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Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1956

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 Thomas Evans, J.P. (Pontardawe).

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 Thomas Evans, J.P. (Pontardawe.)

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

Chairman : County Councillor W. R. Francis, J.P.

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

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

Appointments Sub-Committee. (26 Members.)

Chairman : County Alderman Thomas Evans, J.P. (Pontardawe.)

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 1956 on the health and sanitary circumstances of the County prepared in accordance with the Welsh Board of Health instructions in Circular 28/54 Wales.

A report by Mr. John Young, L.D.S., the Principal School Dental Officer, on the dental treatment given to expectant and nursing mothers and to children of pre-school age is also included.

The Registrar-General's estimate of the population of the Administrative County was 738,000, an apparent increase of 600 on the previous year. The increase occurred mainly in Port Talbot where the Borough continues to expand in the Sandfields area, and in the rural districts with the exception of Pontardawe R.D. In contrast the population of the mining valleys of Rhondda, Aberdare, and Pontypridd decreased by 1,350, the greatest number 810 being in the area of the Rhondda Municipal Borough. There is a shortage of land for housing development in these areas and the younger generation quite naturally move away into areas where the housing shortage is not so acute. One of the consequences of this is that there is a higher proportion of older people left to be cared for and this is reflected in a greater demand on the Home Nursing and Home Help Services.

The vital statistics for the year show an excess of births over deaths of 2,576 consequent on an increase in the birth rate from 15.1 to 15.8 and a decrease in the death rate from 13.1 to 12.3 per thousand population. These figures show a generally satisfactory state of the health of the population of the County, and a more detailed examination of the causes of death confirms this. Respiratory tuberculosis, circulatory diseases, influenza and other diseases of the respiratory system death rates are all lower than in the previous year. This unfortunately was not the case in deaths due to road accidents, there being seventy-seven deaths from this cause, an increase of twenty-four. No early solution will be found to the problems of road traffic, but every effort must continue to be made in an attempt to reduce the toll of the road.

An analysis of the cancer death rate shows a welcome reduction of forty in deaths from cancer of the lung, which still however, causes more deaths than pulmonary tuberculosis; indeed almost twice as many men die from lung cancer as from tuberculosis. The incidence of this complaint is lower in Glamorgan than for the Country as a whole, but this and the reduction this year, should not lull the smokers among us into a sense of false security. The statistical evidence all points to a close association between this condition and smoking, the chances of a man who smokes more than twenty-five cigarettes per day dying from this cause being twenty-four times greater for a smoker than a non-smoker. Figures such as these must be brought home to the smoking public which must then decide whether it is prepared to take the grave risk involved in heavy smoking. The only increase in deaths from cancer occurred from neoplasms of the breast, a site where by early diagnosis cure can be achieved by the resources available for treatment. The attention of women is being drawn to this by the Health Visiting and Domiciliary Nursing Staff.

The infant mortality rate, although showing an appreciable drop from 34 to 30 is still much too high when it is considered that the rate for England and Wales is 24. The maternal death rate again fell from 0.96 to 0.67 per thousand births.

The services under Part III of the National Health Service Act for which the Committee is responsible have continued to work under the pressure of the demand made by those in need of them. The Home Nurses for example paid 539,386 visits, an increase of 19,087 although the number of cases treated fell by 798. The average number of visits per case was approximately thirty-one due to the large number of chronic sick cases, many of whom have to be visited for the purpose of giving injections, the benefit to be derived from some of which, in my opinion, is questionable.

The main problem in connection with the domiciliary midwifery service continues to be the recruitment of staff to replace retiring midwives and the position has almost been reached when it will not be possible to fulfil the statutory duty of providing an adequate domiciliary service in some parts of the County. The granting of an extra week's holiday to domiciliary midwives is insufficient compensation for a twenty-four hours a day service expected from them, which is in marked contrast to their hospital colleagues who work fixed hours.

The report of the Cranbrook Committee investigating the maternity services to which both Miss Bronwen Davies (County Non-Medical Supervisor of Midwives) and I were privileged to give evidence will, it is hoped, give a lead as to the form of maternity service needed in the future, but in any case there will have to be changes to ensure the fullest use of the available midwifery staff.

The report of the Working Party on Health Visitors endorsed the position of the health visitor as a teacher and educator, and health education and disease prevention must form an important part of her work. Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, draws attention on page 16 to the great increase in mothercraft teaching which is taking place in the Maternity and Child Welfare Clinics. This is as it should be and will establish the clinics as centres to which mothers can turn for advice and guidance. It is of interest to note that the attendances at the Infants Welfare Clinics increased by 9,736.

The problem of rendering every assistance to the aged who are infirm ever confronts the Department and in addition to the care given by the Nursing Service, the Home Help Service plays a vital role, 3,141 households being assisted during the year, an increase of 174. Even so, with the staff available, a careful selection of applications has to be made to ensure assistance is provided only to those who most need it.

The operation of the Ambulance Service has been greatly facilitated by the installation of wireless control enabling fuller use of the vehicles which can be readily contacted when away from their base. The benefit is reflected in the fact that although 3,677 more patients were carried, both the number of miles run (1,633,272) and journeys (58,118) were reduced.

The use of diesel driven vehicles has proved a success. The fear that fumes from the engine would become unpleasant to patients conveyed was without foundation and the cheaper running costs have fully justified the switch from petrol driven ambulances.

No major outbreaks of infectious disease occurred during the year, poliomyelitis notifications being down from sixty-nine to twenty-six.

The increase in the number of notifications of food poisoning and dysentery shows the need for constant vigilance in the handling of food and I am pleased to report that the district councils are fully alive to their responsibilities under the Food and Drugs Regulations. An outbreak of paratyphoid fever in the maternity unit at East Glamorgan Hospital was a cause of concern at the time but with the active co-operation of the hospital staff it was effectively controlled. A more puzzling outbreak of illness occurred in the Pontardawe area, the cause, contamination of flour in transit with an insecticide containing endrin, being traced and dealt with by the staff of the Local Health Department assisted by the resources for analysis available to them.

Once again I should like to place on record my thanks for the invaluable support which the Chairman, County Alderman Thomas Evans, J.P., Pontardawe, and the members of the Health Committee have continued to give me and, also the unfailing loyalty and help of all members of the staff.

It is a pleasure also to record the great satisfaction felt by his colleagues on the award of the M.B.E. to the Principal Clerk of the Department, Mr. Illtyd G. Millward, in the 1957 New Year's Honours List.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

August, 1957.

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NATIONAL HEALTH SERVICE ACT, 1946.

DIVISIONAL ADMINISTRATION.

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

<i>Health Division.</i>	<i>Divisional Medical Officer.</i>	<i>Address.</i>	<i>Telephone No.</i>
Aberdare and Mountain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Rock Grounds, Aberdare	Aberdare 441
Caerphilly and Gelli-gaer	E. C. Powell, M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Caerphilly Road, Ystrad Mynach	Hengoed 3171
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 700/1
Neath and District ..	H. R. Stubbins, M.D., D.P.H. ..	Divisional Health Office, Dyfed Road, Neath	Neath 2481/2
Pontypridd and Llantrisant	T. Islwyn Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Court-house Street, Pontypridd	Pontypridd 2275
Port Talbot and Glyn-corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot	Port Talbot 2137
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Old County Council Offices, Westgate Street, Cardiff	Cardiff 22336/7
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.
Edmundstown	Rhondda	Midwifery ..	do.
Penrhiwfer	Pontypridd and Llantrisant	do.	Rhondda.
St. Mary Hill	Mid-Glamorgan	Home Nursing	South-East Glamorgan.

SECTION 21—HEALTH CENTRES.

From the trend of official pronouncements about health centres it seems that a large amount of the work done by members and officials in the years immediately following 1948 in surveying the health centre needs of the County and finding and earmarking sites was of no avail. So long as Government policy on this matter remains unchanged there is little likelihood of circumstances arising which would justify the submission of proposals to erect health centres in Glamorgan.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

As foreshadowed in my last report, there has been an inevitable slowing down in the clinic building programme. However it is pleasing to note that two clinics were completed and another commenced during the year.

Sandfields (Port Talbot).

This clinic of modern design was completed and officially opened by County Councillor J. Treharne on the 6th September, 1956. There is ample land within the curtilage of the site for health centre development should this become a practical proposition.

Wyndham Street, Barry.

This clinic which was officially opened on the 4th May, 1956, by County Councillor E. C. Gough, replaces the old A.R.P. structure at Wyndham Street, which had to be demolished. It is ideally situated in the centre of Barry, adjacent to the main shopping centre and bus terminus and will provide a welcome addition to the clinic services in this area, particularly to expectant mothers who previously had to attend the Cadoxton Clinic.

Ystalyfera.

Work has commenced on the erection of a new clinic at Ystalyfera which should be completed in 1957.

Porthcawl.

A most generous gift of £125 was received from Mrs. B. S. Blundell, Nottage Court, Porthcawl, for the purchase of equipment, etc., for the benefit of mothers and children attending the Porthcawl Clinic. The money was spent on a display case for health education exhibits and an electric clock.

Clinic Sites.

Suitable sites for the erection of clinics have been earmarked at Penywaun, Aberdare, and at Colcot, Barry.

Murton Green.

The Authority have recommended acceptance of a proposal to dispose of the freehold interest in part of the site for the erection of a church.

Hired Premises.

There have been few changes in clinics held in hired premises. In many instances the owners have been faced with the prospect of paying rates on an increased assessment and have not unnaturally sought some recompense by way of increased rents or a contribution to meet the cost of additional rates. The majority of the hirings are of church halls or chapel vestries and are no longer available at "peppercorn" charges.

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	Penrhiwceiber	Cwmcynon Hall, Penrhiwceiber	Ante-natal :	Friday afternoons fortnightly	Previously held on Friday mornings fortnightly.
Caerphilly and Gelligaer	Caerphilly..	Tonyfelin Welsh Baptist Chapel School Room, Bedwas Road, Caerphilly	Infant Welfare and sale of Welfare foods :	Thursday afternoons fortnightly	Previously held on the first and third Thursday afternoons in the month.
	Do. ..	Congregational Church Vestry, Van Road, Caerphilly		Do. ..	Previously held on second and fourth Thursday afternoons in month.
	Fochriw ..	Noddfa Baptist Church, Fochriw	Ante-natal :	Thursday afternoons weekly	The monthly session was discontinued.
	Nantgarw	Oxford Hall, Rhydyrhelig, Nantgarw	Ante-natal :		
			Infant Welfare and sale of Welfare foods :	Thursday afternoons fortnightly	Previously held first Thursday afternoon in month.
	Nelson ..	Social Centre, Nelson ..	Ante-natal :	Second and fourth Tuesday afternoons in month	Previously held second and fourth Thursday morning in month.
			Health Education Classes :	First and third Tuesday afternoons in month	
	Taffs Well..	St. Mary's Church Hall, Glanllyn, Taffs Well	Infant Welfare and sale of Welfare foods :	Thursday afternoons fortnightly	Previously held on third Thursday afternoons month.
Mid-Glamorgan	Ystrad Mynach	County Offices, Caerphilly Ystrad Mynach	Infant Welfare :		The fortnightly session was discontinued.
	Bridgend ..	Greenmeadow, Coity Road, Bridgend	Ante-natal :	Tuesday mornings fortnightly	Previously held on Thursday mornings fortnightly.
	Do. ..	Council Offices, Glanogwr, Bridgend	Ante-natal :	Thursday mornings fortnightly	Previously held on Tuesday mornings fortnightly.
	Porthcawl..	County Council Clinic, South Place, Porthcawl	Sale of Welfare foods :	Monday afternoons and Wednesdays	Additional sessions on Monday afternoons and Saturday mornings discontinued.
	Nantymoel	"Glanrhyd," Nantymoel	Ante-natal :	Monday afternoons fortnightly	
	Maesteg ..	Bethania Hall, Parc Site, Maesteg	Infant Welfare :	Thursday mornings fortnightly	
	Bryntirion	Community Hall, Bryntirion	Infant Welfare and sale of Welfare foods :	Wednesday afternoons fortnightly	Previously held on Tuesday afternoons fortnightly.
	Cornelly ..	Methodist Chapel, Cornelly	Infant Welfare and sale of Welfare foods :	Tuesday afternoons weekly	Previously held on Tuesday afternoons fortnightly.

Health Division.	Area Served.	Location of Clinic premises.	Type of frequency of Sessions now held.	Remarks.
Pontypridd and Llantrisant	Treforest ..	Saron Methodist Church, Treforest	Infant Welfare and sale of Welfare foods : Monday afternoons weekly	Clinic formerly held at Boys' Club, Treforest.
	Gilfach Goch	Gelliarael Road, Gilfach Goch	Infant Welfare and sale of Welfare foods : Thursday afternoons weekly	Previously held on Thursday afternoons fortnightly
	Hopkinstown	Old Age Pensioners' Welfare Hall, Foundry Road, Hopkinstown	Infant Welfare and sale of Welfare foods : Tuesday afternoons weekly	Previously held on Tuesday afternoons fortnightly.
Port Talbot and Glyncothwyl	Aberavon ..	Sandfields Clinic, Dew Road, Aberavon	Ante-natal : Wednesday and Thursday mornings Infant Welfare and sale of Welfare foods : Wednesday and Thursday afternoons	New Clinic.
	Aberavon ..	Seaside Community Centre, Sandfields, Port Talbot		Discontinued on opening of Sandfields Clinic.
South-East Glamorgan	Barry ..	Wyndham Street, Barry	Infant Welfare : Monday and Thursday afternoons weekly Ante-natal : Wednesday mornings weekly and Friday mornings and afternoons weekly Birth Control : Wednesday afternoons fortnightly Sale of Welfare foods : Monday afternoons weekly, Wednesday mornings weekly, and Thursday afternoons weekly	New clinic to replace old one which was demolished.
	Cadoxton ..	Cadoxton		Ante-natal Clinic discontinued. Transferred to Wyndham Street.

The following tables give statistical details of the services provided for the care of mothers and young persons during the year :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncofrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
BIRTHS.													
No. of births notified	{	(a) Live births	{ Domiciliary Institutional	381 601	736 700	720 909	408 602	414 672	525 593	645 1,344	321 636	593 962	4,742 7,019
		(b) Still-births	{ Domiciliary Institutional	11 27	18 26	6 36	6 21	6 23	9 25	9 41	3 12	20 32	88 243
ANTE-NATAL AND POST-NATAL CLINICS.													
(a) No. of clinics provided at the end of the year	{	Ante-natal clinics Post-natal clinics	9 —	14 2	19 —	6 —	7 —	11 —	10 —	5 —	7 —	88 2	
(b) No. of sessions held per month at clinics included in (a)	{	Ante-natal clinics	22	30	42	22	33	40	34	20	44	287	
		M.O.	—	—	—	4	—	—	—	—	—	4	
		Midwives .. Post-natal clinics	—	2	—	—	—	—	—	—	—	—	2
(c) No. of women who attend- ed during the year	{	Ante-natal clinics Post-natal clinics*	972 226 (226)	1,741 326 (124)	1,403 94 (94)	1,199 283 (283)	1,022 113 (113)	1,439 92 (92)	1,370 190 (190)	691 122 (122)	1,587 898 (898)	11,424 2,344 (2,142)	
		(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> pre- viously attended any clinic during current preg- nancy and for P.N. clinics women who had <i>not</i> pre- viously attended any P.N. clinic after last confine- ment	{ Ante-natal clinics Post-natal clinics*	743 212 (212)	1,384 269 (120)	1,083 94 (94)	953 283 (283)	821 102 (102)	1,087 92 (92)	1,079 150 (150)	545 117 (117)	1,249 898 (898)	8,944 2,217 (2,068)
(e) Total No. of attendances made by women included in (c)	{	Ante-natal clinics M.O. Midwives .. Post-natal clinics*	4,531 — 253	5,993 — 428	5,596 — 106	5,254 587 300	4,711 — 134	6,055 — 96	5,208 — 457	3,381 — 122	8,430 — 898	49,159 587 2,799	
		* Women post-natally examined at ante-natal clinics are included and also shown in brackets.	(253)	(142)	(106)	(300)	(134)	(96)	(457)	(122)	(898)	(2,508)	
INFANT WELFARE CENTRES.													
(a) No. of centres provided			9	23	29	12	13	15	27	18	7	151	
(b) No. of sessions held per month at centres in (a)			38	62	98	34	45	46	81	48	72	524	
(c) No. of children who attended centres for the first time during the year who were under 1 year of age			990	1,361	1,451	877	1,204	1,019	1,537	864	1,356	10,651	
(d) No. of children who attended during the year who were born in	{	1956	811	1,187	1,295	810	887	954	1,495	869	1,169	9,471	
		1955	776	925	1,224	724	792	844	1,298	850	884	8,311	
		1951-1954	665	1,025	1,831	901	1,109	799	1,250	492	766	8,831	
(e) Total No. of children who attended the centres during the year			2,252	3,137	4,350	2,435	2,788	2,597	4,043	2,211	2,819	26,631	
(f) No. of attendances during the year made by children who at the date of the first attendance were	{	Under 1 year ..	11,157	15,032	19,252	11,289	10,714	12,238	22,830	11,361	11,040	124,911	
		1 year but under 2 years	2,027	2,973	5,795	2,635	2,593	2,598	4,964	2,482	1,742	27,801	
		2 years but under 5 years	1,438	2,270	6,844	2,149	2,550	2,666	4,240	1,805	1,028	24,991	
(g) Total No. of attendances made during the year			14,622	20,275	31,891	16,073	15,857	17,502	32,034	15,648	13,810	177,711	

EXPECTANT AND NURSING MOTHERS.

On the 31st December, 1956, clinic facilities for expectant mothers were available at eighty-nine centres, forty-two of these being County Council-owned premises. The number of ante-natal clinic sessions held monthly showed a decrease from 289 to 287.

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

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

There is good liaison with the family doctors in cases where their active assistance is thought desirable and co-operation between the clinic medical officers, the County midwives and the maternity units of local hospitals has improved.

It is thought that the opportunities for personal contacts, which the recently established Refresher Courses have provided for Domiciliary and Hospital Midwives have also contributed to the better understanding now existing between them.

Ante-natal clinic attendances, including attendances at midwives sessions of 49,746 showed an increase of 2,044 compared with last year's figures. Restriction of admission to certain maternity hospitals may have had some influence on this unexpected increase.

Ante-natal care is available for all expectant 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 the ante-natal or infant welfare clinics. The success of this method depends to a great extent upon the personality and enthusiasm of the instructor.

Individual advice, including that related to the mental health of the expectant and nursing mother remains the most important method of health education. A film strip projector and suitable film strips on health matters has 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.

Of the need for more maternity beds for the Caerphilly and Gelligaer Division, Dr. E. C. Powell, the Divisional Medical Officer, states :—

“Additional accommodation within the Division for maternity cases is still an urgent need, but we have been fortunate in that many cases, which previously would have gone to East Glamorgan Hospital, have been accepted at Glossop Terrace Maternity Hospital. Admissions are also arranged to St. James' Hospital, Tredegar, and to Gwaunfarren at Merthyr Tydfil.

The fact still remains, however, that patients due for examination at hospital ante-natal clinics have to travel longer distances than should be necessary.”

TOXAEMIA IN PREGNANCY.

As suggested by the Minister of Health, hospital management committees in Glamorgan have called special meetings of professional representatives of the three parts of the National Health Service to discuss the problem of toxæmia in pregnancy. I, or my Deputy, have attended all these meetings. Usually the discussions centred around the best methods of ensuring complete co-operation between the general practitioner, the local health authority, and the hospital and consultant service and an attempt was made to define their respective spheres of activity in the care of the expectant mother, irrespective of whether she would be confined at home or in hospital. The problem was also discussed at a meeting of the Glamorgan Medical Committee, of which I am a member.

At all these meetings there was a general measure of agreement on the desirability of doing everything possible to secure proper ante-natal care for expectant mothers and the methods by which this could best be achieved. The following brief statement, discussed at most of the meetings, indicates the part to be played by the various sections of the Maternity Service in seeing that adequate ante-natal care is given :—

Ante-natal Care.

“The main criticisms and difficulties of the existing ante-natal services may be summarised as follows :

- (1) Division of responsibility sometimes resulting in no-one taking complete responsibility.
- (2) Person undertaking delivery has insufficient contact with the woman during ante-natal period.
- (3) Lack of facilities for ante-natal care. The increase in the number of hospital confinements making it impracticable for women to receive complete ante-natal care at hospital centres—particularly where a hospital provides for a large area.

It is suggested that the following proposals regarding ante-natal care meet most of these criticisms and are practicable with existing facilities—

- (1) *Domiciliary Confinement.*
- (a) *General Practitioner Booked.*

Either (i) General practitioner provides complete care and woman does not attend local authority clinic. It may be possible for midwife to attend at the examinations made by the general practitioner.

or (ii) Woman attends local authority clinic until thirty-second or thirty-fourth week and the local authority are responsible for the ante-natal care including blood tests and health education. At the thirty-fourth week the general practitioner could, if he desires, take over the care being given the complete ante-natal record from the local authority.

(b) *Only Midwife Booked.*

The local authority would be responsible for the ante-natal care throughout the pregnancy. The midwife would inform the general practitioner that she will be undertaking the ante-natal care.

(2) *Hospital Confinement.*

The general practitioner or the local authority would provide the ante-natal care up to the thirty-fourth week and would then forward the complete ante-natal record to the hospital. The hospital ante-natal clinic could then if they desire accept responsibility.

Most hospitals would wish for the patient to attend a booking clinic rather earlier in pregnancy but this should not be essential. In all cases the general practitioner must be kept informed of developments.

It is appreciated that complications may arise at any stage which would require immediate referral to a consultant ante-clinic or to a general practitioner for treatment.

Record Cards—There should be unified record cards, to be used by all concerned covering the ante-natal period, confinement, puerperium, and post-natal examination.

The original records should be passed at the appropriate time to those responsible for the patient. When completed there should be a standard method of filing for future reference. It may be considered that it would be appropriate for the general practitioner or local authority to hold these records but that they should be made available to hospital or local authority on request for research or other purposes.

Procedure—Where a pregnant woman consults a midwife in the first instance, then the midwife should try to persuade the woman to book a general practitioner obstetrician for her confinement. She should explain the methods by which the expectant mother can receive ante-natal care. It would be left to the woman, in consultation with her general practitioner, as to the method in each particular case. When a decision has been made the general practitioner and the local authority should be informed—a standard letter could be used for this purpose.

Since all expectant mothers book a midwife it may be that the midwife would be the most suitable to send the standard letter to the general practitioner and the divisional medical officer.

Frequency of Ante-natal Examinations in Normal Cases.

Monthly up to twenty-eighth week.

Fortnightly twenty-eighth to thirty-sixth week.

Weekly after thirty-sixth week.

Defaulters—If it is found that the expectant woman does not attend regularly for ante-natal examination, then the general practitioner or the local authority clinic should inform the divisional medical officer who would arrange for a midwife or a health visitor to follow up."

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 1956, there were sixty-one courses of lectures held in ante-natal clinics in the County, at which a total of 485 mothers attended and the total attendances were 2,162.

The details are as follows :

Division.	Centres at which Courses were held.	Number of Courses arranged.	Number of Mothers attended.	Number of attendances.
Aberdare and Mountain Ash	Aberdare, Mountain Ash, Cwmcynon, Ynysboeth, and Abercynon (5).	17	137	635
Caerphilly and Gelligaer ..	Nelson (only started in December, 1956 (1))	1	10	18
Mid-Glamorgan	Bridgend, Maesteg, Porthcawl, Pencoed, Kenfig Hill, Tondy, Pontycymmer, and Ogmores Vale (8)	13	100	440
Neath and District	Dyfed Road, Glynneath, Hunter Street, Skewen, and Seven Sisters (5)	15	127	537
Pontypridd and Llantrisant ..	Central Clinic, Ynysybwl, and Tonyrefail (3)	9	75	349
Port Talbot	Pendarves Street Clinic (1)	1	8	48
South-East Glamorgan ..	Nil (0)	Nil	Nil	Nil
West Glamorgan	Pontardawe and Pontardulais (2)	4	20	103
Rhondda	Carnegie Centre, Treallaw (1)	1	8	32
Totals	26	61	485	2,162

It is hoped that further courses will be arranged in 1957 at Bargoed, Treceynydd (Caerphilly and Gelligaer), Talbot Green, Gilfach Goch (Pontypridd and Llantrisant), Dew Road and Ynys Street (Port Talbot), Dinas Powis, Cadoxton, and Wyndham Street (South-East), and Ynyswen and Ferndale clinics (Rhondda).

On the whole, the classes have been very much appreciated by the mothers, as the attendance figures show, taking into account the fact that most of the mothers attending have home commitments, which do not always permit them to attend however much they desire to do so.

