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# Glamorgan County Council.

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## REPORT

OF THE

# Medical Officer of Health

FOR THE YEAR 1959

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

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CARDIFF :

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## HEALTH COMMITTEE.

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

Chairman : County Alderman Thomas Evans, J.P., M.R.S.H. (Pontardawe).

### Sub-Committees.

*Health Administration Sub-Committee.* (15 Members.)

Chairman : County Alderman P. J. Smith, M.B.E., D.L., J.P., M.R.S.H.

*Nursing Services Sub-Committee.* (50 Members.)

Chairman : County Alderman Thomas Evans, J.P., M.R.S.H. (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., M.R.S.H. (Pontardawe).

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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.

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*To the Chairman and Members of the Health Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report on the health and sanitary circumstances of the County for 1959.

The estimated population was 746,300, an increase of 3,200 over the 1958 estimate of 743,100.

The statistics for the year supplied by the Registrar-General show a reduction in the birth rate from 16·48 to 16·24 per 1,000 population, the highest birth rate being in the Borough of Port Talbot, viz. 19·19, due to the considerable increase in the number of younger families which have come into the town consequent upon the development of the Steel Company of Wales.

The death rate increased slightly from 11·88 to 11·95, but the number of deaths of children under one year per 1,000 live births, or the infant mortality rate of 28·13, was the lowest yet recorded in the County, although still higher than the infant mortality figure of 22·0 for England and Wales.

The maternal death rate was also the lowest yet recorded—the four maternal deaths in Glamorgan resulting in a rate of 0·32. The co-operation between the Hospitals, General Practitioners, and the Local Authority Services essential to the maintenance of adequate maternal care has happily contributed to this excellent result. An advisory committee, as recommended in the Cranbrook Report, has been set up in the Rhymney and Sirhowy Valleys Management Committee area and meets regularly, while similar meetings convened by Professor A. S. Duncan, Professor in Obstetrics and Gynaecology, Welsh National School of Medicine, and Adviser to the Welsh Regional Hospital Board, have also been held.

In the remaining Management Committee areas plans drawn up as a result of the Ministry of Health Circular 9/56 on the Prevention of Toxaemia of Pregnancy have continued to operate. These laid down the procedure to be followed by general practitioners, midwives, and the hospital maternity departments to ensure adequate ante-natal supervision, which has improved as a result of their implementation. Duplication of supervision has been reduced and this has resulted in a decline in the number of mothers attending the ante-natal clinics. Attendances at infant welfare clinics showed an increase of 6,594.

The Dental Service provided by the Health Committee for mothers and young children, which it was envisaged in 1948 would be a priority service, has been so curtailed by shortage of dental staff that it cannot possibly meet the demands made upon it. Mr. H. P. R. Williams, who was appointed as Principal Dental Officer and took up his duties on 1st November, 1959, in succession to Mr. John Young, who had given many years of excellent service to the Authority, reports on the work done during the year by the dental staff.

The Health Visiting Service has been handicapped in several divisions by shortage of staff, only selective visiting being possible in certain areas. There has been an increase in parentcraft classes, a new feature being joint classes for fathers and mothers.

The unusually fine weather during the summer may have contributed to a reduction in the number of cases cared for by the Home Nursing Staff, over 3,000 less visits being paid, although the continued decline in the number of cases of tuberculosis treated at home was also a contributory factor. The greatest part of the home nurses' work continues to be the domiciliary care of the aged and chronic sick and their efforts, combined with the great material assistance given by the home helps, reduce the demand on the available hospital accommodation. This accommodation continues to be inadequate for the needs of the old people whose numbers continue to increase year by year, so much so that requests for additional home helps were made by several of the Divisions. The position is again under review.

The major infectious diseases are slowly being conquered. There were no cases of diphtheria for the tenth successive year and only three cases of poliomyelitis were notified, one of these being a child who had been given two injections of poliomyelitis vaccine. A continuous programme of immunisation against these two diseases is needed to eradicate them. It is fortunate that by combining diphtheria and whooping cough injections the incidence of the latter can also be reduced, with a consequential lessening of the damage and ill health due to this troublesome and distressing condition.

Several outbreaks of food poisoning and dysentery have caused concern and the need for the greatest care in the preparation and handling of food must again be stressed.

The passing of the 1959 Mental Health Act is a major milestone in legislation affecting, as it does, all persons suffering from mental disorder or defect. One of the principal alterations relates to admissions to, and discharges from, mental hospitals which, in future, will be in line with the procedure adopted in any other hospital.

The great advance brought about by the passing of the Act can only become possible if firstly the attitude of the public at large to mental disorder becomes more enlightened and, secondly, the staff for the development of the Service becomes available.

Considerable thought and work will be required to implement the schemes which are being put forward and a major development in the County was the opening of a new occupation and training centre in the Rhondda. Two more centres were under construction at the end of the year. Close liaison is being maintained with the mental hospitals by the Health Welfare officers to ensure that the necessary after-care is provided in so far as conditions permit.

The Ambulance Service, which maintains a link between home and hospital, continues to work to capacity, thanks to the untiring effort of the County Ambulance Officer, the staff at the control stations, and driving personnel. In 1959, 12,944 more patients were conveyed than in 1958.

The total mileage travelled by the ambulance fleet, which now includes fifty-two diesel-operated vehicles was 1,677,347 and if it were not for wireless control this would have been much greater. As much use as possible is made of train transport but the introduction of diesel trains has curtailed the number of cases which can be transported on some journeys.

New ambulance sub-stations were opened at Glyncoirwrg and Clydach and the construction of Nelson sub-station was commenced.

In conclusion, I wish to record my thanks to the members of the Health Committee, in particular the Chairman, Alderman Thomas Evans, J.P., M.R.S.H., and also to all members of the staff for their co-operation and support during the year.

I am,

Your obedient servant,

**W. E. THOMAS,**

*County Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
CARDIFF.

*September, 1960.*

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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 2497/8.
Caerphilly and Gelligaer	C. J. Revington, B.Sc., M.B., B.Ch., D.P.H.	County Council Offices, Caer- philly 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 2515.
Neath and District	H. R. Stubbins, M.D., D.P.H.	Divisional Health Office, Dyfed Road, Neath	Neath 2481/2.
Pontypridd and Llantrisant	D. W. Foster, B.Sc., M.B., B.Ch., D.P.H.	County Council Offices, Court- house Street, Pontypridd	Pontypridd 2646/7 and 2275.
Port Talbot and Glyncoerrwg	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 3008/9.

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.

The Health Sites and Premises Sub-Committee reviewed the Authority's site requirements on 24th April and two sites were recommended to be released from reservation for health centre purposes.

At the end of the year building was nearing completion on a new clinic at Croeserw, and building was in progress on occupation centres for mental defectives at Barry and Ystrad Mynach.

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

*New Clinics.*

Construction of a new clinic at Croeserw, in the Urban District of Glyncoerwg was begun during the year.

A mobile clinic of the four-wheel caravan trailer type was purchased and put into service in September, 1959. The clinic is towed by a vehicle from the County Ambulance fleet to the twenty-nine centres mentioned in the table on page 11, and is mainly used for infant welfare sessions and the sale of welfare foods. Occasionally ante-natal examinations are conducted at these sessions. Expectant and nursing mothers living in the less populated villages served by this clinic have been saved a considerable amount of travelling and inconvenience since it was brought into use.

In few of the areas visited could the cost of a permanent clinic be justified and, although the mobile clinic properly staffed is not cheap to operate, it provides a service not otherwise readily available.

On the working of the mobile clinic in the South-East Glamorgan Health Division, Dr. D. Trevor Thomas reports as follows :—

“It had been obvious for some years that in the rural areas of South-East Glamorgan the distances involved were making it difficult for numerous mothers to attend the existing infant welfare clinics usually held in church or village halls, etc. With a view to improving the Maternity and Child Welfare Services in these areas, the County Health Authority decided to operate a fully equipped mobile clinic. Much thought and consideration was given to the type of unit which would prove suitable and eventually a clinic was built to specification by the Coventry Steel Caravans Ltd., Newport Pagnell (Bucks.).

It was, of course, important to bear in mind the nature of the side roads, gradients and bends on the side roads in the districts concerned.

The clinic was delivered in the summer of 1959 and a permanent driver was appointed who would also be responsible for all maintenance, cleaning, and the sale of welfare foods. It was decided that the best towing vehicle would be a converted ambulance, which was adapted both as an extra waiting room and also for storage and sale of welfare foods.

After the driver had become thoroughly familiar both with the driving of the vehicles (total length, 40 ft.) and with the roads and parking places, the Unit went into operation some time in September.

The clinic is extremely well appointed, with ample window space and artificial fluorescent lighting, the electricity supply being either by 24-volt heavy duty batteries or by connection to a mains supply point. Ventilation is excellent, being equipped with two or three extractor fans and the insulation has also proved satisfactory. Heating is by means of attractive calor gas fires.

*Interior Finish.* This of poly-vinyle-chloride leather cloth, cream in colour.

*Measurements.* The vehicle is 22 ft. long with an overall width of 7 ft. 6 in. and a head room of 7 ft., being divided by sliding doors into three compartments as follows :—

(a) *Waiting room.*

This has an upholstered waiting-room seat with padded back rest and can accommodate at least five mothers with their children.

(b) *Nurses' room.*

This room is extremely well fitted out, the equipment includes both toddler and adult scales, a calor gas hot plate for sterilization of instruments, etc., together with a stainless steel sink unit with running hot and cold water, the heater being thermostatically controlled. There are also two dressing cubicles for the use of expectant mothers or other adults.

