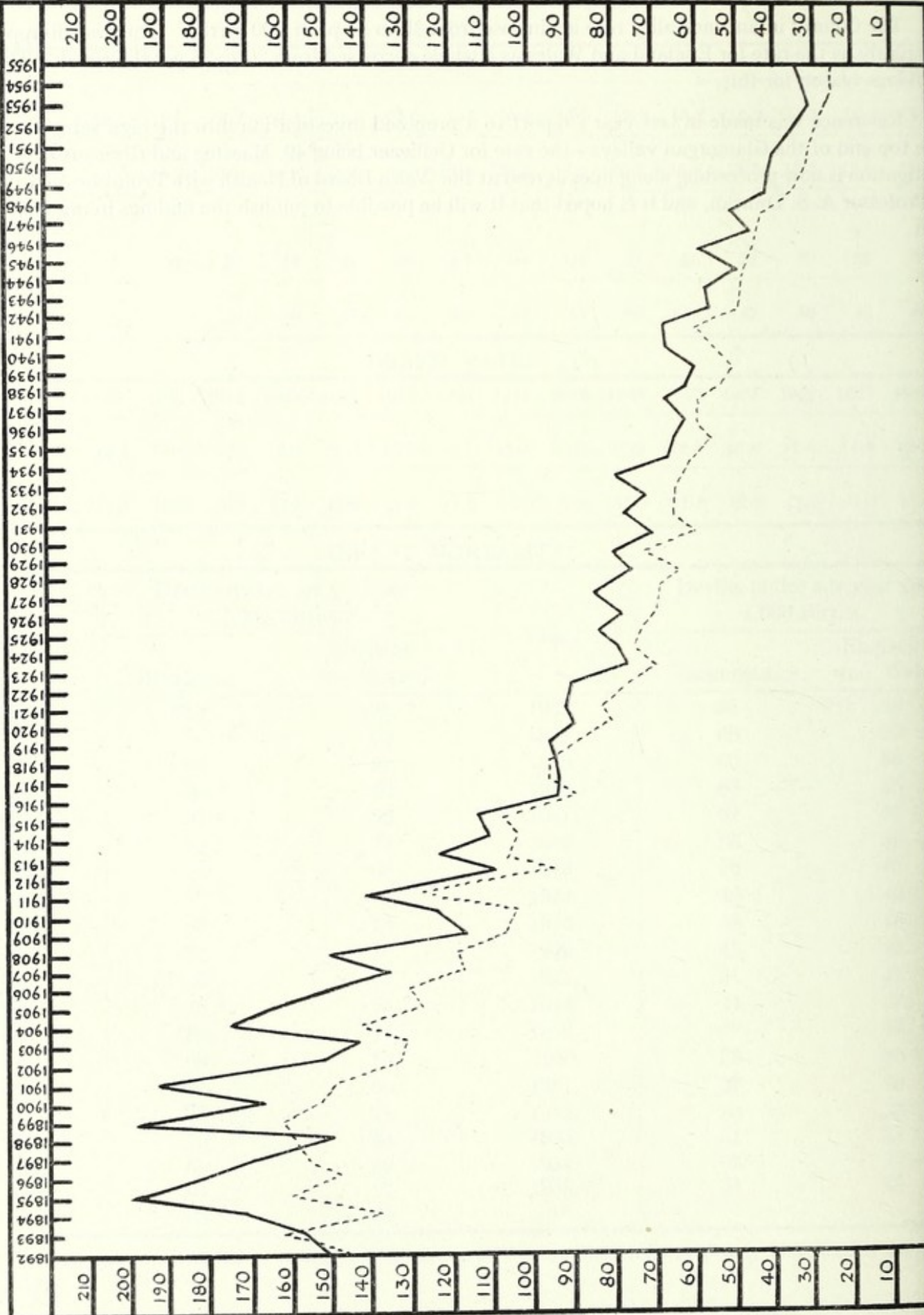
The fall in infant mortality in the Administrative County since 1892 is clearly indicated in the graph on page 84.

INFANT MORTALITY.

The County infant mortality rate again rose from 32 to 34 per 1,000 births. This was disappointing, particularly as the rate for England and Wales as a whole decreased from 26 to 25 per thousand. There was no obvious reason for this.

Reference was made in last year's report to a proposed investigation into the high rate, particularly in the top end of the Glamorgan valleys—the rate for Gelligaer being 49, Maesteg and Glyncoed 44. This investigation is now proceeding along lines agreed at the Welsh Board of Health with Professor A. G. Watkins and Professor A. S. Duncan, and it is hoped that it will be possible to publish the findings in my next annual report.

