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REPORT

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Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1958

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

CARDIFF :
WILLIAM LEWIS (PRINTERS) LTD.

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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.

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 my annual report for 1958, a year which marks the tenth anniversary of the beginning of the National Health Service.

Since 1948, my annual reports as County Medical Officer have recorded in some detail the manner in which the local health services have functioned. Those directly engaged in any branch of the National Health Service are perhaps too close to it to see it in proper perspective or to form unbiased opinions about their own or any other branch.

In Glamorgan much thought and labour were put into the organisation of the Part III Services which, with the exception of the Health Centre and Dental Services, have been developed generally according to the original scheme. Few people in Glamorgan have not had cause to be grateful for the personal service rendered either by the County Council as Local Health Authority, or by the hospital, general medical practitioner, dental and ophthalmic services during this period.

As the Minister of Health has said, "Ten years is a short period in the life of these Services and we must look ahead, as well as back, deriving encouragement from the success so far won to help us in meeting the changes and chances of the future". Whatever those changes and chances may prove to be, much inspiration and encouragement will be derived from the solid achievements of the last ten years. It can be said without contradiction that the closest possible co-operation has been maintained with hospitals and general practitioners.

It should be remembered that before the appointed day—5th July, 1948—some of the services provided were of a most limited character and available only to contributors to voluntary associations or the sick poor. The ageing of the population (one in every nine of the population in 1957 was over the age of 65) has brought with it the need for domiciliary care, in particular from home nurses and home helps who support the family doctor in rendering assistance to these aged and chronic sick in their own homes.

Reference was made in my 1949 Report, which reviewed the first full year's working of the Authority's schemes, to the fact that there was a great need for an extension of the services previously provided by County districts and voluntary associations and that the establishment of district nurses and home helps would have to be reviewed to keep pace with the demand.

The original establishment of home nurses was 122 ; at the end of 1958 it had been increased to 175. While for the present this appears adequate, the same cannot be said of the Home Help Service which, despite the additional appointment of the equivalent of 103 whole-time home helps, as compared with 1949, does not in several Divisions, give more than the bare minimum of help, the number of cases assisted in the County having increased from 1,315 in 1949 to 3,368, of which 76·4 per cent were chronic sick or aged. It has been the aim of the Department to maintain an efficient active Home Help Service, assisting only those who cannot obtain help from other sources, e.g. relatives or kind-hearted neighbours prepared to help in time of trouble. It is not possible to meet all needs and cover the twenty-four hours of the day with home helps, but I am pleased to acknowledge the aid which many of them give voluntarily over and above their normal working hours to those whom they come to regard as their responsibility. Despite the many changes in the personnel, there remains a number of highly efficient women who render invaluable service.

The Health Visiting Staff, in addition to their maternity and child welfare responsibilities, have also accepted their share of the burden of caring for the old people by getting to know those on their district who may require assistance and paying periodic calls to see what can be done to help. Unfortunately the lack of recruits to the Health Visiting Service has resulted in a depleted staff, hard pressed to attend to the many tasks which they have to perform.

The competing needs of the many branches of nursing and the widening scope of the social worker make such demands on the available womanpower that there does not appear sufficient to go round. This is particularly noticeable in the Domiciliary Midwifery Service which, with its long hours on call, as compared with hospital staff, makes it relatively unattractive. Although the Cranbrook Committee Report recommends that a strong domiciliary midwifery service should be maintained, the greatest difficulty in maintaining adequate cover is still one of the big worries with which we are faced.

There were 12,243 births registered, as against 12,081 in 1957, an increase of 162. The infant mortality figure fell from ~~23·00~~^{31·42} to ~~22·60~~^{28·83}. In 1958, 8,829 deaths were registered, as compared with 9,085 in 1957, a decrease of 256. Ten mothers died from conditions associated with pregnancy and childbearing.

The rates for 1957 and 1958 are shown in the following table, the figures for England and Wales being shown in brackets :—

	<i>Birth rate.</i>	<i>Death rate.</i>	<i>Infant mortality.</i>	<i>Maternal mortality.</i>
1957 ..	16·31 (16·10)	12·27 (11·5)	31·45 (23·00)	0·73 (0·47)
1958 ..	16·48 (16·4)	11·88 (11·7)	28·83 (22·60)	0·79 (0·44)

For the continued support of the Chairman, Vice-Chairman, and members of the Health Committee I desire to record my thanks. I wish to pay tribute also to the good work of my staff, without whose loyalty and interest it would have been difficult to maintain the various services at their present level of efficiency.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.
August, 1959.

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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 881/2.
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 2275/6/7.
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.

In September, the Welsh Board of Health approved the erection of one clinic and plans have been prepared for building a clinic at Croeserw to serve the needs of the new housing estate in this area of the Glyncoerwg Urban District.

The Committee approved the purchase of the undermentioned clinic site during the year :—

Longford, Neath Abbey .. 0.324 acre .. £200.

At the end of the year the restrictions on capital expenditure were eased and in December the Committee recommended that new clinics be provided at Hawthorn and Nelson, a new ambulance sub-station at Nelson and an occupation centre for mental defectives at Barry.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

New Clinics.

No new clinics were built during the year.

An order has been placed for a mobile clinic of the four-wheel caravan trailer type. Delivery is expected in June, 1959, and it is proposed to use this mobile clinic mainly in the rural villages of the South-East Glamorgan Health Division.

Alteration of Clinic Sessions.

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	Aberdare ..	Rock Gardens, Aberdare	Sale of Welfare foods	Tuesday and Thursday mornings weekly	Saturday morning session discontinued.
	Mountain Ash	Aberdare Road, Mountain Ash	Sale of Welfare foods	Friday afternoons (weekly)	Saturday morning session discontinued.
Mid-Glamorgan	Caerau ..	Spiritualist Church Hall, Caerau	Infant Welfare	Wednesday afternoons weekly	Previously held fortnightly.
	Kenfig Hill	Waunbant Road, Kenfig Hill	Ante-natal	Mondays fortnightly	Previously held on Monday mornings fortnightly.
	Newton ..	Hope Congregational Vestry, Porthcawl	Infant Welfare	Wednesday afternoons weekly	Additional clinic established for this area.

Health Division.	Area served.	Location of Clinic premises.	Type and frequency of Sessions now held.		Remarks.
Neath and District	Neath ..	Dyfed Road, Neath ..	Ante-natal	Wednesday mornings and Thursdays weekly	Previously held on Thursdays weekly.
Pontypridd and Llantrisant	Beddau and Church Village	Mount Pleasant, Beddau	Ante-natal	Thursday mornings fortnightly	Church Village ante-natal clinic discontinued.
Port Talbot and Glyncoirwg	Margam ..	Community Centre, Margam	Ante-natal Infant Welfare	Alternate Monday afternoons	Previously held as a combined session.
	Sandfields	Dew Road, Sandfields ..	Ante-natal Infant Welfare Sale of Welfare Foods	Wednesdays, Thursdays, and Fridays	Previously held on Wednesdays and Thursdays.
South-East Glamorgan	Llanharry	Maternity and Child Welfare Clinic, Public Hall, Llanharry	Ante-natal Infant Welfare	Combined session on Monday afternoons weekly	Previously held as separate sessions on alternate Monday afternoons.
	Llantwit Major	Maternity and Child Welfare Clinic, Lesser Town Hall, Llantwit Major	Sale of Welfare foods	Alternate Monday afternoons	Previously held weekly on Monday afternoons.
West Glamorgan	South Gower	Village Hall, Rhossili ..	Infant Welfare	Tuesday afternoons fortnightly	Previously held on Monday afternoons fortnightly.
	Penllergaer	Old Church Hall, Penllergaer	Infant Welfare	Friday afternoons fortnightly	Previously held on Thursday afternoons fortnightly.
Rhondda ..		Welfare Centre, Ynyswen, Treorchy	Ante-natal	Monday and Wednesday afternoons	Previously held on Wednesdays.
			Infant Welfare	Monday and Wednesday mornings	Previously held on Mondays and Tuesdays.
		Welfare Centre, Trafalgar Terrace, Ystrad	Ante-natal	Thursday mornings ..	Previously held on Friday afternoons.
			Infant Welfare	Thursday afternoons	Previously held on Thursday and Saturday mornings.
		Court House, Court Street, Tonypany	Ante-natal	Friday afternoons ..	Previously held on Tuesday afternoons.
			Welfare Centre, Hendrecafn Road, Penygraig	Ante-natal Infant Welfare	Thursday afternoons .. Thursday mornings ..	Not previously held. Previously held on Mondays.
		Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	Ante-natal	Monday mornings ..	Previously held on Thursday afternoons.
			Infant Welfare	Monday and Tuesday afternoons	Previously held on Mondays and Wednesdays.
		Welfare Centre, Oakland Terrace, Ferndale	Ante-natal	Tuesday afternoons and Friday mornings	Previously held on Wednesday afternoons and Thursday mornings.
			Infant Welfare	Tuesday mornings and Friday afternoons	Previously held on Tuesdays and Fridays.
Porth ..	Y.M.C.A. Buildings, Porth	Infant Welfare	Tuesday afternoons ..	Additional clinic established for the area.	

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 Gelliager.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
BIRTHS.												
No. of births notified	(a) Live births	{ Domiciliary	387	717	647	456	374	548	648	289	738	4,804
		{ Institutional	611	633	1,121	628	780	682	1,514	633	847	7,449
	(b) Still-births	{ Domiciliary	7	10	13	4	5	9	9	7	18	82
		{ Institutional	20	30	38	23	29	33	38	24	32	267
ANTE-NATAL AND POST-NATAL CLINICS.												
(a) No. of clinics provided at the end of the year		{ Ante-natal clinics	9	14	19	6	6	11	9	6	7	87
		{ Post-natal clinics	—	2	—	—	—	—	—	—	—	2
(b) No. of sessions held per month at clinics included in (a)		{ Ante-natal clinics	25	30	42	26	33	39	32	24	40	291
		{ M.O. ..	—	—	—	4	—	—	—	—	—	4
		{ Midwives ..	—	2	—	—	—	—	—	—	—	2
(c) No. of women who attended during the year		{ Ante-natal clinics	939	1,586	1,330	1,318	981	1,645	1,413	587	1,477	11,276
		{ Post-natal clinics*	310	317	93	268	—	71	—	123	—	1,182
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> previously attended any clinic during current pregnancy and for P.N. clinics women who had <i>not</i> previously attended any P.N. clinic after last confinement		{ Ante-natal clinics	735	1,246	1,049	1,018	779	1,234	933	443	1,375	8,812
		{ Post-natal clinics*	310	247	76	268	—	71	—	123	—	1,095
(e) Total No. of attendances made by women included in (c)		{ Ante-natal clinics	4,310	5,803	5,226	4,894	4,542	6,939	5,225	3,317	8,349	48,605
		{ M.O. ..	—	—	—	668	—	—	—	—	—	668
		{ Midwives ..	310	431	96	301	—	—	—	125	—	1,263
* Women post-natally examined at ante-natal clinics are included.												
INFANT WELFARE CENTRES.												
(a) No. of centres provided		9	22	30	12	13	15	27	20	8	156	
(b) No. of sessions held per month at centres in (a)		37	57	100	36	45	44	86	52	40	497	
(c) No. of children who attended centres for the first time during the year who were under 1 year of age		1,023	1,240	1,596	987	1,255	1,093	1,741	851	1,583	11,369	
(d) No. of children who attended during the year who were born in		{ 1958	933	1,067	1,496	891	1,023	959	1,708	729	1,209	10,015
		{ 1957	873	972	1,344	833	907	814	1,638	732	1,105	9,218
		{ 1953-1956	783	841	1,947	790	977	890	1,290	532	754	8,804
(e) Total No. of children who attended the centres during the year		2,589	2,880	4,787	2,514	2,907	2,663	4,636	1,993	3,068	28,037	
(f) No. of attendances during the year made by children who at the date of the first attendance were		{ Under 1 year ..	12,699	14,439	20,750	12,939	12,077	13,003	21,913	11,584	12,062	131,466
		{ 1 year but under 2 years	2,439	3,210	5,806	2,769	2,524	2,221	4,641	2,387	1,865	27,862
		{ 2 years but under 5 years	1,980	2,087	6,547	1,920	2,212	3,406	4,480	1,514	1,024	25,170
(g) Total No. of attendances made during the year		17,118	19,736	33,103	17,628	16,813	18,630	31,034	15,485	14,951	184,498	

EXPECTANT AND NURSING MOTHERS.

On the 31st December, 1958, 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 an increase from 296 to 297.

Ante-natal clinic attendances of 49,273, including attendances at midwives' sessions, showed a decrease of 2,147 compared with last year's figures.

These figures show that the service provided for expectant and nursing mothers is still much appreciated. The number of women who attended ante-natal clinics during the year showed a reduction of 234, and the number of new cases, i.e., women who had not attended any clinic during current pregnancy, decreased by 201.

The numbers of new cases show a slight decrease in the Aberdare and Mountain Ash, Mid-Glamorgan, Neath and District, Port Talbot and Glyncothrog, and the Rhondda Health Divisions.

Minor fluctuations are to be expected, although the general trend of attendances is likely to be downward. More general practitioners, especially the younger ones are holding regular ante-natal clinics in their own surgeries and this is bound to affect attendances at local ante-natal clinics run by the County Council. That general practitioners are showing keener interest in this work is an encouraging sign of their awareness of the importance of adequate ante-natal care.

The Committee appointed by the Ministry of Health under the Chairmanship of Lord Cranbrook in April, 1956, to review the organisation of the maternity services issued its report in February, 1959. As the Cranbrook Committee's findings were published before my report for 1958 was completed, it might be of value if a brief comment on it were made at this stage rather than in twelve months' time.

Early in the report the Committee state that evidence received does not suggest that the maternity services are in a serious state of confusion, as indicated in evidence to the Guillebaud Committee. They also do not consider that the tripartite structure of the health services has proved more detrimental to the efficiency of the maternity services than to other branches. They, therefore, recommended the retention of the existing structure, believing that any drastic reorganisation at this stage would create more problems than it would solve. They conclude, however, that there should be clearer definition of the responsibilities of the three branches, with more co-ordination and co-operation between the individuals providing the various services and they recommend that local maternity liaison committees with a professional membership should be formed to ensure that local provisions for maternity care are utilised to the best advantage.

The requirements of good maternity care are set out in detail; the importance of regular ante-natal care and the need for health education and mother-craft instruction for all is stressed. The Committee consider that local health authorities should continue to provide facilities for ante-natal clinics but, while paying tribute to the work of local authority medical officers, feel that they should ultimately be replaced in the clinics by general practitioner obstetricians. It is not clear whether or not the local health authority will be expected to pay general practitioners who undertake these sessions. Health education should be provided by the authority wherever it is required, including doctors' surgeries and hospital clinics.

I am glad to say that there has been a considerable extension in mothercraft classes in Glamorgan clinics during the last few years.

While the Committee agrees that all women with medical or social needs should be able to be confined in hospital, they recognise that some women will always prefer to have their babies at home and that there is need both for expansion of the hospital service and for the maintenance of a high

standard of domiciliary care. It is recommended that over the whole country, hospital bed provision should be made for 70 per cent of all confinements, this figure to include beds for general practitioner obstetricians. In Glamorgan last year 61 per cent of mothers were confined in hospital and 39 per cent had their babies at home.

It is also suggested that ante-natal beds for 20 to 25 per cent of all confinements in a hospital area be provided as a priority. The proportion of hospital confinements proposed would involve very careful selection of patients, and the Committee state definitely that in their opinion the local health authority is the appropriate body to determine whether social conditions make a hospital admission desirable. The Committee also consider that a normal in-patient stay of ten days is adequate for most mothers. This raises the question of help and guidance immediately on discharge; they are considered essential and may lead to some alteration of duties between the domiciliary midwife and the health visitor.

Other recommendations made include :—

(a) That general practitioner obstetricians should be retained but that there should be a minimum standard for admission to such a list with a periodic review. Local obstetric committees should continue to function and the medical officer of health or another member of the local health authority staff should be a member.

(b) The use of a co-operation card to ensure adequacy of ante-natal care and to avoid duplication. Use of such a card was considered by the local committees set up in 1957, when arrangements for the prevention of toxæmia in pregnancy were considered and it is hoped that such a card will be brought into general use in the near future.

The report is now being considered by all interested parties and the Minister will, no doubt, in the light of comments received, take steps to put the recommendations into effect.

TOXAEMIA IN PREGNANCY.

All the medical and nursing staff engaged in ante-natal work are fully alive to the need for constant vigilance in seeking the early signs of toxæmia in expectant mothers and in seeing that prompt action is taken where necessary to bring the patient under treatment.

There has been no variation of the procedure agreed in 1956 to ensure the proper ante-natal care of expectant mothers.

POST-NATAL CLINICS.

The total number of mothers who attended for post-natal examination last year was 1,263, a decrease of 497 over 1957.

This figure is still far too low. The extent to which post-natal examinations are done by the family doctor is not known, but it seems that large numbers of women do not attend for a medical examination after being confined, although they are encouraged to do so.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1958 was 26.22 per thousand births, compared with a rate of 49.0 for England and Wales.

The Salvation Army Hostel at "Northlands", Cardiff, accepts the majority of the unmarried mothers from Glamorgan who are unable or unwilling to be confined at home. A small number of girls have been found accommodation at the Cwmdonkin Shelter, Swansea, or at the Salvation Army Hostel at Bristol.

During the year, twenty-one unmarried mothers were admitted for confinement to hostels under the County Council scheme, one more than in 1957.

Many of the children are ultimately placed for adoption. Even when the unmarried mother is received back with her infant into the family circle she has many complex emotional and material problems to solve. Where she cannot, or does not, return, these problems become even more acute and the social handicap with its associated difficulties can assume a well-nigh intolerable burden.

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.

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:—

"It is pleasing to report that ante-natal classes have not only continued during the year, but have definitely increased.

The number of expectant mothers availing themselves of this opportunity was 767 in 1958, compared with 474 in 1957, and the number of attendances were 3,487 and 2,488, respectively.

The exception is the Port Talbot and Glyncoerrwg Health Division, where, owing to extreme shortage of health visitors, all work other than home visiting and the main clinics has had to be temporarily suspended. I know that this causes the Divisional Medical Officer and health visiting staff as much concern as it does myself, and it is the earnest hope of all of us that the staffing position will speedily improve, so that ante-natal classes in the main clinics can be re-started at Pendarves Street and Ynys Street Clinics and also that similar courses can be proceeded with at the Sandfields and Blaengwynfi Clinics.

The following table shows the distribution of this work during the year:—

Health Division.	Number of centres at which courses were held.	Number of courses arranged.	Number of mothers attended.	Number of attendances.
Aberdare and Mountain Ash ..	6	18	179	897
Caerphilly and Gelligaer ..	2	10	38	82
Mid-Glamorgan	6	9	63	313
Neath and District	6	20	228	888
Pontypridd and Llantrisant ..	3	9	80	255
Port Talbot and Glyncoerrwg ..	—	—	—	—
South-East Glamorgan ..	2	8	111	628
West Glamorgan	4	12	46	270
Rhondda	4	4	22	154
Totals	33	90	767	3,487
Totals for 1957	25	69	474	2,488

"I have been present at a number of these talks during the year and have been very well impressed by the happy atmosphere which generally prevails. The expectant mothers attending seem to "feel that this is *their* own group" and as they become used to each other, settle down and relax, and even the shyest and quietest ones begin to ask questions and take part in discussions.

I am of the opinion that this brings about an attitude which, when once the mother is calm and reassured, will permeate throughout the entire family. Thus, we are working not only in accord with the recommendations of the Cranbrook Report that "it should be the duty of Local Health Authorities to provide instructors in health education in their own clinics", but we are also laying down good foundations for happy home life in the families of the expectant mothers who attend and we are thus also furthering the aim of "Preventing the Break-up of Families", as directed by the Minister of Health in his Circular 27/54 (Wales), dated 30th November, 1954.

There is no doubt at all that this is a very valuable part of the health visitors' work and we aim to attempt more and more as the staffing position allows. Relaxation and exercises, designed both to help the mother during her pregnancy and at the actual time of the birth are on the increase in the ante-natal classes, and I have every hope that before very long will be an established part of each syllabus.

The Cranbrook Report also states that "it was thought that other aspects of a more general nature such as physical health and nutrition, which were not concerned exclusively with maternity care, could usefully be included because women during pregnancy were generally more receptive to health education". I am pleased to state that all of those taking part in this instruction, i.e. medical officers, health visitors, and midwives, have always been aware of this, and from the very beginning of the health education talks, have emphasized this aspect. We are also grateful to the Health Committee who, by affording us the opportunity of refresher courses at Dyffryn House, enable us to keep abreast of modern teaching regarding mental health as well as subjects of a more general nature. Mental and emotional health influences every angle of our health teaching and, as the stone which dropped into a pool of water causes many far-reaching ripples, who knows how far the (often simple-sounding) teaching in our ante-natal classes extends? This is surely the very essence of a health visitor's work.

This is a good opportunity to give instruction regarding the normal development of the baby and toddler. Right handling of irritating situations which occur at an inopportune moment when a busy young mother is faced with an emergency, which leaves very little time in which to decide how to act, can often avoid fairly serious emotional trauma in the baby or toddler.

In conclusion, I would like to state that so far the enthusiasm of many young mothers who have attended is most encouraging. They readily express appreciation of the help and comfort they have received, both from the talks and discussions, and the more active participation of the relaxation and exercises. Although mothers expecting first babies are given first priority, mothers with one or more babies may and do attend and have found the classes useful if they have never had a previous opportunity.

It is not unknown for a request to be made to continue attendance for a second time, also for one or two sessions after the birth of the baby.

In one instance an adopting mother has asked to be allowed to attend to help her with baby care.

When expectant mothers have been booked for hospital confinement, they have been keen to continue attending at Glamorgan County Council ante-natal classes, and this is by no means rare. Class times were, in one instance, altered to enable them to attend.