It is also possible that more young expectant mothers of first babies would attend (and these are the ones who would greatly benefit) were it not for the fact that they remain in employment during the early months of pregnancy.

Instruction in relaxation was taught at Aberdare, Bridgend, and Briton Ferry ante-natal clinics.

The shortage of staff does not permit us to enter into this aspect of the teaching as deeply as we would wish to do, but the talks have certainly been much enjoyed by the expectant mothers who have attended. The discussion of their personal doubts and fears regarding their pregnancies with the clinic doctors, health visitors, and midwives, both individually and as a group, has resulted in a happier and more peaceful state of mind, and there is evidence that the enlightenment and reassurance which they receive from these talks has resulted in greater serenity and peace of mind and a happier looking-forward to the actual birth of the baby, if, not quite 'without fear', at least full of hope and confidence."

POST-NATAL CLINICS.

The total number of mothers who attended for post-natal examination last year was 2,794, an increase of 239 over 1955.

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.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1956 was 28.55 per thousand births, compared with a rate of 46.0 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 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 twenty-four unmarried mothers were admitted for confinement to hostels under the County Council scheme, thirteen more than in 1955.

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

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.

CARE OF MOTHERS AND YOUNG CHILDREN.

Following the publication of the report of the Guillebaud Committee, in which it was stated "that the Maternity Services are in a state of some confusion", the Minister of Health has set up a Committee with the following terms of reference:—"to review the present organisation of the Maternity Services in England and Wales, to consider what should be their content and to make recommendations."

There is considerable room for some adjustment of the present tripartite administration of the Health Service. Unification or closer co-ordination of the various interests engaged in the administration of the Hospital and Domiciliary Maternity Services is long overdue and the report of the Cranbrook Committee is awaited with interest.

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 1956 the number of sessions per month had been increased from 429 in 1948, to 524. In some clinics qualified nurses not holding a health visitor's certificate assist. There are a few clinics where, by a long-standing arrangement, a local practitioner attends on a sessional basis.

The fall in attendances to which reference was made in my last annual report seems to have been halted. The total attendances showed an increase from 167,976 to 177,712, and the actual number of children who attended the various centres increased from 25,552 to 26,632. This seems to indicate that in spite of what has been stated by some critics of the infant welfare services of local health authorities, large numbers of Glamorgan mothers avail themselves of the advisory services offered by the clinic doctor and the health visitor. Properly run by an experienced team of professional workers the infant welfare clinic can give worthwhile assistance to the mother in securing the proper care of her children.

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.

"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.

CARE OF PREMATURE BABIES.

Of the 884 premature live births notified—an increase of seventy-six over the figure for 1955—235 were born at home, compared with 198 in 1955.

The number of premature stillbirths fell from 181 in 1955 to 164 last year. The figures contained in Table on page 19 are of considerable interest and, in so far as they relate to the survival of premature babies born and nursed entirely at home, reflect credit on the midwives engaged on these cases.

It should be noted that excluding premature babies of 3 lb. 4 oz. or less 148 out of 155 of those born and nursed at home survived the first twenty-eight days.

1. No. of premature live-births notified (as adjusted by transferred notifications).	2. No. of premature still-births notified (as adjusted by transferred notifications).
(a) In hospital 640	(a) In hospital 129
(b) At home 235	(b) At home 34
(c) In private nursing homes (A) .. 9	(c) In private nursing homes (A) .. 1
Total .. 884	Total .. 164

Weight at birth.	PREMATURE LIVE-BIRTHS.															PREMATURE STILL-BIRTHS.		
	Born in hospital. (B)			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in Hospital.	Born at Home.	Born in Nursing Home.
	Total. (2)	Died within 24 hours of birth. (3)	Survived 28 days. (4)	Total. (5)	Died within 24 hours of birth. (6)	Survived 28 days. (7)	Total. (8)	Died within 24 hours of birth. (9)	Survived 28 days. (10)	Total. (11)	Died within 24 hours of birth. (12)	Survived 28 days. (13)	Total. (14)	Died within 24 hours of birth. (15)	Survived 28 days. (16)	(17)	(18)	(19)
(1)																		
3 lb. 4 oz. or less .. (1,500 gms. or less)	66	31	21	10	5	2	14	6	5	—	—	—	—	—	—	69	12	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. (1,500-2,000 gms.)	133	14	106	19	1	17	29	2	25	2	1	1	—	—	—	39	9	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. (2,000-2,250 gms.)	150	10	131	34	2	31	9	1	7	1	—	1	—	—	—	6	4	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. (2,250-2,500 gms.)	291	8	277	102	1	100	18	—	12	6	—	6	—	—	—	15	9	—
Total (C) ..	640	63	535	165	9	150	70	9	49	9	1	8	—	—	—	129	34	1

Notes.—(A) "Private Nursing Home" includes nursing homes and maternity hospitals and homes not in the National Health Service and mother and baby homes where women are confined in the home.

(B) The group under this heading will include cases which may be born in one hospital and transferred to another hospital.

(C) The totals in the above tables correspond with the appropriate figures in items 1 and 2, e.g. item (b) corresponds with the sum of the total of columns (5) and (8).

Births in an ambulance or in the street have been listed under the place in which the case was immediately transferred.

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 twenty-three first-year and sixteen 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, has been undertaken by local health authorities as part of their duties under Section 22 of the National Health Service Act.

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 seventeen and thanks are due to these householders for their continued help.

During 1956 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>
279,289	76,188	448,139	25,730

The value of the postage stamps on the coupons surrendered by beneficiaries was £21,405.

Compared with the previous year these figures show that the issue of National Dried Milk fell by 29,138 tins and there was a decrease of 4,737 in the number of bottles of Cod liver oil issued. The issue of orange juice increased by 58,121 bottles and Vitamin A and D tablets by 929 packets.

The value of proprietary milk and welfare foods sold in the welfare clinics in 1956 was approximately £22,200, which is a reduction of £800 on the amount for the previous year.

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 :—

“Our long hoped-for additions to our dental staff have so far not materialized, which means that we have not been able to introduce any of our expansion schemes, but have had to continue upon lines followed in the past few years. We have generally been able to deal adequately with every case, mother or child, referred to us, with the satisfying result of somewhat improving upon the previous year's figures in most divisions.

The seriously undermanned state of the profession is one which gives rise to much anxiety since figures show that although it is fully occupied it is only able to provide treatment for approximately one-fifth of the population. The recruitment rate to the profession up to rather less than two years ago was disappointingly low, but that is very much improved upon. Indeed, it is reported that the teaching schools are full to capacity, but of course we must wait for these students' graduation before we can hope to benefit from their reinforcement of our ranks. We sincerely hope that many of them will elect to join our service. The McNair report published in October of last year emphasises the need for making provision for training more students and reminds us that the Teviot Committee recommended a student intake of 900 per annum, whereas the present maximum number of students possible is 645. The McNair report continues to say that an annual intake of at least 1,000 must be considered.

A very much needed dental school in Wales, together with the expansion of existing schools, and possibly other new schools, are now under very serious consideration. It is hoped that the commencement of these new projects will not be too long delayed and that we can look forward hopefully to a rejuvenated dental service.

Our staffing position at the beginning of 1956, including that of the Rhondda Exceeded Area, was slightly better than in 1955, and consisted of six whole-time dental officers and twenty-two part-time officers. We experienced some small changes in our part-time officer personnel due to the demands of these officers' practices; at the end of the year we had a staff of six whole-time dental officers and twenty-one part-time officers but, despite this now familiar “hard-luck tale”, I feel that our returns for the year compare favourably with the previous year.

During the year we tried out the experiment of conducting evening sessions for expectant and nursing mothers, as suggested by the Ministry of Health. The experiment was tried in two divisions where there were waiting lists of maternity and child welfare patients and where whole-time staff was available. Our part-time officers could not co-operate in this manner since they had their practice needs to consider. Our evening session experiments were very successful; a good attendance was obtained and the waiting lists were very substantially reduced.

In 1956, 1,724 expectant and nursing mothers were referred from our maternity and child welfare centres, 370 more than in the previous year. Of this number 1,687 were found to require treatment, 1,550 were actually treated and 802 were rendered dentally fit. As I have pointed out in previous years, I feel it always necessary to explain the difference between the number of patients treated and of those rendered dentally fit. It is due to the frequent inability of the patient to attend for treatment as she nears the time of her confinement, demands upon the mother during the nursing period, sickness of herself or her child and so on and, of course, numbers of cases commenced in one year frequently continue into the following year. The number of teeth extracted for this group was 6,382, which is 1,071 more than the figure for 1955. 759 fillings, plus one gold inlay were inserted, i.e., thirty-six less than in 1955. Other forms of treatment, such as scalings, gum treatments, and dressings, amounted to 247 items and 574 dentures were supplied to patients, forty-three more than in 1955.

The figures relating to the dental treatment of pre-school age children are in the main very much on the same level as for the previous two or three years ; if anything they are rather lower than before. I feel rather concerned about this, since it could mean that mothers are not bringing their young children to us to enable us to forestall trouble. It may be that the tendency in the last year has been rather to postpone visiting the dental clinic until the onset of pain made it necessary. This, in my view, is very unfortunate. I have always advised, indeed insisted, that a small child's first visit to a dentist must have no unpleasant memories. So much of an important nature can be done for these small children, which will reassure them and improve their confidence in ' the man with the white coat'. Simple painless operations for palliative preparatory or prophylactic reasons should be the aim on a small child's first visit to a dentist. This is often impossible if the mother postpones the first visit until the pangs of toothache drive her to taking the small sufferer to go through an experience which could be a very dreadful one to a small child and spoil his or her future relations with the dentist.

One thousand and thirty-eight pre-school age children were referred to us in 1956. Of these 996 were found to require treatment, 863 were actually treated and 612 were rendered dentally fit. 2,344 teeth were extracted and 166 fillings were inserted. 90 other forms of treatment were recorded, these include such important items as dressings, scalings, gum treatments and silver nitrate treatments. Scalings are very seldom necessary for these youngsters, but the importance of the use of silver nitrate makes it one of the most important items in our armament in combatting caries in the teeth of the very young. It is painlessly applied and plays a great part, not only in combatting decay of the teeth, but in gaining the confidence of our small friends.

The profession as a whole, and particularly that portion of it which is engaged upon local authority work, is insistent about the need for the better instruction of the public upon oral and dental hygiene, so that the expression 'Preventive Dentistry' will have a real significance. To achieve this it will mean propaganda upon a large scale, a national scale, and the cost of such a scheme would be quite substantial but, even so, carefully and properly prepared and widely disseminated and repeated, to drive home the lesson, the enlightenment and improved knowledge should go far to combat and check the ravages of the nation's most widespread disease."

	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	197	215	287	130	176	221	145	58	295	1,724
Needing treatment	195	207	281	128	173	221	129	58	295	1,687
Treated	171	212	242	94	159	217	110	50	295	1,550
Made dentally fit	75	69	161	63	65	141	83	50	95	802
Extractions	643	987	1,586	541	166	1,057	665	253	484	6,382
Fillings	51	66	111	82	53	86	238	35	37	759
Crowns or Inlays	—	—	—	1	—	—	—	—	—	1
Scalings or scaling and gum treatment	7	43	23	6	36	92	8	6	18	239
Silver nitrate treatment	—	—	—	—	6	—	—	2	—	8
Radiographs	—	7	1	1	9	1	1	7	—	27
Dentures provided { Complete upper or lower	30	73	115	25	33	81	30	7	—	394
Partial upper or lower	15	27	32	30	9	29	20	5	13	180
CHILDREN UNDER 5 YEARS OF AGE.										
Examined	62	159	157	156	136	84	136	72	76	1,038
Needing treatment	60	141	148	151	136	80	133	71	76	996
Treated	30	122	128	128	118	72	124	65	76	863
Made dentally fit	22	61	119	73	38	68	104	65	62	612
Extractions	181	364	605	458	5	221	235	131	144	2,344
Fillings	—	23	6	47	15	38	33	4	—	166
Crowns or Inlays	—	—	—	—	—	—	—	—	—	—
Scalings or scaling and gum treatment	—	1	1	—	3	14	—	30	—	49
Silver nitrate treatment	—	8	—	2	2	—	2	14	13	41
Radiographs	—	—	—	—	—	—	2	—	—	2

SECTION 23—COUNTY DOMICILIARY MIDWIFERY SERVICE.

On the 31st December, 1956, there were in the Administrative County 145 midwives who had notified their intention to practise. Fourteen of this number were actually practising as independent midwives. In the County Domiciliary Midwifery Service 131 were employed, fourteen being engaged as nurse-midwives.

With the rapid development of the Sandfields area it was found necessary to increase the establishment in the Port Talbot and Glyncorrwg Division by one midwife.

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.

The steady fall in the number of domiciliary births, of which mention was made in previous reports, halted in 1956. This is shown in the graph on page 29. County Midwives attended 4,749 deliveries in 1956, an increase of 375 compared with the previous year's total of 4,374. In the County there were 492 total births more than in 1955, the number of domiciliary births attended showing an increase of 366, while the number of births occurring in hospital was reduced by 214. This was probably due to a restriction in the number of maternity cases admitted to certain hospitals.

Three hundred and twenty-five births took place outside the Administrative County.

In most areas of the County rapid transport of mothers in labour is provided for by the Ambulance Service. Even so, during the year seven 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 14,862 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.

In recent years the organisation of the Domiciliary Midwifery Service in this County has rarely been free from difficulty because of the shortage of trained staff and the arrangement of off-duty times and holidays. The recent extension of the annual leave period from four to five weeks, the maintenance of regular attendances of midwives at ante-natal clinics on a rota basis, the arrangements for midwives to attend a residential refresher course and the provision of reliefs for holiday, sickness, and other purposes have all added to the difficulty of ensuring an adequate Service.

The mounting costs of car hiring by midwives, particularly in certain divisions, have been a matter of serious concern during the year. A midwife going out to a confinement and taking with her a gas and air machine and her midwifery bags needs transport and this she is able to use on the authority of the Divisional Medical Officer or of the Divisional Non-Medical Supervisor, but for nursing visits following a normal confinement, in a compact midwifery practice with a not-too-heavy case load, discernment is required to ensure that the use of hired vehicles does not become more a matter of convenience than of need.

Some local health authorities provide their midwives with cars for official journeys and maintain them at the expense of the authority, other authorities make a car allowance to their midwives, others provide houses or flats. In these days, where in so many areas there is difficulty in recruitment of suitable midwives for vacancies in the Domiciliary Service, it is not unlikely that the number of applicants for posts offered by certain authorities is influenced by the availability of one or other of these inducements.

So far as the recruitment of domiciliary midwives is concerned, in this County the position has never been worse and, as the older midwives retire, the age structure of the present midwifery staff indicates that the problem of replacement will be intensified during the next five years.

For purposes of comparison, the age structure of the domiciliary midwifery staff in 1951 is shown, together with the position at the end of 1956.

ANALGESIA IN MIDWIFERY.

All County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its administration.

During 1956 the number of patients who received gas and air analgesia was 3,576, i.e., 228 more than in 1955. Expressed in terms of percentages 75.3 per cent of cases attended in 1956 received gas and air analgesia, compared with 76.5 per cent in 1955.

Pethedine, a drug to relieve pain during labour, was administered to 2,745 patients, or 57.8 per cent of the cases attended.

Under the new rules of the Central Midwives Board midwives are permitted to administer Trichloroethylene on their own responsibility. Arrangements were made for the supply of nineteen of an approved type of inhaler and two of these are in use in each division. Trichloroethylene was administered to 185 patients during the year.

TRAINING OF MIDWIVES.

Gradually the standards of midwifery training and technique are being improved. Since the salaried service established under the Midwives Act of 1936 came into operation the quality of the domiciliary midwifery service has greatly improved and those engaged in domiciliary work in Glamorgan are justly proud of the high standard of service they are able to give to their patients.

Unfortunately, as mentioned elsewhere in this section, domiciliary midwifery does not hold its former attraction for the qualified midwife and the relatively few who are prepared to work in this field should be encouraged to do so.

Ten pupil midwives were trained at the Part II Training School established at Neath. Although the number of candidates showed a slight increase in 1956, comparatively few candidates apply for admission. The pupil midwives still have to attend domiciliary confinements in the adjacent Port Talbot area because there are 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 six midwives from the following divisions attended courses in this subject :—

<i>Health Division.</i>	<i>No. of midwives sent.</i>	<i>Hospital attended.</i>
Aberdare and Mountain Ash ..	1	.. St. David's, Cardiff.
Neath and District	2	.. Neath General, Neath.
Port Talbot and Glyncoirwg ..	1	.. do.
South-East Glamorgan ..	1	.. St. David's, Cardiff.
West Glamorgan	1	.. Neath General, Neath.

POST-GRADUATE COURSES.

In accordance with the current rules of the Central Midwives Board which came into force in February, 1955, it is the duty of the local health authorities to arrange residential post-graduate courses at periodic intervals for practising midwives and supervisors of midwives.

(a) *Midwives.*

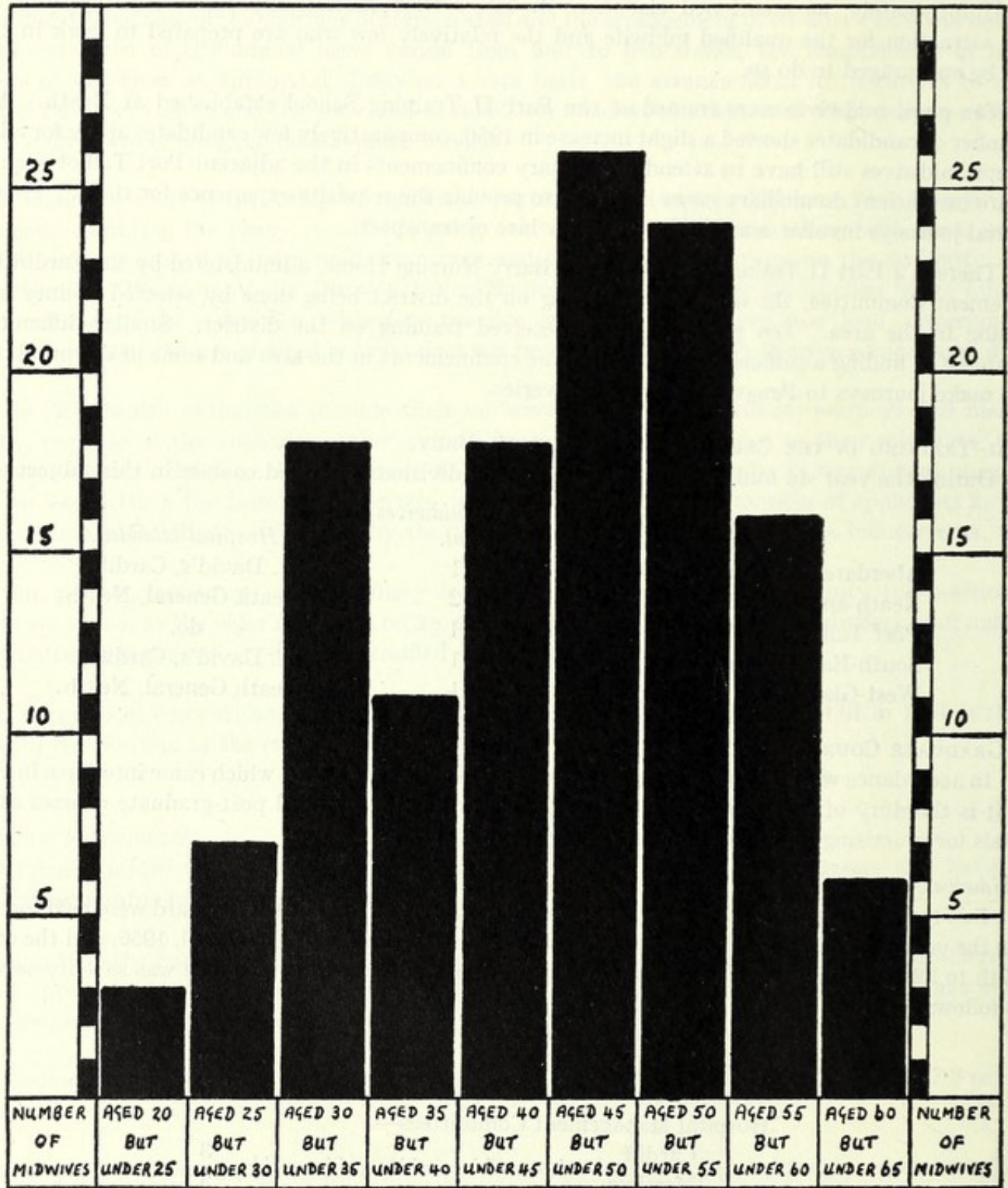
Two residential post-graduate courses approved by the Central Midwives Board were held for midwives during the year at Dyffryn House. One course was held from the 9th to 14th April, 1956, and the other from the 17th to 22nd September, 1956. The total number of midwives in attendance was seventy-seven, made up as follows :—

<i>Sending Authority.</i>	<i>No.</i>
Glamorgan County Council	53
Carmarthenshire County Council	9
Hospital Management Committees—	
Cardiff	3
Merthyr	3
Mid-Glamorgan	5
Pontypridd and Rhondda	3
Rhymney and Sirhowy Valleys	1

COUNTY MIDWIFERY SERVICE

Age distribution of County Midwives.

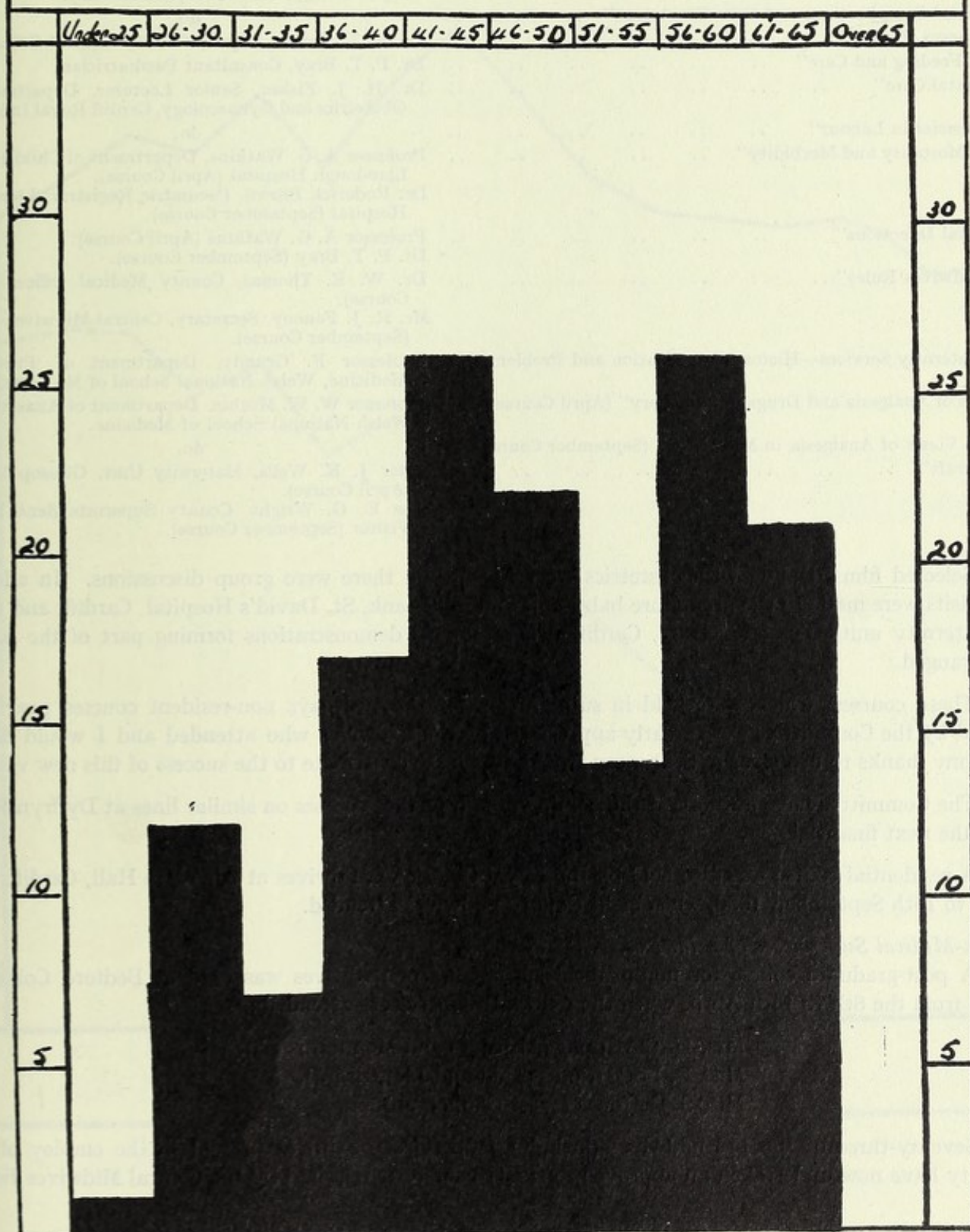
1956.