ADMINISTRATIVE COUNTY OF GLAMORGAN • INFANT MORTALITY •



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

MATERNAL MORTALITY.

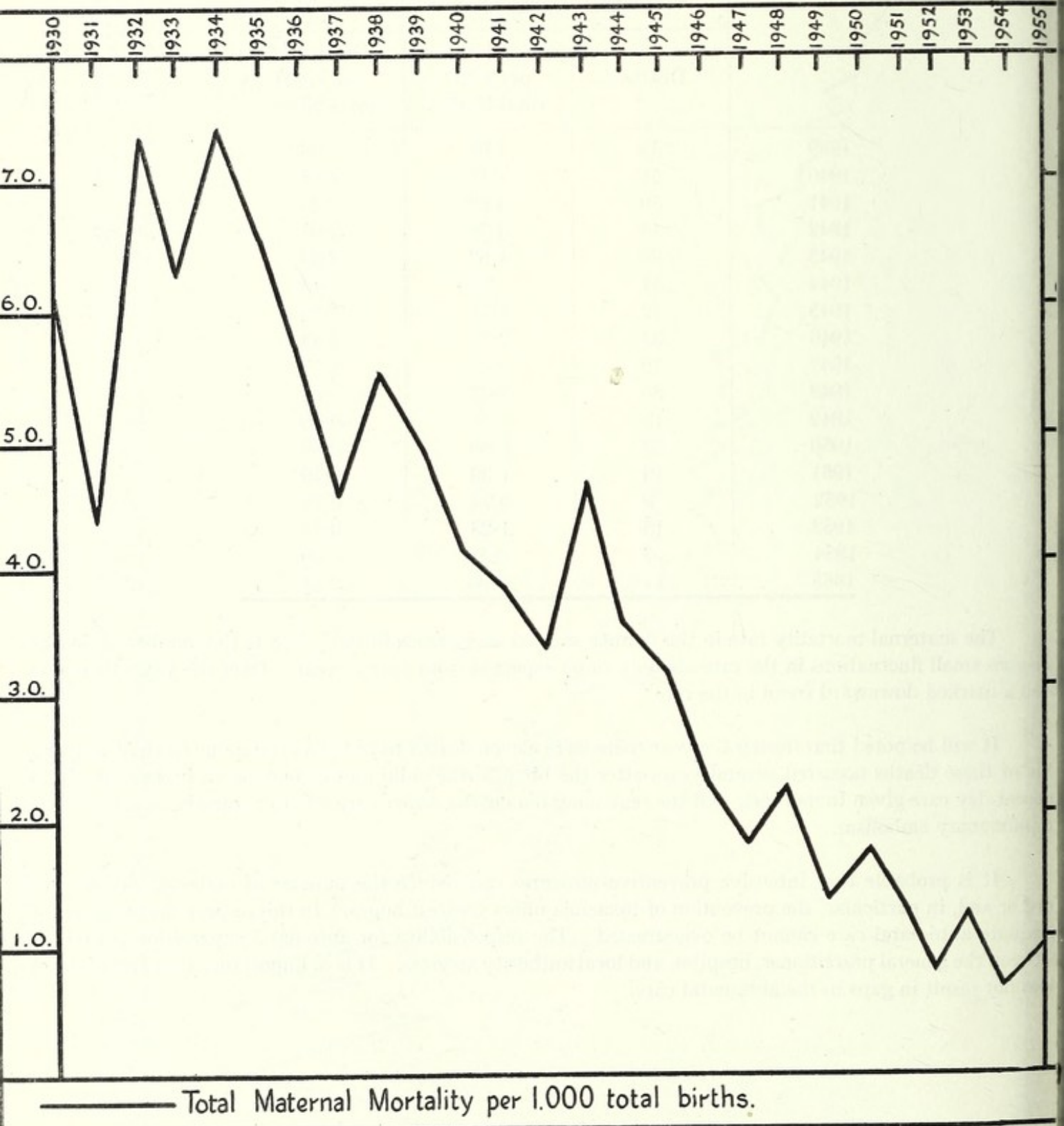
	Glamorgan.		England and Wales.
	Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939 ..	58	4.96	2.93
1940 ..	51	4.15	2.16
1941 ..	50	3.87	2.23
1942 ..	46	3.39	2.01
1943 ..	62	4.67	2.29
1944 ..	51	3.59	1.93
1945 ..	42	3.21	1.79
1946 ..	33	2.31	1.43
1947 ..	28	1.84	1.17
1948 ..	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
1955 ..	11	0.96	0.64

The maternal mortality rate in the County showed an increase in 1955, but as the number of deaths becomes small fluctuations in the rate are only to be expected from year to year. Over the years there has been a marked downward trend in the rate.