Fathers' sessions, which have been arranged, have not met with success in the County, but we are ready to try again and to arrange evening sessions if they are called for. We think they must be merely shy to come forward, as we have ample evidence of their keenness and interest in all that their wives are taught, and we are grateful for their co-operation which often makes it possible for them to continue to attend.

There is ample evidence to show that this work is of paramount importance. Shortage of health visiting staff is a terrific handicap. Another factor is the incidence of mothers who work during pregnancy, but classes can be arranged to suit them and we are keen to do so.

Much has been achieved, and there is still much more to be done. It is better to promote mental and physical health and happiness in families than to find hospital beds for mental and physical illnesses (and certainly nothing like as costly)."

CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 156 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 1958 the number of sessions per month had been increased from 429 in 1948, to 497. 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 annual report for 1955, seems to have been halted. The total attendances decreased slightly from 184,721 in 1957 to 184,498, although the actual number of children who attended the various centres increased from 26,811 to 28,037.

Most of the attendances are made during the infant's first year, but there was a slight, though gratifying, increase in the number of attendances of the older children in the pre-school age group. It is perhaps natural that mothers should seek advice or require reassurance about the progress of the infant in the first few months, but as mothers gain more confidence in their ability to handle and care for the normal healthy child—and most infants fortunately are normal and healthy—their attendances at the infant welfare clinic tends to become less frequent. There is no doubt that, thanks mainly to the interest of the clinic medical officers and health visitors, the infant welfare clinics are retaining their popularity and function well as an important health advisory service.

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.

PERI-NATAL MORTALITY SURVEY.

The Department co-operated in a national survey on peri-natal mortality conducted under the auspices of the National Birthday Trust Fund. This nation-wide survey required the co-operation of all those concerned with any branch of the maternity services, e.g. obstetricians, paediatricians, pathologists, and their staffs, and general practitioners.

The survey commenced on Saturday, 1st March, 1958 and ended on 31st May, 1958. County midwives were asked to complete comprehensive questionnaires on every domiciliary and nursing home still-birth and neo-natal death (under 28 days) occurring in the Local Health Authority area throughout March, April, and May, and, in addition, on every domiciliary and nursing home live birth occurring between the first minute of Monday, 3rd March and the last minute of Sunday, 9th March.

The National Birthday Trust hope, from an analysis of the very comprehensive information supplied, to "determine which mothers are at special risk of peri-natal loss as a result of social environment and abnormalities of pregnancy and labour and to consider the ways in which these risks can be reduced in future".

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 five child-minding establishments and three child-minders registered under the Act, and routine visits of inspection were paid during the year.

CARE OF PREMATURE BABIES.

Of the 851 premature live births notified—a decrease of ninety-five in the figure for 1957—213 were born at home, compared with 228 in 1957.

It should be noted that excluding premature babies of 3 lb. 4 oz. or less, 136 out of 140 of those born and nursed at home survived the first twenty-eight days.

The number of premature still-births rose from 173 in 1957 to 191 last year. The figures contained in the Table on page 18 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.

OTHER PROVISION.

In most 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 first-year and sixteen second-year student nursery nurses have attended the course held at the Bridgend Technical College in preparation for the appropriate examinations of the National Nursery Examination Board or the Glamorgan Education Committee.

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. Visits of observation were arranged to child welfare clinics.

DISTRIBUTION OF WELFARE FOODS.

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.

Mothers who are unable to breast feed their infants are advised to use National dried milk as a substitute.

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

During 1958 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>
131,743	42,602	312,396	23,710

The value of the postage stamps on the coupons surrendered by beneficiaries was £21,763 5s. 11d.

As from the 1st April, 1957, in accordance with a direction from the Ministry, the price of National dried milk was increased from 10½d. to 2s. 4d. a tin.

Compared with the previous year the sales figures show that the issue of National dried milk fell by 69,268 tins and there was a decrease of 23,382 in the number of bottles of cod liver oil issued. The issue of orange juice decreased by 173,176 bottles. The issue of vitamin A and D tablets decreased by 1,869 packets.

The value of proprietary milk and welfare foods sold in the welfare clinics in 1958 was approximately £31,171 which is an increase of £1,136 on the amount for the previous year.

These figures suggest that National dried milk is losing its popularity. Whether this is due to a continuing demand for the particular brand of proprietary milk food which was supplied by some maternity units to infants born in hospital, or because the saving to be made by the purchase of National dried milk is less than hitherto, is not known.

There is no complete picture available of the extent to which breast feeding is attempted or at what stage it is abandoned. Ante-natal care includes education of the mother in the value of and preparation for breast feeding, but one has the impression that the improved economic position of many households in the post-war years has been a factor influencing mothers against breast feeding.

DENTAL CARE.

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

"I regret to have to preface my remarks with the all too familiar opening that our dental staffing position still remains disappointingly low, which not only prohibits schemes for expansion and improvement, but also rather strangles efforts to keep pace with the demands upon our limited resources.

However, an improved scale of salaries and the prospect of the graduation of the many students at the dental schools will, I trust, eventually have the effect of putting local authority dental services once more upon their feet, if not in the immediate future.

At the beginning of 1958, the staffing position, including that of the Rhondda Excepted Area, consisted of five whole-time dental officers and twenty-two part-time officers. An additional sessional officer was appointed during the year, but unfortunately we lost the valuable services of two part-time officers who had done yeoman service in the Aberdare and Mountain Ash and the Rhondda Divisions. By dint of adjustments here and there, and by improvements in the number of sessions undertaken by certain other part-time officers, we were able to carry on more or less as we have done during these past "lean" years. At the end of the year our dental staff consisted of five whole-time officers and twenty-one part-time officers.

In 1958, 1,541 expectant and nursing mothers were referred to our dental clinics from maternity and child welfare centres. Of this number 1,487 were found to require treatment, 1,314 were actually treated and 835 patients of this group were rendered dentally fit. The difference between the number of those treated and of those rendered dentally fit has been found to be due to the inability of the expectant mother to attend for treatment as she nears the time of her confinement, or during the nursing period, by demands made upon her by her child, or possibly illness of herself or the child 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 5,595; 495 fillings were inserted. Inlays again figure in the returns of one Division. Other forms of treatment such as dressings, gum treatments, scalings, etc., amount to 284 items, and 663 dentures were supplied to patients. A comparison between the previous year's figures and those for 1958 shows on the whole not a great deal of difference, despite loss of staff, except that 53 more dentures were supplied last year than in the previous year.

The figures relating to the dental treatment of pre-school age children are very much on the same level as for the previous few years. The figures are all slightly lower than for the previous year, except for fillings. The returns for this item have shown a tendency to fall for the past two or three years and the increase is gratifying. This general fall in figures, slight though it is, is probably due to the fact that our staff is rather smaller and, therefore, cannot cope with so much as previously. During the year, 924 pre-school age children were referred and examined. Of these 872 were found to require treatment, 814 were actually treated, and 594 were rendered dentally fit. 2,038 teeth were extracted and 133 fillings were inserted. Eighty other forms of treatment were recorded; these included such items as dressings, temporary fillings, gum treatments, and silver nitrate treatment.

Many mothers, after the course of treatment for their small children has been completed, have expressed the wish to have their child or children re-examined at regular intervals. I welcome this and feel it ought to be encouraged. It is sometimes difficult to fit in these cases when so many await appointments, but this is an approach to the attitude of dental hygiene that we have been aiming at for so long and I feel that it should be fostered. These tots, after a number of visits, then become at home in familiar surroundings and submit to routine treatment in a trusting manner that is a delight to behold.

There is evidence too, that the populace at large is becoming more "tooth-minded". Health visitors' talks, television, the radio, all may be playing their part. This "tooth-mindedness" is evident in the sometimes quite searching questions I have been asked, sometimes about dentifrices, sometimes tooth-brushes, on some occasions about foodstuffs with a detergent value, what to avoid and so on. Colleagues all over the country also report this. As a profession we welcome this and, although chairside talks about these matters can become very time-consuming, they should be encouraged, since propagation of any information that will lead to an improved national oral hygiene has been our target for years.

This improved knowledge, and its application by the public, will definitely slow down the onset of dental disease and play a large part in cutting down the necessity for these tiny pre-school-age children to undergo dental treatment at, all too frequently, the shockingly early age of two years. This early incidence of caries, with all its disastrous possibilities such as underdeveloped oral tissues, malformations and, later, orthodontic problems, has alarmed the profession very much indeed. Therefore, any awakening of the public to the importance of correct oral hygiene is well worth fostering, especially in these days when appointments for treatment are difficult to obtain, not only in our service, but also from general practitioners. It will take some years for the wastage from the Dentists' Register, due to the retirement of older members of the profession, to be made good by the graduation of the students at present undergoing training at the dental schools. Every possible effort should, therefore, be made to slow down the onset of dental disease until it can be coped with by the profession and potential patients themselves can best make this effort by gaining and applying this knowledge."

DENTAL TREATMENT.

	Aberdare and Mountain Ash.	Caerphilly and Gelliager.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
EXPECTANT AND NURSING MOTHERS.										
Examined	194	233	243	103	139	172	110	104	243	1,541
Needing treatment	192	221	231	84	139	166	107	104	243	1,487
Treated	174	182	203	81	93	135	101	102	243	1,314
Made dentally fit	103	81	152	36	49	130	92	87	105	835
Scalings or scaling and gum treatment	30	36	25	17	11	58	7	29	30	243
Fillings	110	44	68	22	16	58	79	47	51	495
Silver nitrate treatment	—	—	—	—	1	—	1	—	39	41
Crowns or inlays	—	—	—	—	8	—	—	—	—	8
Extractions	569	873	1,112	409	573	698	563	332	466	5,595
General anaesthetics	29	184	157	78	112	141	85	43	205	1,034
Radiographs	—	2	2	1	—	2	—	5	—	12
Dentures provided { Complete upper or lower	24	54	135	31	31	86	49	22	2	434
{ Partial upper or lower	17	40	22	22	34	42	22	24	6	229
CHILDREN UNDER 5 YEARS OF AGE.										
Examined	53	141	161	106	59	97	124	70	113	924
Needing treatment	44	131	151	99	59	88	120	67	113	872
Treated	35	126	137	96	44	82	117	64	113	814
Made dentally fit	22	58	134	25	16	80	111	54	94	594
Scalings or scaling and gum treatment	—	—	—	—	—	20	—	20	—	40
Fillings	—	4	12	50	5	44	13	5	—	133
Silver nitrate treatment	—	—	—	10	—	—	—	15	15	40
Crowns or inlays	—	—	—	—	—	—	—	—	—	—
Extractions	90	284	564	275	113	187	245	117	163	2,038
General anaesthetics	16	131	105	84	50	46	106	47	72	657

SECTION 23—COUNTY DOMICILIARY MIDWIFERY SERVICE.

On the 31st December, 1958, there were in the Administrative County 158 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, sixteen being engaged as nurse-midwives.

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

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 23. County midwives attended 4,865 deliveries in 1958, an increase of eighty-one compared with the previous year's total of 4,784. In the County there were 143 total births more than in 1957, the number of domiciliary births attended showing an increase of thirty-nine while the number of births occurring in hospital increased by 104.

In most areas of the County rapid transport to hospital of mothers in labour is provided for by the Ambulance Service. Even so, during the year four 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 12,526 home nursing visits were made by County midwives. This figure is 170 less than in 1957.

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 1958 the number of patients who received gas and air analgesia was 3,675, i.e., 101 less than in 1957. Expressed in terms of percentages, 75.4 per cent of cases attended in 1958 received gas and air analgesia, compared with 78.9 per cent in 1957.

Pethedine, a drug to relieve pain during labour, was administered to 2,665 patients, or 54.6 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. Trichloroethylene was administered to 633 patients during the year, i.e., an increase of 217 compared with 1957. There are now twenty-nine sets of apparatus in use.

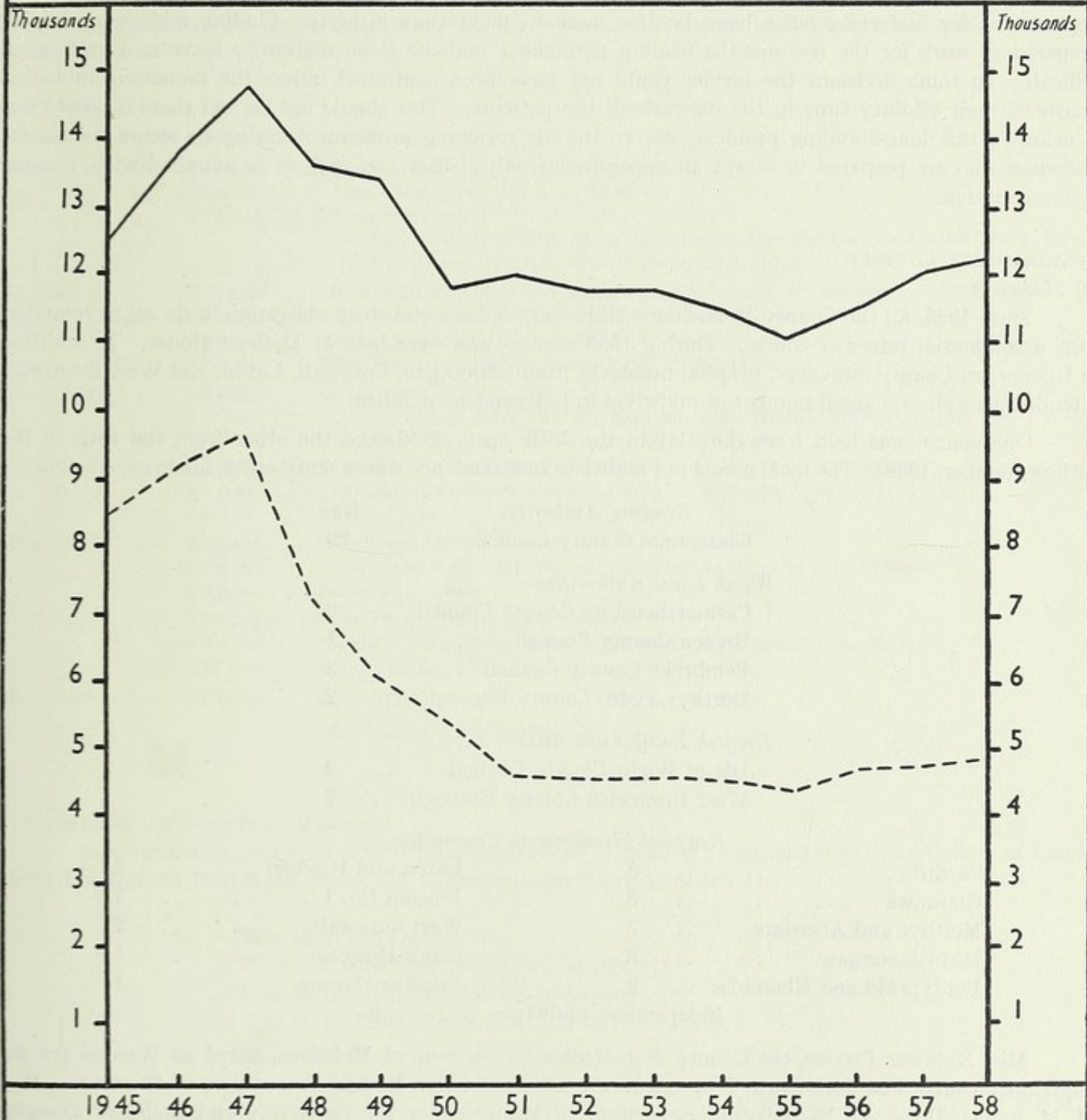
TRAINING OF MIDWIVES.

The Part II Midwifery Training School at Neath continued to function during the year, but only with difficulty due to the shortage of staff, lack of candidates and the insufficiency of domiciliary confinements in the area immediately adjacent to the Home.

Pupils undergoing training have to go as far afield as Port Talbot to obtain the requisite experience of domiciliary work. The Superintendent resigned, there is no qualified Sister Tutor on the staff and it has not been possible to fill these vacancies. For many years the County Council has derived very little direct benefit from this training school as very few of the pupils trained have sought appointments in the County Domiciliary Service. Consideration is, therefore, being given to the question whether this comparatively costly training school should continue to function or whether the premises should be used for some other Health Service purpose.

BIRTHS

—— Total Births
- - - - Domiciliary Births



There is a chronic shortage of recruits to the midwifery profession and to the County Domiciliary Service.

In recent reports I remarked on the number of County midwives who were in the upper age groups. Many of them had been in private practice for years before being appointed to the County Council's service in 1937, when it first became the responsibility of the Authority to administer a salaried midwifery service.

The majority of these midwives have retired, or will be retiring in the next few years. Most of those appointed to replace them are married women of child-bearing age. It is not surprising, therefore, that applications for maternity leave have become more frequent than hitherto. Finding midwives who are prepared to work for the few months while a permanent midwife is on maternity leave is usually most difficult. In some divisions the service could not have been continued unless the remaining midwives sacrificed their off-duty time in the interests of the patients. This should not be, but there is no obvious solution to this long-standing problem, nor to the oft recurring problem of trying to secure houses for midwives who are prepared to accept an appointment only if they can find, or be supplied with, housing accommodation.

POSTGRADUATE COURSES.

(a) *Midwives.*

Since 1955, all the County Domiciliary Midwives, under a statutory obligation to do so, have undergone a residential refresher course. During 1958 two courses were held at Dyffryn House. In addition to Glamorgan County midwives, hospital midwives from Glamorgan, Cornwall, Luton, and West Bromwich attended, as well as a small number of midwives in independent practice.

One course was held from the 21st to the 26th April, 1958, and the other from the 15th to the 20th September, 1958. The total number of midwives in attendance was seventy-eight, made up as follows :-

<i>Sending Authority.</i>	<i>No.</i>
Glamorgan County Council	29
<i>Welsh Local Authorities—</i>	
Carmarthenshire County Council ..	2
Brecon County Council	1
Pembroke County Council	3
Merthyr Tydfil County Borough ..	2
<i>English Local Authorities—</i>	
Isle of Wight County Council ..	2
West Bromwich County Borough ..	2
<i>Hospital Management Committees—</i>	
Cardiff	3
Glantawe	3
Merthyr and Aberdare ..	7
Mid-Glamorgan	8
Pontypridd and Rhondda ..	2
Luton and Hitchin	3
Lincoln No. 1	1
West Cornwall	2
Guy's Hospital	1
Salisbury Group	1
Independent midwives ..	6

Miss Bronwen Davies, the County Non-Medical Supervisor of Midwives, acted as Warden for the September course and was assisted by one of the Divisional Non-Medical Supervisors of Midwives. Miss M. M. Evans, Divisional Non-Medical Supervisor of Midwives for the Caerphilly and Gelligaer Division acted as Warden for the April course.

Since their inception, these courses have done much to improve the relationship between the domiciliary and hospital midwifery services, apart from considerable benefit derived from the excellent lectures, group discussions, and visits to local hospitals.

The programmes were approved by the Central Midwives Board.

Dr. M. E. Herbert, of the Welsh Board of Health, delivered the inaugural address to the students at the September course and the following is a list of the other lectures and events which were common to each course :—

<i>Day.</i>	<i>Time.</i>	<i>Programme.</i>
Sunday	.. 5.30 p.m. ..	Registration.
Monday	.. 9.30 a.m. ..	Inaugural Address (Dr. M. E. Herbert).
	11.0 a.m. ..	"Ante-Natal Care" (Dr. J. G. Lawson).
	2.30 p.m. ..	Group visits to :— (a) Premature Baby Unit and Milk Bank, St. David's Hospital, Cardiff (Dr. J. Jacobs). (b) New Maternity Unit, Glossop Terrace, Cardiff.
Tuesday	.. 9.30 a.m. ..	"Neo-Natal Morbidity and Mortality" (Professor A. G. Watkins).
	11.0 a.m. ..	"Neo-Natal Infections" (Professor A. G. Watkins).
	2.0 p.m. ..	"Infant Feeding and Care" (Dr. P. T. Bray).
	3.0 p.m. ..	"The Blood Transfusion Service" (Dr. B. Bevan).
Wednesday	.. 10.0 a.m. ..	Group visits to :— (a) Premature Baby Unit and Milk Bank, St. David's Hospital, Cardiff (Dr. J. Jacobs). (b) New Maternity Unit, Glossop Terrace, Cardiff.
	2.0 p.m. ..	"The Rules of the Central Midwives Board" (Mr. R. J. Fenney).
	3.0 p.m. ..	"Psychiatric Problems associated with Child-bearing" (Dr. T. J. Hennelly).
	5.0 p.m. ..	Films.
	Thursday	.. 9.30 a.m. ..	"Abnormal Uterine Action" (Mr. R. C. Cummin).
.. 11.0 a.m. ..	"Post-Natal Complications and their Treatment" (Dr. J. G. Lawson).	
.. 2.0 p.m. ..	Group Discussions.	
Friday	.. 9.30 a.m. ..	"Parentcraft" (Miss E. G. Wright).
	.. 11.0 a.m. ..	"Modern Views of Analgesia in Midwifery" (Professor W. W. Mushin).
	.. 7.30 p.m. ..	Social evening.
Saturday	.. 9.30 a.m. ..	Summary.
		Distribution of Certificates.

Non-Medical Supervisors of Midwives.

A postgraduate course for non-medical supervisors of midwives was held at Bedford College of London from the 13th to 19th April, when the following supervisors attended :—

Miss Bronwen Davies,
Miss M. Evans (Caerphilly and Gelligaer),
Miss B. Owen (South-East Glamorgan)
Miss M. C. Daly (Neath and District).

MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board on 1,433 occasions for reasons shown in the following table. This compares with figures of 1,243 for 1957 and 1,171 for 1956.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1958.