COUNTY MIDWIFERY SERVICE

Age distribution of County Midwives

1951



Miss Bronwen Davies, the County Non-Medical Supervisor of Midwives, who acted as Warden for the two courses, was assisted on each occasion by one of the Divisional Non-Medical Supervisors of Midwives.

The following lectures were given :—

<i>Subject.</i>	<i>Lecturer.</i>
"The Patient, the Midwife, and the Doctor"	Professor A. S. Duncan, Department of Obstetrics and Gynaecology, Cardiff Royal Infirmary.
"Post-natal Complications and their Treatment"	do.
"The Rhesus Factor"	Dr. R. T. Bevan, Deputy County Medical Officer.
"Infant Feeding and Care"	Dr. P. T. Bray, Consultant Paediatrician.
"Ante-natal Care"	Dr. H. J. Fisher, Senior Lecturer, Department of Obstetrics and Gynaecology, Cardiff Royal Infirmary.
"Emergencies in Labour"	do.
"Infant Mortality and Morbidity"	Professor A. G. Watkins, Department of Child Health, Llandough Hospital (April Course). Dr. Roderick Brown, Paediatric Registrar, Llandough Hospital (September Course).
"Neo-natal Infections"	Professor A. G. Watkins (April Course). Dr. P. T. Bray (September Course).
"The Midwives Rules"	Dr. W. E. Thomas, County Medical Officer (April Course). Mr. R. J. Fenney, Secretary, Central Midwives Board (September Course).
"The Maternity Services—History Organisation and Problems" ..	Professor F. Grundy, Department of Preventive Medicine, Welsh National School of Medicine.
"The Use of Analgesia and Drugs in Midwifery" (April Course) ..	Professor W. W. Mushin, Department of Anaesthetics, Welsh National School of Medicine.
"Modern Views of Analgesia in Midwifery" (September Course) ..	do.
"Parentcraft"	Sister J. K. Wells, Maternity Unit, Glossop Terrace (April Course). Miss E. G. Wright, County Superintendent Health Visitor (September Course).

Selected films dealing with obstetrics were shown and there were group discussions. In addition group visits were made to the premature baby unit and milk bank, St. David's Hospital, Cardiff, and to the new maternity unit, Glossop Terrace, Cardiff, where clinical demonstrations forming part of the course were arranged.

These courses, which were held in substitution for the two days non-resident courses previously arranged by the Committee, were greatly appreciated by the midwives who attended and I would like to express my thanks to Professor A. S. Duncan who did much to contribute to the success of this new venture.

The Committee have authorised the holding of two further courses on similar lines at Dyffryn House during the next financial year.

A residential course was also held by the Royal College of Midwives at Aberdare Hall, Cardiff, from the 9th to 15th September, 1956, when eight County midwives attended.

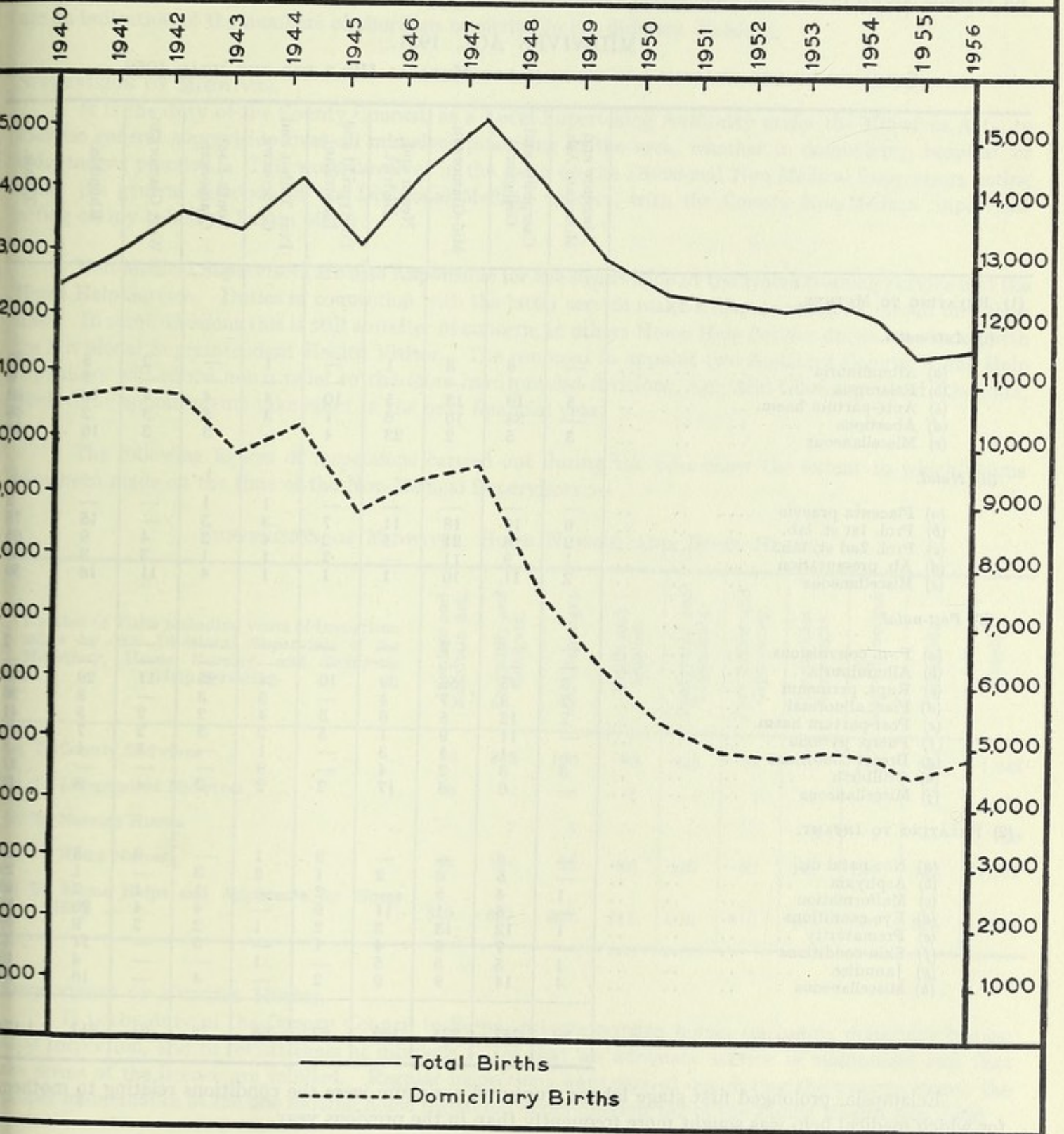
(b) *Non-Medical Supervisors of Midwives.*

A post-graduate course for non-medical supervisors of midwives was held at Bedford College of London from the 8th to 14th April, when the following supervisors attended :—

Mrs. H. Christmas (Aberdare and Mountain Ash).
Miss B. Lock (Pontypridd and Llantrisant).
Miss S. G. Jones (West Glamorgan).

Seventy-three of the 142 midwives (including supervisory staff) at present in the employ of the Authority have now undertaken an approved refresher course, as required by the Central Midwives Board.

BIRTHS



MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 1,171 occasions for reasons shown in the following table. This compares with figures of 907 for 1955 and 1,106 for 1954.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1956.

	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.
(1) RELATING TO MOTHER.										
(i) <i>Ante-natal.</i>										
(a) Albuminuria	—	3	8	1	—	1	—	2	5	20
(b) Eclampsia	—	1	—	—	—	—	—	—	5	6
(c) Ante-partum haem.	5	19	13	5	10	4	4	4	18	82
(d) Abortions	—	38	10	6	1	3	5	3	2	68
(e) Miscellaneous	3	5	2	23	4	—	3	3	16	59
(ii) <i>Natal.</i>										
(a) Placenta praevia	—	—	—	—	—	1	1	—	—	2
(b) Prol. 1st st. lab.	6	12	18	11	7	3	3	—	15	75
(c) Prol. 2nd st. lab.	2	16	21	5	2	4	2	4	9	65
(d) Ab. presentation	1	9	11	—	2	1	1	3	9	37
(e) Miscellaneous	2	11	10	1	1	1	4	11	18	59
(iii) <i>Post-natal.</i>										
(a) P.-n. convulsions	—	—	2	—	—	—	—	—	—	2
(b) Albuminuria	—	—	—	—	—	—	—	—	—	—
(c) Rupt. perineum	6	45	56	39	10	24	28	11	29	248
(d) Plac. abnormal	2	9	7	4	—	3	3	—	8	36
(e) Post-partum haem.	2	12	5	6	3	4	2	2	5	41
(f) Puerp. pyrexia	—	11	9	1	5	2	3	2	7	40
(g) Breast conditions	—	1	1	3	—	1	—	1	1	8
(h) Stillbirth	3	3	2	4	—	9	—	—	—	21
(j) Miscellaneous	—	6	6	17	2	2	2	4	8	47
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	—	3	—	—	3	1	—	3	5	15
(b) Asphyxia	—	5	6	2	1	2	3	—	1	20
(c) Malformation	1	4	5	—	2	—	1	1	2	16
(d) Eye conditions	—	6	1	11	9	—	4	4	20	58
(e) Prematurity	1	12	13	3	2	1	2	3	9	40
(f) Skin conditions	—	7	6	4	1	—	3	—	11	32
(g) Jaundice	1	5	3	5	—	1	—	—	4	19
(h) Miscellaneous	4	14	9	9	2	—	4	—	10	55
Totals	39	257	224	160	67	68	78	61	217	1,171

Eclampsia, prolonged first stage labour, ruptured perineum were the conditions relating to mothers for which medical help was sought more frequently than in the previous year.

The number of cases in which medical aid for eye and skin conditions in infants was summoned showed an increase.

A disturbing feature is the abnormal number of instances of abortion shown in the return of the Caerphilly and Gelligaer Health Division. As it is a rule of the Central Midwives Board that medical aid should be summoned by the midwife in all cases of abortion the figures shown under heading (1) (i) (d) above are an indication of the numbers of abortions occurring in the different divisions.

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 the 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 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. In some divisions this is still a matter of concern, in others Home Help Service duties are shared with the Divisional Superintendent Health Visitor. The proposal to appoint two Assistant County Home Help Organisers will afford much relief to the more hard pressed divisions, e.g., Mid-Glamorgan and Rhondda, when these appointments take effect in the next financial year.

The following figures of inspections carried out during the year show the extent to which claims have been made on the time of the Non-Medical Supervisors :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits including 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 Glyncoffw.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
a) To County Midwives	96	325	160	68	125	88	161	119	106	1,248
b) To Independent Midwives	8	—	—	1	—	1	—	3	11	24
c) To Nursing Homes	—	7	5	—	—	—	6	2	—	20
d) To Home Nurses	61	194	55	46	120	92	141	240	152	1,101
e) To Home Helps and Applicants for Home Help	520	627	667	241	346	610	438	640	506	4,595

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 one nursing home registered under Section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there were no agencies registered under the Nurses' Acts, 1943-45.

STATISTICS.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.										
COUNTY MIDWIVES—										
Doctor Not Booked { Doctor present at delivery	2	4	16	4	7	5	3	3	6	50
{ Doctor not present at de-										
{ livery	93	226	198	189	69	151	16	48	144	1,134
Doctor Booked { Doctor present at delivery	12	47	80	15	24	34	89	56	89	446
{ Doctor not present at de-										
{ livery	282	480	428	194	320	341	517	224	333	3,119
MIDWIVES IN PRIVATE PRACTICE—										
Doctor Not Booked { Doctor present at delivery	—	—	—	—	—	—	—	—	—	—
{ Doctor not present at de-										
{ livery	1	—	—	2	—	—	—	—	—	3
Doctor Booked { Doctor present at delivery	—	—	—	1	—	—	1	—	—	2
{ Doctor not present at de-										
{ livery	—	—	—	9	—	—	—	—	36	45
ADMINISTRATION OF ANALGESICS.										
No. of Midwives in practice in the										
area qualified to administer { Domiciliary ..	10	21	18	10	10	12	17	17	16	131
analgesics { In institutions	18	7	13	18	14	—	8	17	—	95
{ Private prac-										
{ tice ..	1	—	—	—	—	—	—	—	1	2
No. of sets of apparatus for the administration of										
Gas and Air analgesia in use by County										
Midwives	10	21	18	10	10	12	17	17	16	131
No. of cases in which gas and air was administered										
by County Midwives—										
(a) When doctor not present at delivery ..	316	502	432	310	249	386	468	216	373	3,252
(b) When doctor present at delivery	2	33	69	16	14	29	69	29	63	324
No. of cases in which pethedine was administered										
by County Midwives—										
1. (a) When doctor not present at delivery ..	301	348	396	218	179	243	350	178	267	2,480
(b) When doctor present at delivery	3	27	65	18	15	13	59	21	44	265
2. by Midwives in Private Practice—										
(a) When doctor not present at delivery ..	—	—	—	5	—	—	—	—	—	5
(b) When doctor present at delivery	—	—	—	1	—	—	—	—	—	1
No. of cases in which Trilene was administered										
by County Midwives—										
(a) When doctor not present at delivery	17	22	10	16	22	20	18	30	15	170
(b) When doctor present at delivery	—	1	7	2	1	—	1	—	3	15
No. of sets of apparatus in use by County										
Midwives	2	2	2	3	2	2	2	2	2	19

SECTION 24—HEALTH VISITING SERVICE.

On the 31st December, 1956, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine divisional superintendents, one whole-time health visitor, 106 health visitors-school nurses, and five part-time clinic nurses. Four of the health visitors-school nurses, 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.

Frequent changes of staff, with subsequent difficulties, if not failure in maintaining even a minimum level of essential work in some fields, were features of this Service in 1956.

Losses of health visitors-school nurses, and clinic nurses, by resignation and retirements in 1956 totalled fifteen. There were eight new appointments, giving a loss of seven officers.

In these appointment figures there are included six 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.

Five other students, sponsored by the Health Committee, are undergoing training for the Health Visitor's Certificate at the Welsh National School of Medicine and should be ready to present themselves for examination in June, 1957. This scheme, although excellent in purpose, does little to meet the very real need for more recruits to the Health Visiting Service and does not at the present time cover 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 253,531 visits during 1956, a decrease of 5,908 visits over the figure for 1955. Their visits involved 61,281 families or households; this number included 14,553 tuberculous households. The number of children under 5 years of age visited during the year was 59,936, which was thirteen more than in 1955. The number of visits made to expectant mothers increased by 953 to a total of 11,350, and a decrease of 659 is recorded in visits to "other cases". The 26,754 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.

The report of the Ministry's Working Party on the training and recruitment of health visitors has been issued.

As the report is under consideration by the Ministry and the various associations of employing authorities it would be premature, at this stage, to attempt to comment on this important report, which deals with the field of work and functions of health visitors, the status of health visitors and their relationships with others, training, the size of the health visiting force required and the recruitment prospects to ensure that the suggested establishment for the Country is reached within the next ten years.

If, following the recommendations in the report some increase of status and working conditions is likely to be given to health visitors "then 'twere well it were done quickly", for recruits for health visiting training are not plentiful and wastage due to resignation or retirement of qualified health visitors is not being replaced. It is essential for the success of the Service that the health visitor should be firmly established in her area, well-known to the mothers, head teachers, general practitioners, and her nursing colleagues. This cannot be achieved satisfactorily with constantly changing personnel.

The Ministry's Working Party on the functions and training of social workers is not likely to produce its report for some time. At the end of the year Mr. A. V. S. Lochhead, of the Social Science Department of the University College, Cardiff, spent some time with officers of the Department with a view of obtaining on behalf of the Working Party first hand information of the work of the health visitors and duly authorised officers in relation to other social workers.

HOSPITAL WAITING LIST ENQUIRY.

A number of the Health Visiting Staff co-operated in the enquiry undertaken by the Welsh National School of Medicine, to which reference was made in my report last year. The report was published in November, 1956, and Professor Fred Grundy has expressed his gratitude to the health visitors who undertook a considerable volume of special home visiting in connection with this study.

SURVEY OF GASTRIC CONDITIONS.

Dr. Ernest Evans, the Consultant Physician at East Glamorgan Hospital, has for some years been undertaking a survey of patients with gastric conditions. Mrs. I. Lott, one of the health visitors in the Pontypridd and Llantrisant Division, has been assisting in the following-up of some of these patients and the following extract from comments she has made on this aspect of her work is of interest :—

“At present, two days a week are allocated and home visits are carried out in the Pontypridd and Llantrisant area. Home visits take quite a time, especially the first visits. Some of the visits are in rural areas and, therefore, a good deal of travelling is involved.

At the first visit, the complete social history is taken if possible, and the patient instructed *re* diet and treatment, etc.

Patients are visited periodically throughout the year—the number of visits depending on the co-operation of the patients.

Information received at the home visits is proving of great value. The majority of patients give a far more reliable history when they are relaxed in their own homes and are not suffering so much from nervous tension as perhaps at the Gastric Clinic. Consequently, the chance of recovery is greater and the extent of unemployment lessened.

A section of patients visited will, in due course, be compared with a section not visited. It will be interesting whether or not the home visits will have made any appreciable difference to the ‘ulcer’ prevention and cure, etc.

At the moment there are about 625 patients on the home visiting case load. During 1956 about 650 home visits were made and over 2,000 since the survey began in October, 1951.”

The survey is expected to carry on possibly for the next five years.

AREA NURSES’ TRAINING COMMITTEE.

I am pleased to report that Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, was reappointed a member of this Committee.

GENERAL.

The statistics on page 36 convey something of the volume of work done by the health visiting staff, but cannot convey much indication of the real nature of the health visitor’s work, particularly “on the doorstep” or actually inside the home of the families she visits and with whom her work is at all times closely linked. Families—problem or non-problem—present considerable variety in their emotional and physical make-up, their fears and hopes, their need of advice or encouragement. In time of need the health visitor can be a tower of strength, able to contribute something of real value to the physical and mental well-being of the family.

Advice to expectant and nursing mothers, the welfare of the infant and toddler, the supervision of the tuberculous household—these are still among her primary functions. Other duties, particularly in relation to the prevention of mental ill-health, group health talks in clinics, visitation of the elderly, come within the category of additional jobs which can only be done if permitted by her case load and the number of special visits which she may be called upon to make.

The health visitors also act as school nurses and where they are established in their districts soon become well-known to the teaching staff, the pupils, and their parents.

In their follow-up work entailing visits to the homes they often find opportunities for health education and social advice or for routine enquiries about other members of the family.

REFRESHER COURSE.

The seventh annual refresher course was held at Dyffryn House during Whit-week 1956. In addition, to thirty-one 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, the theme of which was "Mental Health", and the following programme of lectures was arranged :—

<i>Subject.</i>	<i>Lecturer.</i>
"Preventive Aspects of Mental Health"	Dr. T. J. Hennelly, Physician Superintendent, Whitchurch Hospital.
"Ante-natal Care"	Dr. Kathleen Davies, Divisional Medical Officer, Mid-Glamorgan Health Division.
"The Mother and Baby"	Dr. J. Jacobs, Consultant Paediatrician, St. David's Hospital, Cardiff.
"Deprived Children"	Dr. R. T. Bevan, Deputy County Medical Officer.
"The Aged"	Dr. A. R. Culley, Medical Member, Welsh Board of Health.
"Mental Health and the Adolescent"	Dr. J. P. Spillane, Deputy Physician Superintendent, Whitchurch Hospital.
"Mentally Deficient"	Dr. T. B. Jones, Medical Superintendent, Hensol Castle.
"Vaccination and Immunisation"	Dr. W. E. Thomas, County Medical Officer.
"The Child Welfare Centre"	Dr. A. E. M. Herbert, Medical Officer, Welsh Board of Health.
"Health Education and the Public"	Dr. Graham Grant, Senior Health Officer, Welsh National School of Medicine.
"The Health Visitor and Mental Health"	Miss E. G. Wright, County Superintendent, Health Visitor and School Nurse.

A visit was also paid to Hensol Castle and a number of instructional films were shewn.

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 17th to the 22nd September.

Unfortunately it will not be possible for the Bristol Authority to arrange the Course next year and the reciprocal arrangements for the Bristol Health Visitors to attend at our Dyffryn Course and for some Glamorgan Health Visitors to visit Bristol will have to be suspended. It is hoped to reinstitute this very useful exchange of visits in 1958.

The Whit-week course at Dyffryn has become an established annual event and is of considerable value to the health visitors who are thus kept acquainted with modern views on many problems which they are likely to meet in their ordinary work.

The quality of these courses is particularly good and each year a special aspect of the health visitors range of duties is dealt with.

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 Glyncoirwg.	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		7	11	13	11	12	8	15	10	20	107
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			5.6	7.73	8.66	6.03	8.0	6.0	10.0	7.02	12.0	71.04
No. of visits paid by Health Visitors	Expectant mothers	First visits	580	1,036	1,220	554	226	424	300	342	523	5,205
		Total visits	1,546	1,666	3,893	864	448	627	675	532	1,099	11,350
	Children under 1 year of age	First visits	998	1,671	1,648	1,020	1,170	1,068	2,087	1,004	1,607	12,263
		Total visits	7,889	7,908	7,421	6,520	7,421	6,066	13,095	8,071	17,522	81,913
	Children between ages 1-2 years	.. Visits	4,002	4,261	2,621	3,248	4,377	2,979	6,611	3,734	8,337	40,170
	Children between ages 2-5 years	.. Visits	9,451	8,346	7,655	8,079	5,611	7,229	13,827	8,042	10,551	78,791
	Tuberculous Households	.. Visits	1,681	956	1,984	1,214	1,764	1,871	1,226	1,205	2,652	14,553
	Others	.. Visits	5,936	976	3,196	1,669	5,780	1,647	2,594	2,098	2,858	26,754

SECTION 25—HOME NURSING SERVICE.

On the 31st December, 1956, there were engaged in this most valuable service 123 whole-time and twenty-four part-time home nurses. In addition, there were fourteen nurse/midwives. This represents a decrease of one nurse/midwife and an increase of two part-time home nurses 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	499,319
1955	17,851	520,299
1956	17,053	539,386

Of the 539,386 visits, more than half were paid to patients who were 65 or over. There were 5,505 such patients and the fact that they received nursing attention on 271,739 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 some of the 4,072 patients in this category had recently been discharged from hospital, thus freeing much-needed beds for patients on hospital waiting lists.

With the exception of maternal complications, there was a fall in the number of all other types of cases attended. Although there were 798 cases fewer than last year, the number of visits increased by 18,727.

Until last year the number of patients attended and the number of visits paid had shown an annual increase since 1950. In 1956, although the number of patients attended was less, there was a further substantial increase in the number of visits paid. Expressed in terms of percentages, the number of cases attended has increased by 9.9 per cent since 1950, and the number of visits by 37.7 per cent. Here again one can see the changes due to modern methods of treatment.

The hypodermic needle is supplanting or supplementing the medicine bottle and the pill box, and the nurse has to arrange her visits to many of her patients according to the frequency with which she has to administer drugs by injection. This involves not only evening work, but often late night calls, which tend to become a regular, rather than an occasional feature of her work. An unwelcome lengthening of her duty span is thus entailed and if her case load is heavy and she has no ties to retain her in district nursing the allurements of hospital nursing is not easily resisted. It is small wonder that very few candidates apply for posts in the domiciliary nursing services, either as midwives or home nurses.

Of the 147 whole-time and part-time home nurses, 76 per cent are married, 20 per cent are single, and 4 per cent are widows.

The service given in Glamorgan is much appreciated by the medical practitioners, with whom the nurses work in close co-operation, and by the patients and their relatives.

Of the service in the Caerphilly and Gelligaer Division, Dr. E. C. Powell, the Divisional Medical Officer, writes :—

“As will be seen from the following table, a considerable proportion of the time of home nurses is spent in giving injections and of the 443 cases on their registers on the 31st December, 346, i.e., 78 per cent, were receiving injections, of which the following is a summary :—

Type of Injection.	Daily.	Three times weekly.	Twice weekly.	Once weekly.	Every Four weeks.	Every Three weeks.	Every Two weeks.	Total.
Mersalyl	5	23	25	18	—	—	1	72
Cytamen	8	2	16	38	4	2	12	82
Penicillin	42	1	—	—	—	—	—	43
Anahaemin	—	1	10	21	1	—	4	37
Insulin	26	—	—	—	—	—	—	26
Streptomycin ..	17	1	—	—	—	—	—	18
Inferon	4	4	8	2	—	—	—	18
Neptal	—	2	14	12	—	—	—	28
Others	7	4	3	7	1	—	—	22
	109	38	76	98	6	2	17	346

Much time is spent in giving injections of substances such as Cytamen for anaemia. This is recommended two or three times weekly over long periods and in some cases one injection every two or three weeks. I feel that many of these injections could be given in the surgery and in the case of injections recommended at weekly or longer intervals and where the patient is unfit to attend the surgery, the doctor would need to visit the patients and could well give an injection at the same time.