(c) *Medical Officer's Consulting Room.*

This is equipped with a formica top desk, a full-length examination couch with Dunlopillo mattress and a stainless steel sink unit. All rooms are amply supplied with built-in cupboards, drawers, and lockers.

The water supply is housed in a 60-gall. tank beneath the floor and is equipped with an

The water supply is housed in a 60-gall. tank beneath the floor and is equipped with an automatic electric pump.

The clinic is utilized in the following way :—

(1) To visit villages, hamlets, and caravan sites which formerly had no clinic facilities and where mothers had to travel several miles to obtain these facilities. In this way twenty-two new communities are visited; they are, Brynna, Llangan, Treoes, Aberthin, Penlline, Ystradowen, Colwinston, Llandow, Marcross, St. Donats, Millands Caravan Site, Llanmaes, St. Mary Church, Penmark, Porthkerry Caravan Site, St. Nicholas, Pendoylan, Creigiau, St. Fagans, Culverhouse, Lisvane, Hackerford Estate, Cyncoed, and Lower Penarth.

(2) In some places where clinics were held in hired premises such as church or village halls which were unsatisfactory for clinic examination purposes and immunisation procedures, the unit is stationed outside the hall, which is still utilized for weighing, interviews by health visitors, etc., but medical examinations and immunizations are undertaken in the Medical Officer's room in the mobile clinic.

(3) Special sessions, such as those for vaccination against poliomyelitis can, of course, be held in the new Unit.

In conclusion, the Mobile Unit has proved a great boom and the attendance figures show that it is much appreciated by the mothers in the areas covered."

*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.
Caerphilly and Gelligaer	Fochriw ..	Welfare Hall, Fochriw ..	Infant Welfare Wednesday afternoons Ante-natal Second and fourth Wednesday mornings in the month	Previously held Thursday afternoons. Previously held second and fourth Thursday mornings in the month.
	Abertridwr	Beulah Chapel School-rooms, Abertridwr	Sale of Welfare Foods	Previously held at Ambulance Hall Abertridwr.
	Nelson ..	Salem Methodist Chapel Vestry, Nelson	Infant Welfare Tuesday mornings .. Ante-natal Second and fourth Tuesday afternoons in the month	Previously held at The Social Centre Bryncelyn, Nelson.
	Glanynant	New Community Hall, Glanynant, Pengam	Infant Welfare Wednesday mornings Ante-natal First and third Monday mornings in the month	Previously held at 5, Imperial Buildings, Glanynant, Pengam.
	Taffs Well..	Village Welfare Hall, Cardiff Road, Taffs Well	Infant Welfare Thursday afternoons fortnightly Ante-natal Second Thursday morning in the month	Previously held at St. Mary's Church Hall, Glanllyn, Taffs Well.
Mid-Glamorgan	Bryncoch ..	Memorial Hall, Bryncoch, Bryncethin	Infant Welfare Friday afternoons fortnightly Ante-natal Friday afternoons fortnightly	Previously held Wednesday mornings at the Halleluja Chapel Vestry, Bryncoch. Previously held Monday mornings fortnightly.
	Kenfig Hill	Waunbant Road, Kenfig Hill	Ante-natal Mondays weekly	Previously held fortnightly.
Neath and District	Neath ..	5, London Road, Neath..	—	Ante-natal (midwives sessions) discontinued.
Pontypridd and Llantrisant Port Talbot and Glyncoerrwg	Pontypridd	"Greenmeadow", Glyncoch, Pontypridd	Infant Welfare Friday afternoons fortnightly	New clinic.
	Aberavon ..	4, High Street, Aberavon	Sale of Welfare Foods Tuesday and Friday afternoons	Previously sold from Divisional Education Office, Port Talbot and St. Mary's Church Schoolroom, Aberavon.
South-East Glamorgan	Penarth ..	Beecroft Clinic, 112, Stanwell Road, Penarth	Infant Welfare Monday afternoons weekly Thursday afternoons twice monthly	Previously held Monday afternoons and Thursday afternoons weekly.
	Bonvilston	Mobile Clinic .. ..	Infant Welfare and Welfare Foods First Friday morning in the month	Previously held at the Reading Room, Bonvilston.
	Peterston-s-Ely	Mobile Clinic .. ..	Infant Welfare and Welfare Foods First Friday afternoon in the month	Previously held at the Village Hall, Peterston-s.-Ely.
	Sully ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods Second and fourth Wednesday afternoons in the month	Previously held at the Church Hall Vestry, Sully.
	Gwaelod-y-Garth	Mobile Clinic .. ..	Infant Welfare and Welfare Foods First and third Thursday afternoons in the month	Previously held at Bethlehem Chapel Vestry, Gwaelod-y-Garth.

Health Division.	Area served.	Location of clinic premises.	Type and frequency of sessions now held.	Remarks.	
South-East Glamorgan —cont.	Wenvoe ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second and fourth Friday afternoons in the month	Previously held at the Village Hall, Wenvoe.
	Llanharry	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Tuesday afternoons weekly	Previously held at the Public Hall, Llanharry.
	Llantwit Major	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First and third Monday afternoons in the month	Previously held at the Lesser Town Hall, Llantwit Major.
	St. Athan	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First and third Wednesday afternoons in the month	Previously held at the Church Hall, St. Athan.
	Penmark ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Monday morning in the month	New clinic.
	Porthkerry	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Monday morning in the month	New clinic.
	Brynna ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Tuesday morning in the month	New clinic.
	St. Mary Church	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Wednesday morning in the month	New clinic.
	Cyncoed ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First and third Thursday mornings in the month	New clinic.
	St. Nicholas	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Friday morning in the month	New clinic.
	Aberthin ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second Tuesday morning in the month	New clinic.
	Flemingston	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Wednesday morning in the month	New clinic.
	Pendoylan	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	First Friday afternoon in the month	New clinic.
	Ystradowen	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second Tuesday morning in the month	New clinic.
	Penllyne ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second Tuesday morning in the month	New clinic.
	Creigiau ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second Wednesday morning in the month	New clinic.
	St. Fagans	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second Wednesday morning in the month	New clinic.
	Lisvane ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second and fourth Thursday mornings in the month	New clinic.
	Culverhouse	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Second and fourth Friday afternoons in the month	New clinic.
	Colwinstone	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Third Monday morning in the month	New clinic.
Llandow ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Third Monday morning in the month	New clinic.	
Llangan ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods	Third Tuesday morning in the month	New clinic.	

Health Division.	Area served.	Location of clinic premises.	Type and frequency of sessions now held.	Remarks.
South-East Glamorgan —con.	Treoos ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods Third Tuesday morning in the month	New clinic.
	Marcross ..	Mobile Clinic .. ..	Infant Welfare and Welfare Foods Third Wednesday morning in the month	New clinic.
	Leechmore	Mobile Clinic .. ..	Infant Welfare and Welfare Foods Third Wednesday morning in the month	New clinic.
West Glamorgan	Clydach ..	Bethania Chapel, Graigfelen Estate, Clydach	Infant Welfare Monday afternoons fortnightly	Previously held at the New Community Hall, Graigfelen Estate, Clydach.

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

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncofrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.		
<b>BIRTHS.</b>												
No. of births notified	(a) Live births	{ Domiciliary Institutional	409 625	679 568	688 1,135	418 599	398 746	483 681	692 1,481	263 654	825 720	4,855 7,209
	(b) Still-births	{ Domiciliary Institutional	8 24	8 27	8 50	6 24	8 27	4 25	3 45	4 20	21 37	70 279
<b>ANTE-NATAL AND POST-NATAL CLINICS.</b>												
(a) No. of clinics provided at the end of the year	{ Ante-natal clinics Post-natal clinics	9 —	14 2	18 —	5 —	6 —	11 —	9 —	6 —	7 —	85 2	
(b) No. of sessions held per month at clinics included in (a)	{ Ante-natal clinics M.O. Midwives Post-natal clinics	27 — —	30 — 2	42 — —	26 — —	33 — —	42 — —	28 — —	24 — —	40 — —	292 — 2	
(c) No. of women who attended during the year	{ Ante-natal clinics Post-natal clinics*	941 327	1,567 356	1,136 49	1,265 313	865 89	1,565 118	1,414 —	545 138	1,441 —	10,739 1,390	
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had not previously attended any clinic during current pregnancy and for P.N. clinics women who had not previously attended any P.N. clinic after last confinement	{ Ante-natal clinics Post-natal clinics*	754 327	1,273 287	884 46	997 313	701 83	1,155 117	1,065 —	509 138	985 —	8,323 1,311	
(e) Total No. of attendances made by women included in (c)	{ Ante-natal clinics M.O. Midwives Post-natal clinics*	4,194 — — 327	5,847 — — 491	4,281 — — 66	5,666 243† — 357	4,086 — — 101	6,509 — — 132	4,648 — — —	3,367 — — 141	7,522 — — —	46,120 243 1,615	
* Women post-natally examined at ante-natal clinics are included.												
<b>INFANT WELFARE CENTRES.</b>												
(a) No. of centres provided		9	22	29	12	14	15	48	20	8	177	
(b) No. of sessions held per month at centres in (a)		37	57	98	36	47	48	108	52	40	523	
(c) No. of children who attended centres for the first time during the year who were under 1 year of age		1,008	1,302	1,579	972	1,137	1,073	1,858	771	1,346	11,046	
(d) No. of children who attended during the year who were born in	{ 1959 1958 1954-1957	926 860 821	1,096 980 838	1,500 1,336 1,747	897 875 794	989 862 1,003	991 962 801	1,857 1,668 1,350	722 715 519	1,174 1,070 667	10,152 9,328 8,540	
(e) Total No. of children who attended the centres during the year		2,607	2,914	4,583	2,566	2,854	2,754	4,875	1,956	2,911	28,020	
(f) No. of attendances during the year made by children who at the date of the first attendance were	{ Under 1 year .. 1 year but under 2 years 2 years but under 5 years	12,418 2,996 2,251	15,252 3,398 2,820	22,803 5,385 6,612	12,681 3,050 1,754	13,610 3,162 2,471	14,195 2,416 3,540	22,405 4,982 4,355	10,824 2,459 1,412	11,519 1,606 716	135,707 29,454 25,931	
(g) Total No. of attendances made during the year		17,665	21,470	34,800	17,485	19,243	20,151	31,742	14,695	13,841	191,092	

† Examined at the Neath Nurses' Home prior to its closure on 31st May, 1959.