	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) Ante-natal.										
(a) Albuminuria	1	5	20	2	4	4	8	5	3	52
(b) Eclampsia	—	—	—	—	—	—	—	—	1	1
(c) Ante-partum haem.	2	14	10	12	5	14	5	8	8	78
(d) Abortions	—	11	9	5	5	6	11	2	11	60
(e) Miscellaneous	2	3	9	17	9	19	2	4	10	75
(ii) Natal.										
(a) Placenta praevia	—	—	—	—	—	—	1	—	—	1
(b) Prol. 1st st. lab.	11	14	8	7	9	14	—	2	10	75
(c) Prol. 2nd st. lab.	—	19	10	7	9	33	5	2	11	96
(d) Ab. presentation	5	6	12	8	2	1	5	2	12	53
(e) Miscellaneous	4	26	3	15	3	16	10	8	11	96
(iii) Post-natal.										
(a) P.-n. convulsions	—	1	—	—	—	—	—	—	—	1
(b) Albuminuria	—	—	—	—	—	—	—	—	—	—
(c) Rupt. perineum	5	43	35	46	18	45	41	17	48	298
(d) Plac. abnormal	—	7	8	2	5	2	1	1	8	34
(e) Post-partum haem.	2	9	6	12	5	9	3	5	10	61
(f) Puerp. pyrexia	4	4	6	2	10	—	8	2	6	42
(g) Breast conditions	2	—	—	1	—	2	—	2	3	10
(h) Stillbirth	1	3	2	2	—	7	2	2	15	34
(j) Miscellaneous	6	9	8	12	7	4	2	—	10	58
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	—	6	4	—	5	1	—	2	5	23
(b) Asphyxia	1	6	9	5	2	7	—	3	4	37
(c) Malformation	2	4	5	5	2	1	—	1	8	28
(d) Eye conditions	1	5	1	26	6	2	5	3	10	59
(e) Prematurity	2	4	5	5	6	3	4	2	10	41
(f) Skin conditions	1	4	1	6	6	—	3	2	3	26
(g) Jaundice	—	2	6	2	—	3	1	—	6	20
(h) Miscellaneous	8	6	6	16	1	12	7	5	13	74
Totals	60	211	183	215	119	205	124	80	236	1,433

Albuminuria, ruptured perineum, ante-partum haemorrhage, and abortion were the main 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 malformation and asphyxia in infants was summoned showed a slight increase.

The number of instances of abortion for which medical aid was summoned by midwives rose from forty-four to sixty.

SUPERVISION OF MIDWIVES.

This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the County 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. Two Assistant County Home Help Organisers were appointed in 1957 to work in the Rhondda and Mid-Glamorgan Divisions respectively.

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 Glyncofrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(a) To County Midwives	210	344	170	25	161	73	181	97	126	1,387
(b) To Independent Midwives	—	—	—	—	—	1	1	1	10	13
(c) To Nursing Homes	—	—	4	—	—	—	6	4	—	14
(d) To Home Nurses	115	197	90	21	140	41	132	195	115	1,046
(e) To Home Helps and Applicants for Home Help	689	642	—	506	591	656	8	714	4,780	8,586

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 Gelliager.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.											
COUNTY MIDWIVES—											
Doctor Not Booked	Doctor present at delivery	4	8	5	3	7	4	2	1	25	59
	Doctor not present at delivery	85	145	81	228	66	168	6	29	210	1,018
Doctor Booked	Doctor present at delivery	14	26	53	25	20	22	61	32	92	345
	Doctor not present at delivery	296	552	517	205	294	361	569	233	416	3,443
MIDWIVES IN PRIVATE PRACTICE—											
Doctor Not Booked	Doctor present at delivery	—	—	—	—	—	—	—	—	—	—
	Doctor not present at delivery	—	1	—	—	—	—	—	2	—	3
Doctor Booked	Doctor present at delivery	—	—	—	—	—	—	2	—	—	2
	Doctor not present at delivery	—	—	1	—	—	1	—	5	—	7
ADMINISTRATION OF ANALGESICS.											
No. of Midwives in practice in the area qualified to administer analgesics	Domiciliary ..	10	20	17	10	11	13	18	16	16	131
	In institutions	17	5	20	19	12	—	22	17	—	112
	Private practice ..	—	—	—	—	—	—	—	—	—	—
No. of sets of apparatus for the administration of Gas and Air analgesia in use by County Midwives											
		10	20	17	10	11	13	19	17	16	133
No. of cases in which gas and air was administered by County Midwives—											
(a) When doctor not present at delivery ..		331	517	417	345	220	407	505	221	451	3,414
(b) When doctor present at delivery		—	24	36	23	18	15	54	6	85	261
No. of cases in which pethedine was administered by County Midwives—											
1. (a) When doctor not present at delivery ..		332	388	391	224	178	261	279	161	259	2,473
(b) When doctor present at delivery		—	19	35	20	13	9	40	7	49	192
2. by Midwives in Private Practice—											
(a) When doctor not present at delivery ..		—	—	—	—	—	—	—	—	—	—
(b) When doctor present at delivery		—	—	—	—	—	—	—	—	—	—
No. of cases in which Trilene was administered by County Midwives—											
(a) When doctor not present at delivery		66	39	50	44	89	125	95	45	41	594
(b) When doctor present at delivery		—	1	11	9	4	2	12	—	—	39
No. of sets of apparatus in use by County Midwives											
		3	3	3	5	3	3	3	3	3	29

SECTION 24—HEALTH VISITING SERVICE.

On the 31st December, 1958, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine divisional superintendents, one whole-time health visitor, 111 health visitors-school nurses, and six 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.

Losses of health visitors-school nurses, and clinic nurses, by resignation and retirements in 1958 totalled four. There were nine new appointments, giving a net gain of five 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.

Eight 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, 1959. 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 always cover the loss of existing staff by normal wastage.

There is a continuing shortage of recruits to the Health Visiting Service and perhaps something better than half pay, now being offered during their period of training for the Health Visitors Certificate, might induce more suitable candidates to apply.

In addition to home visits undertaken as part of their School Health Service duties, health visitors made a total of 251,436 visits during 1958, an increase of 15,631 visits compared with the figure for 1957. Their visits involved 58,472 families or households; this number included 12,804 visits to tuberculous households. The number of children under 5 years of age visited during the year was 58,401, which was 2,895 more than in 1957. The number of visits made to expectant mothers increased by 413, to a total of 12,542, and an increase of 1,271 is recorded in visits to "other cases". The 23,942 visits to "other cases" include visits to proposed adopters and special or routine visits to the aged and infirm, problem families, and mental defectives.

The time of the health visitors is not devoted exclusively to the duties under the National Health Service Acts, slightly more than one-third of their time being employed on School Health Service work. Expressed in terms of whole-time service, the number of health visitors devoted to health visiting was equivalent to seventy-six for 1958, approximately the same as the previous year.

There was a slight increase in the total number of visits paid to expectant mothers and to children under one year of age, and apart from visits to tuberculous households there was also a rise in the number of visits paid to other groups by health visitors, viz.:—

	1956	1957	1958
Children between ages 1-2 years	40,170	38,038	41,832
Children between ages 2-5 years	78,791	67,888	74,327
Tuberculous households	14,553	13,828	12,804
Others	26,754	22,671	23,942

Dr. Kathleen Davies (Mid-Glamorgan Health Division) reports :—

“At present the health visitor has little or no opportunity to get to know the families of their areas, owing firstly to their vast extent and secondly to the limited amount of time available for visiting. This lack of local knowledge is to be deprecated, and makes the satisfactory visiting of the old people in the area difficult to carry out. Many aged persons would have benefited from much earlier advice and suggestions but they are not brought to the notice of the health visitor until their condition has already deteriorated and much rehabilitation is often necessary to make them again ambulant.

The periodic visiting of cases of tuberculosis has now been reduced to twice a year and not three monthly as previously.

There is a close liaison with the Chest Physician, all cases of tuberculosis notified are visited by the health visitor within a week after the notification has been received and appointments are made for all contacts to be examined at the chest clinic. Arrangements are made for the mothers to be confined in hospital when there is a known case of tuberculosis in the household, in order that the baby may have B.C.G. vaccination before going home. These babies are kept in hospital for six weeks following the vaccination.”

SURVEY OF GASTRIC CONDITIONS.

One of the health visitors in the Pontypridd and Llantrisant Health Division assisting in the follow-up of patients treated for gastric conditions at East Glamorgan Hospital, continued this work during 1958. The survey has been in progress since 1951 under the direction of Dr. Ernest Evans, Consultant Physician.

AREA NURSES' TRAINING COMMITTEE.

Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, is a member of this Committee.

REFRESHER COURSE.

The ninth annual refresher course was held at Dyffryn House during Whit-week, 1958. In addition, to twenty Glamorgan health visitors, eleven childrens' visitors from this Authority attended.

Miss E. G. Wright acted as Warden of the course, the theme of which was “The Problem Family”, and the following programme of lectures was arranged :—

<i>Subject.</i>	<i>Lecturer.</i>
“Integration of Social Services”	Miss Beti Jones.
“Mental Deficiency”	Dr. R. T. Bevan.
“Mental Health and the Child”	Dr. J. P. Spillane.
“Personality Factors”	Dr. F. H. Bodman.
“The Problem Family in Court”	Mrs. Winifred Cavanagh.
“The Problem Family and the Social Services”	Mr. A. F. Philp.
“The Social Services and the Problem Family”	Mr. T. G. Rankin.
“The Physically Handicapped”	Dr. W. E. Thomas.
“The Law and Adoption”	Mr. T. Johnstone.
The Medical Problems of Adoption—	
(a) “The Health Visitor and the Unmarried Mother”	Miss E. G. Wright.
(b) “The Adopted Child”	Dr. J. Jacobs.
(c) “The Adopting Parents”	Dr. J. P. Spillane.

GENERAL.

Whether in the ante-natal or infant welfare clinic, or in the home of the expectant or nursing mother ; or whether in the school or in the home of an ailing or problem child, the health visitor soon acquires knowledge of the physical, social, and sometimes the mental problems of various members of a household with whom her multifarious duties bring her in contact. Of the many workers who have access to a household she is, with the family doctor, one of the few whose visits are concerned with the well-being in sickness or in health of all members of the family. She becomes the recipient of many confidences and her advice is often sought. Her influence can extend throughout the household from the aged and perhaps self-indulgent elderly grandparent or relative to the harassed mother trying to cope with the older generation, the younger generation and her own household problems at the same time.

In most situations found in her routine or special visiting her nursing and health visitors' training is of great value. It enables her quickly to gain the confidence of patients and their relatives and to assess the health needs of the individual or family. Unfortunately the size of her case load usually severely limits the amount of visiting she is able to undertake, for ante-natal and infant welfare clinics must be staffed, but the work of health education continues from the clinic and school into the home whenever opportunity offers.

HEALTH VISITING STATISTICS.

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

		Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
No. of Health Visitors, excluding Divisional Superintendent H.V.s, employed at the end of the year	Whole-time on health visiting	—	—	—	—	—	—	—	—	—	—	
	Part-time on health visiting	11	11	10	12	12	8	16	11	20	111	
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)		7.74	6.67	6.66	6.48	7.29	6.71	13.80	9.09	12.00	76.44	
No. of visits paid by Health Visitors	Expectant mothers	First visits	589	709	1,119	595	225	450	455	377	595	5,114
		Total visits	2,085	1,041	4,513	952	333	643	1,016	804	1,155	12,542
	Children under 1 year of age	First visits	1,054	1,674	1,749	1,122	1,240	1,221	2,307	966	1,632	12,965
		Total visits	9,925	5,868	8,242	6,332	7,429	4,677	13,979	9,668	19,869	85,989
	Children between ages 1-2 years	.. Visits	4,440	3,530	3,158	3,163	4,128	2,444	7,540	3,970	9,459	41,832
	Children between ages 2-5 years	.. Visits	9,865	5,227	8,431	7,496	5,492	6,047	11,024	9,170	11,575	74,327
	Tuberculous Households	.. Visits	1,677	567	1,513	1,346	1,405	1,761	1,050	1,367	2,118	12,804
Others	.. .. Visits	8,147	1,276	2,452	1,691	2,456	—	1,967	2,046	3,907	23,942	

SECTION 25—HOME NURSING SERVICE.

On the 31st December, 1958, there were engaged in this service, 129 whole-time and twenty-one part-time home nurses. In addition, there were sixteen nurse-midwives. This represents an increase of one nurse-midwife over the numbers for the previous year.

Of the 150 whole-time and part-time home nurses, 82 per cent are married, 15 per cent are single, and 3 per cent are widows.

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
1957	17,198	572,066
1958	16,158	563,179

Since 1950, the number of visits has increased by 43·7 per cent.

The summary given on page 36 shows, in comparison with the figures for 1957, a fall in the number of cases attended and the total visits paid. This reduction is particularly gratifying in respect of tuberculous patients, the number of cases falling from 868 to 576 and the number of visits from 47,703 to 38,864. Patients over 65 years of age required more visits, the increase being from 296,108 to 310,092. There were 5,121 such patients.

More than one quarter of all patients attended were surgical cases. The returns give no evidence of the number of patients attended by home nurses following discharge from hospital, but it would be reasonable to assume that some of these 3,567 surgical patients were in this category and that their discharge to general practitioner and home nursing care contributed to a reduction in the hospital waiting lists.

Demand seems to be the only yardstick for the assessment of the numbers of home nurses required. Population is not in itself a good guide and variation in demand can be due to any or all of the following factors :—

- (a) The number of hospital beds available for the chronic sick.
- (b) The type of community served. A newly-developed housing estate has fewer old people and, therefore, less demand is made on the service. In a rural area the cases are more scattered and nursing visits take much longer. On the other hand, the industrial areas with poorer housing conditions have more ill health.
- (c) The demand made upon the service by general practitioners. This varies considerably from area to area.
- (d) The extent to which doctors employ nursing assistance in their surgeries.

The basis of allocation when the Service was established in 1948 was approximately 1 to 6,000 population, since when additional nurses have been employed according to the needs of the Service. This partly accounts for the marked difference between Divisions.

The work done by the home nurse has changed. Modern treatment of many conditions calls for the administration of drugs by injection. This has added considerably to the work of the nurses, most of whom have patients on their lists requiring to be visited at least twice a day for injections. Comment was made in a previous report on the great increase in injections prescribed by doctors in some practices. A large part of the nurse's work is in the nursing care of the chronic sick and the elderly, e.g. the bedridden patient who is paralysed following a "stroke", and the elderly patient with respiratory and heart conditions. Also, few nurses' lists would not include one or more patients nearing the terminal stages of an inoperable malignant condition, needing twice-daily dressings and other nursing attention.

The daily or often more frequent administration of insulin to diabetic patients makes a great inroad into the nurses' time. Among the routine visits, those to diabetics are usually given priority as many of these patients postpone taking breakfast until after the nurse's visit. Wherever possible relatives are encouraged to prepare in readiness for the nurse's arrival the hot water, towels, syringes, and other material she is likely to require for her nursing procedures. The younger diabetic patients are taught to inject themselves with the appropriate dose of insulin. It is usually necessary for the home nurse to administer insulin to the older diabetic patients, as although the technique can be easily taught few of these patients or their relatives are prepared to give the injection.

The sensible relative in a household where there is sickness can, and does, give the visiting nurse much direct and indirect time-saving assistance and our nurses are happy to help the relatives to help themselves and her.

There are other households where for a variety of reasons help from relatives or neighbours is rarely available, and the nurse has to do the best she can in circumstances that are time-consuming and frustrating.

In a few areas nurses are asked to undertake rectal wash-outs of patients prior to attendance of the latter at hospital out-patients' departments. This work involves a special early morning visit before beginning the ordinary work of the day. If this service were not available the patient would have to be admitted to hospital on the day prior to his appointment. This, together with the nursing care of patients discharged from hospital, represents an undoubted saving of hospital beds.

When the nurse's case load is too heavy, she is unable on occasion to give all her patients the time and attention she would wish. Some of the nursing supervisors have the impression that the visits to acute cases and those discharged from hospital but requiring dressing of post-operative wounds are done at the expense of chronic cases, but it must be borne in mind that the home nursing of cases discharged from hospital makes a great save on hospital beds.

Apart from contributing to their comfort and well-being, it is, of course, to the advantage of the nurse to give all her bedfast patients the regular nursing care they require as bed sores are more easily prevented than healed.

The shortage of hospital beds for the aged chronic sick is well known to the Regional Hospital Board, but with the increasing number of elderly people in the community the steps now being taken to make more beds available will make little difference to the case load of the individual nurse.

Midwives with light case loads assist the home nurses by visiting some of the patients requiring nursing care. In 1958, 12,526 visits were paid by midwives on behalf of home nurses. This is a valuable contribution to the work of home nursing, but the disadvantage is that midwives, because of the uncertainty of calls from their own patients cannot always be available for home nursing duties.

There is usually good co-operation between the home nurses and general practitioners. Most general practitioners are fully appreciative of the services rendered by the home nurse to patients referred for nursing care and are considerate in their requests for special or emergency nursing visits. There are others, relatively few, who are not so thoughtful and are less reasonable in their demands on the nurses' time.

Surveys made in certain Divisions show that some of the doctors demand more of the nurses' time than others and that calls made by a doctor for nursing assistance seem to depend on the type of treatment he prescribes and the extent to which drugs, by injection, form part of such treatment.

The home nurse is responsible for the issue of necessary medical comforts to her patients requiring them and she holds a small stock of the more essential requisites in her own home.

Home nurses receive the same off-duty time as County midwives, viz., five days a month, including one week-end.

In the busy areas relief nurses are employed for such periods but, in other districts, off-duty times are made possible by arranging for the nurse in the adjacent area to cover the work of her absent colleague. Similar considerations apply during the annual leave period of five weeks and during short periods of absence on account of illness.

All home nurses with fixed districts are on the telephone as well as the majority of whole-time nurses employed on a regular relief basis. Fifty-seven home nurses and nurse midwives are in receipt of motor car mileage allowances for authorised journeys.

In an attempt to curtail expenditure on car hire, authority has now been given for home nurses and midwives with cars to claim motor car mileage allowances on the occasional user Scale "A" rate for journeys which could otherwise only have been made by hired transport. For the remaining nurses car hire at an approximate cost of £2,970 per annum is authorised when necessary by the Divisional Non-Medical Supervisors for emergency or relief journeys which cannot reasonably be accomplished by public transport.

The actual work of the home nurse can be physically exhausting and "slipped discs" are an occupational hazard when dealing with heavy or helpless patients.

Many of the home nurses who are giving excellent service have received no special training in the adaptation of hospital nursing techniques to the conditions to be found in the ordinary household.

The Ministry's Working Party on the training of district nurses recommended that some measure of district training was desirable for State Registered Nurses taking up district training. It does not seem at present that training for district work will be made compulsory, but in this County arrangements are made for newly appointed home nurses to work for a short period with their more experienced colleagues.

The number of young women educationally and otherwise suitable for training in the nursing and other increasingly numerous professional careers now open to women, is limited. Approximately 60 per cent of the home nurses in the employ of the County Council are married women recruited from the area in which they continued to reside. Although the number of candidates for home nursing posts is greater than that for domiciliary midwifery appointments, applications are rarely received from outside the area because of housing and family difficulties.

As old people are forming an increasingly larger proportion of the population the demand on the Home Nursing Service will increase. By contrast with the large family of the Edwardian era often living in the same locality as their parents, the smaller family of today are more scattered and there are less members available even if they reside locally, to make any substantial contribution to the care of their older relatives.

If the available skilled domiciliary nursing force is to be used to the best advantage in view of the increasing demand for home nursing service, it would seem that sooner or later attention should be given to the following considerations :—

(a) Education of the public in simple nursing technique.

(b) The possibility of combining home nursing duties with midwifery and health visiting in selected areas.

(c) Establishment of a body of employees of the "orderly" type who, under the general supervision of the home nurse, would undertake some of the less skilled duties she now performs, thus enabling her to devote more time to patients requiring special nursing procedures.

(d) The preliminary training in district nursing work of future candidates for appointment in the Home Nursing Service.

(e) Making the Service more attractive.

(f) The appointment of male nurses to attend male patients in the more populous areas.

The following is a summary of the home nurses' work during 1958 :—

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 ..	1,094	287	3	26	9	23	52,136	13,552	107	1,224	53	49	276	62	1	3	—	4
Caerphilly and Gelligaer ..	1,501	470	3	43	17	8	46,570	13,307	20	3,027	108	16	319	76	—	11	1	—
Mid-Glamorgan ..	1,341	512	2	63	11	12	50,339	14,250	6	3,295	85	43	342	78	—	12	—	—
Neath and District ..	814	311	1	156	5	1	27,957	8,243	4	11,545	52	—	222	42	—	20	1	—
Pontypridd and Llantrisant ..	984	296	1	15	5	—	28,107	8,136	8	1,117	56	—	241	60	—	4	1	—
Port Talbot and Glyncoerrwg ..	1,079	348	—	118	18	5	30,990	7,765	—	8,007	102	14	218	37	—	24	—	—
South-East Glamorgan ..	1,709	667	5	34	18	7	62,342	20,487	85	4,224	142	382	512	180	—	19	1	1
West Glamorgan ..	1,253	357	2	94	16	20	49,575	9,164	4	5,303	229	1,716	315	49	—	11	—	—
Rhondda ..	2,037	319	2	27	9	—	67,021	10,954	4	1,122	105	30	447	53	1	4	—	—
Totals ..	11,812	3,567	19	576	108	76	415,037	105,858	238	38,864	932	2,250	2,892	637	2	108	4	5
Totals, 1957 ..	12,326	3,720	52	868	114	118	415,141	106,097	299	47,703	1,020	1,806	3,074	653	—	182	7	13

SECTION 26—VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

The figures given in the following table show a decrease of 107 vaccinations compared with last year. Although the numbers vaccinated in the under one-year old group increased slightly, these results are most disappointing, yet special endeavours were made by medical officers and health visitors to persuade parents of infant children to consent to their vaccination. The number revaccinated decreased and large numbers of the population remain unprotected.