Another substance frequently prescribed is Mersalyl by injection once, twice, or three times weekly and here again a visit might be combined with an injection given by the doctor.

Mersalyl and Cytamen account for nearly half of all the injections given by the home nurses.

The tendency amongst doctors seems now to be moving towards the idea that the giving of injections is a nursing matter to be left to the home nurse. Perhaps they feel they cannot afford the time to sterilise syringes and needles in the patients home. The use of cartridge syringes would obviate the necessity of this in many cases. To prevent contact sensitivity in the administration of certain drugs nurses have been supplied with a special type of syringe. The drug in the required dosage is contained in a form of cartridge, which fits into the syringe and allows of easy aseptic administration of the drug without risk to the nurse.

I have appended a summary of the work of certain of the home nurses which gives an indication of the amount of injection treatment prescribed by doctors in certain areas".

Dr. R. B. Morley-Davies reports an increase in the number of 8,088 in the number of visits paid to medical cases in the Rhondda Division, but of the 2,674 total patients attended, 51 per cent were injection cases, as compared with 60 per cent during the previous year. The average number of visits paid per nurse was 4,170 as compared with an average number of 3,882 in 1955.

The work of the home nurse is arduous and involves a considerable amount of travelling time in journeying from case to case. It is not always possible to cope adequately with the demand and far too frequently nurses are asked to undertake additional duties in adjacent areas pending the appointment of a relief during the absence of a colleague. Yet, in spite of these inevitable frustrations and difficulties, cheerful and sympathetic nursing care is given to the patients, most of whom are elderly and are grateful for the nursing attention they receive.

If the present rate of increase in the number of visits continue, additional home nurses will be required to meet the growing demand for this service.

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 ..	1,242	315	7	87	4	10	46,494	12,623	85	3,903	25	51	250	58	2	12	1	7
Caerphilly and Gelligaer ..	1,508	650	7	91	26	12	44,838	16,885	17	4,094	216	47	326	93	—	18	1	3
Mid-Glamorgan ..	1,459	588	1	67	32	3	46,498	13,704	4	2,105	344	11	438	135	—	12	—	2
Neath and District ..	844	254	1	200	6	5	28,406	7,725	7	11,291	29	6	178	47	—	56	—	—
Pontypridd and Llantrisant ..	887	302	—	22	13	—	24,079	8,062	2	1,106	155	—	215	46	—	10	—	—
Port Talbot and Glyncoirwg ..	1,135	379	—	123	17	9	33,238	9,562	—	5,346	120	35	215	50	—	32	2	3
South-East Glamorgan ..	1,417	744	4	66	24	104	53,470	19,772	16	411	213	892	364	150	—	11	3	2
West Glamorgan ..	1,239	367	8	66	10	24	41,551	11,095	45	3,890	71	189	290	56	—	28	—	3
Rhondda ..	2,138	473	1	42	14	6	68,942	11,694	3	2,540	193	36	493	42	—	14	—	—
Totals ..	11,869	4,072	29	764	146	173	387,516	110,672	179	38,386	1,366	1,267	2,769	677	2	193	7	20

SECTION 26—VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

The figures given in the following table show a further reduction in the number of vaccinations and revaccinations performed in 1956. Far too few infants are being vaccinated in this County or in the Country generally to ensure their protection in the event of a smallpox epidemic.

Despite special endeavours which have been made by health visitors to persuade parents of infant children to consent to their vaccination the response is completely inadequate and large numbers of the population remain unprotected against this disease.

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1956.						Age at 31st December, 1956.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	52	5	2	1	15	75	—	—	—	2	31	33
Caerphilly and Gelligaer ..	266	16	6	4	9	301	—	—	1	—	4	5
Mid-Glamorgan	147	17	28	16	31	239	—	—	2	7	51	60
Neath and District	125	7	4	8	20	164	—	—	1	5	42	48
Pontypridd and Llantrisant ..	51	10	5	16	49	131	1	—	3	7	49	60
Port Talbot and Glyncoirwg ..	412	21	12	11	47	503	—	—	3	3	28	34
South-East Glamorgan	168	14	6	13	11	212	—	—	7	8	168	183
West Glamorgan	65	58	13	11	16	163	—	—	4	7	58	69
Rhondda	67	11	5	6	31	120	—	—	—	6	74	80
Totals 1956	1,353	159	81	86	229	1,908	1	—	21	45	505	572
Totals 1955	1,353	115	103	100	236	1,907	—	1	15	51	544	611

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

IMMUNISATION AGAINST DIPHTHERIA.

During 1956, 8,972 children completed a full course of primary immunisation and 4,363 children were given a secondary or reinforcing injection. The corresponding figures for 1955 were 6,757 and 4,920 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 eighth successive year with no deaths from this disease.

Early in the year the Ministry of Health arranged a certain amount of Press advertising as part of a campaign to publicise the value of diphtheria immunisation. Although there has been a gratifying reduction from 3,575 to 161 in the annual number of cases in England and Wales since 1948, cases are still occurring and the need to maintain a high level of immunisation against the disease is as important as ever.

Although the immunisation figures for the County show an improvement over 1955, parental apathy towards diphtheria immunisation continues. No deaths have occurred and they refuse to be persuaded that the hard-won fight to achieve this can easily be lost. How to win the co-operation of the parents is a problem which seems to evade solution in other areas also and clinic doctors and health visitors are meeting with little success in their efforts.

Unless greater numbers of children in the younger age groups are brought forward for immunisation, the incidence of diphtheria in these age groups, where the disease is likely to be more fatal, is likely to increase. Immunisation of at least 75 per cent of babies before their first birthday is still very necessary if the risk of infection is to be reduced. In Glamorgan our percentage of babies immunised falls far short of this figure.

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	571	192	182	945	629
Caerphilly and Gelligaer	460	344	265	1,069	681
Mid-Glamorgan	492	372	21	885	139
Neath and District	531	220	81	832	781
Pontypridd and Llantrisant	416	390	60	866	106
Port Talbot and Glyncoirwg	539	194	15	748	335
South-East Glamorgan	935	437	154	1,526	1,017
West Glamorgan	53	577	12	642	85
Rhondda	474	943	42	1,459	590
Totals	4,471	3,669	832	8,972	4,363

WHOOPING COUGH.

Whooping Cough is still a potential "killer" of small children. 665 cases were notified in 1956 and there were two deaths from this disease. In 1955 there were 587 notified cases, but none fatal.

Under the County scheme whooping cough vaccine is administered to children in the various health divisions, but returns are not available to show the number who received this protection in 1956.

VACCINATION AGAINST POLIOMYELITIS.

The introduction of vaccination against paralytic poliomyelitis in the early part of 1956 was one of the most important preventive measures undertaken during the year. In Glamorgan the response to the offer of vaccination was excellent, particularly in respect of children of school age, thanks to the splendid co-operation of the head teachers, who are always ready to assist in worthwhile measures designed to promote the health of pupils in their care.

Unfortunately the quantity of vaccine which was made available for Glamorgan children was limited. By the 30th June, 1956, 4,500 children had received two vaccinations and 500 had been vaccinated once. Of the 48,852 children on the register of those awaiting vaccination only 5,042 had been completely vaccinated, i.e., by receiving two injections, by the end of 1956.

The scheme is sponsored by the Ministry of Health and controlled at national level by the Medical Research Council, but it may be some years before an accurate assessment can be made of the degree of protection afforded by this new vaccine.

To ensure safe storage of the vaccine under the conditions recommended by the manufacturers, the Committee approved the supply of a refrigerator to each division.

SECTION 27—COUNTY AMBULANCE SERVICE.

PERSONNEL.

On the 31st December, 1956, the personnel of the service comprised :—

- 1 County Ambulance Officer (Mr. G. F. Austin).
- 7 Area Ambulance Superintendents.
- 21 Assistant Superintendents.
- 155 Driver/Attendants in the employ of the 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 to operate and garage a vehicle belonging to the County Council.

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 129 drivers were in possession of current first aid certificates.

SAFE DRIVING COMPETITION.

In the National Safe Driving Competition for 1955, organised by the Royal Society for the Prevention of Accidents, 123 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.

No major building works were undertaken during the 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.

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, 1,633,272 miles were travelled in 1956, involving 58,118 journeys, and the removal of 287,299 patients. Compared with the preceding year these figures show reductions of 25,364 in mileage, 2,211 in the number of journeys, and an increase of 3,677 in the number of patients conveyed.

These show very welcome reductions, except in the number of patients conveyed. 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. Decreases in the number of journeys are features of all the returns; Barry, Gorseinon, and Trealew show increases of mileage.

Month	Mileage	Journeys	Patients
January	137,551	4,542	24,481
February	121,306	4,252	22,042
March	122,521	4,299	20,812
April	141,162	4,790	23,849
May	141,396	4,823	26,729
June	138,960	4,879	25,314
July	119,521	4,102	22,922
August	140,112	4,511	25,111
September	140,112	4,511	25,111
October	140,112	4,511	25,111
November	140,112	4,511	25,111
December	140,112	4,511	25,111
Total	1,633,272	58,118	287,299

Control Station	1955	1956
Barry	11,152	11,152
Gorseinon	11,152	11,152
Trealew	11,152	11,152
Other	11,152	11,152
Total	44,608	44,608

MONTHLY TOTALS OF WORK DONE.

1956.	County Council-owned Vehicles.			Contractors and Private Hirers.			All Sections.		
	Patients.	Journeys.	Mileage.	Patients.	Journeys.	Mileage.	Patients.	Journeys.	Mileage.
January ..	25,557	5,020	142,725	6	5	122	25,563	5,025	142,847
February ..	24,376	4,801	139,271	2	2	38	24,378	4,803	139,309
March	25,661	4,970	144,631	—	—	—	25,661	4,970	144,631
April	23,205	4,761	133,978	—	—	—	23,205	4,761	133,978
May	24,712	5,004	141,625	—	—	—	24,712	5,004	141,625
June	24,461	4,845	137,951	—	—	—	24,461	4,845	137,951
July	23,042	4,855	133,766	—	—	—	23,042	4,855	133,766
August ..	20,812	4,689	127,481	—	—	—	20,812	4,689	127,481
September ..	22,849	4,796	130,182	—	—	—	22,849	4,796	130,182
October ..	26,339	5,023	142,999	—	—	—	26,339	5,023	142,999
November ..	25,344	4,879	138,980	—	—	—	25,344	4,879	138,980
December ..	20,933	4,468	119,523	—	—	—	20,933	4,468	119,523
Totals ..	287,291	58,111	1,633,112	8	7	160	287,299	58,118	1,633,272

COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1955.			1956.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,731	42,700	263,623	9,279	41,152	255,973
Bargoed	6,840	30,659	202,792	6,321	31,318	196,188
Barry	6,128	29,262	191,635	5,760	28,614	180,032
Gorseinon ..	6,401	25,715	185,251	6,225	26,481	188,096
Neath	9,961	38,580	221,880	9,490	38,259	210,242
Trealaw	9,696	51,403	246,714	9,572	54,380	248,736
Pontypridd .. (formerly Treforest)	11,572	65,303	347,741	11,471	67,095	354,005
Totals ..	60,329	283,622	1,659,636	58,118	287,299	1,633,272

In April, the Welsh Board of Health circularised Local Health Authorities inviting their attention to certain points of interest which have emerged from local surveys covering the organisation of the Ambulance Service and the demands made upon it by hospitals.

The matters to which the attention of the Authority was drawn were mainly those which from time to time during the preceding years had received consideration. Co-operation with the hospitals, as the largest single users of the Ambulance Service was stressed. While, generally speaking, arrangements between my Department and the hospital authorities throughout the County are good, the reminder sent by the Minister to Regional Hospital Boards, Hospital Management Committees, and Boards of Governors, which stressed the importance of appointing a Transport Officer to co-ordinate the calls made on the Ambulance Service, was timely. The meetings I have held with representatives of the hospitals should result in more satisfactory arrangements in those hospitals where there was reason to think that the proper use of the Ambulance Service was not being made. In a Service such as this, which lends itself so readily to abuse, constant vigilance is necessary to ensure that it is operated on behalf of people who really need it.

Some of the comments on this matter made a Conference of Area Ambulance Superintendents included the following :—

"Control is not kept informed of changes of days on which appointments for out-patients are made. All out-patient appointments where transport is required should be made through an Appointments Officer."

"The Physio-Therapy Departments are the culprits in some hospitals."

"The best types of patients we convey are those who are really ill."

"Ambulance drivers feel that they are sometimes carrying able-bodied people while passing on the road persons walking with great difficulty to the Out-Patient Department."

"Some people are being carried who seem fitter than the drivers themselves."

These, of course, are general statements, but they are made by officers responsible for the local operation of the Ambulance Service, who are rightly jealous of its good name and are often at their wits end to keep pace with the growing demands.

There is little doubt that the avoidance of wastage in ambulance journeys would be more readily secured by the appointment of Transport Officers at those hospitals where this has not already been done.

RADIO TELEPHONY.

Two-way radio communication was first used by the County Ambulance Service in November, 1952, when, as an experiment, certain vehicles in the Barry Control area were fitted with sets.

Mr. G. F. Austin, the County Ambulance Officer, kindly agreed to the installation of the main transmitter in the roof space of his residence at Barry, where it remained until August, 1956, when it was transferred, with the agreement of the Regional Hospital Board and the Cardiff Hospitals Management Committee, to a site in the grounds of the Neale Kent Hospital.

On the results of the experiment the Committee felt justified in extending the provision of this means of communication to other areas. In July, 1954, a transmitter station was installed at Eglwysilan and the vehicles in the Pontypridd and Bargoed Control areas fitted with receiving sets. The vehicles attached to the Trealew Control were later similarly fitted. During 1956 the remaining areas covered by the Aberkenfig, Neath, and Gorseinon Controls were included in the scheme following the erection of temporary transmitters at the Control Station at Aberkenfig and Neath and the erection of a transmitter at Crwys Farm, Three Crosses, Gower.

The final stage in the completion of the scheme was to erect transmitters on a site at Cefn Hirgoed, near Bridgend, to be shared with the County Police at the Foel Mountain site, Cwmavon.

Following route surveys by the Post Office engineers, the General Post Office decided that it is not practicable to install a landline to the Cwmavon site and they have authorised the use of a reverse frequency radio link.

As an alternative, the radio pole and aerial temporarily installed on the roof of the old Town Hall, at Neath have been made permanent and thanks are due to the Neath Borough Council for granting permission for this.

There is no doubt as to the increase in the general efficiency of the Ambulance Service since the introduction of this method of communication, particularly in dealing with emergencies.

Despite a steady increase in the number of patients carried by the Ambulance Service, there has not been an increase in the number of operational vehicles or of the staff employed.

The Area Ambulance Superintendents are enthusiastic in their praise of the system and as one said, "I do not know how we ever managed without it."

DAMAGE TO VEHICLES.

The vehicle accident rates for 1955 and 1956 classified in control areas are set out in the following table, which show that ambulance vehicles were involved in 118 accidents in 1956, an increase of twenty-one over the previous year.

ACCIDENT RATES.

Control Area.	1955.			Control Area.	1956.		
	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.		No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Barry	8	4	0.209	Barry	8	8	0.444
Neath	13	9	0.406	Trealaw	10	14	0.563
Gorseinon ..	9	10	0.540	Aberkenfig ..	14	15	0.586
Bargoed ..	9	11	0.553	Neath	13	15	0.714
Aberkenfig ..	14	15	0.577	Bargoed ..	9	16	0.816
Trealaw ..	10	19	0.770	Pontypridd ..	17	31	0.876
Pontypridd ..	17	29	0.834	Gorseinon ..	9	19	1.010

My thanks are due to the Western Region of the British Railway Executive for their continued help, which has always 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. 183 patients, thirty-four of whom were recumbent, were conveyed under these very convenient, time-saving and economical arrangements in 1956.

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

CONVEYANCE OF PATIENTS BY TRAIN.

	Recumbent.	Sitting Up	Total.
1953	71	169	240
1954	55	190	245
1955	47	133	180
1956	34	149	183

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 4,368 patients—ten less than in 1955—were carried on their behalf, a distance of 57,124 miles.

VEHICLES.

This Authority was one of the first to use diesel driven vehicles. There are now fourteen in operation and future replacements will be mainly by vehicles of this type. The fleet consists of eight operational and 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.

COSTS.

A statement of mileage costs prepared by the County Treasurer in respect of the year 1955–56 showed that running costs increased in that year from 26·79d. to 32·05d. 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.

CIVIL DEFENCE AMBULANCE—CASUALTY COLLECTING SECTION.

Following the appointment of Mr. J. Hull to assist in the administration, organisation, and operational work and to act as senior Section Instructor, a beginning has been made in the training of local instructors for the ambulance and casualty collection section.

A very successful class was held at Bridgend in May, June, and July, and fifteen of the sixteen candidates who presented themselves for examination were successful in gaining their certificates.

With these instructors available, courses of instruction for volunteers were arranged in twenty-three centres in the autumn and by the 31st December, 1956, 329 volunteers had attended the lectures and demonstrations arranged for them.

Although there is still a shortage of volunteers, it is gratifying to think that at long last it is possible for the department to be able to arrange for the training of those who have elected to join the Ambulance and Casualty Collecting Section. The training of the peace-time Ambulance Service personnel has still to be undertaken and in this work I am hoping to make use of the services of six Area Superintendents and two Assistant Superintendents who are qualified to give the instruction.

Driving Instruction.

The four temporary driving instructors seconded from the County Ambulance Service devote their whole time to the driving training of volunteers. Most of the volunteers are only available for training during the evenings and difficulty has been experienced in arranging for their instruction. Unfortunately the vehicles used for training purposes are old and a good deal of their time is spent in workshops undergoing repair. More and better vehicles are needed if adequate driving instruction is to be given to the comparatively large number of volunteers who are awaiting training.

The Civil Defence Committee are aware of these difficulties and towards the end of the year considered proposals to make more vehicles available for driving instruction.

During the year twenty-two volunteers who had received driving instruction succeeded in passing the Ministry's driving test and at the end of the year eighty-seven volunteers were under driving instruction.

CIVIL DEFENCE COMPETITION.

A high standard of efficiency was shown by members of the Ambulance and Casualty Collecting Section who took part in the first annual Civil Defence Section Competitions held at the Waterton Training Ground, Bridgend, on Saturday, the 22nd September, 1956.

The adjudicators for the Ambulance and Casualty Collecting Section were Dr. Vernon Jones, of the Barry Accident Hospital and Mr. G. F. Austin, County Ambulance Officer, and the result of the Competition was as follows :—

- (1) Aberkenfig.
- (2) Barry (No. 1. team).
- (3) Bridgend (No. 1 team).

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

TUBERCULOSIS.

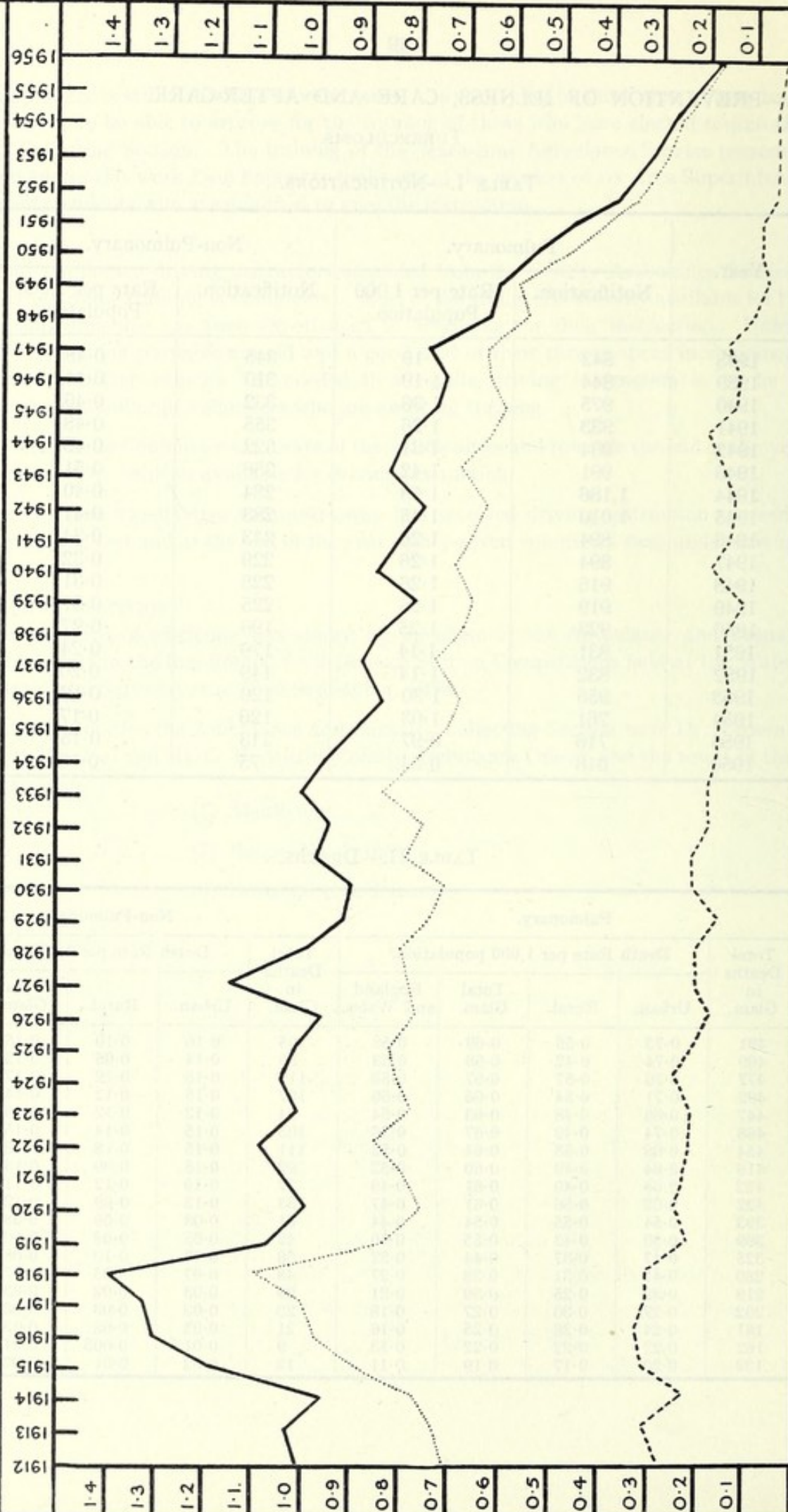
TABLE I.—NOTIFICATIONS.

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
1956	618	0.84	75	0.10

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
1956	139	0.20	0.17	0.19	0.11	12	0.02	0.01	0.02	0.01

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



— TUBERCULOSIS (ALL FORMS)
 PULMONARY TUBERCULOSIS
 --- NON-PULMONARY TUBERCULOSIS

DEATH RATE PER 1000 POPULATION.

INCIDENCE.

Pulmonary tuberculosis notifications in Glamorgan in 1956 decreased from 716 to 618 and the mortality from this disease, as Table II on page 49 shows, decreased by twenty-three.

The attack rate and the death rate for pulmonary tuberculosis continue to fall and indicate that this disease is gradually being brought under control, although as was suggested in the Rhondda Fach Survey the total prevalence of tuberculosis shows little reduction. The young adult with lowered resistance is still very vulnerable to attack, hence the importance of encouraging adolescents in particular to take advantage of the periodical visits of the Miniature Mass Radiography Service.

In his excellent report to the Welsh Regional Hospital Board on the Tuberculosis Service (1955), Professor Heaf, the Consultant Adviser in Tuberculosis and Diseases of the Chest, stresses that the need for preventive and curative measures in tuberculosis is as great as ever and that "the efforts to eradicate this disease must in no way be relaxed, otherwise the decline in mortality and morbidity figures will cease and may even increase in some districts". This is very timely advice. Chest surgery and modern therapeutic treatment may produce dramatic results in many cases, but the active drug resistant patient who refuses to go into hospital and remains at home can become a serious risk to the community.

In the control and prevention of this disease the work done at the Chest clinics and by the chest physicians in special case-finding surveys in schools is of major importance. Of no less significance are the preventive measures which can be taken by county district councils in the provision of good housing and, last by no means least, by the local health authority in its domiciliary nursing and home help services, its health visiting service, its ambulance service and in the B.C.G. vaccination of school leavers.

The Pneumoconiosis Research Unit at Llandough Hospital having completed its initial survey in the Rhondda Fach area, has undertaken a similar survey of the population of the Vale of Glamorgan. These are long-term enquiries, but members of the population in the areas concerned are co-operating with the Research Team.