### EXPECTANT AND NURSING MOTHERS.

On 31st December, 1959, clinic facilities for expectant mothers were available at eighty-five centres, forty-two of these being County Council owned premises. The number of ante-natal clinic sessions held monthly showed a decrease from 295 to 292.

Ante-natal clinic attendances of 46,363, including attendances at midwives' sessions, showed a decrease of 2,910 compared with last year's figures.

The total number of women who attended County Council ante-natal clinics during the year was 10,739, a reduction of 537 compared with 1958.

The number of new cases attending ante-natal clinics, i.e. women who had not attended any clinic during current pregnancy, was 8,323, a reduction of 489 compared with 1958.

The only divisions showing an increase in the number of new cases were Aberdare and Mountain Ash, Caerphilly and Gelligaer, South-East Glamorgan, and West Glamorgan. The highest increase, 132, was recorded in the South-East Glamorgan Division. In Rhondda Health Division the number of new cases fell by 390.

The majority of expectant mothers still attend the local authority ante-natal clinic at some stage in their pregnancy. Those whose admission to hospital for confinement has been arranged by the clinic medical officer usually attend for ante-natal examination at hospital during the last month of pregnancy.

In a few areas where practitioners are taking a special interest in the ante-natal care of expectant mothers, our clinic attendances have been affected to such an extent as to warrant an adjustment in the number of sessions. This is a development on the right lines when the ante-natal care is adequate and there is good liaison with the hospital and other services. In our own clinics blood testing for haemoglobin and Rh factor is a routine procedure and a vigilant watch for signs of early toxæmia is maintained. In addition, personal advice is given to the mother by the clinic doctor or health visitor and mothercraft classes and classes in relaxation are gradually being extended to all divisions.

### PONTARDAWE AND YSTALYFERA ANTE-NATAL CLINIC.

#### Analysis of First Visit Haemoglobin Values according to period of Gestation.

% Hb.	Period of gestation in weeks				Total
	0-10	11-20	21-30	31-40	
50-54 .. .. .	—	1	—	—	1
55-59 .. .. .	—	—	—	—	—
60-64 .. .. .	—	1	2	1	4
65-69 .. .. .	—	4	4	3	11
70-74 .. .. .	—	13	18	2	33
75-79 .. .. .	1	15	16	4	36
80-84 .. .. .	3	42	24	6	75
85-89 .. .. .	4	19	13	5	41
90-94 .. .. .	3	20	3	—	26
95-99 .. .. .	2	1	1	—	4
Total .. .. .	13	116	81	21	231
% Hb. less than 80% ..	—	—	—	—	37%
% Hb. less than 70% ..	—	—	—	—	7%

The table on page 15 of the interesting findings of Dr. Elizabeth Jones, West Glamorgan Division, give an indication of the extent of anaemia in pregnant women. The findings illustrate the importance of routine Haemoglobin estimations during pregnancy. It would be hoped that all pregnant women receive ante-natal care from an early stage in pregnancy and that if found to be anaemic appropriate therapeutic measures could then be introduced well before the expected confinement.

In Glamorgan 6,516 women were confined in hospitals in 1959. This represents 56.9 per cent of all confinements. 4,927 women had their babies at home.

Shortage of midwifery staff in hospitals affected the number of maternity admissions to some of the hospitals in the County. Dr. C. J. Revington, Divisional Medical Officer, states that :—

“In the Caerphilly and Gelligaer Division the number of cases delivered in institutions but attended by domiciliary midwives on discharge and before the fourteenth day, was ninety-three. This is a figure which needs very careful watching since the practice of discharging patients early from hospital is one which causes considerable discontent among the midwives and is showing a tendency to increase in this Division. The figure for 1958 being only forty-six”.

Of the changing functions of ante-natal clinics in the Mid-Glamorgan Health Division Dr. Kathleen Davies reports :—

“As more and more general medical practitioners are undertaking the ante-natal care of their patients, the need for the routine examination of expectant mothers in clinic is diminishing, and it has been necessary to discontinue or lessen the number of sessions held. Arrangements have been made for midwives to attend at the medical practitioners' surgeries when they hold a definite ante-natal session. This is found to be of great benefit both to the doctor and the midwife.

Local Authority ante-natal clinics are now being used as centres for health education for expectant mothers and series of classes are held in which the mothers receive instruction in mothercraft—the physiology of pregnancy and labour, etc. Talks are given on the various subjects and film strips are shown pertaining to pregnancy and child care by the health visitor and the midwife, and these are followed by group discussion. Mothers who are receiving ante-natal care from their general practitioners are encouraged to attend these classes which last for about 1 to 1½ hours and are much appreciated by the mothers.”

#### TOXAEMIA IN PREGNANCY.

Following the further circular of the Ministry of Health to hospital management committees regarding hospital maternity services, a professional committee representative of local authority, general practitioners, hospitals, and midwives was set up in the Rhymney and Sirhowy Valley Hospital Group to consider the Cranbrook Report in detail with a view to effecting closer co-operation between the three services. It would be well if this example were followed in other parts of the County.

#### POST-NATAL CLINICS.

The total number of mothers who attended for post-natal examination last year was 1,390, an increase of 208 over 1958.

This figure, although showing a considerable improvement, 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 medical examination after being confined, although they are encouraged to do so.

#### CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1959 was 28.6 per thousand births, compared with a rate of 51.0 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. Some are confined at the Llandaff Diocesan Church Home, Penarth.

During the year, twenty-one unmarried mothers were admitted for confinement to hostels under the County Council scheme, the same number as in 1958.

As might be expected, the unmarried girl who finds herself pregnant is reluctant to make her suspicions known and very rarely has the department any prior knowledge of patients who at an advanced stage of pregnancy seek help for their confinement.

The health visiting staff do what they can to effect reconciliations where family harmony has been disturbed.

#### ANTE-NATAL CLASSES.

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

"I am pleased to report that this aspect of the health visitors' work has continued during 1959 and continues to grow and expand, as shown in the table on page 18.

This is particularly gratifying in view of the fact that these classes are purely voluntary on the part of those who attend. Sometimes a slight indisposition on the part of the mother, or a compulsory attendance at a hospital ante-natal clinic has prevented her from attending the weekly ante-natal class and it is then that her keenness reveals itself in a verbal message or note of apology to the health visitor, giving the reason for her absence and assuring her that she hopes to attend the next weekly class. This, as well as happy letters received by the health visitor from many mothers after the birth of their babies, testifies to the benefit received from the talks and demonstrations and the enlightenment, reassurance, and relaxation which all combine to bring about an easier and less prolonged confinement.

This is the special contribution that the health visitor can make to the reduction in the incidence of maternal and peri-natal and neo-natal mortality and morbidity.

It is also pleasing to report that during 1959 five evening sessions were held, at which the husbands also attended with their wives. Dr. Bevan was the group leader at these sessions, which appeared to be appreciated by those attending. Under his skilful guidance the discussions became animated and, in some instances, quite prolonged.

It was in 1955 that health education along these lines was intensified, although individual teaching and discussion has always been part of the ante-natal clinic services.

Two Health Divisions had commenced ante-natal classes at a considerably earlier date, viz., Aberdare and Mountain Ash in 1952, and Mid-Glamorgan in 1951, holding their first session on 16th October of that year.

It is with pleasure that I give this report on health education—ante-natal classes held in 1959 and pay tribute to the keenness of all ante-natal clinic staffs, medical officers, health visitors, and midwives, whose ready and friendly co-operation can only bring good to the mothers and families we are in existence to serve".

## ANTE-NATAL CLASSES.

The following table gives the progress made from 1956 to 1959 :—

Health Division		Number of Centres at which courses held	Number of courses held	Number who attended	Number of attendances	Evening Parentcraft sessions	Number who attended
Aberdare and Mountain Ash ..	1956	5	17	137	635	—	—
	1959	8	31	315	1,355	—	—
Caerphilly and Gelligaer ..	1956	1	1	10	18	—	—
	1959	3	10	42	138	—	—
Mid-Glamorgan .. .. .	1956	8	13	100	440	—	—
	1959	7	25	189	683	—	—
Neath .. .. .	1956	5	15	127	537	—	—
	1959	6	25	232	1,138	—	—
Pontypridd and Llantrisant ..	1956	3	9	75	349	—	—
	1959	3	13	127	487	—	—
Port Talbot and Glyncoirwg ..	1956	1	1	8	48	—	—
	1959	3	3	21	85	—	—
South-East Glamorgan .. .. .	1956	—	—	—	—	—	—
	1959	5	26	293	1,607	3	67
West Glamorgan .. .. .	1956	2	4	20	103	—	—
	1959	4	10	48	449	—	—
Rhondda .. .. .	1956	1	1	8	32	—	—
	1959	7	35	279	1,071	2	38
Totals .. .. .	1956	26	61	485	2,162	—	—
	1959	46	178	1,546	7,013	5	105

## CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 177 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 1959 the number of sessions per month had shown a further increase from 497 in 1958 to 523. This was due to the operation of the new mobile clinic in the South-East Glamorgan Division. In some clinics qualified nurses not holding a health visitors' 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 increased from 184,498 in 1958 to 191,092, although the actual number of children who attended the various centres decreased from 28,037 to 28,020.