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1958.						Age at 31st December, 1958.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	23	32	32	9	8	104	2	—	—	—	59	61
Caerphilly and Gelligaer ..	338	14	3	3	3	361	1	—	3	3	11	18
Mid-Glamorgan	303	16	65	25	50	459	—	—	1	4	62	67
Neath and District	66	12	4	6	8	96	—	—	3	5	43	51
Pontypridd and Llantrisant ..	116	15	6	8	35	180	—	—	—	6	44	50
Port Talbot and Glyncoirwg ..	407	20	11	14	64	516	—	—	—	—	—	—
South-East Glamorgan	494	25	23	39	30	611	—	—	6	26	354	386
West Glamorgan	224	13	13	12	20	282	—	—	3	5	42	50
Rhondda	101	14	12	20	43	190	5	1	2	5	46	59
Totals 1958	2,072	161	169	136	261	2,799	8	1	18	54	661	742
Totals 1957	2,006	242	235	149	274	2,906	2	2	25	82	850	961

One death from post-vaccinal encephalomyelitis was reported during this period. The patient, two months' old, died at Bridgend General Hospital.

IMMUNISATION AGAINST DIPHTHERIA.

During 1958, 6,934 children completed a full course of primary immunisation and 2,564 children were given a secondary or reinforcing injection. The corresponding figures for 1957 were 5,922 and 2,398 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 tenth successive year with no deaths from this disease.

As stated last year, parental apathy towards diphtheria immunisation continues and, although the numbers immunised last year showed a slight improvement over the previous year, most parents nowadays decline to seek protection for their children against this most deadly infectious disease.

The diphtheria immunisation figures for the respective health divisions and the diphtheria immunity index for the County are shown in the following tables :—

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	413	141	276	830	812
Caerphilly and Gelligaer	279	216	21	516	139
Mid-Glamorgan	505	314	88	907	220
Neath and District	541	221	28	790	461
Pontypridd and Llantrisant	362	224	32	618	106
Port Talbot and Glyncoerwg	429	181	5	615	264
South-East Glamorgan	583	306	9	898	135
West Glamorgan	103	497	1	601	226
Rhondda	412	732	15	1,159	201
Totals	3,627	2,832	475	6,934	2,564

DIPHTHERIA IMMUNITY INDEX—GLAMORGAN.

	Under 1	1—4	5—9 10—14	Under 15 Total.
1953 ..	8.60	58.60	35.21	39.70
1954 ..	10.71	59.09	31.93	37.70
1955 ..	6.42	57.36	31.45	36.66
1956 ..	12.04	55.78	30.17	35.65
1957 ..	6.5	56.15	26.84	33.06
1958 ..	9.3	54.01	26.65	32.49

In Glamorgan the percentage of babies immunised against diphtheria before their first birthday (9.3) falls far short of the figure of 75 per cent necessary to protect the child population.

Efforts to encourage mothers to obtain immunisation for their children are still being made almost continuously by the health visitors and clinic medical officers. The results are discouraging. It is interesting to compare the parental zeal for the protection of their children against poliomyelitis with the apathy that prevails towards diphtheria immunisation.

WHOOPING COUGH.

Whooping Cough is still a dangerous enemy and potential "killer" of small children. 120 cases were notified in 1958 and there were four deaths from this disease. In 1957 there were 1,797 notified cases, and four were fatal.

For protection against whooping cough three injections are necessary and against diphtheria two are needed with a booster dose later. The fact that under present arrangements five separate injections are required for protection against whooping cough and diphtheria undoubtedly deters many parents from taking their children to the clinic or surgery on these several occasions.

The following table shows the number of children who were immunised against whooping cough during 1958. The figures are, therefore, not necessarily complete as they include children who have failed to attend for the third injection.

WHOOPING COUGH IMMUNISATION, 1958.

	Age at date of final injection		
	0-4 years	5-14 years	Total
Aberdare and Mountain Ash ..	775	1	776
Caerphilly and Gelligaer	615	2	617
Mid-Glamorgan	508	4	512
Neath and District	608	—	608
Pontypridd and Llantrisant ..	442	4	446
Port Talbot and Glyncoerwg ..	660	2	662
South-East Glamorgan	821	—	821
West Glamorgan	688	—	688
Rhondda	1,557	6	1,563
Totals	6,674	19	6,693

VACCINATION AGAINST POLIOMYELITIS.

In accordance with the Ministry's arrangements for an extension of the scheme of vaccination against poliomyelitis, persons up to the age of twenty-five became eligible for vaccination as well as expectant mothers.

In addition hospital staffs likely to come into contact with patients suffering from poliomyelitis, as well as medical students and the families of these groups, were included.

Local health authorities were asked to meet requests for vaccine from hospitals and general practitioners wishing to participate in the scheme.

Further supplies of vaccine, mainly of Canadian or American manufacture, were available towards the end of the year and it was possible to give a third injection of vaccine to those children under fifteen years of age who were in the prescribed age groups when the restricted scheme was introduced in January, 1956.

Varying methods were tried to persuade adolescents and young adults of the desirability of receiving protection against poliomyelitis. The South-Western Division of the National Coal Board kindly supplied details of collieries in Glamorgan with industrial workers eligible to receive vaccination and most of the larger manufacturing or other undertakings on trading estates and elsewhere gave facilities to Divisional Medical Officers to make the scheme known among their employees. Some of the firms agreed to allow vaccination to be done at their premises, others gave their employees facilities during working hours to attend for vaccination at nearby clinics. Some areas tried open sessions with varying degrees of success.

The figures shown in the following table represent the totals of six returns submitted to the Welsh Board of Health at two-monthly intervals during 1958. It is of course possible that persons shown as having received a second injection in an earlier return may have received a third injection by the end of the year and, therefore, have also been included in column 13.

The numbers of adolescents and young adults who received one injection by the end of the year is disappointing, but perhaps it is a little soon to express a definite opinion about the success of the arrangements until further figures are available. Rapid progress in carrying out a vaccination programme cannot always be assured, especially where shift workers are involved.

Registration arrangements and the making of appointments take up much of the time of the clerical staff and some of the routine health service work has had to remain undone because of the amount of time devoted by assistant medical officers to vaccination sessions.

Very few private practitioners participate in the scheme and the majority of the vaccination work is done by our own medical officers.

POLIOMYELITIS VACCINATION, 1958.

Health Division	Number of persons who received two injections during 1958.							Number of persons who had received one injection at 31st December, 1958					Number of persons who had received third injection	Number of persons on register awaiting vaccination on 31st December, 1958
	1943-1958 Group	1933-1942 Group	Expectant mothers	General practitioners and families	Ambulance staff and families	Hospital staff and families	Total	1943-1958 Group	1933-1942 Group	Expectant mothers	General practitioners and families	Total		
Aberdare and Mountain Ash	5,939	212	158	64	24	36	6,433	574	125	58	—	757	3,229	1,129
Caerphilly and Gelligaer	7,424	106	122	9	27	20	7,708	512	252	63	1	828	5,650	672
Mid-Glamorgan ..	11,119	237	290	22	45	12	11,725	452	72	15	—	539	5,098	653
Neath and District ..	7,740	321	345	8	23	134	8,571	470	64	86	—	620	2,284	411
Pontypridd and Llantrisant	5,539	—	88	7	21	—	5,655	771	741	38	—	1,550	3,251	1,346
Port Talbot and Glyncoerwg	7,434	223	258	32	7	130	8,084	577	96	74	—	747	3,159	197
South-East Glamorgan	14,000	114	419	24	20	578	15,155	912	368	116	—	1,396	2,932	1,330
West Glamorgan ..	6,686	—	34	16	15	—	6,751	294	468	17	—	779	3,214	614
Rhondda	10,682	172	217	10	31	—	11,112	688	213	54	—	955	6,529	888
Totals ..	76,563	1,385	1,931	192	213	910	81,194	5,250	2,399	521	1	8,171	35,346	7,240

SECTION 27—COUNTY AMBULANCE SERVICE.

PERSONNEL.

On the 31st December, 1958, the personnel of the service comprised :—

- 1 County Ambulance Officer (Mr. D. I. Morris).
- 7 Area Ambulance Superintendents.
- 21 Assistant Superintendents.
- 158 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 139 drivers were in possession of current first aid certificates.

SAFE DRIVING COMPETITION.

In the National Safe Driving Competition for 1957, organised by the Royal Society for the Prevention of Accidents, 127 of our drivers were awarded diplomas.

AMBULANCE STATIONS—BUILDING PROGRAMME.

During the year the Welsh Board of Health approved in principle the provision of two ambulance sub-stations and plans were, accordingly, prepared by the County Architect for the erection of a sub-station at Sybil Street, Clydach, and one at Glyncoed.

In December, the restrictions on capital expenditure were eased and the Committee recommended that a new ambulance sub-station be provided at Nelson. It is hoped that this will be completed in 1959.

The new Ambulance Control Station at Trealaw was completed.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.

Under this Act, local health authorities are empowered to supply ambulance conveyance of persons in circumstances in which authorities have not already an obligation to do so, e.g., attendance at sports meetings, etc., to deal with possible casualties.

Similarly, local health authorities have power to carry out, on an agency basis and subject to repayment, ambulance facilities for industrial undertakings required by Statute to provide ambulance facilities for their employees.

Apart from continuing the arrangements undertaken by the County Ambulance Service since 1948, as agents of the National Coal Board, occasions when the assistance of the County Ambulance Service has been sought, in accordance with the new Act, have so far been very few.

OPERATIONAL DETAILS.

As will be seen from the first of the following tables, 1,633,204 miles were travelled in 1958, involving 58,894 journeys, and the removal of 304,398 patients. Compared with the preceding year these figures show an increase of 45,771 in mileage, 1,614 in the number of journeys, and 17,922 in the number of patients conveyed.

MONTHLY TOTALS OF WORK DONE.

1958.	Patients.	Journeys.	Mileage.
January	26,212	5,127	141,784
February	24,317	4,609	129,887
March	25,339	5,027	136,276
April	24,403	4,677	130,184
May	25,557	4,953	136,718
June	25,135	4,732	135,467
July	25,143	5,031	136,550
August	21,132	4,626	121,915
September	25,417	5,037	137,615
October	28,771	5,205	148,870
November	26,984	4,886	137,899
December	25,988	4,984	140,039
Totals ..	304,398	58,894	1,633,204

COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1957.			1958.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,008	41,029	244,571	8,832	37,196	239,990
Bargoed	5,957	29,661	175,378	6,108	33,852	181,156
Barry	5,699	27,080	170,368	6,333	33,309	170,132
Gorseinon ..	6,138	28,052	177,455	6,206	30,715	186,962
Neath	9,306	37,987	206,920	10,068	40,748	217,259
Pontypridd ..	11,551	70,755	367,367	11,997	73,268	387,492
Trealaw	9,621	51,912	245,374	9,350	55,310	250,213
Totals ..	57,280	286,476	1,587,433	58,894	304,398	1,633,204

With the exception of Aberkenfig and Trealaw which showed a slight reduction in the number of journeys, all other control stations showed an increase in the number of journeys varying from 68 at Gorseinon to 762 at Neath.

Aberkenfig Control showed a reduction of 3,833 in the number of patients carried. All other stations recorded increases varying from 2,513 at Pontypridd to 6,229 at Barry.

Apart from dealing with emergency calls which at all times have priority of service, the day to day operation of a loosely organised ambulance service could be influenced or controlled by the outlook of the doctors, physiotherapists, and others employed in hospital out-patient departments, for the conveyance of patients to and from out-patient departments forms the bulk of our work.

Differently timed appointments for patients from the same locality are often made without any regard to the availability of ambulance transport and an unnecessarily costly and difficult burden can be placed on the Ambulance Service through the failure of hospital staffs to use a little thought in timing their out-patient appointments or the admission and discharge of in-patients.

Improvements of hospital out-patient facilities and the quicker turnover of hospital beds mean an increased demand for ambulance transport and co-ordination of journeys and co-operation with hospital staffs are more essential than ever if increased costs are to be avoided.

The County Ambulance Officer by his personal contact has secured the co-operation of most of the hospitals but, unfortunately, difficulties are apt to recur when there are frequent staff changes.

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.

Transmitter Stations have since been erected at Barry, Eglwysilian, Cefn Hirgoed, Three Crosses, and Foel Fynyddau Mountain, Cwmavon. Receiving sets have been provided for all operational vehicles. For routine work as well as in emergencies the radio telephony service has fully justified its installation.

It is a boon, not only in enabling ambulance superintendents to keep in touch with drivers in the course of their journeys, but it has contributed to the speedy deployment and diversion of vehicles with a consequent saving of time and mileage.

In some control areas there has been observed a tendency to work in isolation from adjacent areas and not to seek help that may be readily available to deal with an unexpected emergency journey, or to co-ordinate the journeys of patients living in adjacent areas travelling to or from the same hospitals within the County. This is being remedied. Conferences of Area Ambulance Superintendents have been held during the year and have proved to be of considerable benefit in improving methods of co-ordination.

DAMAGE TO VEHICLES.

The vehicle accident rates for 1957 and 1958 classified in control areas are set out in the following table, which show that ambulance vehicles were involved in seventy-one accidents in 1958, a further decrease of thirteen on the previous year.

ACCIDENT RATES.

1957.				1958.			
Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.	Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Trealaw ..	10	7	0.285	Bargoed ..	9	3	0.166
Neath	13	9	0.435	Aberkenfig ..	14	5	0.208
Barry	8	8	0.470	Trealaw ..	10	7	0.280
Pontypridd ..	17	18	0.490	Pontypridd ..	17	19	0.490
Bargoed ..	9	10	0.570	Gorseinon ..	9	10	0.535
Aberkenfig ..	14	14	0.572	Barry	8	10	0.588
Gorseinon ..	9	18	1.014	Neath	13	17	0.782

CONVEYANCE OF PATIENTS BY TRAIN.

The following table shows the number of patients conveyed by rail in 1958 :—

	Recumbent.	Sitting Up.	Total.
1953	71	169	240
1954	55	190	245
1955	47	133	180
1956	34	149	183
1957	41	152	193
1958	36	152	188

188 patients, thirty-six of whom were recumbent, were conveyed under these very convenient, time-saving, and economical arrangements in 1958.

The rail mileage involved in these journeys totalled 24,349.

It is unfortunate that the new diesel-engined passenger trains now being introduced do not lend themselves so easily to the conveyance of stretcher cases. With a reduction in the number of steam-driven passenger trains the facilities for the transport of these cases have been adversely affected.

It might be thought unnecessary after ten years' experience, to emphasise the advantages of rail or rail and ambulance transport for the conveyance of patients who have to travel long distances. The ambulance not specially designed for such work is not the magic carpet which it is thought to be by relatives and some medical men, who would insist on patients being conveyed a couple of hundred miles by road. Apart from the discomfort a long and tedious road journey can mean for a patient, the driver is often involved in an overnight stay and an empty return journey on the following day.

Care in the selection of the best train times to avoid frequent changes, plus the use of an ambulance at each end of the journey or even to pick up the patient at a rail junction some miles from the final destination results in a more comfortable and less distressing journey for the patient and escort. The relative cheapness of this form of conveyance in comparison with the 36·39 pence per mile for an ambulance is too obvious to need further comment.

The Department has reason to be grateful to the British Railways for their ready help in providing accommodation for patients or staff, often at short notice, in ensuring that the arrangements work smoothly at all stages of the rail journey.

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.

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 4,045 patients—409 less than in 1957—were carried on their behalf, a distance of 54,480 miles.

Excellent liaison is maintained with the medical officers of the National Coal Board and Dr. T. H. Jenkins, the Divisional Medical Officer of the National Coal Board, has at all times been most helpful in matters affecting the Ambulance Service.

VEHICLES.

This Authority was one of the first to use diesel-driven vehicles. There are now forty-four in operation, an increase of seven over the previous year, and future replacements will be mainly by vehicles of this type. The fleet consists of eighty operational and twenty-four reserve vehicles.

SERVICING.

The task of keeping the maximum number of vehicles in a roadworthy and efficient mechanical condition is a recurring major problem for any transport undertaking. It is of particular importance in the County Ambulance Service that there should be no delay in the conveyance of patients due to mechanical defects of the ambulance in which they are conveyed.

The County Ambulance Officer has been able to draw on his wide technical experience of transport organisation and vehicle care and maintenance, which has enabled complete co-operation to be maintained with County Workshops at Waterton, who have been able to "streamline" their organisation to provide a more speedy and efficient servicing arrangement than hitherto.

The smart, and in many cases, almost show-room appearance of the vehicles reflects the pride and interest of the drivers and is a credit to them.

COSTS.

A statement of mileage costs prepared by the County Treasurer in respect of the year 1957-58 showed that running costs decreased in that year from 36·55d. to 36·39d. per mile.

CIVIL DEFENCE CORPS.

Ambulance and Casualty Collecting Section.

Instruction classes for volunteers were continued in fifteen centres and by the end of the year 254 had completed standard training in ambulance and casualty collecting and 147 of these volunteers had also completed a course of additional training. Syllabuses for the advanced training of volunteers in this section of the Corps are still awaited.

The absence of suitable vehicles for training has proved a major problem in keeping the training classes together as without vehicles it is difficult to maintain the interest of the volunteer by providing adequate facilities for training and experience. In order to afford volunteers this necessary training it is hoped to be able to arrange inter-class exercises during the next year.

Close liaison has been maintained with the County Civil Defence Officer and his Assistant Civil Defence Officers who have readily afforded their assistance whenever it has been requested.

Driving Instruction.

Owing to the high costs, the Civil Defence Committee decided in April to discontinue the driving training programme and the two whole-time driving instructors resumed their former posts as County ambulance drivers.

Competitions.

After a number of eliminating competitions held in various parts of the County the finals of the third annual Glamorgan Civil Defence Competitions took place at the Orchard Field, Ynysangharad Park, Pontypridd, on Saturday, 7th June, 1958.

The adjudicator for the ambulance and casualty collecting section was Mr. W. Cule, M.B.E., of the Welsh Board of Health and the result of the competition was as follows :—

- (1) Nantymoel.
- (2) Pontypridd.
- (3) Trealaw and Bargoed.
- (5) Neath.
- (6) Barry.

During the year the Home Office announced the inauguration of national Civil Defence competitions, the first of which is to be held during 1959. As a preliminary to these national competitions arrangements were made for holding zone eliminating competitions and a Welsh regional competition. Glamorgan were represented at the zone eliminating competitions by the winners of the 1958 County competition, namely the Nantymoel team, and qualified for the regional competition to be held in January, 1959.

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

TUBERCULOSIS.

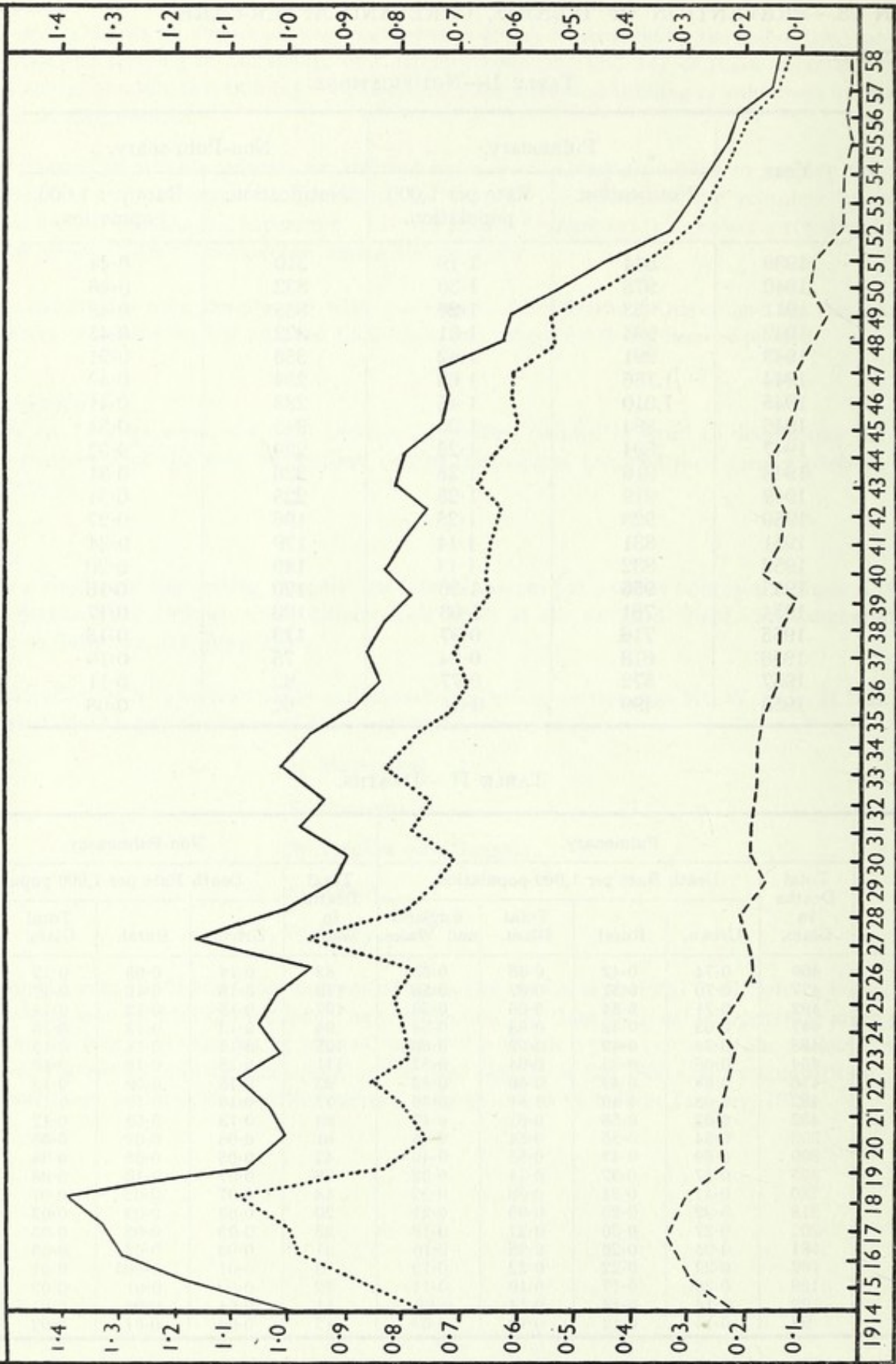
TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 population.	Notification.	Rate per 1,000 population.
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
1957	572	0.77	82	0.11
1958	499	0.67	62	0.08

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.
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
1957	102	0.14	0.14	0.14	0.09	11	0.01	0.02	0.01	0.01
1958	98	0.14	0.12	0.13	0.09	12	0.02	0.01	0.02	0.01

TUBERCULOSIS DEATH RATES



— Tuberculosis (all forms) Death rate per 1,000 population
 Pulmonary Tuberculosis " " "
 - - - Non - Pulmonary Tuberculosis " " "

Incidence.