It will be noted that during the year there were eleven deaths recorded as being due to child bearing. Nine of these deaths occurred several years after the birth of the child and cannot be an indication of the present day care given to mothers. Of the remaining ten deaths, three were due to toxæmia, and three due to pulmonary embolism.

It is probable that intensive preventive measures can reduce the number of maternal deaths still further and, in particular, the prevention of toxæmia offers greatest hopes. In this respect the provision of adequate ante-natal care cannot be overstressed. The responsibility for ante-natal supervision is divided between the general practitioner, hospital, and local authority services. It is of importance that this division does not result in gaps in the ante-natal care.

ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY



INFECTIOUS DISEASES.

There was an epidemic of measles, the peak periods being the late spring and early summer and the autumn ; there were seven deaths.

	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	—	—
1955	—	—	—	—	7	0.9

There were no notifications or deaths from diphtheria or smallpox. The incidence of whooping cough comparatively low, only 587 cases being notified, this being the first year ever that there were no deaths in this disease.

The incidence of poliomyelitis was again comparatively low, sixty-eight cases being notified, of which eight were of school or pre-school age.

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
1955	785	672	1,457	198	206

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site.	Year.								
	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.
Stomach	284	275	305	291	335	300	277	294	324
Breast	107	97	91	100	109	111	117	111	105
Uterus	54	62	79	67	75	52	66	77	72
Lung	694	792	779	141	168	200	205	207	241
Other				719	736	667	708	729	715
Total cancer deaths ..	1,139	1,226	1,254	1,318	1,423	1,330	1,373	1,418	1,457

As reported previously, 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.						Total.
		1950.	1951.	1952.	1953.	1954.	1955.	
Aberdare and Mountain Ash	Aberdare Urban	4	9	12	8	11	13	57
	Mountain Ash Urban ..	5	8	2	5	3	12	35
Caerphilly and Gelligaer	Caerphilly Urban	4	4	9	4	7	3	31
	Gelligaer Urban	5	13	7	4	3	10	42
West Glamorgan	Bridgend Urban	3	5	4	4	3	6	25
	Maesteg Urban	4	5	3	8	12	2	34
	Ogmore and Garw Urban ..	5	5	7	2	4	5	28
	Porthcawl Urban	2	2	3	5	5	3	20
Neath and District	Penybont Rural	6	5	6	8	8	11	44
	Neath M.B.	10	6	15	17	13	13	74
	Neath Rural	10	11	7	10	5	10	53
Pontypridd and Llantrisant	Llantrisant Rural	7	3	4	7	6	6	33
	Pontypridd Urban	4	14	11	7	20	7	63
Port Talbot and Glyncothorpe	Glyncothorpe Urban	—	—	3	3	—	5	11
	Port Talbot M.B.	9	10	20	14	9	19	81
	Barry M.B.	9	11	14	11	11	15	71
South-East Glamorgan	Cardiff Rural	11	10	8	18	34	27	108
	Cowbridge M.B.	—	—	2	1	1	1	5
	Cowbridge Rural	2	—	4	4	2	4	16
	Penarth Urban	7	2	6	8	9	6	38
	Gower Rural	4	2	4	—	3	—	13
West Glamorgan	Llwchwr Urban	4	12	7	7	9	7	46
	Pontardawe Rural	9	7	12	22	5	17	72
	Rhondda Urban	17	24	30	28	24	39	162
	Totals	141	168	200	205	207	241	1,162