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. On this 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.

#### SPECIAL SURVEY.

I agreed to co-operate with the Department of Child Health, Guy's Hospital, in the follow-up of a series of premature babies weighing 4 lbs. and under, who were included in a study of retrolental fibroplasia by the Medical Research Council between 1951 and 1953. Health visitors were asked to complete a pro-forma giving information about the present health and educational status for certain children whose addresses were thought to be in Glamorgan.

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

#### CARE OF PREMATURE BABIES.

Of the 875 premature live births notified—an increase of twenty-four on the figure for 1958—202 were born at home, compared with 213 in 1958.

It should be noted that excluding premature babies of 3 lb. 4 oz. or less, 133 out of 140 of those born and nursed at home survived the first twenty-eight days.

The number of premature still-births fell from 191 in 1958 to 178 last year. The figures contained in the table on page 20 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.

TABLE—PREMATURE BIRTHS (i.e. live-births and still-births of 5½ lb. or less at birth).

1. No. of premature live-births notified (as adjusted by transferred notifications).	2. No. of premature still-births notified (as adjusted by transferred notifications).
(a) In hospital .. .. . 666	(a) In hospital .. .. . 148
(b) At home .. .. . 202	(b) At home .. .. . 30
(c) In private nursing homes (A) .. 7	(c) In private nursing homes (A) .. -
Total .. 875	Total .. 178

Weight at birth.	PREMATURE LIVE-BIRTHS.										PREMATURE STILL-BIRTHS.							
	Born in hospital. (B)			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in hospital.	Born at home.	Born in nursing home.
	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
3 lb. 4 oz. or less .. (1,500 gms. or less)	87	44	16	5	3	1	16	7	2	—	—	—	—	—	—	73	15	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. (1,500–2,000 gms.)	130	12	98	19	—	18	24	3	16	—	—	—	—	—	—	43	9	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. (2,000–2,250 gms.)	143	5	130	31	1	29	6	1	4	2	—	2	—	—	—	11	3	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. (2,250–2,500 gms.)	306	6	294	90	1	86	11	—	9	5	—	5	—	—	—	21	3	—
Total (C) ..	666	67	538	145	5	134	57	11	31	7	—	7	—	—	—	148	30	—

Notes.—(A) "Private Nursing Home" includes nursing homes and maternity hospitals and homes not in the National Health Service and mother and baby homes where women are confined in the home.  
 (B) The group under this heading will include cases which may be born in one hospital and transferred to another hospital.  
 (C) The totals in the above tables correspond with the appropriate figures in items 1 and 2, e.g. item (b) corresponds with the sum of the total of columns (5) and (8).  
 Births in an ambulance or in the street have been listed under the place to which the case was immediately transferred.

## DENTAL CARE.

Mr. H. P. R. Williams, 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 :—

In compiling my first annual report on the dental care of mothers and young children for the year 1959 (having been appointed in November, 1959, upon Mr. John Young's retirement), I realize my task is not an easy one. Most years Mr. Young commented on the gloomy side of our staffing position after the introduction of the National Health Service, and I am afraid I must continue in the same vein—so that no one is unaware of the serious shortage of dental officers that exist under the County Council.

Upon qualifying, young dental surgeons prefer to go into private practice where there is a great demand for their services, and the rewards greater than we can hope to pay them under the National Whitley Scale.

Further, many of them now work on a sessional basis for more than one authority. For example, if a dental surgeon works six sessions with one authority (which is the maximum allowed) and four with another authority, his earnings would be far in excess of that received by a young dental officer starting on a full-time basis. Also many dental surgeons prefer part-time sessional work whilst starting a private practice—then once they become experienced dentists they gradually cut down their sessional work, and ultimately give up local authority work completely owing to the pressure and demand of their own practice. The great difficulty which confronts the local authority when it comes to recruitment will thus be appreciated.

The staffing position for 1959 was practically the same as the previous year but there has been a drop in the attendances at our clinics and also the volume of work done. This, it seems, is a general trend with Local Health Authority services throughout the country and I think the reason is that a large number of young expectant mothers receive treatment from their own practitioners under whose care they may have been for some years. Further, waiting lists at our clinics are rather heavy and as the staff is so limited, many expectant mothers seek treatment privately rather than wait for a clinic appointment.

During 1959, 1,432 expectant and nursing mothers attended our clinics from the maternity and child welfare centres. Of the 1,385 found to require treatment, 660 were made dentally fit. I think this is a disappointing figure but a high proportion of expectant mothers come to receive emergency treatment and then discontinue when relieved of pain—whilst others are reluctant to attend as the time of confinement draws near.

The number of teeth extracted for this group was 5,057. Fillings numbered 393, whilst scalings and gum treatments were 259. The number of dentures fitted in patients was 350 complete upper or lower dentures and 184 partial dentures.

The figures relating to the treatment of the pre-school group are also down on the 1958 figures—due to the extreme shortage of staff in certain Divisions. During the year, 856 children were examined and 791 found to require treatment. 707 were treated and of this number 524 were rendered dentally fit.

Whilst dental decay continues at an alarming pace—especially in the younger children, I believe parents are at last becoming alive to this fact.

A great opportunity for instruction in dental care and hygiene is afforded in our Maternity and Child Welfare Clinics and our Health Visitors perform a very useful duty in educating the young mother in the need for extreme care of their teeth during pregnancy and as a nursing mother.

Parents can assist dentists more than anyone to protect their youngsters' teeth :—

- (a) by restraint in the large amount of sweets they allow their children to eat daily.
- (b) By seeing their children brush their teeth after breakfast and last thing at night—with no titbit to go to bed after cleaning their teeth.
- (c) Instructing their children in rinsing out their mouths with water after having their midday meal at school.

By putting these common-sense rules into operation, parents will be taking the first steps in combating dental disease, with great benefit to their children.

#### DENTAL TREATMENT.

	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.
<b>EXPECTANT AND NURSING MOTHERS.</b>										
Examined .. .. .	199	286	241	80	65	131	170	119	141	1,432
Needing treatment .. .. .	199	286	231	66	65	129	149	119	141	1,385
Treated .. .. .	195	287	192	62	45	126	141	116	141	1,305
Made dentally fit .. .. .	61	62	109	29	30	124	102	89	54	660
Scalings or scaling and gum treatment .. .. .	31	68	38	8	3	56	9	25	21	259
Fillings .. .. .	44	59	86	11	12	58	47	48	28	393
Silver nitrate treatment .. .. .	—	—	—	—	—	—	—	1	17	18
Crowns or inlays .. .. .	—	—	—	—	—	—	—	—	—	—
Extractions .. .. .	636	1,078	815	279	308	638	721	286	296	5,057
General anaesthetics .. .. .	—	214	118	50	280	116	94	41	129	1,042
Radiographs .. .. .	—	—	5	2	1	3	1	8	—	20
Dentures provided { Complete upper or lower	38	80	99	23	13	49	38	10	—	350
{ Partial upper or lower	20	43	28	19	9	17	29	13	6	184
<b>CHILDREN UNDER 5 YEARS OF AGE.</b>										
Examined .. .. .	37	134	156	98	31	74	156	83	87	856
Needing treatment .. .. .	30	115	148	90	30	62	146	83	87	791
Treated .. .. .	25	86	124	85	22	58	139	81	87	707
Made dentally fit .. .. .	14	34	117	38	8	56	127	62	68	524
Scalings or scaling and gum treatment .. .. .	—	4	—	—	—	24	—	13	1	42
Fillings .. .. .	1	—	15	17	9	37	19	14	—	112
Silver nitrate treatment .. .. .	—	—	4	11	—	—	—	10	42	67
Crowns or inlays .. .. .	—	—	—	—	—	—	—	—	—	—
Extractions .. .. .	22	204	545	284	46	171	310	101	108	1,791
General anaesthetics .. .. .	—	88	116	88	44	51	136	42	56	621
Radiographs .. .. .	—	—	—	—	7	—	—	—	—	7

#### TRAINING OF NURSERY NURSES.

During the year, nineteen 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.

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

During 1959 the following quantities of Ministry of Food products were issued :—

<i>National</i>	<i>Cod liver</i>	<i>Orange</i>	<i>Vitamin A and D</i>
<i>Dried Milk</i>	<i>Oil</i>	<i>Juice</i>	<i>Tablets</i>
100,519	40,108	255,938	24,303

The value of the postage stamps on the coupons surrendered by beneficiaries was £17,059 8s. 2d.

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 31,224 tins and there was a decrease of 2,494 in the number of bottles of cod liver oil issued. The issue of orange juice decreased by 56,458 bottles. The issue of vitamin A and D tablets increased by 593 packets.

The value of proprietary milk and welfare foods sold in the welfare clinics in 1959 was approximately £35,831 which is an increase of £4,660 on the amount for the previous year.

These figures suggest that National Dried Milk is continuing to lose 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.

#### BREAST FEEDING SURVEY.

A County Survey of breast feeding was begun during the year. It included all live births during 1959 and when all the information is available it is hoped to prepare a detailed report showing the extent to which infants were breast fed and the reasons for termination of breast feeding.

All the returns are being made by the health visiting staff, but it is unlikely that they will be completed until the end of 1960.

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.

### SECTION 23—COUNTY DOMICILIARY MIDWIFERY SERVICE.

On 31st December, 1959, there were in the Administrative County 131 domiciliary midwives who had notified their intention to practise. Two of this number were actually practising as independent midwives. In the County Domiciliary Midwifery Service 129 were employed, sixteen being engaged as nurse-midwives.