Pulmonary tuberculosis notifications in Glamorgan in 1958 decreased from 572 to 499 and the mortality from this disease, as Table II on page 47 shows, decreased by four.

Deaths from pulmonary tuberculosis have shown a steady decline during the last quarter of a century, the figures ranging from 577 deaths in 1932 to ninety-eight last year. The total number of deaths from non-pulmonary tuberculosis conditions in Glamorgan last year was twelve compared with 135 in 1932.

The Tuberculosis Service has rendered valuable service in reducing the scourge of this disease in Wales since the Welsh National Memorial Association was established in 1911.

Although the incidence of tuberculosis of the lungs has declined rapidly within recent years, due in no small measure to improved standards of living and more effective forms of ascertainment and treatment, it must not be forgotten that lung tuberculosis is still a preventable infectious disease and the care and after-care of patients and the supervision of family contacts are as necessary as ever.

The Chest Clinic, whatever its future scope in the treatment of non-tuberculous chest diseases, continues to do excellent work and hospital beds, whether in general hospital special wards, or in hospitals originally built for the tuberculous, will still be required although, fortunately, in less numbers than at present.

There is an increasing tendency for patients to be treated at home rather than in hospital and the part played by the home nurses and health visitors, in co-operation with the Chest Physicians and general practitioners, has contributed in no small measure to more effective control of this disease in the last ten years.

The Pneumoconiosis Research Unit at Llandough Hospital is continuing its long-term surveys and one of our health visitors has been seconded to help in this work.

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 part-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.

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 six cases.

B.C.G. Vaccination.

Chest physicians administered B.C.G. to 1,949 contacts of tuberculous patients in their care. In addition 3,643 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 196 over the previous year.

The following table 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 ..	631	520	520	—	—	—
Caerphilly and Gelligaer	711	603	601	377	6	6
Mid-Glamorgan	381	276	276	230	—	—
Neath and District	138	116	115	—	—	—
Pontypridd and Llantrisant ..	724	526	519	—	—	—
Port Talbot and Glyncoirwg ..	536	391	389	—	—	—
South East Glamorgan	743	570	547	—	—	—
West Glamorgan	883	690	676	—	—	—
Rhondda	—	—	—	—	—	—
Totals	4,747	3,692	3,643	607	6	6

CONTACT SCHEME.

Chest Physician.	Number skin tested.	Number found negative.	Number vaccinated.
Dr. T. W. Davies (Swansea)	472	279	70
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	251	233	181
Dr. H. Trail (Bridgend)	279	206	242
Dr. E. A. Aslett (Merthyr and Aberdare) ..	433	237	147
Dr. J. Glyn Cox (Pontypridd and Rhondda) ..	2,020	992	1,114
Dr. F. W. Godbey (Rhymney and Sirhowy) ..	145	124	110
Dr. S. H. Graham (Cardiff)	87	87	85
Totals	3,687	2,158	1,949

SUPPLY OF ADDITIONAL NOURISHMENT.

One hundred and seventy-three tuberculous patients, i.e., twenty-six less than in 1957, were given additional nourishment, e.g., milk, eggs, on the recommendation of the chest physicians.

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 4,308 issues were made compared with 4,372 in 1957. Items in greatest demand were air rings, bed pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals.

AFTER-CARE OF PARAPLEGICS.

Close liaison is maintained with those hospitals dealing with the treatment of paraplegics so that, on discharge, paraplegic patients residing in the County may be supplied with items of equipment considered to be necessary for their nursing care and comfort.

In 1958, equipment of this type was supplied to seven 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 956 examinations were undertaken by Dr. Gwladys Evans and Dr. M. Whelton, 456 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 1958	—	—	—	—	956
(2) Number of persons registered as blind or partially sighted during 1958	220	42	—	196	458
(3) Number of persons at (2) recommended for :—					
(a) No treatment	82	10	—	95	187
(b) Treatment (medical, surgical or optical) ..	138	32	—	101	271
(4) Number of persons at (3) (b) who on follow-up action have received treatment	14	13	—	23	50

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,066 persons on the Blind Register and 476 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	11
(ii) Number of cases in which—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

PROVISION OF CONVALESCENCE.

Arrangements were made for the admission of 247 Glamorgan patients to the Porthcawl Rest under this scheme, but only 210 actually accepted the vacancies when offered.

HEALTH EDUCATION.

Full use was made of the material selected from a wide range of health education posters and literature offered by the Ministry, the Central Council for Health Education, and other organisations.

Instruction and advice in health matters is given by health visitors in clinics and in the homes whenever opportunity offers. Group and individual talks to mothers, supplemented by film strips shown on the portable screen, are becoming more regular features of the health visitors' work at the larger clinics.

No special health education campaigns were undertaken during the year, but the usual seasonal publicity regarding coughs and colds, diphtheria immunisation, and poliomyelitis vaccination was continued.

SMOKING AND CANCER OF THE LUNG.

216 deaths were ascribed to cancer of the lung in 1958. This is four less than in the preceding year. Other than those mentioned in my report for 1957 no further special efforts were made to make known the risks of cigarette smoking.

I feel that the facts have been repeatedly presented in the public press and on television and it is for the individual to choose whether to continue smoking or not. The publicity given to the dangers of smoking has only had a short-term deterrent value as in the same press and on cinema and other screens the pleasures of smoking are advertised or seductively and colourfully portrayed. It is not surprising that the smoker takes the line of least resistance and continues what to him may have been a life-long and costly habit.

CHIROPODY.

Under the Local Government Act, 1958, it will be possible for local authorities to provide a chiropody service as part of its arrangements for care and after-care, in accordance with Section 28 of the National Health Service Act, 1946.

Some patients may require chiropody at fairly frequent intervals over a very long period. Chiropodists are in very short supply. Many are engaged in lucrative private practice and few, if any, are likely to be attracted to the whole-time service of a local health authority. The introduction by local health authorities of anything more than a very restricted scheme is, therefore, quite remote.

It is hoped that the arrangements, as mentioned in my report for 1957, made by voluntary organisations at Aberdare, Bargoed, Ystrad Mynach, and Pontycymmer, for the chiropody treatment of old-age pensioners in certain parts of the County will continue.

PREVENTION OF BREAK-UP OF FAMILIES.

There is little fresh to report under this heading. Supervision of the so-called problem family often involves officers of different departments of the County Council and of district councils. From the Health Department the health visitor is most actively engaged in this work which, in many cases although presenting a challenge to the sympathy, zeal, and ability of the various officers concerned, is often unrewarding.

Very few of the families dealt with conform to a strict social pattern. In many instances the mother has rarely known a state of positive physical or mental health and too often fights a losing battle in the face of material inadequacies.

The work of the Co-ordination Committees in the respective Health Divisions continued. The officers of the statutory and voluntary bodies pool their knowledge of the individual cases and agree on the best method of dealing with the most pressing of the problems besetting the household.

PREVENTION OF ACCIDENTS.

Youth and age figure most prominently among the groups of casualties due to accidents in the home or on the road.

In 1958, according to road accident figures supplied by the Chief Constable, there were 3,633 road casualties, eighty-nine of which were fatal. These figures compare unfavourably with 3,533 casualties and seventy-nine deaths during 1957.

More cars and motor cycles are being licensed than ever before and the risk of accident to all classes of road users is likely to increase. Safety helmets for motor cyclists and pillion riders, and safety straps for car drivers and their passengers, may minimise the severity of injury which they may sustain following a road accident, but the risk of injury and death to the adult or child pedestrian shows no prospect of reduction.

It is unfortunate that increased road traffic at holiday times and on fine week-ends should result so often in extra work for the Ambulance Service and for hospital casualty departments.

ACCIDENTS IN THE HOME.

In a circular to county and county borough councils issued on the 12th February, 1958, the Minister of Health expressed his concern at the number of casualties arising from accidents in the home.

This is a subject which has been receiving valuable press and television publicity during the year.

A joint meeting of the representatives of the main County committees concerned was held in August and again in October after the Clerk of the County Council had communicated with the County districts to ascertain whether they intended to take any action on the Ministry's circular. The joint meeting recommended :—

(a) That the District Road Safety Committees be asked to consider convening special meetings to which representatives of appropriate interests might be invited for the purpose of discussing the question of the contribution the Committees can most effectively make with regard to home safety generally and in support of the November campaign in particular.

(b) That such committees be assured of the ready assistance and co-operation of the Authority's officers.

(c) That a further meeting of the Joint Committee be held when the proposals of the District Road Safety Committees in this matter are available.

There is good liaison with St. Lawrence Hospital, Chepstow, who supply the Department with particulars of any children admitted for treatment of burns and scalds, in order that the incident may be investigated. The health visitors and all members of the staff who have occasion to visit homes are always on the alert to encourage householders to take action to lessen the risks of accidents, and the Health Department have a most important role to play in the prevention of home accidents.

The best dividends in this work are paid by personal contact, particularly in the prevention of burning accidents, as the following extract from the memorandum enclosed in the Ministry's circular suggests :—

“Carelessness, apathy and lack of knowledge are the causes of most accidents in the home. The normal adult should have regard not only to his own well-being but to the safety of those who through youth, age or infirmity are unlikely to think or act for themselves. While propaganda of all kinds and group education play a valuable part in any campaign for the prevention of accidents, it is the personal contact of doctors, nurses, and social workers with the people in their homes that is likely to bring the most rewarding results.”

The health visitors are particularly watchful during their visits to impress the necessity for the proper guarding of fires, especially in homes where there are children and elderly people. In our own establishments the County Architect is arranging for a check to be made on the safety of all gas, electric and oil-burning fires or appliances.

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the Council's service are required to 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. All new entrants to the Authority's teaching service are required to undergo chest X-ray examination and the appropriate arrangements are made with local chest clinics and mass radiography units.

During the year 1,304 new entrants to the County service completed the new medical questionnaire. Of these, 228 were referred for medical examination and 766 for chest X-ray examination. These figures included 296 new entrants to the County teaching service, of whom forty were referred for medical examination and 256 for chest X-ray examination.

Under the Ministry of Education regulations all new entrants to the teaching profession must be medically examined. Thirty-nine such examinations were carried out, including eighteen on behalf of other authorities ; in addition, 334 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four hundred and twenty-nine miscellaneous medical re-examinations (e.g., temporary staff, police pensioners, absentees, etc.), were carried out.

SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of this Service on the 31st December, 1958, was 272. Actually there were on the payroll on that date seventeen whole-time, 569 part-time, and ninety casual home helps.

Mrs. N. O. Parry is the County Organiser of Home Helps and there are two Assistant Organisers who work in the Mid-Glamorgan and Rhondda Health Divisions, respectively.

For some years prior to 1958 the Home Help Service establishment was on the basis of one whole-time home help for each 2,750 population. Early in the year the Committee decided to recommend an increase in the establishment to provide some "weighting" for those divisions with a higher than average proportion of elderly people in the population.

The introduction of this old age weighting factor resulted in an addition of $3\frac{1}{2}$ full-time home helps, making the total establishment $272\frac{1}{2}$.

Since the Home Help Service was introduced there has been a steady increase in the demand on its service. In 1952, 2,131 cases were attended, compared with 3,368 cases in 1958, the increase being attributable in the main to the demand made by the chronic sick and the aged and infirm. In 1952, 61.6 per cent were in this category but this increased to 76.4 per cent in 1958, and with an increasing number of aged persons in the population it is not unlikely that the demand will become greater, and several divisions find increasing difficulty in providing more than the bare minimum of help required.

For the purposes of comparison, the following table shows the number of home helps 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
1957	16	492	131	639
1958	17	569	90	676

During the year 214 home helps were appointed ; there were 213 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 Glyncoerwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Total.
No. of Home Helps employed at the 31st December, 1958—										
Whole-time ..	2	5	—	1	2	—	6	—	1	17
Part-time	61	57	114	57	44	54	68	35	79	569
Casuals	—	—	—	—	14	—	12	31	33	90
No. and types of cases where Home Help was provided during the year—										
Maternity	4	18	18	11	14	12	76	4	11	168
Tuberculous ..	7	4	7	7	6	2	12	6	15	66
Chronic sick ..	136	22	140	55	29	53	217	104	261	1,017
Acute sick	33	26	17	37	53	4	51	12	64	297
Aged and infirm ..	170	230	195	152	222	139	161	98	200	1,567
Blind	29	13	27	22	14	18	16	17	22	178
Mental	—	—	—	—	—	—	1	1	—	2
Others	—	1	—	—	—	—	2	3	67	73
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	5	1	15	22	10	28	80	8	8	177
Part fee charged ..	38	53	50	19	31	45	137	34	126	533
Free service	336	260	339	243	297	155	319	203	506	2,658

Home help was rendered to a total of 3,368 households compared with 3,104 in 1957. Out of a total number of 4,906 domiciliary births recorded in the County last year home help was supplied in only 168 households.

During 1958, 1,567 aged and infirm cases were attended, compared with 1,548 last year.

Free service was rendered in a total of 2,658 cases, part fee was charged in 533, and full fee in 177.

The corresponding figures for 1957 were—free cases 2,508, part fee 394, and full fee 202.

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

	1950-51	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58
Authorised establishment	230	230	230	243	268	269	272½
Actually employed on 31st March—							
Whole-time	95	65	49	31	22	19	20
Part-time	141	95	82	68	63	56	490
Casual	83	297	380	489	543	535	157
Actual expenditure	£46,407	£71,603	£83,175	£92,751	£107,372	£120,485	£127,198

The estimated expenditure on this service for 1958-59 is £137,045.

Applicants liable for the full charge for help given are called upon to pay at the rate of 3s. 5d. per hour.

The time usually allocated to the various categories of patients depends upon many factors but is generally in accordance with the following :—

Maternity.

Usually 24 to 44 hours per week over a short period (usually two to three weeks).

Tuberculosis.

The amount of help varies from one to three sessions per week (three to four hours per session).

Acute Sick.

Usually need heavy coverage over a short period, e.g. extreme cancer cases ; accidents resulting in fractures ; a flare up of some chronic state such as cardiac and bronchial conditions ; and post operative cases.

Blind.

If living alone with no relative near, an endeavour is made to provide short daily sessions of one to two hours particularly in winter when fires have to be lit but this is not always possible.

Chronic Sick.

These include chronic chest and heart cases ; rheumatoid arthritis ; hemiplegics. In areas where demand is not so heavy, short daily sessions of one to two hours are provided for fires and meals and one longer session per week for cleaning. For the younger chronic patient with children, up to five hours daily may be necessary.

Aged and Infirm.

There is a wide variation in help provided in each division. Some divisions provide short daily sessions of one to two hours to those who are housebound and very frail. In other areas where demand is heavy, it is often impossible to provide more than one session of three hours help per week.

The number of maternity cases attended declined from 299 in 1952 to 168 in 1958, although the domiciliary births rose from 4,521 to 4,878. Priority is afforded to maternity cases so that the decline is not due to the demand from the aged and chronic sick, but rather to reluctance in most divisions to use the service because of the cost. This did not apply to South-East Glamorgan where home help was provided in seventy-six maternity cases.

Although the aged population for 1957 in the administrative County can roughly be estimated as 86,576, it would be difficult to ascertain the position in the various divisions. According to the Registrar General's estimate, the population in some divisions has declined; in others it has increased. It would appear that there has been movement of population within the County and whereas it can be assumed that it is the younger who move to other areas, it can also be said that some aged persons move on retirement to the sea-side towns.

The needs of the aged can differ from area to area as a most important factor is the number of widowed or single aged persons who live on their own and whose children or relatives have left the district. This category of the aged makes greater demands on all types of the local health authority services than those who live with their families or who continue to live near relatives.

The Ministry of Health in their Circular 14/57 of the 7th October, 1957, in referring to their report entitled "A Survey of Services Available to the Chronic Sick and Elderly" draws attention to the problem of an increasing aged population and its effect in the future on the health visiting, home nursing and home help service. The report points out that by 1975 the proportion of aged would have increased from one in nine to about one in seven of the population. The Home Help Service together with the Home Nursing Service makes a major contribution to the care of the chronic sick and infirm thus enabling many who would otherwise have to be admitted to hospital to remain in their own homes.

HOME HELP SERVICE.

QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1954.

Quarter ended	Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
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
1957.	31st March ..	49	2.06	74	3.12	713	30.02	171	7.20	1246	52.46	105	4.42	—	—	17	0.72
	30th June ..	50	2.05	67	2.74	750	30.73	175	7.17	1270	52.02	111	4.55	—	—	18	0.74
	30th September	54	2.29	57	2.42	723	30.65	185	7.84	1216	51.55	115	4.87	—	—	9	0.38
	31st December	47	1.94	53	2.18	741	30.49	183	7.53	1253	51.56	122	5.02	—	—	31	1.28
1958.	31st March ..	70	2.72	56	2.17	812	31.52	206	8.00	1263	49.03	133	5.16	—	—	36	1.40
	30th June ..	65	2.46	55	2.08	802	30.34	217	8.21	1346	50.93	137	5.18	—	—	21	0.80
	30th September	50	1.93	51	1.97	825	31.90	191	7.39	1336	51.66	123	4.76	1	0.04	9	0.35
	31st December	54	2.02	57	2.13	843	31.57	198	7.42	1304	48.84	145	5.43	2	0.08	67	2.51

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, 1913–1938, 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 posts of duly authorised officer and supervisor of Mental Defectives were merged during the year and the staff increased from seven to ten (five male and five female).

The linking of duties of the former duly authorised officers and the mental health supervisors and the integration of both appointments under the title of health welfare officers have resulted in a more co-ordinated Service. The appointment of additional staff enabled districts and case loads to be reviewed and reallocated with a consequent saving of travelling time.

The following staff 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. J. H. L. Mabbitt.

Greenhill Occupation and Training Centre.

Supervisor	..	..	..	Miss M. E. Stephens.
Assistant Supervisor	..	..	..	Miss M. J. Lloyd.
Caretaker-Instructor	..	..	} Vacancies.	
Cook

Baglan Occupation Centre.

Supervisor	..	..	..	Miss M. E. Grey.
Assistant Supervisors	..	..	..	Miss S. J. Howells. Miss A. Jenkins.

Health Welfare Officers.

Mrs. M. D. Bagley, 95, Mumbles Road, Westcross, Swansea (Tel. No. Swansea 68861)	Pontardawe Rural, Llŵchwr Urban, Gower Rural, Neath Borough, and Neath Rural.
Mr. Ivor Evans, 99, Lone Road, Clydach (Tel. No. Clydach 2170)	
Vacancy	Port Talbot Borough, Glyncorrwg Urban, Maesteg Urban, Penybont Rural, Bridgend Urban, Porthcawl Urban, and Ogmere and Garw Urban.
Mr. D. Mahoney, 28, Tanyrallt Avenue, Bridgend (Tel. No. Bridgend 271)	

Health Welfare Officers—continued.

Mrs. J. Wilkins, 28, Heathfield Place, Gabalfa, Cardiff .. (Tel. No. Cardiff 29989)	Llantrisant and Llantwit Fardre Rural, Cowbridge
Mr. T. W. J. Anstee, 10, Heol-y-Bryn, Pontyclun (Tel. No. Pontyclun 439)	Borough, Cowbridge Rural, Barry Borough, Penarth Urban, and Cardiff Rural.
Mrs. C. Edwards, 15, Mill Street, Tonyrefail (Tel. No. Tonyrefail 143)	Rhondda Borough and Pontypridd Urban.
Mr. E. J. Powell, 41, Stuart Street, Treorchy (Tel. No. Pentre 3317)	
Miss H. B. Brown, 400, Grand Avenue, Ely, Cardiff .. (Tel. No. Cardiff 71040)	Aberdare Urban, Mountain Ash Urban, Gelligaer
Mr. J. C. Seaman, 83, Newborough Avenue, Llanishen (Tel. No. Cardiff 52398)	Urban, and Caerphilly Urban.

Arrangements were made with the Medical Superintendent of Morgannwg Hospital for the newly-appointed health welfare officers to spend some time at the hospital for the purpose of receiving information in detail on medical, nursing, and administrative procedures of admission.

There is excellent co-operation between officers of the department, the Regional Board, and the mental hospitals within the County. A monthly case conference has been instituted at Morgannwg Hospital, at which cases under after-care are discussed by the health welfare officers and the medical officers formerly responsible for their treatment.

At the departmental periodic conferences of the health welfare officers concerning 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 the Deputy County Medical Officer, Dr. R. T. Bevan, who has the advantage of knowing most of the defectives concerned. He also attends the hospitals at Hensol and Drymma on those occasions when Glamorgan patients are reviewed by the Visiting Justices.

MENTAL DEFICIENCY ACTS, 1913-1938.

One hundred and forty-one defectives were ascertained to be subject to be dealt with during the year. 1,553 patients were under statutory or voluntary supervision and 845 patients were in institutions. 188 patients were on the waiting lists to enter institutions. Twelve patients were under guardianship, of whom nine receive guardianship grants at the rate of £2 1s. 0d. 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.

Since the merging of the posts of duly authorised officer and supervisor of mental defectives, male health welfare officers have been responsible for visiting male mental defectives over school leaving age. Female officers visit female and junior male cases.

OCCUPATION AND TRAINING.*Greenhill Occupation and Training Centre, Aberaman.*

Twenty-eight males and nineteen females 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.