One of the health visitors is seconded for duties with the Research Unit who have requested a further extension of her service until 1958.

Her salary and expenses are reimbursed by the Medical Research Council while she is engaged in this special work.

BOARDING-OUT OF TUBERCULOSIS CONTACTS.

In order to effect segregation from close relatives with active pulmonary Tuberculosis, payment of boarding-out allowances was made in respect of two cases.

B.C.G. VACCINATION.

Chest physicians administered B.C.G. to 1,825 contacts of tuberculous patients in their care. In addition 3,770 children were vaccinated by assistant school medical officers under the approved arrangements for the B.C.G. vaccination of school leavers suggested in Ministry of Health Circular 22/53, an increase of 685 over the previous year.

The table overleaf shows details of the work done in each division :—

B.C.G.

SCHOOL CHILDREN SCHEME.

Division				<i>Re-Examination (after 1 year)</i>		
	Number skin tested	Number found negative	Number vaccinated	Number skin tested	Number found negative	Number re-vaccinated
Aberdare and Mountain Ash ..	642	514	514	—	—	—
Caerphilly and Gelligaer	693	558	555	401	93	—
Mid-Glamorgan	891	668	636	187	5	—
Neath and District	427	361	355	35	—	—
Pontypridd and Llantrisant ..	927	540	540	—	—	—
Port Talbot and Glyncoirwg ..	555	387	381	162	9	8
South East Glamorgan	855	669	666	388	47	—
West Glamorgan	203	153	123	—	—	—
Rhondda	—	—	—	—	—	—
Totals	5,193	3,850	3,770	1,173	154	8

CONTACT SCHEME.

Chest Physician.	Number skin tested.	Number found negative	Number vaccinated
Dr. T. W. Davies (Swansea)	116	92	85
Dr. R. G. Prosser-Evans (Neath)	291	173	155
Dr. H. Trail (Bridgend)	346	213	182
Dr. E. A. Aslett (Merthyr and Aberdare) ..	445	270	145
Dr. J. Glyn Cox (Pontypridd and Rhondda) ..	2,492	1,185	1,118
Dr. F. W. Godbey (Rhymney and Sirhowy) ..	163	120	104
Dr. S. H. Graham (Cardiff)	57	49	36
Totals	3,910	2,102	1,825

GENERAL WELFARE.

Among the facilities available for the welfare of handicapped persons, the Welfare Services Committee have included the following for suitable non-infective tuberculous persons :—

- (a) Visits to the home by Home Visitors to the handicapped.
- (b) Attendance at Social Centres.
- (c) The issue of past-time handicraft materials for use either in the home or at a Social Centre.

The co-operation of the chest physicians is sought in the selection of suitable persons who might benefit from these arrangements and adequate provision is made to safeguard the health of the staff and any other handicapped persons with whom tuberculous persons may come into contact at the Centres.

TREATMENT IN SWITZERLAND.

During the year no tuberculous patients were sent from the Administrative County for treatment in hospitals or sanatoria outside Great Britain and Northern Ireland. The Minister has discontinued the former arrangements made for the treatment of selected patients in sanatoria in Switzerland.

SUPPLY OF ADDITIONAL NOURISHMENT.

One hundred and seventy-eight tuberculous patients were given additional nourishment, e.g., milk, eggs, on the recommendation of the chest physicians.

AFTER-CARE OF PARAPLEGICS.

Broken backs in the mining industry are among the more serious hazards of those who work at the coal face. Each year brings an addition, fortunately small, to the list of paraplegic patients, the majority of whom were coal miners, for whom help is sought from the department to supply such items as hospital beds, mattresses, pillows, and other items of equipment required for their nursing care and comfort on discharge from hospital.

In 1956, equipment of this type was supplied to six patients on the recommendation of the hospital authorities, on their discharge from hospital.

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 958 examinations were undertaken by Dr. Gwladys Evans and Dr. M. Whelton, 457 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 1956	—	—	—	—	958
(2) Number of persons registered as blind or partially sighted during 1956	254	47	1	198	500
(3) Number of persons at (2) recommended for :—					
(a) No treatment	124	24	1	138	287
(b) Treatment (medical, surgical or optical) ..	130	23	—	60	213
(4) Number of persons at (3) (b) who on follow-up action have received treatment	11	2	—	7	20

Senile cataract is still the principal cause of blindness.

At the end of the year there were 1,873 persons on the Blind Register and 448 on the Partially Sighted Register.

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

B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	3
(ii) Number of cases in which—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

CHIROPODY.

It would be interesting to know the number of old persons who are house-bound because of simple but painful foot conditions which could be remedied or alleviated by the occasional attention of a chiropodist. Chiropody for the aged should be high on the list of desirable extensions of the National Health Service. Voluntary organisations who are arranging chiropody sessions held rent free at our clinic premises at Aberdare, Bargoed, Ystrad Mynach, and Pontycymmer, are making a very practical contribution to the comfort, peace of mind, and improved mobility of the people who attend.

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 4,891 issues were made compared with 4,885 in 1955. Items in greatest demand were air rings, bed pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals.

PROVISION OF CONVALESCENCE.

Arrangements were made for the admission of 255 Glamorgan patients to the Porthcawl Rest under this scheme, but only 245 actually accepted the vacancies when offered.

In estimating our financial needs under this heading, it is assumed that most of the persons recommended for convalescence would be sent to Porthcawl, either for a week, or at the most, for a fortnight.

In two instances during the year hospital paediatricians made strong recommendations for periods of convalescence to be provided for young children who had recently had prolonged periods of in-patient treatment at hospital. In one case a four-weeks stay at a convalescent home was extended to twelve weeks, and in the other case the child was sent for four weeks.

Maintenance costs at the rate of £5 5s. 0d. a week soon exhaust the limited funds set aside for convalescence and if this provision should continue to be made otherwise than at the expense of candidates for the Porthcawl Rest, additional money will be necessary under this heading.

HEALTH EDUCATION.

From various voluntary and official sources a large variety of printed material continues to be available, either free or at modest cost. There are occasions when the Department would seem to be bombarded with offers of health publicity material and it is no easy task to decide on the competing claims of various pamphlets, booklets, brochures, posters dealing with some phase or other of the Department's activities or offering exhortation, advice, or help in matters ranging from infant nurture to the care of the elderly.

Whether publicity material, even with most expert handling and display, produces worthwhile results in relation to the time and money spent on its production and distribution is extremely difficult to assess. Certainly there is no lack of material.

The problem which has yet to be solved is how to deal with consumer resistance in these days when the written word is often suspect. The health poster, no matter how attractive or compelling, does little to remove the apathy of parents towards such vital matters as breast feeding or diphtheria immunisation and posters are not likely to be very successful where the doctor or health visitor has failed.

Continued financial support is given to the Central Council for Health Education, the County Council's contribution being based on the rate of 10s. 0d. per thousand of the population.

PREVENTION OF BREAK-UP OF FAMILIES.

Under this heading Dr. Powell (Caerphilly and Gelligaer Division) writes :—

"The Divisional Co-ordination Committee has continued to meet bi-monthly to discuss ways and means of bettering the standards of problem and other families. We have often appeared to be 'flogging a dead horse' during the course of our deliberations but it is a matter for some satisfaction to, for example, persuade a housing committee to rehouse a family (possibly against their better judgment) and to find an immediate and continued improvement in the standard of that family.

The health visitor plays an important part in the supervision of these families and the early recognition of families who could without adequate help become future problems and one often hears of the help and encouragement, beyond the scope of their duty, given by health visitors to such families.

The Home Help Service too is utilised, though not to the extent one would wish, to prevent the removal of children from their homes where due to the illness of parents this would normally be necessary."

What Dr. Powell states in relation to problem families in his division is probably applicable to the remainder of the County. Many County officials together with officials of district councils and voluntary bodies are involved in the continuous attempts which are being made to find solutions to problems which are well nigh insoluble.

The Divisional Co-ordination Committees meet regularly, cases are discussed at length and methods agreed as the appropriate lines of approach. Unfortunately most of the families concerned are of the type that needs to be continuously under review and if noticeable improvement in their social standards cannot be reported it is some slight recompense to know that by co-operative efforts further deterioration has been prevented.

PREVENTION OF ACCIDENTS.

Preventable accidents, due often to individual thoughtlessness or carelessness, are regrettable features which continue to take toll, by death, injury, pain and discomfort, or loss of earning capacity, of thousands of persons each year. The old and the young figure in the largest casualty groups.

The ordinary home seems to have become as potentially dangerous as the open road and the domestic kitchen more so. National publicity campaigns supplemented by local effort seem to be powerless to reduce the alarmingly high number of road accidents or accidents in the home.

In their visits to homes in the course of their duties health visitors are keen to note the absence of fire guards or any hazards which may jeopardise the safety of any member of the household.

Road accident figures for the County supplied by the Chief Constable show that in 1956 there were 3,185 casualties, seventy-two of which were fatal.

The ordinary home and the open road have become much less safe than formerly and the public have yet to be fully aroused to an awareness of this.

MEDICAL EXAMINATION OF TEACHERS AND OTHER STAFFS.

The Education Committee at its meeting on the 9th October, 1956, decided that the revised arrangements for assessing the medical fitness of new entrants to the Service of the County Council, agreed by the Establishment Committee on the 1st March, 1956, be extended to members of the teaching staff. These arrangements require that new entrants to the County Council's service should complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire, but all new entrants to the Authority's teaching service are required to undergo chest X-ray examination and the appropriate arrangements were made with local chest clinics and mass radiography units. Thirty-six teachers were dealt with under the new arrangements; of these, four were found to require medical examinations.

Prior to the implementation of this scheme 181 newly-appointed school teachers were medically examined by medical officers on the staff of my department. Twenty-four of these were examined on behalf of other local education authorities. Arrangements were also made on my behalf by the Principal School Medical Officers of various other local education authorities for the medical examinations of sixty-five school teachers appointed to teaching posts in Glamorgan.

The new arrangements do not affect new entrants to the teaching profession who are required by Ministry of Education Regulations to be examined. Seventeen such cases were examined during the year.

During the year 575 candidates were medically examined for admission to courses of training for teaching.

The new procedure for ascertaining the medical fitness of non-teaching staffs employed in the Authority's schools and school canteens came into operation on the 1st September, 1956, and eighty-three new members of these staffs were dealt with accordingly. Of these eleven required medical examination. In addition, 185 examinations and re-examinations of members of these staffs were carried out during 1956.

PREVENTION OF ILLNESS, CARE, AND AFTER-CARE.

Medical Care of Epileptics.

A joint meeting of representatives of the Welfare Services, Education, and Health Committees, has considered problems arising out of the report published by the Ministry of Health on the medical care of epileptics.

The suggested establishment of assessment clinics at the larger hospitals should undoubtedly receive the favourable consideration of the Regional Hospital Board. The clinic already established at Cardiff Royal Infirmary is doing good work, but hitherto the need for closer liaison with the local health and welfare authority's service has not always been recognised. Our Education, Health, and Welfare Services have much to contribute to the work, which must essentially be a co-operative effort in which the general practitioner, the hospital, the Ministry of Labour and, last but not least, the patient and his relatives also must take part.

Over-lapping of effort on the medico-social side should be avoided and there should be no encroachment on the part of hospital almoners into the proper field of work of health visitors. In the care and after-care of epileptics it is considered that the health visitor could be of assistance to the general practitioner and to the hospital clinics by visits to the homes of patients in order to—

- (a) Give general advice on the care of epileptics.
- (b) Ensure that the drugs prescribed are in fact being given to the patient, and
- (c) Obtain an accurate history of the frequency of fits.

In previous annual reports mention has been made of the difficult social problem created by the epileptic with severe behaviour disorders. Such patients are rarely deemed suitable for admission to schools or colonies and, because of this, some of them, after causing disturbance in the family or in the community, ultimately may find their way into mental hospitals, although it might be more appropriate for them to be in some other special form of accommodation more suited to their medical needs. Fortunately the number of cases of this type is not large, but no ready-made solution is available when they arise.

Epilepsy is a term which has been loosely used to denote a condition ranging in frequency and severity. Many epileptics are able to work under ordinary industrial conditions. The new proposals of the Ministry's Committee, when implemented, should do much to ensure proper classification of these afflicted with this condition, their treatment, training or rehabilitation. For the residue remaining outside these categories the Health and Welfare Services of the Local Health Authority will continue to be available.

Increased Cost of Prescriptions.

Following representations by the Aberdare and Mountain Ash Divisional Health Committee, the Health Committee decided to make a protest to the appropriate bodies concerning the increased cost of prescriptions, particularly in so far as this increase affects old people.

CEREBRAL PALSY.

In recent years public interest has been greatly stimulated in the welfare of those suffering from cerebral palsy. The National Spastics Society has active affiliated groups or associations in all parts of the country and has collected large sums of money for research, treatment, and the general welfare of spastics.

Working in the same field is the older voluntary organisation, the British Council for the Welfare of Spastics. An attempt, which unfortunately proved unsuccessful, was made during the year by the two organisations to effect a union.

In my report as Principal School Medical Officer comment is made on the diagnostic centre for the cerebral palsy which has been set up at Cardiff Royal Infirmary. When children or young persons attend the Clinic a Medical Officer of my Department also attends and is able, from knowledge of the patients' records existing in the Department, to discuss the cases with other members of the diagnostic team and any suggested recommendations for special educational treatment.

Similar clinics are being established in other parts of the country and should do much to enable persons afflicted with this condition ultimately to take part to the fullest possible extent in the life of the community.

SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents the establishment of this Service on the 31st December, 1956, was 269. Actually there were on the payroll on that date seventeen whole-time, fifty-three part-time, and 551 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
1956	17	53	551	621

During the year 238 home helps were appointed ; there were 249 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, 1956—										
Whole-time ..	3	5	—	1	3	—	4	—	1	17
Part-time ..	—	6	11	5	7	12	3	6	3	53
Casuals ..	60	42	84	52	42	34	77	57	103	551
No. and types of cases where Home Help was provided during the year—										
Maternity ..	9	10	34	16	18	28	56	12	19	202
Tuberculous ..	9	6	2	9	6	14	21	5	20	92
Chronic sick ..	86	21	160	48	26	50	164	95	193	843
Acute sick ..	28	27	13	28	38	16	72	17	54	293
Aged and infirm ..	222	203	145	150	196	112	180	80	263	1,551
Blind ..	20	6	22	13	12	14	22	12	14	135
Mental ..	—	—	—	—	—	—	—	—	—	—
Others ..	—	2	2	—	1	2	1	1	17	26
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	9	2	24	27	9	37	79	14	7	208
Part fee charged ..	31	20	78	14	29	29	117	23	84	425
Free service	334	253	276	223	259	170	320	185	489	2,509

Home help was rendered to a total of 3,142 households compared with 2,968 in 1955. Out of a total number of 4,860 domiciliary births recorded in the County last year home help was supplied in only 202 households.

During 1956, 1,551 aged and infirm cases were attended, compared with 1,388 last year.

Free service was rendered in a total of 2,509 cases, part fee was charged in 425 and full fee in 208. The corresponding figures for 1955 were—free cases 2,324, part fee 420, and full fee 224.

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 3s. 2d. per hour.

It will be seen that only a small number of recipients are called upon to make a contribution towards the cost.

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

	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56
Authorised establishment	230	230	230	230	243	268
Actually employed on 31st March—						
Whole-time	95	77	65	49	31	22
Part-time	141	113	95	82	68	63
Casual	83	192	297	380	489	543
Actual expenditure	£46,407	£61,042	£71,603	£83,175	£92,751	£107,372

The estimated expenditure for 1956-57 is £122,505.

In a service such as this where the home help is, of necessity, left to her own devices her day's work is largely what she makes it, either attending to all the many household duties with which she is confronted, or performing bare necessities.

Instances of abuse in respect of time keeping and the nature and volume of work performed have arisen, but it is gratifying to find that the home helps in the main give unselfish service and perform tasks in the interest of those they serve over and above what is normally expected from them. The plight of some of the old people they serve is such that they are often ready to visit in their own time to carry out tasks necessary to the comfort of those who are often unable to help themselves.

Numerous instances of this have been reported. On the other hand the home helps are at times called upon to perform tasks over and above those which normally should be assigned to her and some of those who use her services can be extremely exacting in their demands.

While it has been found necessary occasionally to safeguard the home help from becoming a daily drudge, it has been found equally necessary to see that she does not evade or decline to render those essential services for which her help may be particularly needed. For instance, difficulties have arisen as to the extent to which washing and cleaning are to be undertaken by home helps not in daily attendance on a household and it is hoped that the following recommendation of the Committee will do much to clarify the position, both for householders and home helps :—

"The home help will carry out any reasonable general household duties essential to keep the home going during the emergency. She is instructed to clean rooms in daily use by the householder ; redecorating of walls, ceilings, floors, and furniture is *not* permitted. The home help is not expected to do spring cleaning or any arrears of washing. She may (a) undertake the weekly family wash if in daily attendance on the household, or (b) wash the personal changes when attending for only part of the week. Meals may be prepared and cooked if requested ; the home help may also purchase food for the householder if no other person is available to do so, but is not otherwise permitted to leave the patient's home during working hours."

Of the Service in the Rhondda Health Division, Dr. Morley-Davies makes the following comment :—

“An analysis of the duration of help provided shows that 216 cases received help throughout the year as compared with 219 in the previous year, and that 104 cases received help for a period of six to nine months as compared with 71 during the preceding year, whilst only twelve cases received help for periods of less than two weeks as compared with twenty-one during the previous year and fourteen cases received help for a period of one month as compared with twenty-eight during the preceding year. In addition 152 cases received help for periods of more than one month but less than six months as compared with 204 during 1955.

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 79 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 107—i.e., twenty-two less than at the end of the previous year—seventy-one helpers having left the Service during the year and forty-nine new helpers engaged. During the year this turnover of personnel caused sixty-two 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 406.

The amount of supervision that it is possible for the Non-Medical Supervisor to give in the course of her work is still inadequate, but Mrs. N. O. Parry, the County Organiser of Home Helps, continues to give invaluable help in this direction by devoting a considerable amount of her time to the needs of this Division.

The question of inability of home helps to attend for duty, as instructed, by reason of illness or any other cause, and their failure to notify me of their inability to attend, has been and still is one of the major problems of this service.”

Dr. E. C. Powell, Medical Officer of the Caerphilly and Gelligaer Health Division stresses briefly the inadequacy of his home help establishment :—

“This service as usual continued to be fully extended, help having been provided in 275 cases of whom 203 were in the aged and infirm category. I consider that with our present establishment of home helps we have now reached saturation point in relation to the number of households to which help can be allocated. Any new applicant can only be assisted at the expense of another, and equally deserving, family who more often than not are receiving less help than they need.”

In August, at the request of the Establishment Committee, the Nursing Services Sub-Committee reviewed the Establishment, status, and conditions of service of home helps in order to ensure that, within the financial provision available and having regard to the definition of regularly employed part-time home helps, the Home Help Service shall be administered so as to achieve the maximum spread-over of cases.

The original establishment for the Home Help Service was based on one per 3,500 population, which gave an establishment of 177.

The Home Help Service was reviewed in 1950, when it was decided that, in order to meet the demand, the establishment should be based on 1 : 3,000 population. The establishment was further increased in 1954 to 1 : 2,750. One of the conditions laid down, however, was that the increases be taken up by the appointment of casual home helps and this policy has been followed because it is more advantageous to employ a larger number of helps, as the demand is more particularly for morning work.

Many of the 551 home helps designated as casual work a varying number of hours each week, but in the main they are employed for seven to eighteen hours per week. The vast majority are married women aged 30 to 45 years, and the work is particularly well suited to this age group as they have experience in running their own homes and, if they have children, these are usually of school age.

There are frequent changes in personnel, as the needs of the Service vary or the home help herself states she does not wish to continue because of changed circumstances, and there is a constant shuffle of workers, according to the needs of the Service and to the personnel available.

The employment of casual home helps has undoubtedly, to a large extent, achieved the object of securing a larger spread-over of cases and has the added advantage that they may be appointed within the limit of the money provided in current estimates, thus providing a full service when other casual home helps are absent from duty on account of illness.

The main strength of the service is therefore, made up of home helps who, although called casuals, are in effect regularly employed part-time. In all divisions, except West Glamorgan, the establishment of home helps in 1956 failed to meet the demand and, where estimates have been made of the extent of the deficiency, these vary from ten per cent to twenty-five per cent, which is in the main only a rough estimate of the position. It is evident, however, that the demand continues to increase and whereas in previous years the divisions have been able to conserve during the summer some of their resources for the winter months when they were most needed, it was not possible to do so this year and, in fact, expenditure in several divisions had to be curtailed to keep within the estimates. The need for more home helps will continue to increase with the ageing of the population, as it is to the aged and infirm that service is mainly rendered. Whereas previously many were able to manage with the assistance of relatives, neighbours, and friends, such help is not obtainable to the same extent as hitherto and the increased requests made have not only stretched the available resources to the limit, but also made the work of allocation and supervision so heavy that in the larger divisions it has not been possible for the Non Medical Supervisors to do this work in addition to their other duties. The County Home Help Organiser has to spend at least three days per week on detailed supervisory duties in the Rhondda, South-East, and Mid-Glamorgan Divisions, where, because of their other duties, the Divisional Superintendent Health Visitors have been able to give little, if any, assistance.

The Committee had before them also the comments of the Welsh Board of Health on a survey made by one of their medical officers on the Home Help Service. Although the results of the survey were generally satisfactory, the Ministry felt that in some of the larger health divisions the growth of work called for more supervision than could reasonably be expected under the existing arrangements.

As a step towards the more efficient management of the Service the Committee recommended :—

(a) That the establishment of the Service be reviewed and that those regularly employed part-time home helps now designated "casual" be redesignated regularly employed part-time home helps and thus be eligible for the benefits applicable to such categories of staff.

(b) That two assistant home help organisers be appointed ; and

(c) That when sufficient experience has been gained by the supervisory staff a report be made upon the need, if any, for reorganisation of the Authority's Home Help Service including any revision of the establishment of the Service.

These appointments of Assistant Home Help Organisers will be made in the next financial year, and it is hoped that it will be possible later to review the Home Help Service in the light of the experience gained by the supervisory staff.

HOME HELP SERVICE.

QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1952.

Quarter ended	Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
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
1956.																
31st March ..	63	2.79	73	3.23	645	28.57	175	7.75	1174	51.99	108	4.78	—	—	20	0.89
30th June ..	71	3.15	75	3.32	625	27.69	142	6.29	1219	54.01	106	4.70	—	—	19	0.84
30th September	60	2.63	72	3.15	656	28.71	180	7.88	1189	52.04	111	4.86	—	—	17	0.74
31st December	56	2.51	69	3.10	636	28.55	167	7.50	1172	52.60	111	4.98	—	—	17	0.76

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. Resigned 26th September, 1956
Mr. S. Williams.
Mr. D. Mahoney, S.R.N., S.R.M.N., R.M.P.A.
Has been appointed to succeed Mr. Jones as from 1st January, 1957.

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. He also attends the hospitals at Hensol and Drymma on those occasions when Glamorgan patients are reviewed by the Visiting Justices.

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 thirteen defectives were ascertained to be subject to be dealt with during the year. 1,549 patients were under statutory or voluntary supervision and 820 patients were in Institutions. 193 patients were on the waiting lists to enter Institutions. Nineteen patients were under guardianship, of whom fourteen receive guardianship grants at the rate of 33s. 6d. each per week. 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.

In view of the large numbers of patients under supervision, duly authorised officers are now responsible for visiting adult males. These number 388. Health visitors assist in the supervision of 233 children and females.

OCCUPATION AND TRAINING.

Greenhill Occupation and Training Centre, Aberaman.

Thirty boys and twenty-four girls are in attendance. Most of them live in the Aberdare area, but a few travel from Abercynon and Pontypridd. Those who are not within walking distance of this Centre are supplied with tokens or season tickets permitting free travel on local buses for the journeys to and from the Centre.

For a considerable portion of the year the Centre continued to function without the help of Mr. Bowen, the caretaker-instructor. His assistant, Mr. Thomas, although doing an excellent job, could not be expected to cope with all the additional supervisory duties in the workshop and gardens during Mr. Bowen's illness.

An Inspector of the Board of Control who visited on the 21st March, commented on this and also on the small number of young children that are being admitted to this Centre. At the time of her inspection there were only three children under ten years of age present, but by the end of the year the number in attendance had been increased to six.

The annual outing was held at Barry Island on the 6th July and the Christmas party on the 17th December.

Baglan Occupation Centre.

Sixteen boys and twenty-one girls attend this Occupation Centre.

The annual outing was held at Porthcawl on the 20th June. The Christmas party and a very successful parents' open day and sale-of-work were held on the 18th December.

Children from the Neath and Dulais Valleys are transported by hired bus and the County Ambulance Service provides a vehicle for the conveyance of children from the eastern part of the district served by the Centre.