The arrangements for supervision under the Midwives Acts remained the same as in previous years. Miss Bronwen Davies is the County Non-Medical Supervisor of Midwives and Home Nurses and in each of the nine Health Divisions there is a Divisional Non-Medical Supervisor.

Of the total number of 12,413 births which took place at home or in hospital in 1959, County midwives attended 4,904 deliveries, an increase of thirty-nine compared with the previous year.

The number of births occurring in hospital decreased by 228. This was due more to a temporary reduction in the number of maternity beds available in some hospitals because of staffing or other difficulties, than to any maternal preference for home confinement.

In most areas of the County, rapid transport to hospital of mothers in labour is provided by the Ambulance Service. Even so, during the year eleven 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 12,053 home nursing visits were made by County midwives. This figure is 473 less than in 1958.

### ANALGESIA IN MIDWIFERY.

With one exception, all County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its administration.

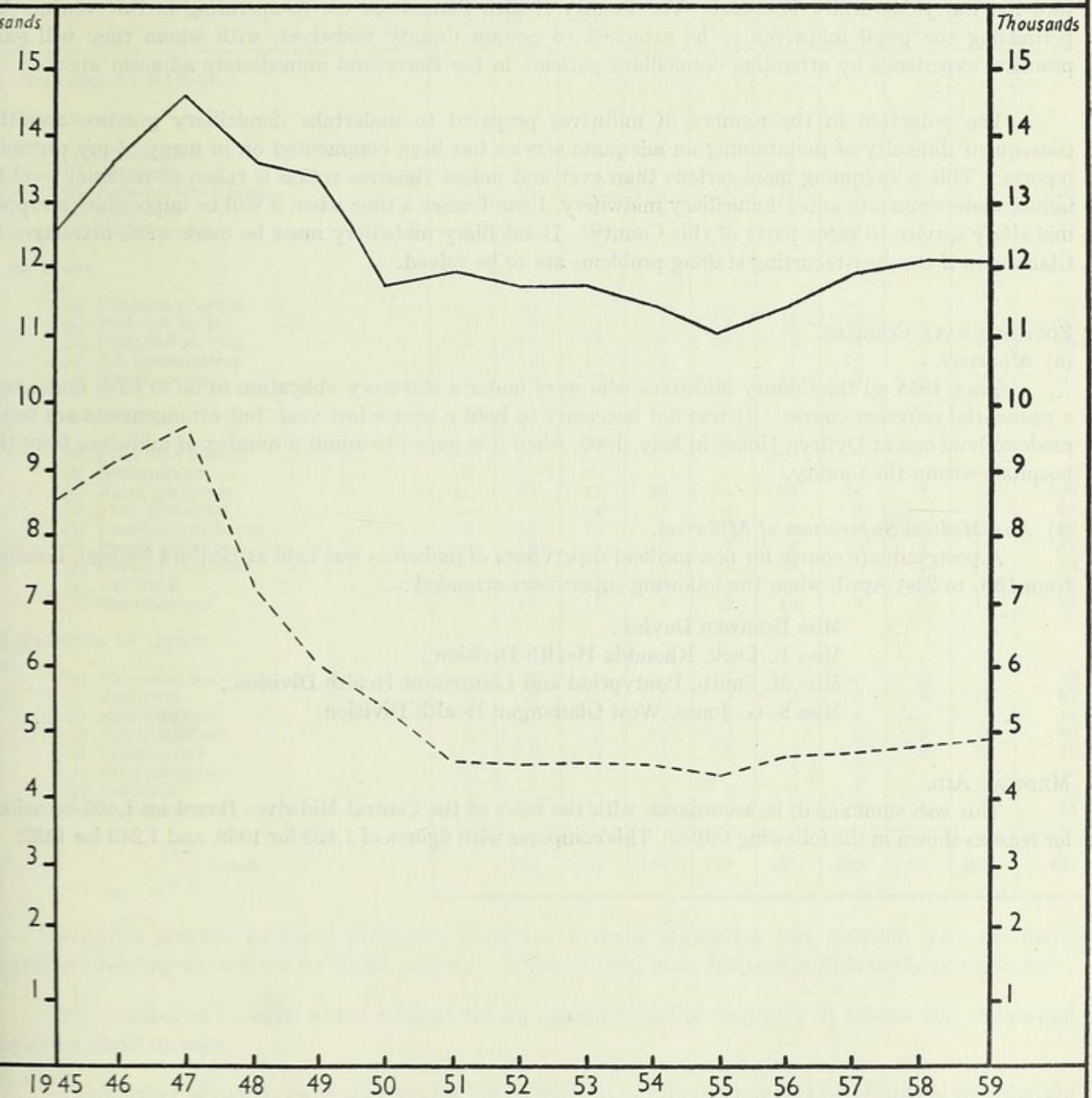
During 1959 the number of patients who received gas and air analgesia was 3,646, i.e. twenty-nine less than in 1958. Expressed in terms of percentages 74.3 per cent of cases attended in 1959 received gas and air analgesia, compared with 75.4 per cent in 1958.

Pethedine, a drug to relieve pain during labour, was administered to 2,813 patients, or 57.4 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. This drug was administered to 960 patients during the year, i.e. an increase of 327 compared with 1958. There are now forty-six sets of apparatus in use.

# BIRTHS

—— Total Births  
 - - - - Domiciliary Births



#### TRAINING OF MIDWIVES.

Owing to difficulties in finding suitable staff, as well as pupil midwives desirous of undergoing Part II Midwifery Training, the Committee decided to discontinue the use of the former Neath Nurses' Home as a midwifery training school.

The closure of these premises as a training school was to some extent compensated by the increase from six to ten in the number of pupil midwives admitted by the Cardiff Hospital Management Committee into the Barry Maternity Hospital. The County Health Committee are co-operating in this venture by permitting the pupil midwives to be attached to certain County midwives, with whom they will gain practical experience by attending domiciliary patients in the Barry and immediately adjacent areas.

The reduction in the number of midwives prepared to undertake domiciliary practice and the consequent difficulty of maintaining an adequate service has been commented on in many of my previous reports. This is becoming more serious than ever and unless vigorous action is taken at national level to induce more women to enter domiciliary midwifery, I can foresee a time when it will be impossible to supply midwifery service to some parts of this County. Domiciliary midwifery must be made more attractive in Glamorgan if the ever-recurring staffing problems are to be solved.

#### POSTGRADUATE COURSES.

##### (a) *Midwives.*

Since 1955 all the County Midwives who were under a statutory obligation to do so have undergone a residential refresher course. It was not necessary to hold a course last year, but arrangements are being made to hold one at Dyffryn House in May, 1960, when it is hoped to admit a number of midwives from the hospitals within the County.

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

A postgraduate course for non-medical supervisors of midwives was held at Bedford College, London, from 15th to 21st April, when the following supervisors attended :—

Miss Bronwen Davies ;  
 Miss B. Lock, Rhondda Health Division ;  
 Miss M. Smith, Pontypridd and Llantrisant Health Division ;  
 Miss S. G. Jones, West Glamorgan Health Division.

#### MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board on 1,409 occasions for reasons shown in the following table. This compares with figures of 1,433 for 1958, and 1,243 for 1957.

## MIDWIVES ACT, 1951.

## SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1959.

	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.
<b>(1) RELATING TO MOTHER.</b>										
<b>(i) Ante-natal.</b>										
(a) Albuminuria .. .. .	1	2	12	8	1	11	7	1	1	44
(b) Eclampsia .. .. .	—	—	—	—	—	—	—	—	—	—
(c) Ante-partum haem. .. .. .	1	14	8	6	4	11	5	2	7	58
(d) Abortions .. .. .	—	17	16	5	3	6	5	11	17	80
(e) Miscellaneous .. .. .	3	11	27	7	5	9	3	2	10	77
<b>(ii) Natal.</b>										
(a) Placenta praevia .. .. .	—	—	—	—	—	1	—	1	2	4
(b) Prol. 1st st. lab. .. .. .	7	12	7	11	12	12	6	—	8	75
(c) Prol. 2nd st. lab. .. .. .	3	13	13	5	20	7	6	4	23	94
(d) Ab. presentation .. .. .	7	3	10	2	4	1	10	1	13	51
(e) Miscellaneous .. .. .	3	16	9	17	7	11	3	6	11	83
<b>(iii) Post-natal.</b>										
(a) P.-n. convulsions .. .. .	—	—	1	—	—	—	—	—	—	1
(b) Albuminuria .. .. .	3	—	—	—	—	—	—	—	—	3
(c) Rupt. perineum .. .. .	10	34	47	32	34	28	44	5	72	306
(d) Plac. abnormal .. .. .	—	6	4	1	4	—	3	—	8	26
(e) Post-partum haem. .. .. .	6	13	10	5	10	5	—	2	10	61
(f) Puerp. pyrexia .. .. .	5	5	4	6	7	3	13	4	10	57
(g) Breast conditions .. .. .	—	1	1	1	1	3	—	1	2	10
(h) Stillbirth .. .. .	2	3	2	6	4	4	3	6	6	36
(j) Miscellaneous .. .. .	8	13	11	7	9	19	3	3	11	84
<b>(2) RELATING TO INFANT.</b>										
(a) Neo-natal dis. .. .. .	—	5	—	—	4	—	—	2	4	15
(b) Asphyxia .. .. .	2	8	11	6	3	2	3	3	15	53
(c) Malformation .. .. .	—	1	4	2	4	—	1	—	4	16
(d) Eye conditions .. .. .	5	2	5	14	3	—	6	3	8	46
(e) Prematurity .. .. .	—	5	3	4	8	8	1	2	14	45
(f) Skin conditions .. .. .	6	1	4	2	—	2	2	—	3	20
(g) Jaundice .. .. .	2	—	—	2	2	2	1	—	—	9
(h) Miscellaneous .. .. .	2	2	10	13	—	6	3	1	18	55
Totals .. .. .	76	187	219	162	149	151	128	60	277	1,409

Placenta praevia, ruptured perineum, puerperal pyrexia, stillbirths, 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 asphyxia and prematurity in infants was summoned showed a slight increase.