The annual outing was held at Barry Island on the 11th July. The Christmas party took place on the 17th December. As usual both events were thoroughly enjoyed by all those who attended.

Baglan Occupation Centre.

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

It is hoped that the new Centre now being built on the site acquired at Ynysmardy Road, Briton Ferry, will be ready for occupation in June, 1959. It will then be possible to admit more pupils than can be accommodated in the present unsatisfactory premises which the new Centre will replace.

Children from the Neath and Dulais Valleys and the Bridgend, Porthcawl, and Port Talbot areas are transported by hired bus, and the County Ambulance Service provides a vehicle for the conveyance of children from the Skewen area.

The annual outing was held at Porthcawl on the 26th June. A very successful parents' open-day, which included a sale of work and concert, was held on the 11th December, and the Christmas party on the 17th December.

These occasions require much preparation and hard work on the part of the Supervisor and her assistants.

The excellent relationship which has been established between the staff and the parents of the children attending continues. The parents are keenly interested in the activities of the Centre and appreciate the efforts of Miss Grey, the Supervisor, and her staff in maintaining a high standard of achievement in most difficult circumstances.

General.

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

Attendance of Glamorgan Patients at other Occupation Centres.

At the end of the year there were twenty-eight patients in attendance at the Pengam Road Centre and eighteen at the "Preswylfa" Centre, both establishments being under the control of the Cardiff City Council.

Suitable patients in the Dinas Powis, Penarth, and Barry areas are conveyed to and from the Centres by hired bus. Others, mainly from Caerphilly, Whitchurch, and Rhiwbina travel by public transport.

The present arrangements with the Cardiff City Council are very acceptable, but it is hoped that when the proposed new occupation centre at Barry is completed most of the Glamorgan pupils now attending the Cardiff Centres may be transferred to the Barry Centre.

Ten defectives from Glamorgan attend at the Swansea Occupation Centre. The total number of Glamorgan mental defectives in attendance at occupation centres is 142.

Travelling Expenses.

In July, the Committee reviewed the whole question of the payment of travelling expenses for pupils attending occupation and training centres, and recommended as follows :—

(a) That bus transport be arranged for the new centre in the Rhondda and for other centres as and when they are established.

(b) That the travelling expenses of pupils attending the Centres, who have to use public transport for distances in excess of 1½ miles, be reimbursed, together with the payment of travelling expenses of escorts in addition to the pupils themselves, where an escort is considered necessary.

(c) Cases where no suitable public transport is available are to be determined by the Chairman, who was also authorised to deal with any matters in relation to the above which constitute a departure from the Authority's general policy.

Development Programme.

The Trealaw Centre was completed in December, 1958, and was opened to receive pupils on the 5th January, 1959.

With the transfer of emphasis from hospital to domiciliary care of mental defectives, as recommended in the report of the Royal Commission, there was a lessening of restriction on the hitherto slow speed with which the Ministry's approval to the building of new Occupation Centres had been forthcoming.

A site has been secured at Ystrad Mynach, and plans for a Centre have been submitted to the Welsh Board of Health for approval.

A site has also been secured in Barry, and approval in principle has been given to the erection of a Centre.

Both these Centres should be completed, or nearing completion, by the end of 1959.

Enquiries are being pursued regarding a suitable site (or premises) in the Bridgend area.

Although very belated, this activity in Occupation Centre provision should not be allowed to lessen until Centres have been established to serve the needs of the Mid-Glamorgan and West Glamorgan areas, thus completing the development proposals made ten years ago.

At the suggestion of the Welsh Board of Health, the Committee have agreed to consider whether future development of the Service might run on one or more of the following lines for the provision of residential accommodation :—

- (a) Residential accommodation at Occupation Centres for children living at places too remote for daily attendance at Centres.
- (b) Residential accommodation for those mentally ill, but not requiring hospital treatment.
- (c) Hostels for young people who have left school as educationally subnormal, but who are able to undertake employment provided residential accommodation is available.
- (d) Residential accommodation for those who are ready to leave hospital but not yet fit to live on their own in the community.

Mental Health.

In 1958, fifty-five defectives were admitted to mental deficiency hospitals compared with thirty-nine in 1957.

One feature worthy of mention is the number of informal admissions which were arranged. It was found necessary to present petitions only in fifteen cases. The remaining forty patients were admitted informally, thereby dispensing with the exacting requirements of the Board of Control which had hitherto been essential.

In addition, seven patients were admitted to "places of safety" and twenty-eight to institutions for short-term care.

The department remains the normal channel of admission to hospital and liaison between the Regional Hospital Board and parents is still maintained in dealing with the allocation of vacancies or assessing applications for admission.

	Number of patients admitted during the year to institutions			
	Under Order	On an informal basis	As places of safety	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
1957	39	—	11	34
1958	15	40	7	28

Of the fifty-five patients admitted, twenty-nine were males and twenty-six were females.

The following tables give the reasons for the admission of the seven patients to places of safety :—

<i>Reason for admission.</i>	<i>No. of patients.</i>
Illness of parent or guardian	2
Found wandering	1
Committed by police (out of control)	1
Violence towards other members of the family	1
Notified as being without care (not previously known to department)	2

Six of the patients were adults, one was adolescent. They were admitted as follows :—

<i>Name of hospital.</i>	<i>Number admitted.</i>
Hensol Castle, near Pontyclun	3
Ely Hospital, Cardiff	1
Oakwood Park, Conway	1
Mount Pleasant, Swansea	1
Calderstones, Lancs.	1

The disposal of fifty-five patients admitted to mental deficiency hospitals is shown below :—

Name of institution.	Number of patients admitted.	
	Under Order.	Informally.
Hensol Castle, Pontyclun	4	11
Ely Hospital, Cardiff	2	16
Llwyn View, Dolgelly.. .. .	2	—
Calderstones, Lancashire	—	1
Mount Pleasant, Swansea	2	1
Llys Maldwyn, Caersws, Montgomeryshire..	1	6
Oakwood Park, Conway	3	3
Llanfrechfa Grange, Monmouthshire ..	—	1
Eryri, Caernarvon	1	—
Princess Christian's Farm Colony, Kent ..	—	1

Short-term Stay.

This procedure, by which short-term care in mental hospitals is arranged for certain patients in emergencies such as illness or death of near relatives or to allow parents to have a much-needed rest from the burden of caring for the patient, is most acceptable to parents and relatives who are grateful for the temporary respite afforded.

The hospital superintendents have been most co-operative in meeting requests, often made in urgent circumstances, and it is a service which could usefully be extended.

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

To enable parent or guardian to have holiday	13
To enable parent or guardian to have rest	4
Illness of parent or guardian	3
Confinement of mother	3
Guardian expecting relatives for holiday	2
Admitted to facilitate dental treatment	1
Guardian's housekeeper deserted home	1
Parents in business, unable to cope with patient at Christmas ..	1
	—
	28
	—

The Cardiff and East Glamorgan Society for Mentally Handicapped Children ran a short-term stay home at "Preswylfa", Cardiff, during the summer holidays and four children from Glamorgan were accommodated.

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	—	—	2	—	2	—	Milk Round	2	—	3	—	5	—
Bakery	2	1	1	1	3	2	Mineral Water	2	4	—	2	2	6
Brewery	1	—	—	—	1	—	Newspaper Round	1	—	4	—	5	—
Brickworks	3	—	2	—	5	—	Nightwatchman	—	—	1	—	1	—
Buildings	2	—	8	—	10	—	Painter	—	1	—	—	—	1
Cinemas	3	1	2	—	5	1	Quarry Work	1	—	—	—	1	—
Coal Delivery	2	—	5	—	7	—	Railways	—	—	3	—	3	—
Dairy	—	—	1	—	1	—	Remploy	2	—	3	—	5	—
Dock Labourers	1	—	1	—	2	—	Saw Mills	1	—	1	—	2	—
Domestic, Hotels/Catering	1	5	3	28	4	33	Seaman	1	—	—	—	1	—
Dry Cleaning	—	1	—	—	—	1	Shop Assistant	2	—	2	—	4	—
Factory	11	17	5	11	16	28	Tinplate	3	1	2	6	5	7
Farms	4	—	14	2	18	2	Van Boys	3	—	—	—	3	—
Firewood Roundsman	1	—	—	—	1	—	Self Employed*	1	1	12	—	13	1
Flour Mills	3	—	2	—	5	—							
Forestry	—	—	3	—	3	—							
Furniture Removing	—	—	1	—	1	—							
Garage, Bus Depots	1	—	—	—	1	—							
Gardening	—	—	1	—	1	—							
Greengrocery	1	—	1	—	2	—							
Home Industry	—	—	1	1	1	1	Totals for 1958	87	34	149	51	236	85
Iron and Steel	4	—	4	—	8	—							
Labourers, General	3	—	20	—	23	—	Totals for 1957	101	43	119	45	220	88
L.A. and Public Corps	—	—	12	—	12	—							
Laundry	—	1	1	—	1	1							
Metal Work	—	1	1	—	1	1	Totals for 1956	119	44	149	26	268	70
Messenger/Errand Boy	3	—	6	—	9	—							
Mining—													
Labourers	16	—	20	—	36	—	Totals for 1955	79	28	116	30	195	58
Trainees	6	—	1	—	7	—							

* Self Employed—Smallholder, Bicycle repairer, Marine Stores, Newsvendor.

HOSPITAL ADMISSIONS.

Since the 1st July, 1955, the catchment areas of mental hospitals affecting Glamorgan were rearranged by the Regional Hospital Board as follows :—

<i>Hospital.</i>	<i>Catchment area.</i>
Pen-y-Val, Abergavenny ..	Monmouth County (except Caerleon Urban District, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.
Whitchurch, near Cardiff ..	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanfedw, Llanedeyrne, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van).
Morgannwg, Bridgend ..	Glamorgan County (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, Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District.

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 HEALTH WELFARE 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
1957	130	180	—	4	47	52	123	143	679
1958	122	164	1	3	25	36	119	194	664

During 1958, the health welfare officers arranged the admission to hospital of 664 patients, 286 of whom were admitted as voluntary patients under the Mental Treatment Acts.

The fall noted in the total number of admissions annually since the peak year of 1953 continued. 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 health welfare 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. This is a good thing.

One of the many advantages of the psychiatric out-patient clinic is that after attending as out-patients, patients needing in-patient treatment can be more easily persuaded to accept admission on a voluntary basis and without reference to the health welfare officer.

Bed accommodation in mental hospitals is still 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.

Senile Patients.

The need for more accommodation for the elderly senile patient is generally realised. Progressive local health and welfare authorities may have an opportunity of making a worthwhile contribution to this problem when the new Mental Health Bill has been passed.

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.

Health welfare officers 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.

Eighty-six male and 225 female cases were dealt with, compared with 120 cases in the previous year. Regular visits extending over many months are usually found to be necessary.

The County Superintendent Health Visitor (Miss E. G. Wright) is present at the child psychiatric clinics held at the East Glamorgan Hospital and the Cardiff Royal Infirmary, 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 MENTAL HEALTH BILL.

The Mental Health Bill now before Parliament provides much scope to the local health authority desirous of developing its care and after-care service for those who are mentally ill. In Glamorgan it is proposed to increase the staff of health welfare officers from ten to twelve in the next financial year to deal with some of the additional work which will be placed on the Department.

In this, as in other sections of Departmental activity, it is as well to maintain a proper sense of proportion between an unrestrained enthusiasm and an excess of caution.

The report of the Royal Commission, on which the principle reforms in the Bill were founded, has been much applauded for its bold and imaginative proposals. Whether some of these can be successfully translated into practice may depend more upon the general public and the near relatives of the mentally disordered, than upon those upon whom their administration will devolve.

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, under Mr. D. Evans Jones, M.Sc., F.R.I.C., the Public Analyst.

The examination of food and drugs samples forms a large proportion of the work undertaken. 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 were, until November, chemically examined on behalf of the Glamorgan River Board.

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

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

Description of Samples.	County Council.	County Districts.	Other Bodies and Authorities.	Total.
Food and Drugs Acts samples ..	4,590	1,553	360	6,503
Fertilisers and feeding stuffs	120	—	30	150
Water	7	1,149	35	1,191
River water	—	27	319	346
Sewage and sewage effluents	—	22	520	542
Trade effluents	—	2	396	398
Pasteurised milk	—	—	3,154	3,154
Sterilised milk	—	—	75	75
Ice cream	—	346	27	373
Atmospheric pollution	—	443	93	536
Miscellaneous	28	24	2	54
Totals	4,745	3,566	5,011	13,322

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.	1957.	1958.	Increase.	Decrease.
Food and Drugs	6,163	6,503	340	—
Fertiliser and feeding stuffs	141	150	9	—
Water	1,282	1,191	—	91
River water	409	346	—	63
Sewages and effluents	1,065	940	—	125
Pasteurised and Sterilised milk ..	3,233	3,229	—	4
Ice-cream	465	373	—	92
Atmospheric pollution	475	536	61	—
Miscellaneous	48	54	6	—
Total	13,281	13,322	416	375

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 1958, from all sources, a total of 6,503 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955.

Of these samples 111 (or 1·7 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Of the 1,913 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 32 (or 1·7 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 eleven cases, fines totalling £96, plus £32 6s. 0d. advocate's fee, £3 8s. 6d. analyst's 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, forty-five 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.

Tinned Foods.

Small quantities of old stocks of tinned foods are occasionally found on analysis to contain tin in excess of the amount (250 parts per million) recommended by the Food Standards Committee.

The Committee expressed their concern about the absence of any indication on tins of foods of the date beyond which they would not be suitable for sale.

Much research has been undertaken to ensure the safety of canned food products. Poisoning from such sources as solder used to seal the tin is a comparatively negligible risk, particularly since the introduction of the double seaming method of closure. Every care is taken to ensure that the contents are safe and the risk of infection is usually eliminated by the process of canning.

The only chemical substance requiring serious consideration is tin from the thin coating of tin applied to the sheet steel used in the manufacture of the tins. Lacquered tin plate is now much used and has considerably reduced the risk which varies depending on the acidity of the products canned. Asparagus and tomatoes, for example, with a high natural acidity may give trouble if kept for a considerable time.

It is difficult, however, to lay down a fixed period beyond which products should not be used, as factors such as conditions of storage and transport are of great importance and yet cannot be controlled by the canner. Tinned foods found in the Antarctic dating back to Scott's Antarctic Expedition were quite edible, although with a slightly higher tin content than is now permissible.

Tinned foods are in such demand and the turnover in shops is usually so quick that there is no appreciable risk to the health of the consumer and while it would be a convenience to shopkeepers and householders to know the "expiry date" it is doubtful whether this could be given with sufficient accuracy by the manufacturer to be of great value.

Householders themselves, of course, should not keep tinned foods indefinitely on the pantry shelf.

County Public Health Inspectors.

Two County Public Health inspectors are engaged by the Authority as follows :—

Senior County Public Health Inspector	..	Mr. W. D. Lewis.
County Public Health Inspector	..	.. Mr. H. P. Evans.

The following report on the year's work has been contributed by Mr. W. D. Lewis :—

"Food and Drugs.

The total number of samples of foods and drugs procured during the year was 4,590, all of which were submitted to the Public Analyst for analysis. Of this number 4,475, or 97·49 per cent were reported as being satisfactory in all respects. Of the 115 samples found to be incorrect seventy were related to milk and forty-five to various foodstuffs.

Milk.

The presumptive standard for milk is 3.00 per cent milk fat and 8.50 per cent solids not fat. Of the seventy milk samples which were reported incorrect, forty-nine were deficient in non-fatty solids but the Hortvet Freezing Point Test showed that forty of these were genuine milk, and no adulteration had taken place. Added water was found in the other nine samples, and further samples were procured, six of which were found to be satisfactory. Added water was found in the remaining three samples, all of which were from the same source and the farmer was convicted and fined a total of £19 4s. 0d. This was the only case in which legal proceedings were taken for adulterated milk.

Fat deficiencies in varying percentages were reported found in twenty-one samples and, where the deficiency warranted it, "appeal to cow" samples were taken and in all cases there was no adulteration, the milk being genuine milk as given by the cows.

Milk (Special Designations) Orders.

There are six licences in force authorising milk dealers to use the special designation "pasteurised" to milk processed at their premises. Each plant is visited and inspected regularly and samples taken to ensure that the milk has been adequately heat-treated and complies with the prescribed tests. 648 samples were taken during the year, one sample failing the test for keeping quality and five samples failing to satisfy the Phosphatase test for efficient heat treatment—approximately 0.8 per cent unsatisfactory or over 99 per cent satisfactory, which shows that the standards of cleanliness and conformity with the Regulations are good.

Specified Areas.

The whole of the County is a "Specified Area", which means that the use of a special designation is compulsory for the sale of all milk by retail. Regular inspection and sampling was carried out and no infringements found.

Ice-Cream.

The Food Standards (Ice-Cream) Order prescribes that ice-cream must contain not less than 5 per cent fat and 7½ per cent milk solids other than fat. Most of the ice-cream sold in the area is pre-packed and manufactured by large firms. There are, however, a few vendors who manufacture their own ice-cream for sale by retail. Samples were procured from shops, cafes, and street vendors and all but one were satisfactory. One vendor was fined a total of £3 2s. 6d. for selling ice-cream deficient in fat.

Other Foods.

4,453 samples of foods and drugs, other than milk were taken and on analysis forty-five were found to be incorrect. The irregularities found in the samples were meal mites, moths, rancidity, deficiencies of carbon dioxide, deficiency of camphor, and excessive tin in tinned foods. These samples were invariably found to be from fairly old stock. The remainder of stocks were confiscated by the local sanitary authorities. In only one instance proceedings were instituted and the vendor was fined a total of £3 1s. 0d. for selling Golden Raising Powder deficient in carbon dioxide.

Numerous complaints were received regarding foreign bodies in foods, etc., dirty milk bottles, and glass in milk bottles. As the result of investigations into these complaints, legal proceedings were instituted in seven cases. Convictions were recorded and fines imposed in six of them :—

Screw in loaf of bread	..	..	Fined £10, plus £5 5s. 0d. advocate's fee.
Cotton material in loaf of bread	..	..	Fined £20, plus £5 5s. 0d. advocate's fee.
Dirty milk bottle	..	..	Fined £2.
Mould in meat pies	..	..	Fined £10.
Contaminated butter	..	..	Fined £5, plus £5 5s. 0d. advocate's fee.
Cigarette end in sausage	..	..	Fined £25, plus £3 3s. 0d. advocate's fee.

A summons for selling a bottle containing a piece of glass was dismissed.

Fertilisers and Feeding Stuffs Act.

120 samples of fertilisers and feeding stuffs were procured during the year and submitted to the Analyst for analysis. Nine samples were reported as incorrect, but not to the prejudice of the purchaser, and no action was taken.

Two samples were reported incorrect, and as being to the prejudice of the purchaser. In these cases letters of warning were sent to the manufacturers.

Pharmacy and Poisons.

The sale of certain poisons listed in Part II of the Pharmacy and Poisons Act, 1933, and under the Poisons Rules, by persons other than chemists and druggists, may only be done by "listed sellers" who have to be registered annually with the County Council.

There are 683 "listed sellers" on the Register, and 803 visits were made during the year."

CLEAN AIR ACT, 1956.

The Minister of Housing and Local Government in consultation with the Clean Air Council has recently reviewed the progress made in establishing smoke control areas since the powers of Section 11 of the Clean Air Act became available to local authorities in January, 1957.

More than 125 local authorities have decided to use their powers to make smoke control areas and at the time of review, thirty-three Orders were in operation, mainly in the "black areas".

The South Wales area is not considered to be a "black area".

It is estimated that about half the smoke in the atmosphere comes from domestic stoves and fireplaces burning coal, most of which is discharged at low level.

The making of some control areas presents a problem in Glamorgan, particularly in the mining areas where most of the coal used for domestic purposes is concessionary coal and also the limited supplies of smokeless fuels available.

Some local authorities have discussed the question of making smoke control areas but in view of the existing conditions they do not think it desirable or practical to proceed at present.

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 1958. For purposes of comparison the totals for 1957 have been inserted to show the increase in house building.

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 1958.	Number partly completed during the year 1958.	Number for which plans were passed but not commenced during the year 1958.
	Completed and occupied during the year 1958.	Partly completed during the year 1958.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Aberdare	22	228	—	1,942	18	10	—
Barry Borough	50	38	18	3,001	48	19	6
Bridgend	53	57	—	1,435	39	24	4
Caerphilly	—	—	100	2,345	68	30	16
Cowbridge Borough	—	—	—	48	—	—	—
Gelligaer	—	76	—	1,336	3	6	—
Glyncorwg	47	3	—	858	—	—	—
Llwchwr	80	4	—	1,618	38	41	44
Maesteg	5	—	—	848	1	3	3
Mountain Ash	—	—	—	931	2	—	1
Neath Borough	117	306	—	2,145	21	20	16
Ogmore and Garw	—	—	—	1,099	3	—	—
Penarth	63	33	10	1,110	55	26	17
Pontypridd	26	92	36	1,521	18	23	23
Porthcawl	—	—	—	318	53	48	16
Port Talbot Borough	156	257	140	5,649	35	53	10
Rhondda Borough	151	70	107	2,090	1	—	2
Cardiff Rural	108	160	2	2,045	582	441	266
Cowbridge Rural	14	8	10	1,470	39	35	12
Gower	—	—	20	431	46	43	59
Llantrisant and Llantwit Fardre	110	18	16	2,342	42	48	18
Neath Rural	124	38	—	2,889	24	12	25
Penybont	360	139	75	3,267	275	73	161
Pontardawe	78	42	12	2,168	16	21	3
Totals 1958	1,564	1,569	546	42,906	1,427	976	702
Totals 1957	2,101	1,755	708	41,897	1,424	895	1,139

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-45.

The undermentioned scheme has received the support of the Authority as being a necessary public health measure and under these Acts financial assistance has been given to the local sanitary authority as follows :—

Pontardawe Rural District Council

Penrhiwfarteg Water Supply Scheme .. Lump sum payment of £1,160.