An additional part-time escort was appointed during the year to travel with some children from Porthcawl, whose admission was arranged in June.

The number of defectives attending this well-run Centre continues to increase and the premises, which never were satisfactory, are quite inadequate for the numbers attending. A proposal for the adaptation of premises at "Lletty Nedd," to which it was proposed to transfer this Centre, did not meet with the approval of the Welsh Board of Health. At the end of the year a search was being continued for a suitable site in the Neath/Briton Ferry area. At the time of writing this report a site at Ynysmaerdy, Briton Ferry, is under consideration.

Donation.

A welcome donation of ten guineas from the Women's Auxiliary of the Neath and District Licensed Victuallers' Association enabled the purchase of a clockwork train and a small sewing machine, both of which have given considerable recreation and educational interest to the children attending this Centre.

General.

All those in attendance at both Centres receive a free mid-day meal and one-third of a pint of milk daily.

The arrangement whereby milk was supplied to defectives at the Occupation Centres under a scheme of the Ministry of Agriculture and Fisheries ceased on the 31st August, 1956. From the 1st September, 1956, the provision of milk to those attending full-time at Occupation Centres comes within the scope of Section 28 of the National Health Service Act.

The Committee approved of arrangements being made to supply one-third of a pint of milk without charge to each pupil attending the Centre irrespective of age.

ATTENDANCE OF GLAMORGAN PATIENTS AT OTHER OCCUPATION CENTRES.

The Cardiff City Council have established a new Occupation Centre at "Preswylfa," Clive Road, Canton, in premises formerly used as a hostel. Our Committee agreed to take up some of the vacant places available at this and the Pengam Road Centre.

Suitable patients were found in the Dinas Powis, Penarth, and Barry areas and conveyed to and from the Centres by hired bus.

At the end of the year there were twenty-three patients in attendance at the Pengam Road Centre and fifteen at the "Preswylfa" Centre.

As it may be some considerable time before the County Council is able to build or acquire suitable premises for an Occupation Centre in the South-Eastern part of the County the present arrangements with the Cardiff City Council meet a very real need.

Twelve defectives from Glamorgan attend at the Swansea Occupation Centre.

It will, therefore, be seen that a total of 141 Glamorgan mental defectives attend occupation centres.

Although this number shows an improvement, yet the overall position is far from being satisfactory since there are very many who could derive considerable benefit from occupational centre training if the facilities were available.

PROPOSED ADDITIONAL CENTRES.

The Committee are acutely aware of the need for further training and occupation centres for defectives in other parts of the County.

The proposal, as a priority measure, to provide a centre at Treallaw on a site adjacent to the present Maternity and Child Welfare Clinic has made some progress and building should begin in 1957.

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 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 ; (at the end of the year negotiations were proceeding with a view to the acquisition of premises at Bargoed for use as 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.

Although I am aware of the considerations involved in the implementation of the programme, I am disturbed at the slow progress—or perhaps lack of progress would be the more adequate term—in developing our occupation centre proposals. A well-run centre can do much to improve the social habits of those attending, thus enabling them to adjust themselves to life in the community. To parents and relatives who have the great burden of caring for a defective daily year in and year out, a few hours much needed relief is given and a certain, if immeasurable contribution, is made to domestic harmony and the mental health of the rest of the family. Properly planned and adequately staffed occupation and training centres are a “must” in any community that has the welfare of the mentally handicapped at heart.

Of the fifty-six patients admitted only twenty-two were males and, of these, nine were admitted from places of safety, one from short-term stay and three from prison, leaving only nine from the community. Eleven 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. It is unusual 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 fifteen patients admitted to places of safety :—

<i>Reason for admission.</i>							<i>No. of patients.</i>
Living alone and unable to care for herself	..	..	..	..	..	..	1
Death of parent or guardian	..	..	..	..	..	..	5
Illness of parent or guardian	..	..	..	..	..	..	4
Mother left family	..	..	..	..	..	..	1
Father admitted to old folks' home	..	..	..	..	..	..	1
Violence towards other members of the family	..	..	..	..	..	..	1
Relatives or guardian no longer able to care for patient	..	..	..	..	..	..	2

Thirteen of the patients were adults, one was adolescent, and one was a child. They were admitted to the following hospitals :—

<i>Name of hospital.</i>	<i>No. admitted.</i>
Hensol Castle, Pontyclun	6
Ely Hospital, Cardiff	7
Llys Maldwyn	1
"Brynhyfryd"	1

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 under the Council's scheme under Sections 28 and 51 of the National Health Service Act, 1946. A site was found in Bridgend, but as no financial provision has been made for the work of construction to begin it is unlikely that the hostel will be completed for some time.

PATIENTS ADMITTED TO INSTITUTIONS.

In 1956 fifty-six defectives were admitted to institutions under order, fifteen were admitted to places of safety and twenty-one 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 increased owing to the opening of a new wing at Hensol Castle.

	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
1956	56	15	21

The disposal of the fifty-six patients admitted to Institutions is shown below :—

Name of Institution.	No. of patients admitted.
Hensol Castle, Pontyclun	39
Ely Hospital, Cardiff	9
Llys Maldwyn Hospital, Caersws	1
Pantglas Hall, Carmarthen	1
Coed Ddu Hall	1
Brynhyfryd	2
Eryri	1
Moss Side	1
Monyhull Hall	1

SHORT-TERM STAY.

The names of many of the defectives on the waiting list for institutional accommodation have been there for years. Few of the children recommended for residential care are ever likely to be able to lead independent lives. The parental strain of caring for these defectives, particularly those of low grade, becomes well-nigh intolerable. Occasionally it is possible to obtain a measure of temporary relief by arranging periods of short-term care, but the number of instances in which this has been done is inconsiderable compared to the many where such arrangements are desirable to remove from parents and relatives, even for a month or a fortnight, the burden of caring for a defective member of the family.

Some parents, through bereavement or their own ill-health, are forced to apply for help of this nature, others continue to meet the daily difficulties without complaint and accept the comparative hopelessness of their situation.

During the year short-term care was arranged for ten males and eleven female defectives for the following reasons :—

Death of father	1
Confinement of mother	2
Illness of parent or guardian	5
To enable parent or guardian to have a holiday	7
To provide a rest for parent or guardian	6

Characteristic examples of the short-term stay cases are shown below :—

No. 1. Girl aged 13 years. An imbecile with slight spasticity. Very highly strung and excitable, demanding constant attention. Two elder and two younger children also in the home, and the father suffered from advanced stages of cancer (in fact, he died while patient was in the institution). Fortnight's stay arranged at Hensol Castle.

No. 2. Woman aged 35 years, an imbecile, physically deformed, very restless and aggressive. Lived alone with mother, who was in poor health and suffering from nephritis. The mother badly needed a holiday for the sake of her health, but this was impossible as she had no one to care for patient. One month's stay arranged at Ely Hospital.

No. 3. Woman aged 24, an imbecile, suffering from hydrocephaly. Confined to a wheel chair. Her mother committed suicide three years ago, and father was left with the care of this helpless defective. The father was unable to retain the services of housekeepers, and the patient's sister, a nurse, had to give up her career in order to look after the home. Nineteen days stay arranged at the Graig Hospital.

No. 4. Boy aged three years, an epileptic imbecile suffering also from spastic hemiplegia. Doubly incontinent, and aggressive. The youngest of seven children, the eldest also being a mentally defective boy. The family are tenants of an elderly couple, and have two bedrooms, and one living room, in which the parents sleep, and all the washing and family work has to be done. The mother was expecting twins at the end of May (making nine children in all). Child given two weeks stay at Hensol Castle during mother's confinement.

No. 5. Man aged 53 years, an imbecile, incontinent day and night, and had been kept in bed for some months before admission due to his deterioration. Was cared for by his mother and a sister, the latter died and the whole burden fell on the mother who was in very poor health. Given two weeks stay at Hensol Castle, and while there, a vacancy was obtained for him and he was detained there under Order.

MENTAL DEFECTIVES GAINFULLY EMPLOYED.

The various occupations followed by those defectives in gainful employment are shown in the appended table. Forty-two more were employed than in 1955. Most of them in employment are filling jobs as unskilled workers, and the majority are employed in factories, building trades, or in or about mines. The list, of course, includes patients previously licensed from hospitals for the mentally defective who have been discharged and are now under friendly supervision.

It would be a mistake to read too much into the figures given or to assume that they could be maintained at the present level in a period of industrial depression.

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.
Blind Institute	1	—	2	—	3	—	Labourers— L.A. and Public Corps.	2	—	15	—	17	—
Bakery	3	3	2	—	5	3	Latherer	1	—	—	—	1	—
Brickworks	5	2	3	—	8	2	Metal Work	2	1	—	—	2	1
Buildings	8	1	19	—	27	—	Messenger/Errand Boy	2	—	2	1	4	1
Cinemas	1	1	1	—	2	1	Mining— Labourers	25	—	26	—	51	—
Circus	—	—	1	—	1	—	Trainees	4	—	—	—	4	—
Coal Delivery	1	—	6	—	7	—	Mineral Water	5	4	—	1	5	5
Dairy	1	1	2	—	3	1	Newspaper Round ..	—	—	4	—	4	—
Dock Labourers ..	—	—	1	—	1	—	Railways	1	—	2	—	3	—
Domestic, Hotels/Catering	1	7	4	12	5	19	Remploy	1	—	6	1	7	1
Factory	20	20	12	10	32	30	Saw Mills	1	—	—	—	1	—
Farms	7	2	10	—	17	2	Seamen	1	—	—	—	1	—
Flour Mills	5	1	—	—	5	1	Tinplate	5	2	6	1	11	3
Forestry	2	—	3	—	5	—	Van Boys	5	—	—	—	5	—
Furniture Removing ..	1	—	1	—	2	—	Self Employed* ..	1	—	4	—	5	—
Garage, Bus Depots ..	1	—	2	—	3	—	Odd Jobs	—	—	—	—	—	—
Gardening	1	—	—	—	1	—							
Greengrocery	—	—	1	—	1	—							
Iron and Steel	3	—	7	—	10	—							
Labourers— General	2	—	7	—	9	—							
							Totals for 1955.. ..	79	28	116	30	195	58

*Self employed—Smallholder, Bicycle repairer, Shopkeeper, Newsvendor, Firewood seller.

During 1956, the duly authorised officers arranged the admission to hospital of 689 patients, 323 of whom were admitted as voluntary patients under the Mental Treatment Acts.

Mr. T. J. Jones, one of the duly authorised officers, left the service on the 26th September, 1956. His successor, Mr. Donald Mahoney, did not commence duty until 1st January, 1957, and the three remaining officers had to shoulder a heavy burden of work during the intervening period.

The fall noted in the total number of admissions annually since the peak year of 1953 continued, 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 Act seems to have halted. The reason is not clear. It may be due to voluntary patients making their own arrangements for admission. Bed accommodation in mental hospitals is severely taxed and voluntary patients not requiring urgent attention may 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, but patients may be admitted to the Neurosis Centre at Whitchurch Hospital 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
1956	136	187	-	1	72	79	95	119	689

The report of the Royal Commission is still awaited. The increasing number of voluntary admissions to mental hospitals will, it is hoped, prompt the Commission to recommend simplification of the existing laws and regulations relating to the detention of the mentally sick.

SENILE PATIENTS.

The lack of proper hospital provision for senile patients with acute mental symptoms has been mentioned in previous reports. It is by no means a local problem and, unless serious efforts are made to deal with it, it may become more serious as the number of ageing persons in the community increases.

AFTER-CARE.

Before mental ill-health can be successfully treated the doctor or psychiatrist would wish to know as much as possible about the patient's social background and other facts which may have affected his mental state.

Duly authorised officers, the mental health supervisors, and the health visitors are playing a useful part in providing this information when required and in establishing a good liaison between the private practitioner and the Medical Officers at the mental hospitals in the interests of patients referred for after-care.

Ninety-two cases were dealt with, compared with one hundred and three cases in the previous year. Fifty-eight visits were made by duly authorised officers and three hundred and sixty-four by mental health supervisors. Regular visits extending over many months are usually found to be necessary. Several of the female cases were serious cases, and the supervisors' visits show an increase of 101, despite the fall in the case load.

Sixty-one female patients were 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 Psychiatrists at the East Glamorgan Hospital and, in some instances, by general practitioners and, sometimes, the patients themselves request a visit.

The County Superintendent Health Visitor (Miss E. G. Wright) is present at the child psychiatric clinics held at the East Glamorgan Hospital and is thus able to maintain a most effective co-operation between the clinic, the mental health section of my department, and the health visiting service.

The names of the duly authorised officers and their districts on the 31st December, 1956, are set out below :—

Duly authorised officers.

Districts covered.

Mr. Tom J. Jones ..	Cardiff Rural (excluding parishes of Van, Rudry, and Rhydygwern), (succeeded by Penarth Urban, Barry Borough, Cowbridge Borough, Cowbridge Mr. D. Mahoney, Rural, Penybont Rural, Bridgend Urban, and Porthcawl Urban. 1st January, 1957)
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 Glyncoed Urban.
Mr. S. Williams ..	The parishes of Van, Rudry, and Rhydygwern in Cardiff Rural, Gelli- gaer Urban, Caerphilly Urban, Aberdare Urban, Mountain Ash Urban, and Pontypridd Urban.

There is excellent liaison between the duly authorised officers and the general practitioner and their friendly relationship with the staff at the mental hospitals in the area have been of benefit to the patients and made smooth the working of a service which could otherwise be difficult or embarrassing.

HOSPITAL ADMISSIONS.

As from the 1st July, 1955, the catchment areas of mental hospitals in South Wales were rearranged by the Regional Hospital Board. The position as it affects the County is as follows :—

Hospital.

Former catchment area.

New catchment area.

Pen-y-val, Abergavenny	Monmouth County	Monmouth County (except Caerleon Urban Dis- trict, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.
Whitchurch	Cardiff County Borough ..	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanfedw, Llanederyne, 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.
Cefn Coed, Swansea ..	Swansea County Borough and Merthyr County Borough	Swansea County Borough, Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District.

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., F.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.

Municipal Boroughs.

Barry.

Neath.

Port Talbot.

Rhondda.

Urban District Councils.

Aberdare.

Pontypridd.

Outside Authority.

Merthyr Tydfil.

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

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

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

The County Analyst has been working under difficulties during the year owing to the shortage of trained staff. This has recently become more acute in view of the more attractive salary scales offered to science graduates in the teaching profession.

The replacement of qualified staff who leave for better paid appointments is a matter of concern and in December it was decided to review the present gradings of the laboratory staff.

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 ..	4,444	1,807	335	6,586
Fertilisers and feeding stuffs	108	—	23	131
Water	19	1,026	415	1,460
River water	1	5	476	482
Sewage and sewage effluents	—	28	646	674
Trade effluents	—	6	313	319
Pasteurised milk	—	—	3,732	3,732
Sterilised milk	—	—	142	142
Ice cream	—	472	—	472
Atmospheric pollution	—	300	24	324
Miscellaneous	24	18	3	45
Totals	4,596	3,662	6,109	14,367

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

Nature of examination.	1955.	1956.	Increase.	Decrease.
Food and Drugs	6,674	6,586	—	88
Fertiliser and feeding stuffs	119	131	12	—
Water	1,384	1,460	76	—
River water	509	482	—	27
Sewages and effluents	1,197	993	—	204
Pasteurised and Sterilised milk ..	3,795	3,874	79	—
Ice-cream	465	472	7	—
Atmospheric pollution	205	324	119	—
Miscellaneous	20	45	25	—
Total	14,368	14,367	318	319

Food and Drugs Act, 1955.

The County Council is the Authority under the Food and Drugs Act for the whole of the Administrative area, with the exception of the Municipal Boroughs of Neath, Port Talbot, Barry, and Rhondda, and the Urban Districts of Aberdare and Pontypridd.

During the year 1956, from all sources, a total of 6,586 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955.

Of these samples 197 (or 3·0 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Of the 2,142 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 35 (or 1·6 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Separate detailed reports upon samples collected under the Food and Drugs Act, 1955, are made to the Glamorgan County Council and to the respective Local Authorities.

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.

During the year legal proceedings in respect of unsatisfactory or adulterated food stuffs were undertaken in nine cases, fines totalling £37, plus £4 4s. 0d. advocate's fee, £5 5s. 0d. analyst's fee, £2 2s. 6d. witness' fee being imposed on the vendors.

Action is also taken on other unsatisfactory samples which are necessarily taken informally, such as cake and sponge mixtures and vitamin preparations, sixty-eight such samples being dealt with during the year.

The local sanitary authority in each case was asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps were taken to inform manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

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 Public Health Inspectors in conjunction with their other duties ; 864 inspections were made during the year.

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

"Food and Drugs.

During the year 4,444 samples of food and drugs were procured and submitted to the Public Analyst for analysis. This represents 10·28 samples per 1,000 population. Of this number 2,167 were samples of milk, 2,011 (or 92·8 per cent) of which were satisfactory in all respects. Of the remaining 156 samples, eighty-eight were deficient to some extent in milk fat, fifty-eight deficient in non-fatty solids, and ten contained added water. The deficiencies in milk fat were in the main due to natural deficiencies and to variation in the times of milking and, on 'Appeal to Cow' samples being taken, were proved to be genuine milk. Proceedings were, however, taken in one case where the deficiency was proved and the producer was convicted.

Proceedings were also taken in two cases where the milk contained added water and convictions were recorded.

All milk sold to householders is bottled and the unsatisfactory results mentioned above are from samples of raw milk consigned to the various depots.

Samples of foods and drugs other than milk totalled 2,277 and were on the whole satisfactory. All new foodstuffs are sampled for analysis and labels checked to see that they comply with the Labelling of Food Order, 1950.

A number of complaints regarding foreign matter in foods have been received and, following investigations, warning letters have been sent by the Clerk of the Council.

Milk (Special Designation) Orders.

The County is a 'Specified Area' and the use of a 'Special Designation' is compulsory for all sales of retail milk. These designations are 'Pasteurised,' 'Sterilised,' and 'Tuberculin Tested' milk.

The number of Pasteurising plants in the County is decreasing ; there are now only eight pasteurisers as compared with seventeen in 1953. Regular visits of inspection are made to these premises and 816 samples of heat treated milk were collected during the year. These samples were submitted to the Public Analyst and the results were very satisfactory, there being only two unsatisfactory samples during the whole year—about 0.20 per cent of the samples submitted.

A few complaints were received regarding dirty bottles and milk containing extraneous matter and, on investigation at the bottling premises, were found to be due to a mechanical fault or to the 'human link.' Proceedings were taken against one firm and they were fined a total of £5 7s. 0d.

Whilst the producers are taking considerable precautions against the use of dirty bottles, much can be done by the public to ensure that milk bottles are not used for any other purpose.

One wonders whether the non-returnable carton is the answer to this problem ?

Ice-cream.

The Food Standards (Ice-cream) Order prescribes that ice-cream shall contain not less than 5 per cent fat, 10 per cent sugar, and $7\frac{1}{2}$ per cent milk solids other than fat. Because of the cost of the necessary equipment required to comply with the Ice-cream Heat Treatment Regulations most of the ice-cream being sold is manufactured by large firms and sold pre-packed by the shop-keepers. There are a few producers in the area and they are registered with the Local Authorities. Samples of ice-cream taken were, on the whole, satisfactory ; of 107 samples submitted for analysis, five were reported as being below the prescribed standard. Legal proceedings were taken and convictions were recorded in each case.

Fertilisers and Feedings Stuffs Act, 1926.

At the request of the Ministry of Agriculture, Food and Fisheries, the number of samples taken has increased. During the year 108 samples were taken as compared with eighty-nine for the previous year.

Three samples were reported by the Agricultural Analyst as being to the prejudice of the purchaser. Appropriate action was taken by the Clerk of the County Council to prevent a recurrence."

OUTBREAK OF FOOD POISONING—PONTARDAWE RURAL DISTRICT AREA.

An outbreak of food poisoning of a most unusual character occurred in the Pontardawe area in May, 1956. Men at local works had been taken violently ill and, later, similar illness was found among members of the general public.

After exhaustive enquiries by the staff of the Pontardawe R.D.C. Health Department it seemed that contaminated bread was responsible for the outbreak.

Further investigation established that a consignment of insecticide had leaked into a railway wagon, which was later used for the conveyance of sacks of flour, two of which absorbed the insecticide from the vehicle floor. One of the sacks was returned to the miller and the other was used by a baker in the manufacture of loaves, the consumption of which resulted in the illness of forty-nine people. It was further established that the empty contaminated flour sack had come into contact with a batch of dough from which white bread rolls were manufactured and this contamination caused ten men to become ill at work after consuming them.

Officials of the Welsh Board of Health, the Department of the Government Chemist, the County Analyst, the British Transport Commission, as well as the Flour Millers and their laboratory staffs, and the medical staff of Morriston and Hill House Hospital, at one stage or another in the investigation, were all concerned and their co-operation with the officials of the Pontardawe Council was a pleasing feature of the efforts that were ultimately successful in solving what at first was a most baffling problem.

The County Council communicated with the Secretary of the British Transport Commission expressing concern that flour may have been conveyed in vehicles that had previously contained poisonous matter and had not been adequately cleansed.

Pending results of further enquiry into the nature and toxicity of the insecticide concerned, the British Railways have made arrangements for stringent precautions to be taken in dealing with this traffic.

This brief reference cannot give any indication of the extent of the many and varied detailed enquiries made by Dr. G. M. Davies, the Medical Officer of Health for the Pontardawe Rural District, and Mr. Ieuan Lewis, Senior Sanitary Inspector, in their investigation into this outbreak. They were joint authors of an excellent article in the British Medical Journal (18th August, 1956) which described the outbreak fully, and they are to be congratulated on initiating prompt and successful action which prevented larger numbers of people from being affected.

OUTBREAK OF PARATYPHOID B—EAST GLAMORGAN HOSPITAL, CHURCH VILLAGE.

An outbreak of Paratyphoid of some interest occurred in the maternity unit at the East Glamorgan Hospital in mid-summer. The outbreak became evident towards the middle of August, although the infection was probably introduced by a patient some weeks earlier.

Six cases were involved with two infant deaths. Immediate action was taken by all concerned to contain the outbreak and, following swabbing of all babies born during August, September, and October, twenty-one symptomless excretors were discovered, including an expectant mother, who had been attending the out-patients department, and one of the non-resident domestic staff who was temporarily excluded from work until she had returned three consecutive negative swabs.

New admissions to the maternity unit were suspended until 5th November, 1956, emergency cases and those who could not be confined at home being admitted to Llwynypia Hospital maternity unit.

No further cases have arisen in the hospital.

FOOD HYGIENE REGULATIONS, 1955.

District Councils have been asked to submit suggestions for bringing County Council food establishments up to the standards required in the Regulations.

Some districts have reviewed arrangements existing in school canteens and have made recommendations.

HOUSING.

I am indebted to the County District Surveyors and Engineers for the following table showing the housing construction figures for the respective districts in 1956. For purposes of comparison the totals for 1955 have been inserted to show the diminution in the number of houses erected by Local Authorities and the increase in house building by private enterprise :—

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 1956.	Number partly completed during the year 1956.	Number for which plans were passed but not commenced during the year 1956.
	Completed and occupied during the year 1956.	Partly completed during the year 1956.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare	5	9	—	1,840	12	9	4
Barry Borough	126	128	—	2,861	123	60	28
Bridgend	195	103	90	1,247	90	35	18
Caerphilly	—	—	—	2,352	45	18	25
Cowbridge Borough ..	—	—	—	48	—	—	—
Gelligaer	102	8	—	1,328	8	4	—
Glyncorrwg	67	29	—	782	—	—	—
Llwchwr	58	68	18	1,463	37	34	60
Maesteg	—	86	86	760	24	—	2
Mountain Ash	233	—	—	930	2	4	3
Neath Borough	60	212	2	1,870	13	19	9
Ogmore and Garw ..	—	—	—	1,099	4	—	—
Penarth	38	66	26	963	46	35	15
Pontypridd	16	54	30	1,429	3	12	4
Porthcawl	—	—	—	324	86	94	48
Port Talbot Borough ..	287	540	—	5,032	72	32	5
Rhondda Borough ..	142	213	100	1,547	19	2	2
Cardiff Rural	116	113	10	1,853	352	378	183
Cowbridge Rural	20	12	—	1,424	20	18	13
Gower	50	24	—	404	36	26	30
Llantrisant and Llantwit Fardre	68	46	—	2,186	38	37	16
Neath Rural	177	98	—	1,856	41	40	48
Penybont	198	234	—	2,674	54	64	235
Pontardawe	118	52	12	1,964	18	13	6
Totals 1956	2,076	2,095	374	38,236	1,143	934	754
Totals 1955	2,259	2,330	1,037	37,155	1,001	800	464

WATER ACT, 1945.