The number of instances of abortion for which medical aid was summoned by midwives rose sharply from sixty to eighty. In 1957 the figure was forty-four.

## 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, except in the Rhondda and Mid-Glamorgan Divisions, where Assistant County Home Help Organisers have been appointed, and in the South-East Glamorgan Division, where the duties are shared between the County Home Help Organiser and the Divisional Superintendent Health Visitor. Duties in connection with the Home Help Service make a disproportionate inroad into the time of the Non-Medical Supervisors and in some Divisions this is still a matter of concern, in others, Home Help Service duties are shared with the Divisional Superintendent Health Visitor.

The following figures of visits and 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 Home Help Services.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(a) To County Midwives .. .. .	206	269	204	170	159	95	244	105	98	1,550
(b) To Independent Midwives .. .. .	—	—	—	—	—	—	2	—	6	8
(c) To Nursing Homes .. .. .	—	—	3	—	—	—	12	2	—	17
(d) To Home Nurses .. .. .	109	179	106	117	140	50	235	239	56	1,231
(e) To Home Helps and Applicants for Home Help .. .. .	741	816	—	566	622	1,061	2	691	—	4,499

In the Port Talbot and Glyncorrwg Division the visits paid by the Non-Medical Supervisor in connection with the Home Help Service showed an increase from 656 in 1958 to 1,061 in 1959.

## SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Regular inspections were carried out during the year to ensure the proper maintenance of the two nursing homes registered under Section 187 of the Public Health Act, 1936.

## NURSES' ACTS, 1943 AND 1945.

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

## STATISTICS.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
<b>MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.</b>										
<b>COUNTY MIDWIVES—</b>										
Doctor Not Booked	—	3	7	14	5	3	1	2	4	39
Doctor Booked	59	102	95	223	77	135	6	34	135	866
	17	36	49	13	26	25	58	31	91	346
	337	552	546	174	309	330	614	199	592	3,653
<b>MIDWIVES IN PRIVATE PRACTICE—</b>										
Doctor Not Booked	—	—	—	—	—	—	—	—	—	—
Doctor Booked	—	—	—	—	—	—	—	2	—	2
							1	—	20	21
<b>ADMINISTRATION OF ANALGESICS.</b>										
No. of Midwives in practice in the area qualified to administer analgesics										
	10	18	18	10	11	12	18	16	15	128
	17	7	20	23	17	—	17	16	4	121
	—	—	—	—	—	—	—	—	—	—
No. of sets of apparatus for the administration of Gas and Air analgesia in use by County Midwives	10	18	18	10	11	12	18	16	15	128
<b>No. of cases in which gas and air was administered by County Midwives—</b>										
(a) When doctor not present at delivery ..	360	461	441	298	247	297	545	224	523	3,396
(b) When doctor present at delivery .. ..	3	23	42	23	15	13	49	8	74	250
<b>No. of cases in which pethedine was administered by County Midwives—</b>										
1. (a) When doctor not present at delivery ..	334	347	415	233	193	230	372	168	324	2,616
(b) When doctor present at delivery .. ..	2	22	37	18	15	11	32	4	56	197
<b>2. by Midwives in Private Practice—</b>										
(a) When doctor not present at delivery ..	—	—	—	—	—	—	—	—	—	—
(b) When doctor present at delivery .. ..	—	—	—	—	—	—	—	1	—	1
<b>No. of cases in which Trilene was administered by County Midwives—</b>										
(a) When doctor not present at delivery	88	141	82	73	91	144	123	51	111	904
(b) When doctor present at delivery	1	9	10	8	4	8	7	—	9	56
<b>No. of sets of apparatus in use by County Midwives</b>										
	5	5	4	6	5	6	5	5	5	46

## SECTION 24—HEALTH VISITING SERVICE.

On the 31st December, 1959, 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 seven part-time clinic nurses. Four of the health visitors-school nurses, although not in possession of the Health Visitors' Certificate, had been granted dispensation by the Ministry of Health, which enables them to be employed as health visitors.

Losses of health visitors-school nurses, and clinic nurses, by resignation and retirements in 1959 totalled nine. There were ten new appointments, giving a net gain of one officer.

In these appointment figures there are included eight student health visitors who qualified during the year and whose appointments helped to maintain the health visiting services in the divisions to which they were allocated.

Six other students, sponsored by the Health Committee, are undergoing training for the Health Visitor's Certificate at the Welsh National School of Medicine and should be ready to present themselves for examination in June, 1960. 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.

In addition to home visits undertaken as part of their School Health Service duties, health visitors made a total of 262,664 visits during 1959, an increase of 10,329 visits compared with the figure for 1958. Their visits involved 57,072 families or households; this number included 11,869 visits to tuberculous households. The number of children under 5 years of age visited during the year was 57,337, which was 1,064 less than in 1958. The number of visits made to expectant mothers increased by 378, to a total of 12,920, and an increase of 1,854 is recorded in visits to "other cases". The 26,695 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 78.8 for 1959, being 2.8 more than 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, which showed a reduction, there was also a rise in the number of visits paid to other groups by health visitors, viz.:—

	1956	1957	1958	1959
Children between ages 1-2 years .. ..	40,170	38,038	41,832	45,754
Children between ages 2-5 years .. ..	78,791	67,888	74,327	76,730
Tuberculous households .. ..	14,553	13,828	12,804	11,869
Others .. ..	26,754	22,671	24,841	26,695

## 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	10	11	11	11	12	10	16	10	20	111	
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)		8.02	8.33	7.70	5.86	7.29	8.23	13.82	7.58	12.00	78.83	
No. of visits paid by Health Visitors	Expectant mothers	First visits	711	767	1,204	594	292	569	574	313	541	5,565
		Total visits	2,439	1,426	3,897	975	483	862	1,157	563	1,118	12,920
	Children under 1 year of age	First visits	1,032	1,444	1,797	1,017	1,215	1,160	2,212	952	1,561	12,390
		Total visits	10,424	8,753	8,066	6,016	8,546	5,517	15,461	8,029	17,884	88,696
	Children between ages 1-2 years	.. Visits	5,422	5,987	2,550	3,216	4,746	3,061	7,738	3,845	9,189	45,754
	Children between ages 2-5 years	.. Visits	11,072	7,893	6,694	6,672	5,634	7,562	11,041	8,524	11,638	76,730
	Tuberculous Households	.. Visits	1,995	659	1,122	1,200	1,486	1,555	1,141	933	1,778	11,869
Others	.. Visits	7,892	2,062	2,187	2,093	2,641	1,132	2,221	2,027	4,440	26,695	

A continuing shortage of health visiting staff during the last few years has severely restricted the proper development of this important service in several Divisions.

Dr. Kathleen Davies, Divisional Medical Officer, Mid-Glamorgan Division, reports :—

“The continued shortage of health visitors is greatly restricting the number of visits that can be made to mothers and children. All new babies are visited monthly until 3 months of age, and then at 6 months. During the year a breast-feeding survey was carried out on all babies born in 1959. This has meant a great deal of extra work for the health visitors with the result that only selected visits apart from the above-mentioned have been possible.

Health visitors visit ante-natal mothers who are to be confined in hospital while midwives visit those who are to have a domiciliary confinement—of the 1,099 applications received for hospital confinement 131 had to be refused because of shortage of hospital beds. The arrangements whereby all bookings for maternity beds in both Bridgend General Hospital and Maesteg General Hospital are made by the Divisional Health Office ensures that hospital confinement is possible not only for those mothers who need hospital confinement for obstetric reasons but also for those whose home circumstances are such that domiciliary confinement is inadvisable.”

It is unlikely that recruitment to an already depleted health visiting service will be stimulated by the Younghusband Committee's recommendations which envisages the appointment of large numbers of social workers. The prospects of better paid posts in hospital, industrial nursing, or other developing branches of the nursing profession are, doubtless, more appealing to the recently qualified nurse than health visiting, which is an arduous and, to those lacking in ideals, an unrewarding task. In the broad fields of health education and social work there is a variety of jobs to be tackled by the Health Visiting Service.

Health education of the school child, the tuberculous, and the aged and chronic sick; care and after-care; mental hygiene and after-care; closer liaison with medical practitioners and hospital staffs are some of the new possibilities of service for health visitors, but more staff is essential and urgently needed if these extended duties are to be undertaken.

In the meantime special visits and the selective visiting of routine cases continue to occupy most of the time not taken up by school or clinic duties and with an excessively heavy case load the individual health visitor is conscious that much work remains undone.

#### 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 1959. 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 tenth annual refresher course was held at Dyffryn House during Whit-week, 1959. In addition to twenty-seven Glamorgan health visitors, twelve health visitors from the Bristol Authority attended.