Date		Particulars		Amount		Balance	
1901	Jan 1	Balance forward					
1901	Jan 15	Received from John Doe		100			
1901	Jan 20	Received from Jane Smith		50			
1901	Jan 25	Received from Mr. Brown		25			
1901	Feb 1	Received from Mrs. White		75			
1901	Feb 10	Received from Mr. Green		120			
1901	Feb 15	Received from Mr. Black		80			
1901	Feb 20	Received from Mr. Grey		60			
1901	Feb 25	Received from Mr. Blue		90			
1901	Mar 1	Received from Mr. Yellow		110			
1901	Mar 10	Received from Mr. Purple		130			
1901	Mar 15	Received from Mr. Pink		150			
1901	Mar 20	Received from Mr. Orange		170			
1901	Mar 25	Received from Mr. Red		190			
1901	Apr 1	Received from Mr. Green		210			
1901	Apr 10	Received from Mr. Blue		230			
1901	Apr 15	Received from Mr. Yellow		250			
1901	Apr 20	Received from Mr. Purple		270			
1901	Apr 25	Received from Mr. Pink		290			
1901	May 1	Received from Mr. Orange		310			
1901	May 10	Received from Mr. Red		330			
1901	May 15	Received from Mr. Green		350			
1901	May 20	Received from Mr. Blue		370			
1901	May 25	Received from Mr. Yellow		390			
1901	Jun 1	Received from Mr. Purple		410			
1901	Jun 10	Received from Mr. Pink		430			
1901	Jun 15	Received from Mr. Orange		450			
1901	Jun 20	Received from Mr. Red		470			
1901	Jun 25	Received from Mr. Green		490			
1901	Jul 1	Received from Mr. Blue		510			
1901	Jul 10	Received from Mr. Yellow		530			
1901	Jul 15	Received from Mr. Purple		550			
1901	Jul 20	Received from Mr. Pink		570			
1901	Jul 25	Received from Mr. Orange		590			
1901	Aug 1	Received from Mr. Red		610			
1901	Aug 10	Received from Mr. Green		630			
1901	Aug 15	Received from Mr. Blue		650			
1901	Aug 20	Received from Mr. Yellow		670			
1901	Aug 25	Received from Mr. Purple		690			
1901	Sep 1	Received from Mr. Pink		710			
1901	Sep 10	Received from Mr. Orange		730			
1901	Sep 15	Received from Mr. Red		750			
1901	Sep 20	Received from Mr. Green		770			
1901	Sep 25	Received from Mr. Blue		790			
1901	Oct 1	Received from Mr. Yellow		810			
1901	Oct 10	Received from Mr. Purple		830			
1901	Oct 15	Received from Mr. Pink		850			
1901	Oct 20	Received from Mr. Orange		870			
1901	Oct 25	Received from Mr. Red		890			
1901	Nov 1	Received from Mr. Green		910			
1901	Nov 10	Received from Mr. Blue		930			
1901	Nov 15	Received from Mr. Yellow		950			
1901	Nov 20	Received from Mr. Purple		970			
1901	Nov 25	Received from Mr. Pink		990			
1901	Dec 1	Received from Mr. Orange		1010			
1901	Dec 10	Received from Mr. Red		1030			
1901	Dec 15	Received from Mr. Green		1050			
1901	Dec 20	Received from Mr. Blue		1070			
1901	Dec 25	Received from Mr. Yellow		1090			
1901	Dec 31	Received from Mr. Purple		1110			

1955.

NOTIFICATION OF INFECTIOUS DISEASES.