STATISTICAL REVIEW, 1958.

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 1958, and for the purpose of comparison quotes similar statistics for the years 1957 and 1938 :—

		Crude Birth Rate (per 1,000 population)			Crude Death Rate (per 1,000 population)			Infant Mortality Rate (per 1,000 live births)		
		1958	1957	1938	1958	1957	1938	1958	1957	1938
England and Wales	.. .. .	16.4	16.10	15.1	11.7	11.50	11.6	22.5	23	53
Administrative County of Glamorgan	..	16.48	16.31	15.4	11.88	12.27	12.6	28.83	31	60
Total Urban Districts	.. .. .	16.51	16.48	15.5	11.89	12.29	13.0	29.97	33	62
Total Rural Districts	.. .. .	16.40	15.87	15.0	11.87	12.20	11.5	25.87	28	54
Health Division.	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban ..	14.15	15.24	13.5	14.83	14.49	14.6	28.37	38	51
	Mountain Ash Urban ..	16.54	17.00	16.8	11.30	13.44	12.9	47.52	44	46
Caerphilly and Gelligaer	Caerphilly Urban ..	18.66	17.84	17.3	10.11	9.43	13.0	22.82	32	66
	Gelligaer Urban ..	17.82	18.39	18.7	10.58	11.17	12.2	27.82	33	55
Mid-Glamorgan	Bridgend Urban ..	17.70	18.77	14.8	11.66	11.68	14.2	23.26	47	45
	Maesteg Urban ..	16.99	16.12	18.3	10.70	11.97	12.4	31.09	30	88
	Ogmore & Garw Urban	17.44	15.28	17.0	11.42	11.54	11.6	28.57	30	49
	Porthcawl Urban ..	14.76	12.61	11.5	15.24	13.58	12.7	12.90	46	38
	Penybont Rural ..	17.40	16.71	16.7	14.11	14.69	11.6	33.07	32	58
Neath and District	Neath Borough ..	15.81	13.96	14.9	12.56	12.16	12.0	34.62	30	60
	Neath Rural ..	15.23	14.67	15.9	10.86	10.30	11.2	22.19	25	70
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	18.63	18.11	16.9	10.88	10.16	11.2	31.06	30	44
	Pontypridd Urban ..	15.42	15.56	14.3	12.57	14.02	13.7	24.18	29	87
Port Talbot and Glyncoirwg	Glyncoirwg Urban ..	20.71	21.74	18.7	10.51	10.97	11.3	34.15	28	67
	Port Talbot Borough ..	20.71	18.82	17.6	10.89	10.57	12.8	37.92	39	76
South-East Glamorgan	Barry Borough ..	17.67	18.21	15.4	10.44	11.04	13.0	28.19	37	31
	Cardiff Rural ..	16.61	15.14	13.1	11.56	14.32	10.3	23.6	24	36
	Cowbridge Borough ..	11.00	10.89	13.5	14.00	10.89	15.4	—	—	71
	Cowbridge Rural ..	18.79	18.64	17.4	6.98	7.66	14.4	27.93	22	49
	Penarth Urban ..	15.92	16.72	12.6	12.81	12.08	11.8	22.80	34	54
West Glamorgan	Gower Rural ..	15.92	16.53	13.3	13.33	13.34	11.3	20.94	41	51
	Llwchwr Urban ..	12.39	13.46	15.0	11.26	11.18	11.3	25.08	17	57
	Pontardawe Rural ..	13.42	13.64	12.8	14.20	13.27	12.2	18.78	28	55
Rhondda	.. Rhondda Borough ..	14.86	15.66	14.2	12.75	13.84	13.8	30.36	27	70

"CRUDE" AND "ADJUSTED" RATES.

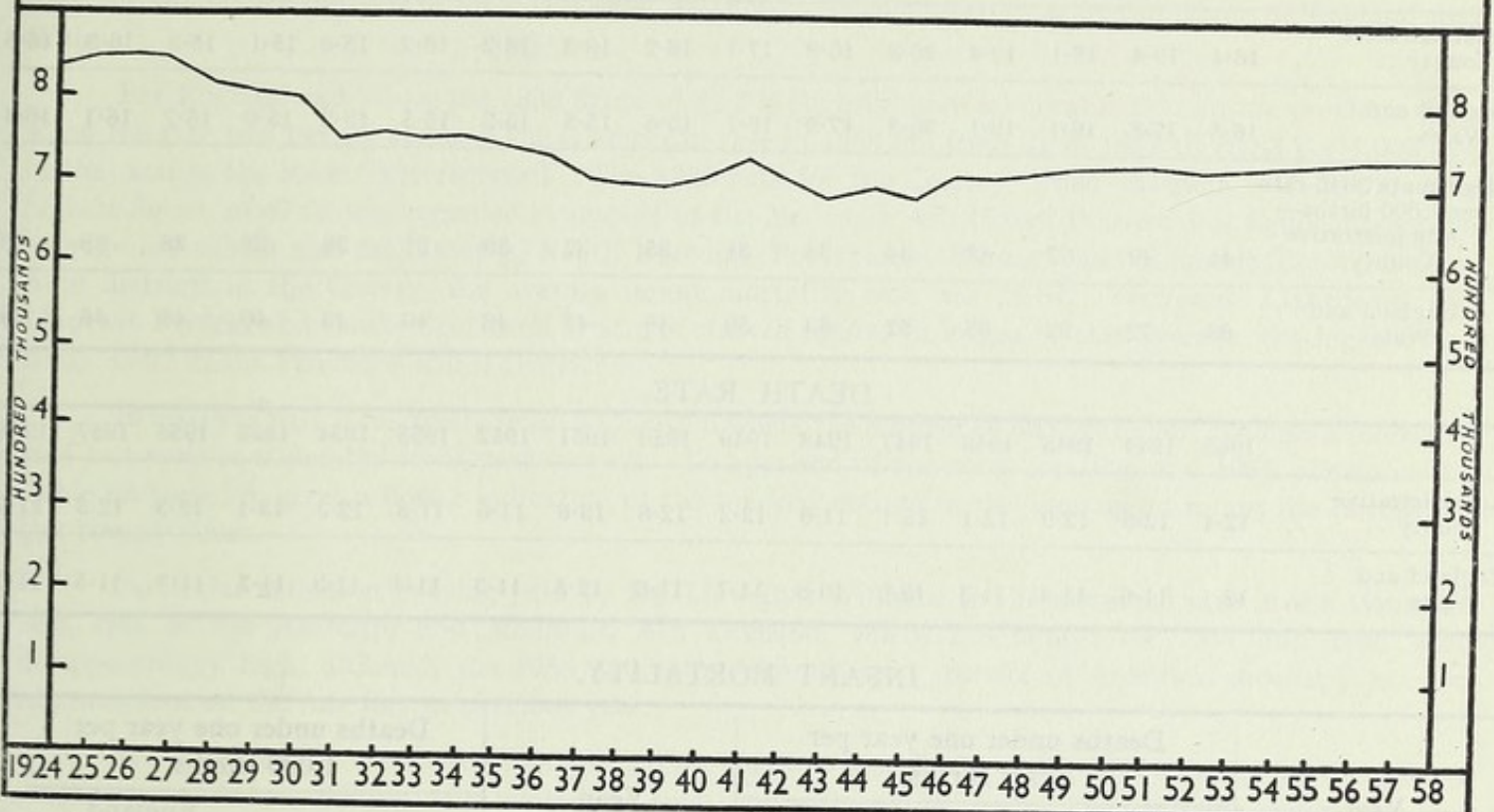
The table of vital statistics on pages 88 and 89 show "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age, and to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory 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.

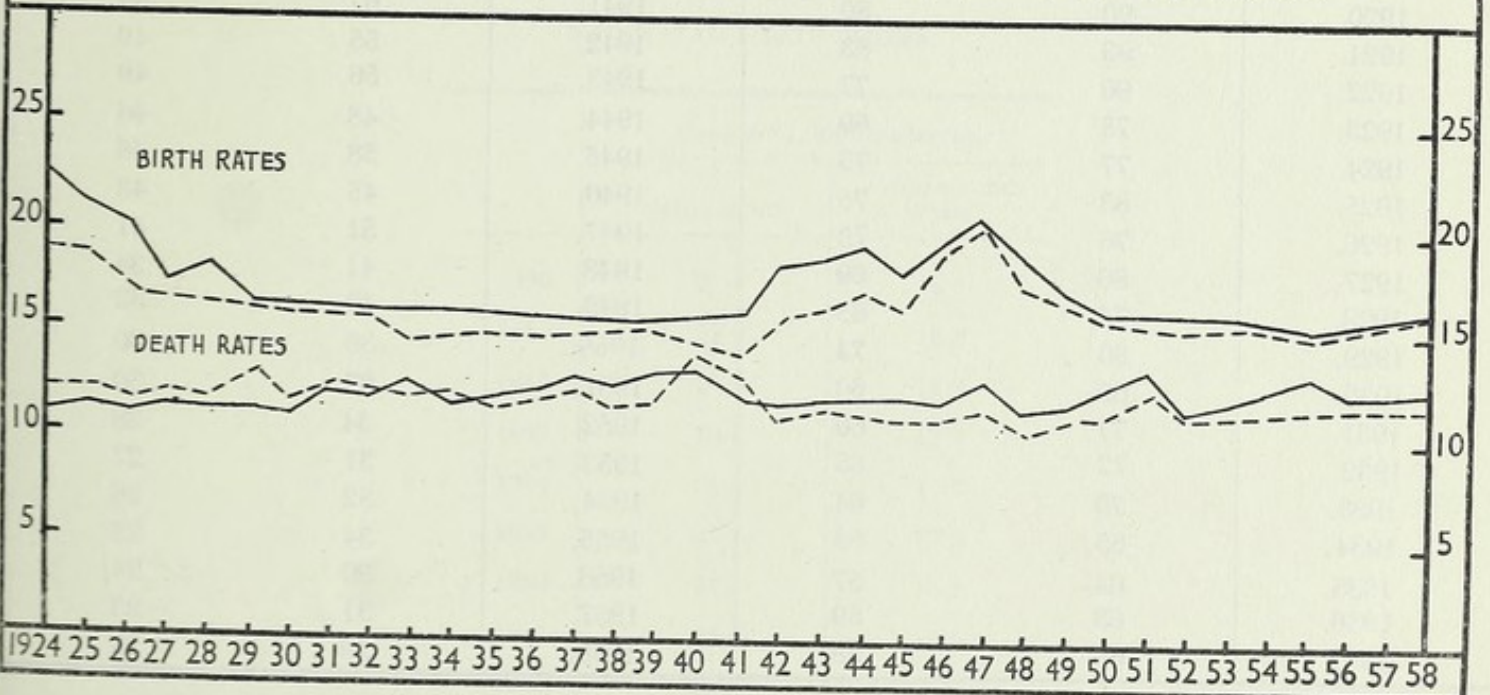
The estimates of the Registrar-General give the population of the Administrative County as 743,100, an increase of 2,500 on the 1957 estimate of 740,600.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1940	716,400	2,077
1903	631,398	13,137	1941	740,310	2,595
1913	791,208	14,363	1942	714,400	4,422
1923	827,900	10,656	1943	697,300	4,125
1924	839,500	10,294	1944	704,540	5,043
1925	843,400	8,898	1945	697,780	3,621
1926	843,100	8,213	1946	710,160	5,208
1927	837,000	5,366	1947	712,070	5,491
1928	812,200	5,748	1948	725,200	5,316
1929	809,200	4,582	1949	730,400	3,619
1930	809,200 ^{Mid-year.} ₁₉₂₉	4,921	1950	737,890	2,483
1931	766,141 (Census)	3,670	1951	732,100 (Census)	1,855
1932	763,000	3,482	1952	732,500	2,366
1933	758,160	2,504	1953	736,300	3,224
1934	751,650	3,579	1954	737,800	2,483
1935	743,800	3,015	1955	737,400	1,484
1936	731,350	2,358	1956	738,000	2,576
1937	714,200	1,714	1957	740,600	2,996
1938	708,500	1,982	1958	743,100	3,414
1939	709,500	1,746			

POPULATION



BIRTH AND DEATH RATES



Glamorgan rates per 1,000 population

England and Wales rates per 1,000 population

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

BIRTHS.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Administrative County	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	16.3	16.5
England and Wales	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	16.1	16.4
Illegitimate birth-rate per 1,000 births—																
Administrative County ..	44	49	67	43	34	34	31	35	32	30	31	28	28	28	28	26
England and Wales ..	63	72	92	65	52	53	50	49	47	46	46	46	46	46	46	49

DEATH RATE.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Administrative County	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	12.3	11.9
England and Wales	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	11.5	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	1938.	60	53
1917.	94	96	1939.	60	50
1918.	95	97	1940.	65	55
1920.	90	80	1941.	67	59
1921.	93	83	1942.	55	49
1922.	90	77	1943.	56	49
1923.	75	69	1944.	48	46
1924.	77	75	1945.	58	46
1925.	83	75	1946.	45	43
1926.	76	70	1947.	51	41
1927.	86	69	1948.	41	34
1928.	75	65	1949.	40	32
1929.	80	74	1950.	39	30
1930.	69	60	1951.	37	30
1931.	77	66	1952.	34	28
1932.	72	65	1953.	31	27
1933.	79	64	1954.	32	26
1934.	65	59	1955.	34	25
1935.	64	57	1956.	30	24
1936.	63	59	1957.	31	23
1937.	65	58	1958.	29	23

The Table on page 78 illustrates the remarkable fall in the infant mortality rate during the present century. The decline in the rate during recent years has, however, not been so rapid. It will be noted that the infant mortality rate for Glamorgan has always been higher than in the whole of England and Wales.

For England and Wales the 1958 figure of 22·5 is slightly more favourable than in the previous year, when the rate was twenty-three. The Glamorgan rate in 1958 fell from 31 in 1957 to 28·83 per 1,000 live births, and is the lowest yet recorded. The 1958 rate for the County urban districts was 29·97. The highest figure, of 47·52 was recorded in respect of the Mountain Ash Urban District, but figures above the average are shown also for Maesteg, Neath Borough, Port Talbot Borough and Rhondda Borough. For rural districts in the County, the average infant mortality rate was 25·87. Penybont, Llantrisant and Llantwit Fardre, and Cowbridge Rural Districts showed figures in excess of this average, the highest rate being 33·07 in the Penybont Rural District.

In districts with a relatively small population where the number of births are few, the infant mortality rate can vary considerably from year to year. Comparison of the rates for 1938 and 1958, shown in the Table on page 75, gives a better indication of the marked decline in the wastage of infant life during the last twenty years.

Particular attention is being paid by Dr. Llewellyn Williams to the increased rate in the Mountain Ash area of the Aberdare and Mountain Ash Division, where the figures for 1957 and 1958 were disappointingly high, although the 1958 figures for the adjacent district of Aberdare showed a marked improvement on the rate for the previous year.

Neo-natal deaths are those occurring within the first four weeks of life and account for the greater proportion of infant deaths. Associated as they are with conditions of the mother's pregnancy and confinement neo-natal deaths are the most difficult to prevent.

In Glamorgan, as in most other areas which are predominantly industrial in character, the neo-natal death rate has for the last eight years been consistently higher than the rate for England and Wales. This is shown in the following table :—

NEO-NATAL DEATH RATES.

	Rate per 1,000 live births.	
	Glamorgan.	England and Wales.
1950	23·9	18·5
1951	22·9	18·8
1952	20·9	18·9
1953	19·3	17·7
1954	21·5	17·7
1955	22·7	17·3
1956	20·3	16·9
1957	21·8	16·5
1958	20·5	16·2

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
1957 ..	9	0.73	0.47
1958 ..	10	0.79	0.44

The number of maternal deaths was ten, an increase of one over last year's figure. A glance at the above table shows the marked fall since 1939, when fifty-eight deaths were recorded. The maternal death rate for England and Wales during this period has, with the exception of the rate in 1954, always been less than the rate for the County.

Of the ten deaths recorded as being due to child-bearing, three were due to pulmonary embolism, one to conditions following abortion, and two to toxæmia and associated conditions.

Although the figures are not strictly comparable it is interesting to note that in the County Medical Officer's report for 1908, a total of 112 deaths were recorded, thirty-four being due to puerperal fever and seventy-eight to diseases and accidents of parturition. The irreducible minimum number of deaths due to child-bearing has not yet been reached but excellent progress in the prevention of maternal mortality has been made in the last fifty years.

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	—	—
1957	—	—	4	0.5	2	0.3
1958	—	—	—	—	3	0.4

There were no notifications or deaths from diphtheria or smallpox. 120 cases of whooping cough were notified but there were no deaths.

There were 697 cases of dysentery in 1958, mostly in the Districts of Rhondda, Barry, Pontypridd, and Llantrisant and Llantwit Fardre, compared with 161 in 1957. Few of the cases were serious and it is thought that many cases might not have been reported. In spite of exhaustive enquiries the source was undiscovered, but food hygiene campaigns were intensified in the areas concerned.

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 :—

	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.
Paralytic ..	*	*	*	79	8	29	36	6	39	12	43	2
Non-paralytic	*	*	*	26	16	10	24	2	30	14	12	1
Total..	87	30	54	105	24	39	60	8	69	26	55	3

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

The County was fortunate in that only three cases of poliomyelitis were notified in 1958, compared with fifty-five in the previous year. All the patients were of school or pre-school age. The incidence of poliomyelitis will be watched closely in the coming years, as well as the extent to which victims are affected by residual paralysis.

Much work has been put into the manufacture, testing, distribution, and administration of ante-poliomyelitis vaccine, but it is probably too soon to make substantial claims for the protection given by vaccination. Much may depend upon the numbers vaccinated in the more susceptible age groups. In Glamorgan the response was good, although expectant mothers are not seeking vaccination in the number expected.

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
1957	768	651	1,419	192	209
1958	774	651	1,425	192	207

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site.	Year.											
	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.
Stomach	284	275	305	291	335	300	277	294	324	299	258	316
Breast	107	97	91	100	109	111	117	111	105	138	114	118
Uterus	54	62	79	67	75	52	66	77	72	57	74	66
Lung	} 694	792	779	141	168	200	205	207	241	201	220	216
Other				719	736	667	708	729	715	683	753	709
Total cancer deaths ..	1,139	1,226	1,254	1,318	1,423	1,330	1,373	1,418	1,457	1,378	1,419	1,425

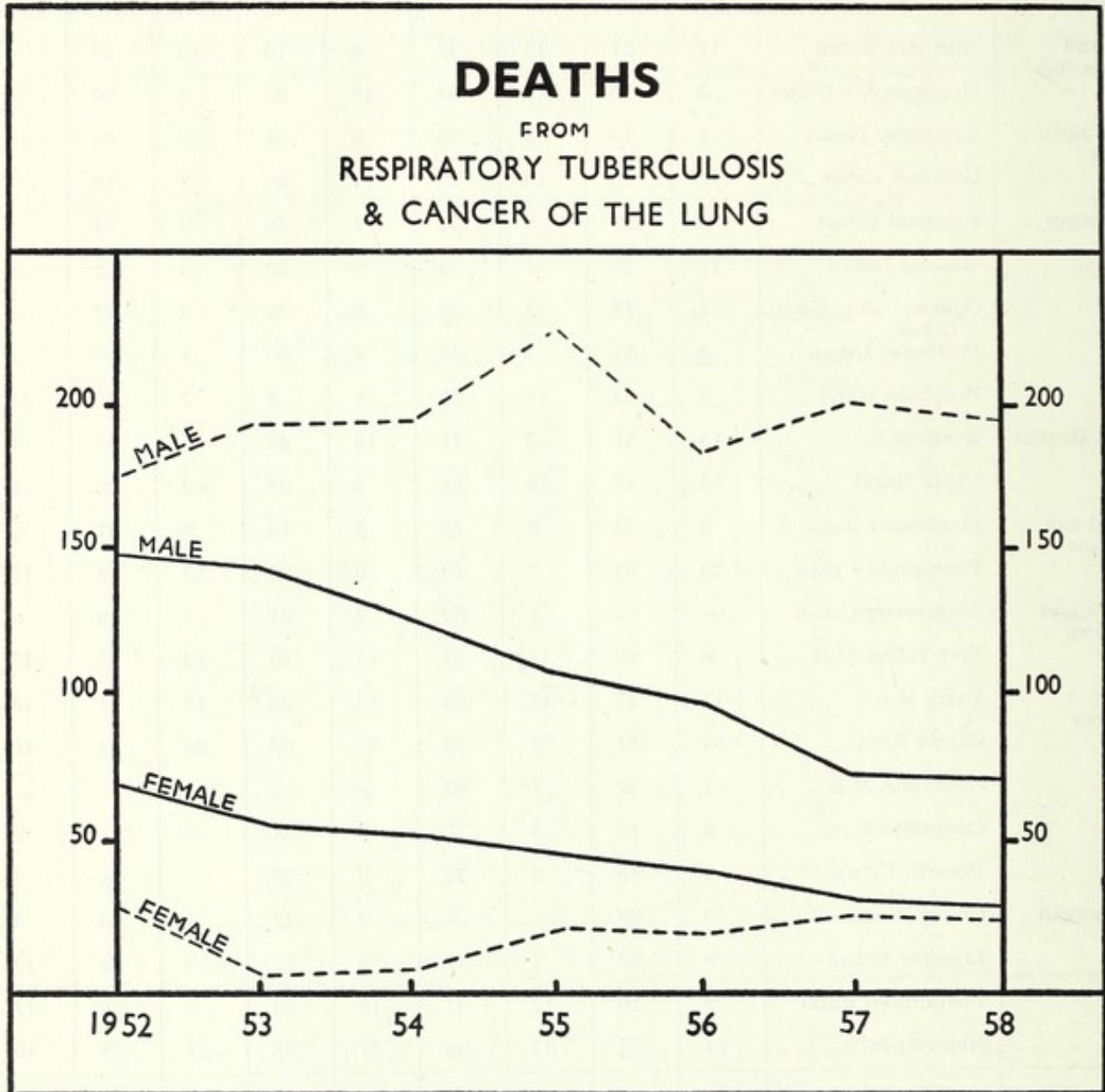
TABLE III.
DEATHS FROM LUNG CANCER AND RATE PER 100,000 POPULATION.