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

<i>Subject.</i>	<i>Lecturer.</i>
"The Functions of Public Health Departments in the future" .. .. .	Dr. W. E. Thomas.
"Mental Health Legislation with particular reference to Local Authorities"	Dr. R. T. Bevan.
"Deaf Children" .. .. .	Dr. O. P. Gray.
"Mental Health" .. .. .	Dr. J. P. Spillane.
"Problems of the Elderly" .. .. .	Dr. A. R. Culley.
"Educational Backwardness" .. .. .	Mr. G. Matthews.
"How to give an interesting talk" .. .. .	Miss Marjorie Hellier.
"How to make the most of your Voice" .. .. .	Miss Marjorie Hellier.
"Putting Speech and Voice into Practice" .. .. .	Miss Marjorie Hellier.
"Preventive measures in relation to Mental Illness" .. .. .	Dr. T. J. Hennelly.
"Blood Tests in Pregnancy" .. .. .	Dr. Beryl Bevan.
"Demonstrations and Talks in Clinics" .. .. .	Miss E. G. Wright.

#### SECTION 25—HOME NURSING SERVICE.

On 31st December, 1959, there were engaged in this Service, 133 whole-time and twenty part-time home nurses. In addition, there were sixteen nurse-midwives. This represents an increase of four whole-time home nurses over the numbers for the previous year, and a decrease of one part-time nurse.

Of the 153 whole-time and part-time home nurses, 82 per cent are married, 14 per cent are single, and 4 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
1959	15,385	558,095

Since 1950 the number of visits has increased by 42.4 per cent although last year there was a fall of 773 in the number of cases attended (15,385), compared with 1958. Compared with 1950, the number of cases fell by 125, but the number of visits increased by 166,234 from 391,861 to 558,095. These are very significant figures.

Details of the work done in each division are shown in the table on page 34. Variation in the visits made may be accounted for by the difference in the type of areas covered. In rural districts considerably more time is spent in travelling between cases, with a consequent reduction in the visits a home nurse is able to make, whilst the extent to which general practitioners make use of the services of the home nurse affects the number of cases attended.

Although the number of surgical cases increased only by 113, the total visits paid to surgical cases increased by 3,475. There was a continued welcome fall in the number of tuberculous patients attended, only seventy-seven patients remaining on the nurses' registers at the end of the year. It may be assumed that many of the total increased visits recorded are in respect of early or late evening calls to patients requiring injections. These calls extend the duty span of many of the home nurses, as it is not unusual for them to make early morning visits for the purpose of giving pre-breakfast injections to diabetic patients, or giving early morning rectal wash-outs to patients prior to attendance at hospital out-patients' departments.

Midwives with light case-loads are sometimes able to assist home nurses in routine nursing duties and 12,053 visits were made by midwives on their behalf last year.

There is little competition for vacant appointments and candidates are usually married women residing in or near the vacant district.

The following is a summary of the home nurses' work during 1959:—

Health Divisions.	No. of cases attended.					Total visits paid.					No. of cases remaining on registers at the end of the year.					Average No. of Cases attended by each Home Nurse.	Average No. of Visits made by each Home Nurse.			
	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	985	269	1	21	4	3	53,326	13,378	17	697	77	21	298	70	-	2	-	-	99.8	5,252
Caerphilly and Gelligaer ..	1,380	471	6	34	16	1	47,141	12,056	26	1,870	147	1	337	85	-	5	-	112.2	3,602	
Mid-Glamorgan ..	1,155	460	-	64	9	27	47,159	14,668	-	3,714	75	130	366	93	-	8	1	6	81.7	3,131
Neath and District ..	941	361	-	105	14	2	32,777	8,707	-	5,386	138	188	234	53	-	14	1	2	96.1	3,189
Pontypridd and Llantrisant ..	784	320	-	18	8	-	28,073	9,478	-	507	49	-	261	49	-	4	-	-	87.9	2,964
Port Talbot and Glyncoirrwg ..	1,044	352	1	97	10	-	30,165	8,212	5	6,507	108	-	225	31	-	16	2	-	125.3	3,750
South-East Glamorgan ..	1,661	712	5	44	18	9	63,945	22,302	12	2,732	100	335	395	144	-	8	-	2	108.0	3,943
West Glamorgan ..	1,208	329	-	53	13	14	52,827	7,599	-	2,647	250	1,320	360	54	-	12	1	2	104.3	4,171
Rhondda ..	1,869	406	20	26	31	4	64,724	12,933	129	1,178	237	22	466	62	-	8	3	2	117.8	3,961
Totals ..	11,027	3,680	33	462	123	60	420,137	109,333	189	25,238	1,181	2,017	2,942	641	-	77	8	14	103.5	3,753
Totals, 1958 ..	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	111.1	3,873

During the year the Council reaffirmed its previous decision not to become an affiliated member of the Queen's Nursing Institute. The question of establishing a training course for home nurses was again considered and the possibilities of establishing or participating in a joint short course of training for home nurses was being actively considered at the end of the year. It is likely that the County Council will send a limited number of pupils to the training courses established by the Cardiff and Bristol City Councils.

#### REFRESHER COURSE.

In November, 1959, a programme of lectures for home nurses was held at the County Hall. The nurses were divided into two groups of ninety-four and 100 respectively. Each group had the same course of lectures. Each course of lectures extended for two whole days, the subjects and lecturers being as follows :—

<i>Lecturer.</i>	<i>Subject.</i>
Dr. W. E. Thomas, County Medical Officer of Health	Inaugural address.
Dr. A. J. Thomas, Consultant Physician . . . .	"Recent Advances in Medical Therapeutics".
Dr. M. L. Insley, Consultant Geriatrician . . . .	"Home Nursing of the Aged and Chronic Sick".
Mr. Dillwyn Evans, Consultant Orthopaedic Surgeon	"Orthopaedic Conditions".
Mr. Dillwyn Thomas, Consultant Surgeon . . . .	"Surgery of the Heart".
S. H. Gibbon, Esq., Welfare Services Department . .	Demonstration of Aids for the Handicapped.
Dr. W. E. Thomas, County Medical Officer of Health	"Health Education".
Miss M. I. Sankey, Queen's Visitor, Western Area . .	"District Nursing".
Dr. R. T. Bevan, Deputy County Medical Officer of Health	"The Mental Health Acts".

These refresher courses are much enjoyed by the home nurses, although their attendance and consequent absence from their districts involves extra work for their colleagues.

The courses are all too short and too infrequent. Ideally they should be spread over a longer period and restricted to smaller groups and, for preference, should be residential, but shortage of staff and additional cost would place any such a proposal out of reach at present.

#### SECTION 26—VACCINATION AND IMMUNISATION.

##### VACCINATION AGAINST SMALLPOX.

The figures in the following table show the number of persons—mainly children—in different age groups who were vaccinated or re-vaccinated during the year. For the first time for many years the number of persons vaccinated in 1959 shows an increase (390) over the preceding year, but the number re-vaccinated continued to fall.

Primary vaccination should preferably be carried out when the child is young and, whereas nationally almost 45 per cent of babies are vaccinated before the age of 1, the percentage in Glamorgan in 1959 was only nineteen.

The number vaccinated in the Aberdare and Mountain Ash, Neath and District, and Pontypridd and Llantrisant Divisions in particular are low and calls for the constant persuasion of general practitioners and Health Department staff to achieve a greater response from the parents for this protection.

The freedom from smallpox which has been achieved in this country results in a feeling of security that it cannot happen here but, with the modern methods of travel, there is always the possible risk of the introduction of the disease.

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1959.						Age at 31st December, 1959.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	28	96	105	41	16	286	—	—	—	2	53	55
Caerphilly and Gelligaer ..	345	14	9	8	5	381	14	1	—	1	7	23
Mid-Glamorgan .. .. .	318	1	23	20	18	380	—	—	—	1	36	37
Neath and District .. ..	56	14	6	16	14	106	—	—	2	6	36	44
Pontypridd and Llantrisant ..	76	12	3	15	37	143	—	—	1	8	37	46
Port Talbot and Glyncoirwg ..	495	27	5	25	59	611	—	—	—	—	—	—
South-East Glamorgan .. ..	503	52	25	36	74	690	1	2	14	22	275	314
West Glamorgan .. .. .	297	17	14	8	23	359	—	—	—	1	51	52
Rhondda .. .. .	185	9	8	9	22	233	—	2	2	1	51	56
Totals 1959 .. .. .	2,303	242	198	178	268	3,189	15	5	19	42	546	627
Totals 1958 .. .. .	2,072	161	169	136	261	2,799	8	1	18	54	661	742

#### IMMUNIZATION AGAINST DIPHTHERIA.

During 1959, 6,677 children completed a full course of primary immunisation and 2,686 children were given a secondary or reinforcing injection. The corresponding figures for 1958 were 6,934 and 2,564 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 eleventh successive year with no deaths from this 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 .. .. .	388	234	471	1,093	932
Caerphilly and Gelligaer .. .. .	266	277	3	546	2
Mid-Glamorgan .. .. .	427	296	19	742	88
Neath and District .. .. .	311	274	63	648	613
Pontypridd and Llantrisant .. .. .	227	327	6	560	59
Port Talbot and Glyncoirwg .. .. .	415	154	14	583	538
South-East Glamorgan .. .. .	531	465	8	1,004	90
West Glamorgan .. .. .	328	267	6	601	144
Rhondda .. .. .	519	375	6	900	220
Totals .. .. .	3,412	2,669	596	6,677	2,686

## 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
1959 ..	8.2	52.73	22.37	29.31

In Glamorgan the percentage of babies immunized against diphtheria before their first birthday (29), falls far short of the figure of 75 per cent considered necessary to protect the child population, but it is hoped that the use of a combined prophylactic will do much to improve the situation.

### WHOOPING COUGH.

There were 119 cases of this disease notified last year and there were no deaths from this disease. These figures compare favourably with those of 1958, when 120 cases were notified, of which four were fatal.

The following table shows that the total of 5,857 children who were immunized last year is 836 less than in 1958 :—

WHOOPING COUGH IMMUNIZATION, 1959.