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NOTIFICATION OF INFECTIOUS DISEASES.																																			
ADMINISTRATIVE COUNTY		SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Group)		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
URBAN DISTRICTS	434	0.81	487	0.91	—	—	10,950	20.47	391	0.73	29	23	18	2	1	126	3	95	11.53	—	—	16	0.03	—	—	69	568	1.06	79	0.15	59	0.11			
RURAL DISTRICTS	80	0.40	100	0.49	—	—	3,033	14.98	119	0.59	11	16	12	—	—	79	—	10	3.45	—	—	4	0.02	7	0.03	38	148	0.73	34	0.17	6	0.03			
Health Division.	Constituent Districts.																																		
Aberdare and Mountain Ash	Aberdare Urban	26	0.64	9	0.22	—	—	500	12.35	29	0.72	3	3	—	—	—	2	—	5	9.07	—	—	1	0.02	—	—	12	3	49	1.21	11	0.27	4	0.10	
	Mountain Ash Urban ..	52	1.69	31	1.01	—	—	825	26.79	36	1.17	4	—	—	—	—	—	—	—	—	—	2	0.06	—	—	—	—	32	1.04	4	0.13	8	0.26		
Caerphilly and Gelligaer	Caerphilly Urban	19	0.51	5	0.14	—	—	671	18.15	4	0.11	4	1	—	—	1	2	14	20.96	—	—	1	0.03	—	—	—	—	29	0.78	2	0.05	1	0.03		
	Gelligaer Urban	22	0.61	18	0.59	—	—	711	19.68	17	0.47	2	1	—	—	2	2	4	5.95	—	—	—	—	—	—	7	48	1.33	7	0.19	4	0.11			
Mid-Glamorgan	Bridgend Urban	6	0.42	—	—	—	—	242	16.97	2	0.14	1	2	—	—	—	2	—	5	20.00	—	—	—	—	—	—	17	1.19	2	0.14	1	0.07			
	Maesteg Urban	49	2.15	36	1.53	—	—	556	24.36	48	2.10	—	—	—	—	—	—	7	19.28	—	—	—	—	—	—	—	17	0.74	2	0.09	6	0.26			
	Ogmore and Garw Urban ..	12	0.54	22	1.09	—	—	425	19.11	50	2.25	1	—	2	—	—	—	—	—	—	—	2	0.09	—	—	—	17	0.74	2	0.09	6	0.26			
	Forthcawl Urban	1	0.10	5	0.51	—	—	203	20.63	1	0.10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	28	1.26	3	0.13	2	0.09			
	Penyberth Rural	13	0.57	10	0.28	—	—	456	12.99	11	0.31	6	3	1	—	—	2	1	2.00	—	—	—	—	7	0.20	6	5	0.51	1	0.10	—	—			
Neath and District	Neath Borough	5	0.16	46	1.46	—	—	462	14.70	20	0.64	2	1	—	—	—	4	—	—	—	—	—	—	—	—	—	26	0.83	7	0.22	1	0.03			
	Neath Rural	12	0.29	54	1.31	—	—	521	12.65	21	0.51	—	6	—	—	—	2	—	—	—	—	—	—	—	—	4	30	0.73	6	0.15	1	0.02			
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural	20	0.78	8	0.31	—	—	514	20.08	27	1.05	2	2	5	—	26	—	2	4.60	—	—	—	—	—	—	—	29	1.13	3	0.12	1	0.04			
	Pontypridd Urban	29	0.76	18	0.47	—	—	904	23.80	7	0.18	—	2	1	—	24	1	2	3.82	—	—	1	0.03	—	—	—	35	1.45	3	0.08	—	—			
Port Talbot and Glynorwng	Glynorwng Urban	2	0.21	12	1.26	—	—	216	22.59	—	—	—	—	—	—	—	—	2	10.99	—	—	—	—	—	—	2	13	1.36	—	—	1	0.10			
	Port Talbot Borough ..	25	0.54	63	1.35	—	—	1,132	24.25	22	0.47	4	2	—	—	3	1	4	4.56	—	—	2	0.04	—	—	3	35	0.75	7	0.15	4	0.09			
South-East Glamorgan	Barry Borough	64	1.53	24	0.62	—	—	762	18.23	28	0.67	—	1	2	—	6	1	32	45.20	—	—	—	—	—	—	11	50	1.20	9	0.22	13	0.31			
	Cardiff Rural	21	0.56	10	0.27	—	—	746	19.92	28	0.75	—	2	5	—	22	—	—	—	—	—	3	0.08	—	—	26	16	0.43	1	0.08	4	0.11			
	Cowbridge Borough	—	—	1	0.07	—	—	2	1.94	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Cowbridge Rural	3	0.16	10	0.52	—	—	305	15.90	24	1.25	1	—	—	—	28	—	7	23.36	—	—	—	—	—	—	—	12	0.63	1	0.05	—	—			
	Penarth Urban	11	0.58	13	0.69	—	—	592	31.21	16	0.84	3	1	4	—	38	—	1	3.56	—	—	7	0.37	—	—	21	6	0.32	4	0.21	1	0.05			
West Glamorgan	Gower Rural	3	0.25	5	0.42	—	—	106	8.99	1	0.08	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6	0.51	4	0.34	—	—			
	Lliwchwr Urban	4	0.16	41	1.60	—	—	627	24.44	6	0.23	4	1	2	—	1	—	7	21.74	—	—	—	—	—	—	—	12	0.47	1	0.04	—	—			
	Pontardawe Rural	8	0.25	3	0.09	—	—	385	11.97	7	0.22	2	3	1	—	—	—	—	—	—	1	0.03	—	—	—	—	18	0.56	8	0.25	—	—			
Rhondda	Rhondda Urban	107	0.99	143	1.32	—	—	2,120	19.59	105	0.97	1	8	7	2	27	—	12	8.07	—	—	—	—	—	—	3	146	1.35	16	0.15	13	0.12			

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Malformations

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