The Rhondda Water Order, 1956, came into force on the 24th May, 1956. The Order empowers the Borough Council, *inter alia*, to purchase an area of land at Llwynypia and to construct a treatment works and a service reservoir. The main object of the Order is to extract water from a subterranean supply in the old Glamorgan Colliery, which, after treatment, will be pumped to a storage reservoir at Blaenclydach. It is estimated that the project will result in an added supply of approximately one million gallons per day.

The proposals of the Borough Council were supported by the County Health Committee.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-55.

The undermentioned schemes have received the support of the Authority as being necessary public health measures :—

Cardiff Rural District Council.

- (i) Waterloo Row, Rudry sewerage scheme.
- (ii) Wernddu Road, Van sewerage scheme.

Gower Rural District Council.

- (i) Bishopston sewerage scheme.
- (ii) Dunvant sewerage scheme, Stage II.

Neath Rural District Council.

Glynneath Road, Resolven sewerage scheme.

Penybont Rural District Council.

Proposed sewerage and sewage disposal scheme for Coytrahen.

Pontardawe Rural District Council.

- (i) Gellinudd Privy—conversion and connection of properties to new sewers scheme.
- (ii) Penrhiwfarteg amended sewerage scheme.

Under these Acts assistance was given to the undermentioned Authorities as follows :—

Cardiff Rural District Council.

- (i) Duffryn Mawr to Ffos-y-Crydd—extension of the water main—contribution of £441.
- (ii) Bonvilston sewerage scheme—contribution of £707.
- (iii) East Aberthaw sewerage scheme—contribution of £1,075.

Gower Rural District Council.

Upper Killay sewerage, Hen Parc Lane Section—contribution of £77 per year for thirty years.

Neath Rural District Council.

Rhigos Village sewerage scheme—extra contribution of £268.

ATMOSPHERIC POLLUTION.

The restriction of atmospheric pollution continues to exercise the active attention of many Local Authorities within the County. In particular, Port Talbot and Mountain Ash Authorities have been in the forefront in persuading offending local industrial undertakings to deal with local dust or fume problems.

Certain sections of the "Clean Air" Act came into force on the 31st December, 1956, and the District Councils charged with the operation of these sections have been encouraged to adopt a model building bye-law requiring that heating and cooking arrangements in new buildings shall prevent, as far as practicable, the emission of smoke.

The adverse effects of air pollution on homes, animal, and plant life are being more generally realised and it is hoped that after setting their own houses in order by the installation of smokeless heating and cooking arrangements the public will press for effective action to be taken to abate the air pollution which is still a most unsatisfactory feature of some of our urban areas.

STATISTICAL REVIEW, 1956.

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 1956, and for the purpose of comparison quotes similar statistics for the years 1955 and 1936 :—

		Crude Birth Rate.			Crude Death Rate.			Infant Mortality Rate.		
		1956.	1955.	1936.	1956.	1955.	1936.	1956.	1955.	1936.
England and Wales	.. .. .	15.70	15.0	14.8	11.7	11.7	12.1	24	25	59
Administrative County of Glamorgan	..	15.76	15.1	15.4	12.27	13.1	12.2	30	34	63
Total Urban Districts	.. .. .	16.04	15.4	15.7	12.22	13.0	12.6	30	35	63
Total Rural Districts	.. .. .	15.01	14.3	14.7	12.38	13.2	10.9	31	30	64
Health Division.	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban ..	13.99	13.6	12.4	15.46	16.7	14.5	28	33	68
	Mountain Ash Urban ..	15.06	15.1	16.6	12.72	14.4	12.9	26	37	68
Caerphilly and Gelligaer	Caerphilly Urban ..	20.59	18.1	17.6	10.97	10.8	12.3	27	36	76
	Gelligaer Urban ..	17.79	18.6	17.9	11.65	12.4	11.8	48	49	86
Mid-Glamorgan	Bridgend Urban ..	18.00	17.5	15.9	10.62	10.5	12.2	34	16	37
	Maesteg Urban ..	16.46	15.9	18.3	10.24	12.6	13.6	24	44	79
	Ogmore & Garw Urban ..	16.19	14.8	15.9	12.28	12.1	12.7	33	21	82
	Porthcawl Urban ..	13.43	15.0	11.4	14.03	14.6	14.7	37	41	40
	Penybont Rural ..	15.17	14.2	14.6	14.15	15.2	11.0	43	44	68
Neath and District	Neath Borough ..	14.62	12.6	15.6	11.52	13.9	13.4	26	40	68
	Neath Rural ..	14.24	13.7	15.9	11.37	12.6	11.1	29	41	69
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	16.58	17.0	17.5	10.54	12.0	11.0	33	30	64
	Pontypridd Urban ..	14.24	13.8	15.6	12.36	14.1	13.1	19	38	53
Port Talbot and Glyncoirwg	Glyncoirwg Urban ..	22.36	19.0	18.0	11.08	10.5	10.2	37	44	49
	Port Talbot Borough ..	18.74	18.8	17.2	10.52	11.0	11.1	28	34	46
South-East Glamorgan	Barry Borough ..	17.44	16.9	15.3	10.69	11.2	11.6	31	27	46
	Cardiff Rural ..	15.05	13.1	12.5	13.55	14.0	10.9	28	20	72
	Cowbridge Borough ..	12.61	14.6	11.8	18.45	12.6	7.9	—	133	—
	Cowbridge Rural ..	16.06	16.3	17.6	7.33	8.0	9.7	23	19	44
	Penarth Urban ..	15.91	14.7	12.3	12.66	11.7	10.7	23	29	53
West Glamorgan	Gower Rural ..	15.56	14.0	14.6	12.36	14.4	11.3	32	30	72
	Llchwyr Urban ..	13.55	12.6	14.4	12.03	11.5	10.5	34	31	71
	Pontardawe Rural ..	13.70	13.4	12.3	14.88	14.7	10.9	27	21	51
Rhondda	Rhondda Borough ..	14.19	13.7	15.3	13.46	14.6	13.3	30	32	58

"CRUDE" AND "ADJUSTED" RATES.

The table of vital statistics on page 97 shews "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age, and to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory as a measure for comparison of birth and death rates. Some form of standardisation is, therefore, desirable to make allowance for the age and sex composition of the population.

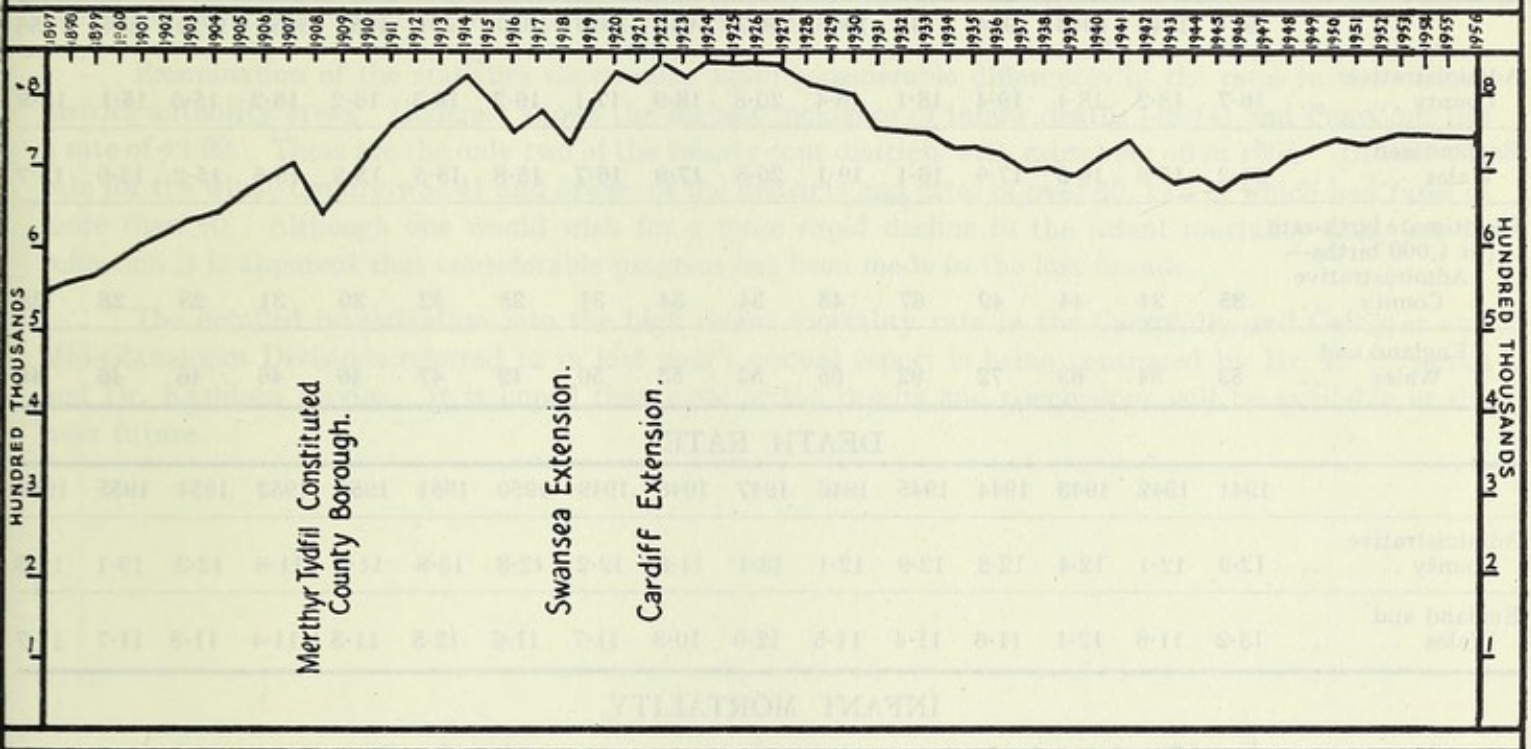
POPULATION.

The estimates of the Registrar-General gives the population of the Administrative County as 738,000 as compared with the 1955 estimate of 737,400.

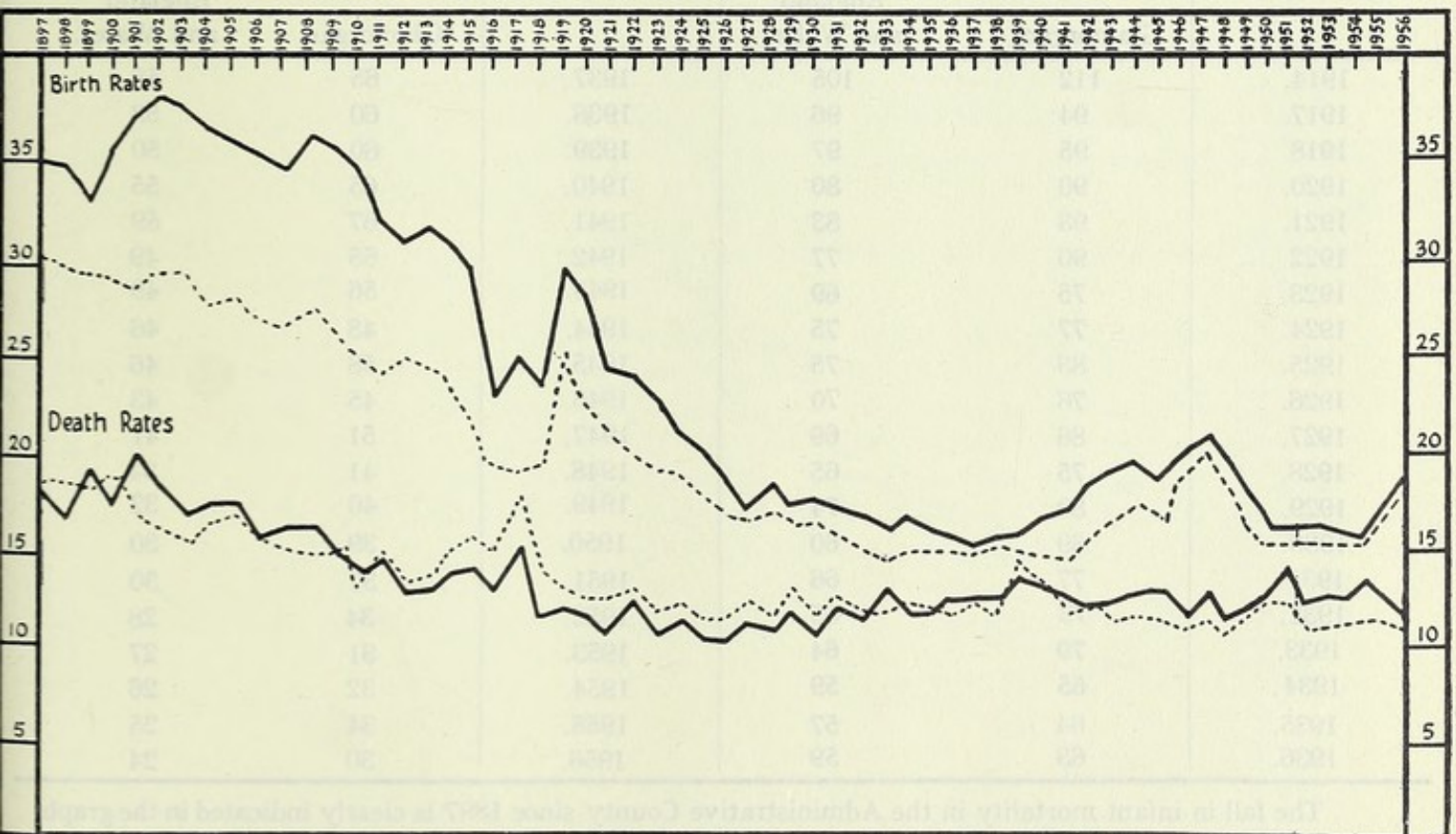
Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1934	751,650	3,579
1903	631,398	13,137	1935	743,800	3,015
1913	791,208	14,363	1936	731,350	2,358
1914	802,752	14,047	1937	714,200	1,714
1915	777,430	12,266	1938	708,500	1,982
1916	752,619	11,485	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	1956	738,000	2,576

The population of the Administrative County increased by 600.

ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



BIRTH AND DEATH RATES



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

BIRTHS.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Administrative County ..	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	15.8
England and Wales ..	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	15.0	15.7
Illegitimate birth-rate per 1,000 births—																
Administrative County ..	35	34	44	49	67	43	34	34	31	35	32	30	31	28	28	28
England and Wales ..	53	54	63	72	92	65	52	53	50	49	47	46	46	46	46	46

DEATH RATE.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Administrative County ..	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	13.1	12.3
England and Wales ..	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	11.7	11.7

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	1956.	30	24

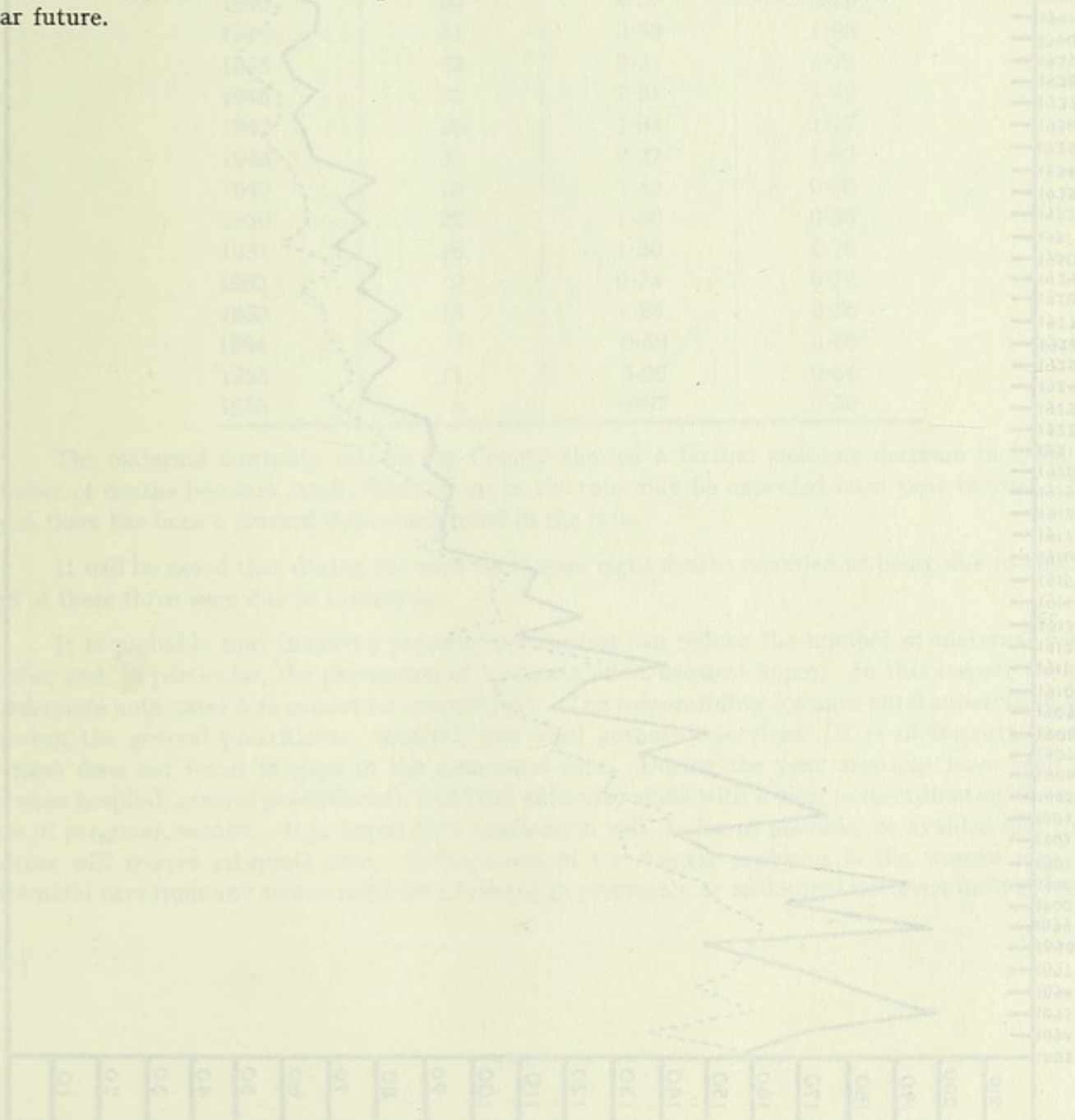
The fall in infant mortality in the Administrative County since 1897 is clearly indicated in the graph on page 86.

INFANT MORTALITY.

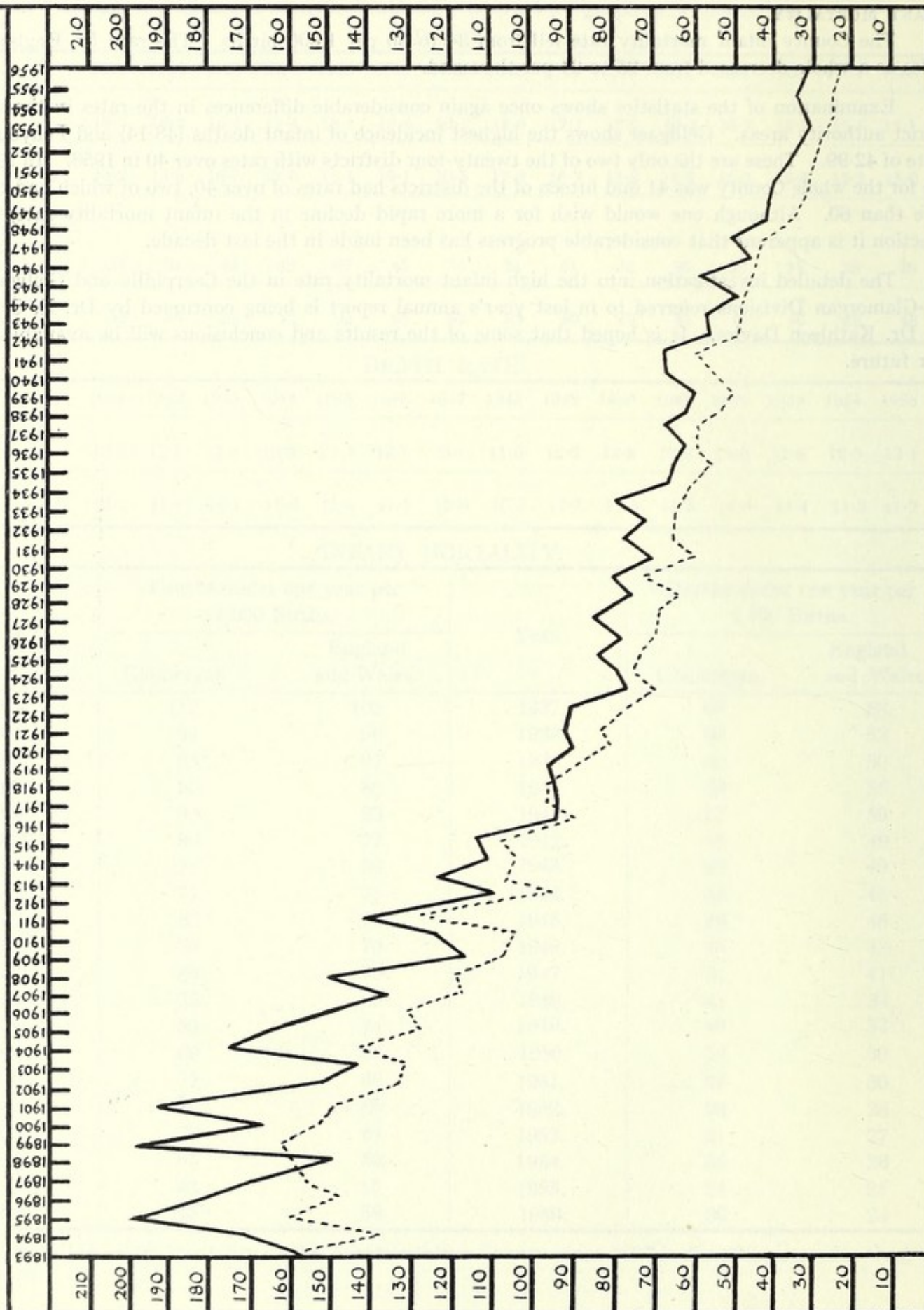
The County infant mortality rate fell from 34 to 30 per 1,000 births. The rate for England and Wales as a whole decreased from 25 to 24 per thousand.

Examination of the statistics shows once again considerable differences in the rates in the various district authority areas. Gelligaer shows the highest incidence of infant deaths (48·14) and Penybont has a rate of 42·99. These are the only two of the twenty-four districts with rates over 40 in 1956. In 1948 the rate for the whole County was 41 and fifteen of the districts had rates of over 40, two of which had rates of more than 60. Although one would wish for a more rapid decline in the infant mortality rate, yet on reflection it is apparent that considerable progress has been made in the last decade.

The detailed investigation into the high infant mortality rate in the Caerphilly and Gelligaer and Mid-Glamorgan Divisions referred to in last year's annual report is being continued by Dr. E. C. James and Dr. Kathleen Davies. It is hoped that some of the results and conclusions will be available in the near future.



ADMINISTRATIVE COUNTY OF GLAMORGAN · INFANT MORTALITY ·



	Total Infant Mortality Rate per 1000 Live Births -	Administrative County.
-----	" " "	England and Wales.

MATERNAL MORTALITY.