Health Division.	Constituent Districts.	1954		1955		1956		1957		1958	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Aberdare and Mountain Ash	Aberdare Urban ..	11	27	13	32	6	15	10	25	9	23
	Mountain Ash Urban	3	10	12	39	10	33	8	26	7	23
Caerphilly and Gelligaer	Caerphilly Urban ..	7	19	3	8	9	24	9	24	12	32
	Gelligaer Urban ..	3	8	10	28	11	30	7	19	8	22
Mid-Glamorgan ..	Bridgend Urban ..	3	21	6	42	7	48	2	14	8	55
	Maesteg Urban ..	12	52	2	9	5	22	5	22	8	35
	Ogmore and Garw Urban	4	18	5	22	8	36	6	27	4	18
	Porthcawl Urban ..	5	51	3	30	3	30	4	39	7	67
	Penybont Rural ..	8	23	11	31	1	3	7	20	13	36
	Neath and District	Neath M.B. ..	13	41	13	41	13	42	10	32	8	26
	Neath Rural ..	5	12	10	24	9	22	9	22	9	22
Pontypridd and Llantrisant	Llantrisant Rural ..	6	23	6	23	5	19	8	31	3	12
	Pontypridd Urban	20	52	7	18	9	24	13	35	15	40
Port Talbot and Glyncoerrwg	Glyncoerrwg Urban	—	—	5	52	2	21	1	10	2	20
	Port Talbot M.B. ..	9	20	19	41	14	30	12	25	13	27
South-East Glamorgan	Barry M.B.	11	27	15	36	12	29	13	31	15	36
	Cardiff Rural ..	34	91	27	72	20	53	29	74	10	24
	Cowbridge M.B. ..	1	97	1	97	—	—	—	—	—	—
	Cowbridge Rural ..	2	10	4	21	4	21	8	41	9	47
	Penarth Urban ..	9	48	6	32	5	26	7	36	4	21
West Glamorgan ..	Gower Rural ..	3	26	—	—	2	17	6	50	5	42
	Llwchwr Urban ..	9	35	7	27	3	12	10	39	12	47
	Pontardawe Rural	5	16	17	53	16	50	9	28	17	54
Rhondda ..	Rhondda M.B. ..	24	22	39	36	27	25	27	25	18	17
	Totals, Glamorgan	207	28	241	33	201	27	220	30	216	29
	Total, England and Wales	—	37	—	39	—	41	—	43	—	44

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.

Deaths from all forms of cancer were greater in males than in females and the preponderance of male deaths is even more significant in lung cancer.

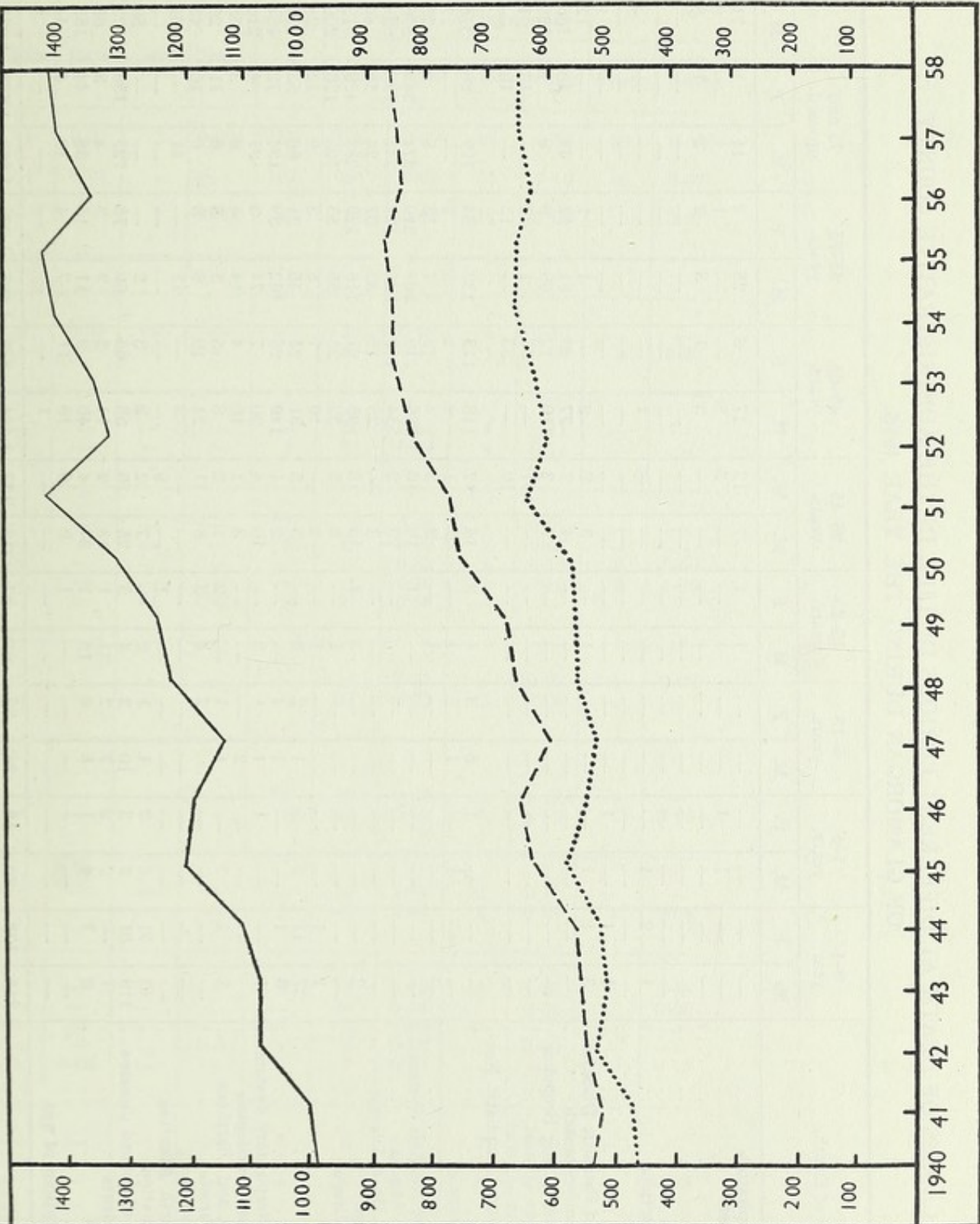
There was a slight reduction in the number of deaths from lung cancer, 216 deaths being reported as compared with 220 for last year.



Respiratory Tuberculosis _____

Cancer - - - - -

CANCER DEATHS



----- Male deaths Female deaths _____ Total deaths

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1958.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Tuberculosis—Respiratory ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Lung ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coronary Disease—Angina ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Heart Disease ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Circulatory Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	27	11	3	5	1	2	1	3	5	3	1	1	2	3	5	1	2	3	5
Bronchitis ..	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory System ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastritis, Enteritis, and Diarrhoea ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis and Nephrosis ..	2	2	3	—	1	2	1	2	8	5	5	5	5	5	6	11	26	28	28
Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations ..	43	31	2	3	1	1	2	2	7	2	2	3	2	2	3	3	5	10	40
Other defined and ill-defined diseases ..	119	81	2	3	10	2	4	5	16	16	66	66	60	78	125	156	403	407	407
Motor vehicle accidents ..	1	—	2	2	7	2	21	1	13	2	14	2	3	3	4	3	65	15	15
All other accidents ..	8	7	4	1	5	4	13	1	34	4	40	9	11	15	38	44	153	85	85
Suicide ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes ..	215	138	20	18	35	20	61	22	157	815	1,444	815	1,407	1,000	1,580	1,683	4,975	3,853	3,853

1958.

NOTIFICATION OF INFECTIOUS DISEASES.

	SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Group)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Ophthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARATYPHOID		ENTERIC FEVER		Food Poisoning	TUBERCULOSIS				ERYSIPELAS			
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non-paralytic	Infective	Post Infectious			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ADMINISTRATIVE COUNTY	737	0.99	120	0.16	—	—	5,018	6.75	418	0.56	22	2	1	—	7	697	12	112	9.15	—	—	4	0.01	1	0.001	155	499	0.67	62	0.08	39	0.05		
URBAN DISTRICTS	661	1.23	85	0.16	—	—	3,882	6.31	326	0.61	19	1	—	—	6	524	5	96	10.86	—	—	4	0.01	—	107	364	0.68	51	0.10	36	0.07			
RURAL DISTRICTS	76	0.37	35	0.17	—	—	1,636	7.85	92	0.44	3	1	1	—	1	173	7	16	4.70	—	—	—	—	1	0.005	48	135	0.65	11	0.05	3	0.01		
Health Division.	Constituent Districts.																																	
Aberdare and Mountain Ash	Aberdare Urban	15	0.38	—	—	—	78	1.68	21	0.53	3	—	—	—	—	20	2	8	14.18	—	—	2	0.05	—	—	1	28	0.72	4	0.10	—	—		
	Mountain Ash Urban	84	2.75	4	0.13	—	253	7.63	17	0.66	1	—	—	—	—	1	—	4	7.62	—	—	—	—	—	—	1	22	0.70	1	0.03	6	0.20		
Caerphilly and Gelliger	Caerphilly Urban	3	0.08	—	—	—	110	2.69	1	0.03	1	—	—	—	—	7	—	18	22.82	—	—	—	—	—	—	1	19	0.51	4	0.11	—	—		
	Gelliger Urban	7	0.19	8	0.22	—	97	2.67	17	0.47	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	1	27	0.74	4	0.11	—	—		
Mid-Glamorgan	Bridgend Urban	11	0.75	—	—	—	27	1.85	6	0.41	—	—	—	—	1	—	—	12	46.51	—	—	—	—	—	—	27	8	0.55	1	0.07	—	—		
	Manesty Urban	77	3.89	2	0.88	—	337	14.83	10	0.44	—	—	—	—	—	24	—	5	12.99	—	—	—	—	—	—	5	15	0.68	2	0.09	—	—		
	Ogmore and Garw Urban	54	2.45	22	1.00	—	21	0.95	38	1.72	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	0.82	4	0.18	2	0.09	—	—	
	Porthcawl Urban	10	0.95	—	—	—	15	1.43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	0.10	1	0.10	2	1.90	—	—
	Penybont Rural	22	0.60	6	0.16	—	45	1.23	5	0.14	1	—	—	—	—	5	—	6	9.45	—	—	—	—	—	—	1	21	0.58	—	—	—	—	—	
Neath and District	Neath Borough	20	0.64	5	0.16	—	82	2.61	6	0.19	—	—	—	—	—	5	—	1	2.04	—	—	—	—	—	—	35	1.13	1	0.03	1	0.03	—	—	
	Neath Rural	13	0.31	14	0.34	—	528	12.74	12	0.29	—	—	—	—	—	2	1	3	4.75	—	—	—	—	—	—	31	0.75	2	0.05	—	—	—	—	
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural	14	0.54	2	0.08	—	159	6.13	20	0.77	1	—	1	—	—	71	—	2	4.14	—	—	—	—	—	—	36	16	0.62	3	0.12	—	—		
	Pontypridd Urban	39	1.04	4	0.11	—	536	13.48	6	0.16	—	—	—	—	—	22	1	7	12.09	—	—	—	—	—	—	4	27	0.72	6	1.60	2	0.05	—	—
Port Talbot and Gyncoerwg	Gyncoerwg Urban	1	0.10	1	0.10	—	58	5.88	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	14	1.41	1	0.10	—	—		
	Port Talbot Borough	140	2.89	9	0.19	—	115	2.38	15	0.31	3	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	42	0.87	2	0.04	3	0.06	—	—
South-East Glamorgan	Barry Borough	17	0.40	2	0.05	—	13	0.31	30	0.71	—	—	—	—	1	97	—	36	48.32	—	—	—	—	—	—	9	19	0.45	5	1.19	5	1.19	—	—
	Cardiff Rural	20	0.49	2	0.05	—	74	1.81	28	0.69	1	1	—	—	1	54	2	2	2.95	—	—	—	—	—	—	—	38	0.93	1	0.02	2	0.05	—	—
	Cowbridge Borough	—	—	—	—	—	2	2.03	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2.00	—	—	—	—	—	—	—
	Cowbridge Rural	5	0.28	4	0.21	—	52	2.73	17	0.89	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	1	3	0.16	1	0.05	—	—	—	—
	Penarth Urban	1	0.05	3	0.16	—	189	9.80	10	0.52	5	—	—	—	1	49	1	—	—	—	—	—	—	—	—	16	7	0.36	—	—	2	0.10	—	—
West Glamorgan	Gower Rural	—	—	4	0.33	—	382	31.83	2	0.17	—	—	—	—	—	32	—	3	15.71	—	—	—	—	—	—	6	8	0.67	1	0.08	—	—	—	—
	Llwebber Urban	16	0.62	1	0.04	—	441	17.13	4	0.16	—	—	—	—	—	—	—	4	12.54	—	—	—	—	—	—	2	6	0.23	3	1.17	—	—	—	—
	Pontardawe Rural	2	0.06	3	0.09	—	396	12.47	8	0.25	—	—	—	—	—	6	4	—	—	—	—	—	—	—	—	—	18	0.57	3	0.94	1	0.03	—	—
Rhondda	Rhondda Borough	166	1.58	24	0.23	—	1,058	9.94	145	1.36	5	—	—	—	1	294	1	3	1.90	—	—	1	0.01	—	—	39	74	0.70	12	0.11	13	0.12	—	—

Rates shown are per 1,000 population except where otherwise indicated.

C., 1958.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1958.

RTH 1,000 ND THS	INFANT DEATHS			INFANT MORTALITY			Neo-natal mor- tality rate per 1,000 live births	Percentage of Illegitimate Births	Maternal Deaths	Maternal Death rate
	Total Live and Stillbirths	Under One Year	Under Four Weeks	Rate per 1,000 Live Births	Legitimate Rate	Illegitimate Rate				
All	755,645	16,684	11,969	22.60	—	—	16.20	—	322	0.44
75 and	12,602	353	251	28.83	28.69	34.27	20.50	2.62	10	0.79
65-75	9,101	265	189	29.97	30.10	25.53	21.38	2.66	7	0.77
	3,501	88	62	25.87	25.03	58.14	18.22	2.53	3	0.86
45-65	581	16	13	28.37	25.55	125.00	23.05	2.84	—	—
	520	24	16	47.52	46.28	125.00	31.68	1.58	—	—
25-45	718	16	11	22.82	23.60	—	15.69	3.28	1	1.39
	669	18	15	27.82	28.94	—	23.18	3.86	—	—
15-25	265	6	5	23.26	24.00	—	19.38	3.10	—	—
	398	12	7	31.09	31.66	—	18.13	1.81	—	—
	393	11	9	28.57	29.33	—	23.38	2.60	—	—
	162	2	2	12.90	13.51	—	12.90	4.51	1	6.17
	652	21	14	33.07	32.41	55.56	22.05	2.83	—	—
5-15	504	17	12	34.62	35.34	—	24.44	2.04	2	3.97
	645	14	8	22.19	21.04	76.92	12.68	2.06	—	—
1-5	501	15	11	31.06	29.91	66.67	22.77	3.11	1	2.00
	594	14	12	24.18	24.73	—	20.73	2.25	—	—
0-1	212	7	5	34.15	35.35	—	24.39	3.41	—	—
	1,036	38	27	37.92	38.85	—	26.95	2.40	1	0.97
	763	21	13	28.19	29.05	—	17.45	2.95	1	1.31
	698	16	13	23.60	22.62	66.67	19.17	2.21	1	1.43
	13	—	—	—	—	—	—	—	—	—
	368	10	7	27.93	28.65	—	19.55	2.51	—	—
	310	7	6	22.80	23.49	—	19.54	2.93	—	—
	195	4	2	20.94	21.16	—	10.47	1.05	—	—
	332	8	6	25.08	25.72	—	18.81	2.51	—	—
	442	8	7	18.78	16.99	71.43	16.43	3.29	1	2.26
	1,631	48	30	30.36	29.16	78.95	18.98	2.40	1	0.61

VITAL STATISTICS, ETC., 1958.
(TABLE II)

DEATH AT ALL AGES		DEATH RATES (DISEASES)																											
System	Coronary Disease, Angina pectoris with Heart Disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis, and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Abortion, Miscarriage	Congenital Malformations	Other defined and ill-defined	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	Tuberculosis, Respiratory	Tuberculosis, Other	Whooping Cough	Measles	Cancer	Circulatory Disease	Influenza	Other Diseases of Respiratory System	Motor Vehicle Accidents	
ENGLAND AND WALES	1,414	190	1,182	409	45	297	594	230	50	54	102	61	10	99	810	80	238	67	1	8,828	0.13	0.02	—	0.004	1.92	6.00	0.61	1.51	0.11
ADMINISTRATIVE COUNTY	983	147	879	286	33	197	471	181	31	34	74	41	7	75	566	51	165	54	—	6,366	0.14	0.02	—	0.004	1.89	6.02	0.62	1.59	0.10
URBAN DISTRICTS	431	43	303	123	12	100	123	49	19	20	28	20	3	24	244	29	73	13	1	2,462	0.12	0.01	—	0.005	1.99	5.97	0.58	1.31	0.14
RURAL DISTRICTS	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Constituent Districts.	67	18	124	12	6	11	44	20	1	2	5	4	—	3	48	3	15	3	—	591	0.20	0.03	—	—	2.06	8.18	0.15	1.88	0.08
Health Division.	47	12	22	12	—	5	47	20	1	3	4	1	—	6	40	1	7	—	—	345	0.10	—	—	—	1.83	4.62	—	2.36	0.03
Aberdare Urban	52	6	49	18	—	16	23	10	3	1	6	1	—	2	57	5	7	3	—	380	0.05	—	—	—	1.78	4.63	—	1.30	0.13
Mountain Ash Urban	43	14	36	29	1	13	40	16	1	1	3	—	5	50	4	12	5	—	384	0.03	—	—	0.03	1.76	4.57	0.03	1.90	0.11	
Caerphilly Urban	33	2	25	9	—	5	9	1	—	1	3	—	—	12	5	6	—	—	170	0.21	—	—	—	2.54	5.90	—	1.03	0.34	
Gelligaer Urban	45	3	48	5	—	8	9	8	1	1	2	—	3	19	1	9	1	—	243	0.22	—	—	—	1.80	5.77	—	1.10	0.04	
Bridgend Urban	53	3	47	7	—	15	10	9	2	2	1	—	5	15	1	9	—	—	252	0.09	0.09	—	—	1.31	6.57	—	1.54	0.05	
Maesteg Urban	23	6	27	6	2	2	8	—	1	1	3	—	1	2	7	2	4	—	160	—	—	—	—	3.05	8.57	0.19	0.95	0.19	
Ogmore and Garw Urban	96	13	90	18	—	24	22	8	2	2	7	—	7	52	4	18	4	—	515	0.11	—	—	—	1.75	7.89	—	1.48	0.11	
Portcawl Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Penybonr Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neath Borough	58	7	47	18	4	11	30	9	2	3	7	4	2	4	40	2	11	3	—	395	0.03	0.06	—	—	1.90	6.25	0.13	1.61	0.06
Neath Rural	72	11	54	24	3	12	33	13	3	4	4	9	—	4	31	8	14	1	—	450	0.10	0.02	—	—	1.81	5.41	0.07	1.40	0.19
Llantrisant and Fardre Rural	56	3	16	12	—	7	12	7	3	2	6	3	1	2	33	5	11	1	—	282	0.12	—	—	—	1.70	5.40	—	1.00	0.19
Pontypridd Urban	70	7	56	37	5	14	31	10	2	1	5	—	5	29	2	11	4	—	472	0.08	0.03	—	0.03	2.18	7.00	0.13	1.46	0.05	
Glyncorrwg Urban	20	2	6	10	—	1	10	2	—	1	—	—	1	10	—	4	—	—	104	0.02	—	—	—	—	1.92	5.25	—	1.31	—
Port Talbot and Glyncorrwg	65	8	74	21	3	16	37	7	2	—	8	5	1	15	42	8	17	10	—	527	0.14	—	—	—	1.84	5.21	0.06	1.24	0.17
Barry Borough	85	11	68	10	—	30	17	1	2	5	5	3	1	5	36	5	15	7	—	440	0.14	0.05	—	—	1.68	5.34	—	1.14	0.12
Cardiff Rural	90	3	51	29	—	38	16	3	7	4	5	3	1	3	51	2	13	4	—	471	0.15	—	—	—	2.03	5.96	—	1.40	0.05
Cowbridge Borough	1	—	4	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	14	—	—	—	—	2.00	9.00	—	1.00	—
Cowbridge Rural	23	2	19	4	—	4	5	1	—	1	2	—	—	4	15	1	4	1	—	133	0.05	—	—	—	1.42	3.36	0.05	0.52	0.05
Penarth Urban	41	5	35	18	—	6	12	1	4	1	3	—	1	27	1	4	1	—	247	0.05	—	—	—	2.33	7.11	—	0.99	0.05	
Gower Rural	17	6	27	11	—	3	8	4	1	—	—	—	—	1	15	2	4	—	160	0.25	—	—	0.08	2.67	7.00	—	1.25	0.17	
Lluchwr Urban	53	6	47	15	5	4	6	3	3	—	6	2	—	4	22	1	5	2	—	290	0.12	0.04	—	—	2.02	6.49	0.19	0.51	0.04
Pontardawe Rural	77	5	46	25	8	12	27	13	3	4	2	1	3	47	7	9	2	—	451	0.09	0.03	—	—	2.74	6.68	0.25	1.64	0.22	
Rhondda Borough	227	37	164	58	7	39	138	64	5	12	15	6	1	14	112	10	31	11	—	1,357	0.25	0.01	—	—	1.75	6.25	0.07	2.27	0.09