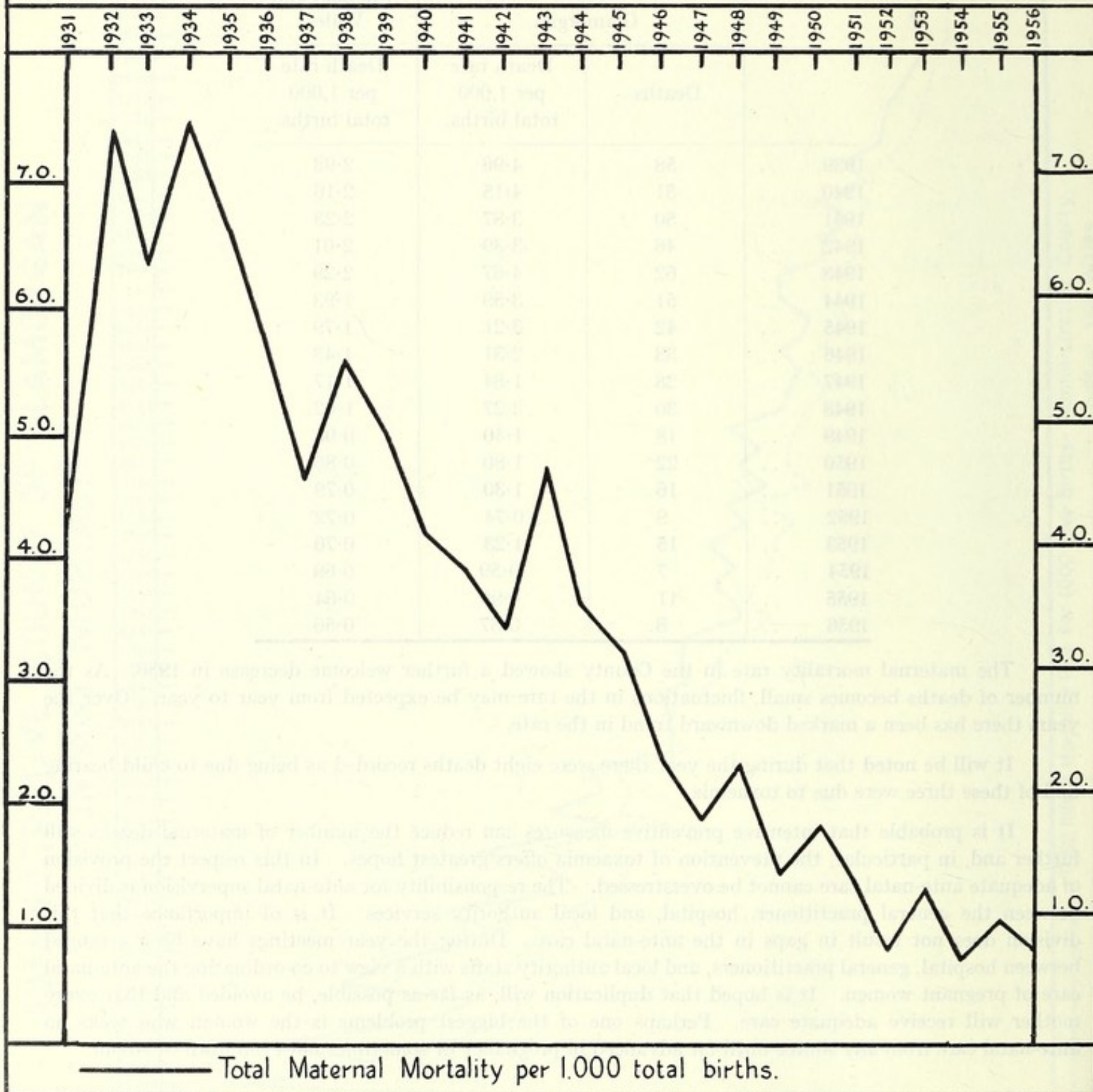
	Glamorgan.		England and Wales.
	Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939 ..	58	4.96	2.93
1940 ..	51	4.15	2.16
1941 ..	50	3.87	2.23
1942 ..	46	3.39	2.01
1943 ..	62	4.67	2.29
1944 ..	51	3.59	1.93
1945 ..	42	3.21	1.79
1946 ..	33	2.31	1.43
1947 ..	28	1.84	1.17
1948 ..	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
1956 ..	8	0.67	0.56

The maternal mortality rate in the County showed a further welcome decrease in 1956. As the number of deaths becomes small, fluctuations in the rate may 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 eight deaths recorded as being due to child bearing and of these three were due to toxæmia.

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. During the year meetings have been arranged between hospital, general practitioners, and local authority staffs with a view to co-ordinating the ante-natal care of pregnant women. It is hoped that duplication will, as far as possible, be avoided and that every mother will receive adequate care. Perhaps one of the biggest problems is the woman who seeks no ante-natal care from any source until far advanced in pregnancy or sometimes not even until in labour.

ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY



SPECIAL INQUIRY—LEUKAEMIA SURVEY.

The department took part in a survey conducted by the Medical Research Council into the deaths of children under ten who died in 1953–55 from malignant disease and Leukaemia.

The number of Glamorgan children involved was twenty-nine and a survey included the investigation into the habits and illness of twenty-nine other children as controls.

The findings of this survey will be awaited with interest, particularly in the light of an interim report published in the *Lancet* in September, 1955, which suggests that cases of malignant disease and Leukaemia in children are more common where the mother had undergone X-ray examination during pregnancy.

INFECTIOUS DISEASES.

The following table shows the number of deaths from diphtheria, whooping cough, and measles since the beginning of the present century :—

	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
1956	—	—	2	0.3	—	—

There were no notifications or deaths from diphtheria or smallpox, but there were two deaths from whooping cough, 665 cases being notified.

The incidence of poliomyelitis was again comparatively low, twenty-six cases being notified (twelve paralytic and fourteen non-paralytic), of which twenty were of school or pre-school age, ten of which were paralytic and ten were non-paralytic cases.

During the year there were no major epidemics of infectious diseases.

In view of the public interest in the recently introduced scheme of poliomyelitis vaccination, the numbers of poliomyelitis cases in recent years in Glamorgan are quoted below :—

	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.
Paralytic ..	*	*	*	*	*	79	8	29	36	6	39	12
Non-paralytic	*	*	*	*	*	26	16	10	24	2	30	14
Total..	17	4	87	30	54	105	24	39	60	8	69	26

* The number of paralytic and non-paralytic cases are not available for these years.

CANCER.

The following tables show 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
1956	741	637	1,378	187	208

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

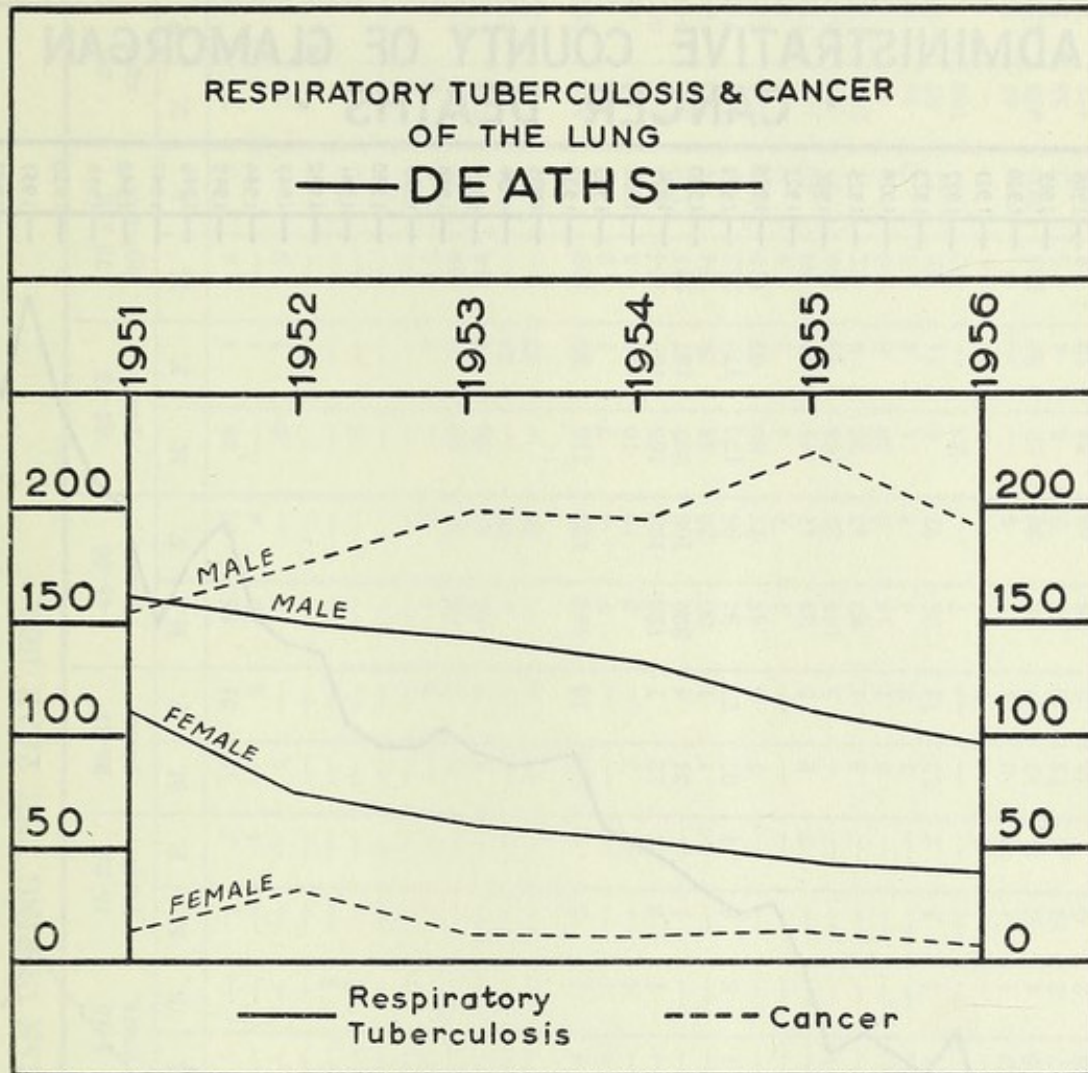
Site.	Year.									
	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.
Stomach	284	275	305	291	335	300	277	294	324	299
Breast	107	97	91	100	109	111	117	111	105	138
Uterus	54	62	79	67	75	52	66	77	72	57
Lung	694	792	779	141	168	200	205	207	241	201
Other				719	736	667	708	729	715	683
Total cancer deaths	1,139	1,226	1,254	1,318	1,423	1,330	1,373	1,418	1,457	1,378

TABLE III.
DEATHS FROM LUNG CANCER AND RATE PER 100,000 POPULATION.

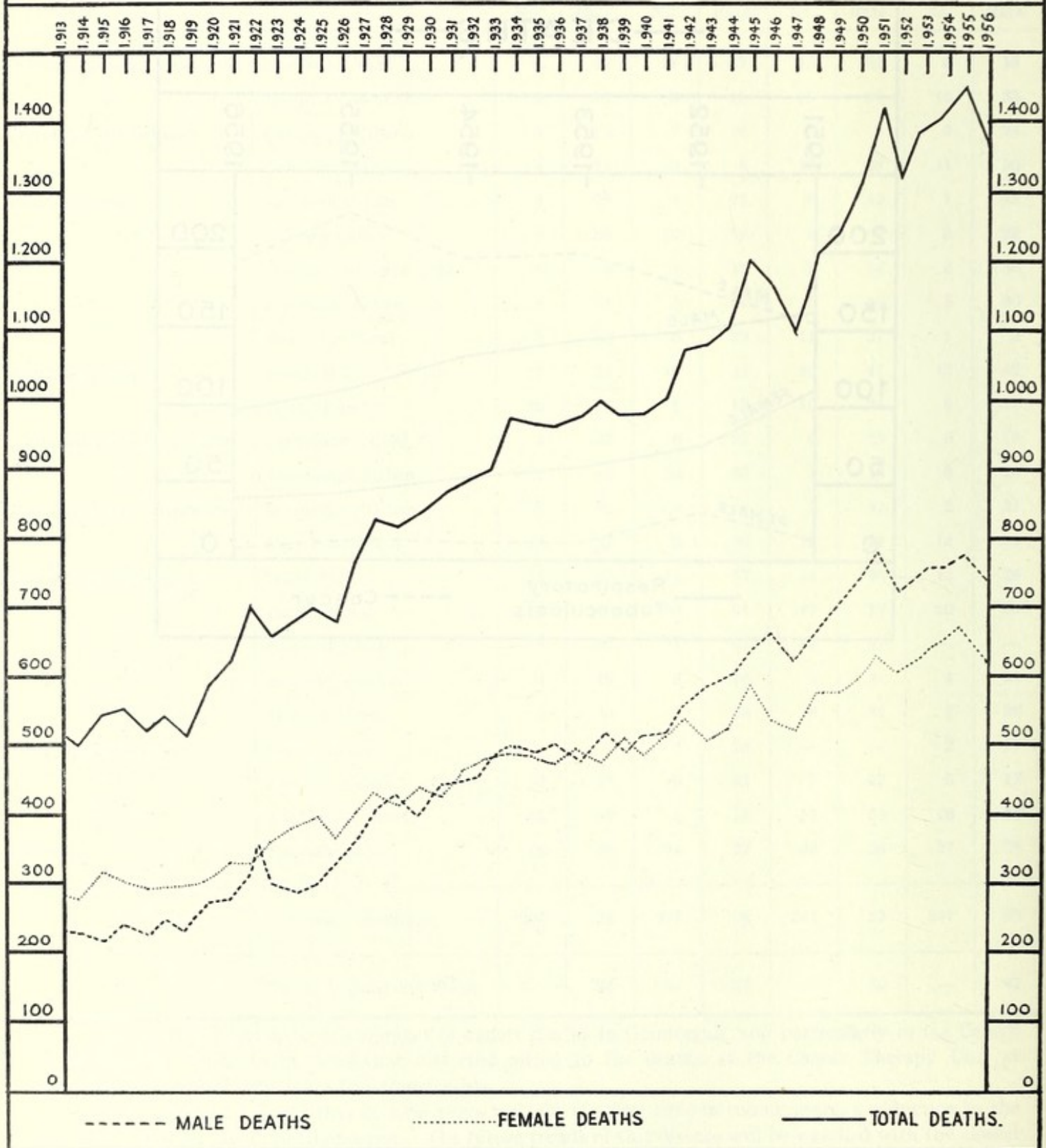
Health Division.	Constituent Districts.	1953		1954		1955		1956	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Aberdare and Mountain Ash	Aberdare Urban	8	20	11	27	13	32	6	15
	Mountain Ash Urban ..	5	16	3	10	12	39	10	33
Caerphilly and Gelligaer ..	Caerphilly Urban	4	11	7	19	3	8	9	24
	Gelligaer Urban	4	11	3	8	10	28	11	30
Mid-Glamorgan	Bridgend Urban	4	29	3	21	6	42	7	48
	Maesteg Urban	8	35	12	52	2	9	5	22
	Ogmore and Garw Urban..	2	9	4	18	5	22	8	36
	Porthcawl Urban	5	51	5	51	3	30	3	30
	Penybont Rural	8	23	8	23	11	31	1	3
Neath and District	Neath M.B.	17	54	13	41	13	41	13	42
	Neath Rural	10	24	5	12	10	24	9	22
Pontypridd and Llantrisant	Llantrisant Rural	7	27	6	23	6	23	5	19
	Pontypridd Urban	7	18	20	52	7	18	9	24
Port Talbot and Glyncoirwg	Glyncoirwg Urban	3	32	—	—	5	52	2	21
	Port Talbot M.B.	14	31	9	20	19	41	14	30
South-East Glamorgan ..	Barry M.B.	11	27	11	27	15	36	12	29
	Cardiff Rural	18	49	34	91	27	72	20	53
	Cowbridge M.B.	1	97	1	97	1	97	—	—
	Cowbridge Rural	4	19	2	10	4	21	4	21
	Penarth Urban	8	43	9	48	6	32	5	26
West Glamorgan	Gower Rural	—	—	3	26	—	—	2	17
	Llwchwr Urban	7	27	9	35	7	27	3	12
	Pontardawe Rural	22	68	5	16	17	53	16	50
Rhondda	Rhondda M.B.	28	26	24	22	39	36	27	25
Totals, Glamorgan ..		205	28	207	28	241	33	201	27
Total, England and Wales		—	34	—	37	—	39	—	41

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.

It is pleasing to record that in 1956 there was, for the first time in recent years, a reduction in the deaths due to lung cancer in Glamorgan. The future trends of this disease will be watched with the closest interest and, in particular, one must have regard for any possible public health measures or health education of the public that can assist in its prevention.



ADMINISTRATIVE COUNTY OF GLAMORGAN • CANCER DEATHS •



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1956.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	—	—	—	—	1	—	1	3	18	21	55	13	19	1	4	3	98	41
Tuberculosis—Other ..	—	—	—	1	—	—	—	1	—	2	3	4	—	1	—	—	3	9
Syphilitic Disease ..	—	—	—	—	—	—	—	—	1	—	7	—	6	1	2	1	16	2
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Meningococcal Infections ..	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	3	2
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	3	2	—	—	—	—	1	—	—	3	1	2	—	3	2	—	7	11
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	6	3	66	37	59	40	43	45	174	125
Malignant Neoplasm—Lung Bronchus ..	—	—	—	—	—	—	—	—	4	3	96	12	68	3	14	1	182	19
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	—	17	1	76	—	24	—	20	1	137
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	4	—	26	—	17	—	10	—	57
Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	—	—	2	4	1	3	—	20	18	114	123	118	83	107	65	366	292
Diabetes ..	—	—	—	—	2	1	—	—	—	—	7	4	7	1	2	1	18	7
Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	2	—	3	10	10	25	5	12	20	48
Coronary Disease—Angina ..	—	—	—	—	—	1	2	1	12	7	123	123	195	197	264	338	596	667
Hypertension with Heart Disease ..	—	—	—	—	—	—	1	—	31	4	320	108	297	157	211	142	860	411
Other Heart Disease ..	—	—	—	—	—	—	—	—	1	1	30	20	48	29	34	44	113	94
Other Circulatory Disease ..	—	1	—	—	1	3	8	4	32	29	94	96	170	179	343	429	648	741
Influenza ..	—	—	—	—	—	—	—	—	7	8	48	27	60	62	110	118	225	215
Pneumonia ..	36	23	—	—	—	—	—	—	—	—	1	3	4	1	4	9	9	13
Bronchitis ..	6	1	—	3	—	—	—	2	2	3	23	11	41	32	58	40	163	114
Other Diseases of Respiratory System ..	1	1	—	—	1	—	—	—	4	5	138	23	182	55	130	77	463	161
Ulcer of Stomach and Duodenum ..	—	—	—	3	—	—	—	—	8	1	87	13	76	4	32	7	204	29
Gastritis, Enteritis, and Diarrhoea ..	3	1	—	—	—	—	—	—	5	1	14	2	19	8	10	6	48	17
Nephritis and Nephrosis ..	—	—	—	—	—	—	—	—	1	2	4	3	4	4	3	2	15	12
Hyperplasia of Prostate ..	—	—	—	—	1	2	1	2	12	12	22	21	8	11	18	21	62	69
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	7	—	33	—	66	—	106	—
Congenital Malformations ..	35	37	2	7	3	1	1	1	—	7	—	—	—	—	—	—	47	8
Other defined and ill-defined diseases ..	116	77	6	4	6	4	6	11	13	22	58	86	57	86	163	206	425	51
Motor vehicle accidents ..	1	—	4	1	7	2	12	4	12	3	15	3	2	4	5	2	58	19
All other accidents ..	6	2	6	2	3	2	9	1	28	5	38	13	14	10	18	35	122	70
Suicide ..	—	—	—	—	—	—	—	—	10	3	23	12	3	2	3	—	39	18
Homicide and operations of war ..	—	—	—	—	—	1	—	—	—	1	—	1	2	—	—	—	2	3
All causes ..	207	145	24	26	29	21	45	32	232	186	1,401	876	1,504	1,040	1,651	1,634	5,093	3,960

1956.
NOTIFICATION OF INFECTIOUS DISEASES.

		SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Croup)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Opthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARA-TYPHOID		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		Pulmonary		Non-Pulmonary		Cases	Rate
																												Cases	Rate	Cases	Rate		
ADMINISTRATIVE COUNTY		963	1.30	665	0.90	—	—	1,423	1.93	484	0.66	32	12	14	—	1	464	3	143	12.30	—	—	21	0.03	1	0.001	113	618	0.84	75	0.10	66	0.09
URBAN DISTRICTS		752	1.41	512	0.96	—	—	615	1.15	373	0.70	28	10	10	—	—	309	3	134	15.63	—	—	5	0.01	1	0.002	51	479	0.90	45	0.08	52	0.10
RURAL DISTRICTS		211	1.04	153	0.75	—	—	808	3.97	111	0.55	4	2	4	—	1	155	—	9	2.95	—	—	16	0.08	—	62	139	0.68	30	0.15	14	0.07	
Health Division.	Constituent Districts.																																
Aberdare and Mountain Ash	Aberdare Urban	47	1.17	13	0.32	—	—	39	0.97	15	0.37	2	1	—	—	—	133	—	14	24.87	—	—	—	—	—	—	5	25	0.62	5	0.12	3	0.07
	Mountain Ash Urban ..	44	1.43	13	0.42	—	—	26	0.85	15	0.49	2	—	—	—	—	—	3	6.49	—	—	—	—	—	—	—	28	0.91	4	0.13	5	0.16	
Caerphilly and Gelligaer	Caerphilly Urban	53	1.43	3	0.08	—	—	10	0.27	10	0.27	—	1	—	—	—	2	1	7	9.16	—	—	—	—	—	1	34	0.92	5	0.13	1	0.03	
	Gelligaer Urban	20	0.55	8	0.22	—	—	23	0.64	14	0.39	2	1	—	—	—	1	—	5	7.76	—	—	—	—	—	—	31	0.86	—	—	3	0.08	
Mid-Glamorgan	Bridgend Urban	15	1.03	15	1.03	—	—	20	1.38	1	0.07	—	1	1	—	—	4	—	17	65.13	—	—	—	—	—	3	15	1.03	3	0.21	1	0.07	
	Maesteg Urban	25	1.10	3	0.13	—	—	104	4.59	24	1.06	1	—	—	—	—	11	1	7	18.77	—	—	1	0.04	—	—	25	1.10	—	—	9	0.40	
	Ogmore and Garw Urban	111	4.99	71	3.19	—	—	57	2.56	30	1.35	2	1	1	—	—	19	—	3	8.33	—	—	—	—	—	5	16	0.72	1	0.04	2	0.09	
	Portcawl Urban	4	0.40	4	0.40	—	—	7	0.70	1	0.10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	0.50	1	0.10	—	—	
	Penybont Rural	64	1.81	8	0.23	—	—	60	1.70	8	0.23	—	—	—	—	—	6	—	4	7.48	—	—	—	—	—	—	27	0.77	6	0.17	4	0.11	
Neath and District	Neath Borough	8	0.26	27	0.86	—	—	8	0.26	8	0.26	—	2	1	—	—	1	—	—	—	—	—	—	—	—	—	29	0.93	—	—	1	0.03	
	Neath Rural	15	0.36	26	0.63	—	—	64	1.55	23	0.56	—	2	—	—	—	2	—	1	1.70	—	—	—	—	—	—	27	0.65	2	0.05	—	—	
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural	41	1.60	51	1.98	—	—	406	15.80	24	0.93	3	—	1	—	—	51	—	3	7.04	—	—	6	0.23	—	—	30	1.17	5	0.19	6	0.23	
	Pontypridd Urban	128	3.40	38	1.01	—	—	90	2.39	7	0.19	—	—	—	—	—	1	—	6	11.17	—	—	4	0.11	—	—	34	0.90	4	0.11	6	0.16	
Port Talbot and Glyncoerwg	Glyncoerwg Urban	5	0.52	—	—	—	—	13	1.35	—	—	—	—	—	—	—	—	1	2	9.26	—	—	—	—	—	—	9	0.93	1	0.10	—	—	
	Port Talbot Borough ..	48	1.02	131	2.78	—	—	63	1.34	21	0.45	4	1	1	—	—	4	—	5	5.66	—	—	—	—	—	3	45	0.95	3	0.06	4	0.08	
South-East Glamorgan	Barry Borough	70	1.67	25	0.60	—	—	8	0.19	33	0.79	2	1	—	—	—	82	—	38	51.98	—	—	—	—	1	0.02	7	64	1.53	2	0.05	4	0.10
	Cardiff Rural	34	0.89	24	0.63	—	—	58	1.53	32	0.84	—	—	2	—	—	1	78	—	—	—	10	0.26	—	—	3	27	0.71	5	0.13	2	0.05	
	Cowbridge Borough	3	2.91	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	76.92	—	—	—	—	—	—	—	1	0.97	—	—	—	—
	Cowbridge Rural	47	2.44	16	0.83	—	—	33	1.72	19	0.99	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	8	0.42	5	0.26	1	0.05	
	Penarth Urban	11	0.58	19	1.00	—	—	3	0.16	46	2.42	8	1	5	—	—	43	—	1	3.30	—	—	—	—	—	9	11	0.38	3	0.16	1	0.05	
West Glamorgan	Gower Rural	5	0.42	18	1.51	—	—	32	2.69	1	0.08	—	—	—	—	—	15	—	1	5.41	—	—	—	—	—	1	3	0.25	3	0.25	2	—	
	Llchwyr Urban	28	1.09	2	0.08	—	—	2	0.08	—	—	—	1	—	—	—	—	7	20.06	—	—	—	—	—	—	—	12	0.47	3	0.12	2	0.08	
	Pontardawe Rural	5	0.16	10	0.31	—	—	155	4.84	4	0.12	1	—	—	—	—	2	—	—	—	—	—	—	—	—	58	17	0.53	4	0.12	1	0.03	
Rhondda	Rhondda Borough ..	132	1.23	140	1.30	—	—	142	1.32	148	1.38	4	—	—	—	—	6	—	18	11.81	—	—	—	—	—	18	95	0.88	10	0.09	10	0.09	

[illegible]