	Age at date of final injection		
	0-4 years	5-14 years	Total
Aberdare and Mountain Ash ..	744	2	746
Caerphilly and Gelligaer .. ..	776	1	777
Mid-Glamorgan .. .. .	250	—	250
Neath and District .. ..	604	4	608
Pontypridd and Llantrisant ..	533	2	535
Port Talbot and Glyncoerrwg ..	727	3	730
South-East Glamorgan .. ..	719	2	721
West Glamorgan .. .. .	649	1	650
Rhondda .. .. .	837	3	840
Totals .. .. .	5,839	18	5,857
Totals, 1958 .. .. .	6,674	19	6,693

### VACCINATION AGAINST POLIOMYELITIS.

By the end of 1959 the impressive total of 120,473 persons had received three injections against poliomyelitis and only 2,475 were awaiting a first injection.

The vaccination programme, which was begun in 1956, has been gradually extended to include older age groups. In 1960 the further extension to allow the vaccination of persons up to 40 years of age will place much additional work on the department and add to present difficulties in the maintenance of some of the routine work in the School Health Service.

The National Coal Board and other undertakings—large and small—have co-operated well by allowing vaccination to be done on their own premises or by granting facilities to employees to attend during working hours at nearby clinics. Varying forms of publicity have been tried from loudspeaker vans to poster and press advertising and from the response in various divisions it would seem that the public eligible to receive vaccination are fully aware of the desirability of seeking it.

Most of the vaccination work is done by Assistant Medical Officers, but in some divisions private practitioners undertake the vaccination of patients in their own surgeries.

## POLIOMYELITIS VACCINATION, 1959.

Health Division	Number of persons who received two injections during 1959.							Number of persons who had received one injection at 31st December, 1959					Number of persons who had received third injection at 31st Dec., 1959	Number of persons on register awaiting vaccination on 31st December, 1959
	1943-1959 Group	1933-1942 Group	Expectant mothers	General practitioners and families	Ambulance staff and families	Hospital staff and families	Total	1943-1959 Group	1933-1942 Group	Expectant mothers	Others	Total		
Merthyr Tydfil and Mountain Ash .. .. .	2,241	3,310	327	5	—	—	5,883	98	10	10	—	118	11,707	120
Merthyr Tydfil and Gelligaer .. .. .	2,297	3,003	339	1	3	435	6,078	207	107	27	—	341	13,605	296
Merthyr Tydfil and Glamorgan .. .. .	4,030	4,633	469	—	—	533	9,665	51	9	10	—	70	17,524	110
Merthyr Tydfil and District .. .. .	2,067	5,493	357	—	—	486	8,403	272	156	63	—	491	11,589	599
Merthyr Tydfil and Llantrisant .. .. .	2,484	4,072	315	30	15	434	7,350	163	63	56	—	282	11,165	341
Merthyr Tydfil and Glyncoed .. .. .	2,601	3,671	576	5	3	—	6,856	468	421	79	—	968	11,545	92
Merthyr Tydfil and East Glamorgan .. .. .	4,214	4,510	839	2	—	1,397	10,962	172	176	72	—	420	15,425	256
Merthyr Tydfil and West Glamorgan .. .. .	2,065	3,855	226	—	—	57	6,203	91	12	6	—	109	10,239	104
Merthyr Tydfil and Tondu .. .. .	3,616	5,948	497	9	1	331	10,402	288	639	52	—	979	17,674	557
Totals 1959 .. .. .	25,615	38,495	3,945	52	22	3,673	71,802	1,810	1,593	375	—	3,778	120,473	2,475
Totals 1958 .. .. .	76,563	1,385	1,931	192	213	910	81,194	5,250	2,399	521	1	8,171	35,346	7,240

The acceptance rate for smallpox vaccination and diphtheria immunization continues to be disappointingly low in this County. As whooping cough, poliomyelitis, and tuberculosis are also conditions for which prophylactic treatment by injection is also advocated, the number of injections which have to be given is considerable.

The search for a safe combined prophylactic continues and when successful will lessen the number of clinic or surgery visits which now have to be made by the mother who wishes her child to have the fullest possible protection.

Parental apathy is not always responsive to the persuasion of doctor or health visitor. The health visiting staff has been so much under strength in some divisions that it has been impossible to arrange special visits to the increasing number of parents who appear to be indifferent to the need to protect their children against these infectious, crippling, and sometimes fatal diseases.

Outbreaks of diphtheria among children in London and Coventry during 1959 serve to emphasize the fact that diphtheria can only be brought under control provided there is a substantial increase in the number of children immunized. The state of immunity of Glamorgan children against diphtheria is far too low to allow of parental complacency.

## SECTION 27—COUNTY AMBULANCE SERVICE.

## PERSONNEL.

On 31st December, 1959, the personnel of the service comprised :—

- 1 County Ambulance Officer (Mr. D. I. Morris) ;
- 7 Area Ambulance Superintendents ;
- 21 Assistant Superintendents ;
- 159 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 144 drivers were in possession of current first aid certificates.

## SAFE DRIVING COMPETITION.

In the National Safe Driving Competition for 1958, organised by the Royal Society for the Prevention of Accidents, eighty-five of our ambulance drivers were awarded Diplomas and a further fifty-eight have been awarded the 5-Years' Medal. The Diploma is awarded to those drivers who were not involved in road accidents during the year 1958, and the 5-Years' Medal to those who have not been involved in road accidents for five consecutive years up to and including 1958.

## AMBULANCE STATIONS—BUILDING PROGRAMME.

New ambulance sub-stations, at Glyncorrwg and Clydach, were completed during the year at an approximate cost of £3,400 and £2,800 respectively. Both sub-stations replace unsatisfactory hired premises, each provides accommodation for one vehicle and a duty room, etc., for personnel. Plans for a new sub-station at Reynoldston were approved and it is expected that these premises will be completed in 1960.

Limited progress was made in preparation for the proposed new sub-station at Nelson but it is not expected that building will be completed until the end of June, 1960.

The capital building programme for the period ending 1964-5 includes the erection of a new main control station at Neath, at present inadequately housed in the Old Town Hall, Neath. A search has been continuing for suitable sites and it is hoped that one will have been acquired by the time this report is in print.

In 1948 and the years immediately following it was extremely difficult to obtain approval to build or purchase premises for the purpose of the Ambulance Service. A happier position has been reported in recent years, and the most urgent needs will soon have been met.

Future building programmes should be prepared in the light of general strategic or overall County requirements rather than local replacements.

## NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.

This Act extended the powers of local health authorities and enabled them to supply ambulance conveyance of persons at sports meetings, etc., to deal with possible casualties. Occasional requests were accepted during the year for the attendance of ambulance vehicles at point-to-point races, motor cycle gymkhana, and agricultural shows.

The service which since 1948 has been carried out on an agency basis on behalf of the National Coal Board continued during the year.

## OPERATIONAL DETAILS.

More miles travelled, more journeys undertaken and more patients conveyed than in 1958: this briefly summarizes the work of the County Ambulance Service in 1959.

The total figures for each year are:—

	Miles travelled	Journeys	Patients
1959 ..	1,677,347	61,045	317,342
1958 ..	1,633,204	58,894	304,398
Increase ..	44,143	2,151	12,944

As might be expected, the monthly totals of work done, show that the heaviest demand on the Service is made during the period October–January.

With the exception of 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 thirteen at Gorseinon to 616 at Pontypridd.

Gorseinon Control showed a reduction of 367 in the number of patients carried. All other stations recorded increases varying from 781 at Aberkenfig to 5,244 at Pontypridd.

Pontypridd Control has seven operational vehicles in the main station at Hawthorn and ten vehicles in the eight sub-stations attached. It is the largest and busiest Control and covers the areas of Aberdare, Mountain Ash, Pontypridd, and Llantrisant and Llantwit Fardre County Districts with sub-stations extending from Hirwaun to Coedely. There are more hospitals within its area than are covered by any other Control, and the volume of work handled is about one quarter of the total ambulance work of the County. The number of miles per journey made by the vehicles under the jurisdiction of the Hawthorn Control is 32, the highest in the County, the figures for other controls varying from 22 miles per journey in Neath to 30 miles per journey in Gorseinon.

In my report last year I mentioned some of the various factors which influenced the demand for ambulance transport and stressed particularly the part which a well organised hospital could play in facilitating the work of the ambulance controls by co-ordinating the work of the various hospital out-patient departments and the proper timing of appointments in relation to the admission and discharge of patients.

More and more are the larger hospitals playing their part and both Services benefited during the year by the closer liaison which was developed largely as a result of the personal contact between officers of the two Services.

However, in spite of careful planning, human failure or forgetfulness can wreak havoc with time tables, and there are occasions, fortunately rare, where waste journeys have been made and delay caused. General practitioners, patients and escorts, hospital, medical, nursing, auxiliary and administrative staffs, ambulance control personnel, driver/attendants, the vehicle maintenance staff at County Workshops, all have a part to play in maintaining an efficient ambulance service. When one reflects on the large number of patients carried in County ambulances in each year it is remarkable that the Service runs so smoothly and that complaints are so very infrequent.

## MONTHLY TOTALS OF WORK DONE.

1959.	Patients.	Journeys.	Mileage.
January .. ..	29,473	5,126	148,951
February .. ..	25,972	4,671	135,978
March .. ..	24,554	4,809	134,239
April .. ..	28,001	5,358	145,050
May .. ..	25,033	5,080	134,181
June .. ..	27,520	5,270	140,211
July .. ..	27,139	5,079	139,991
August .. ..	21,790	4,950	124,968
September .. ..	26,384	5,253	143,250
October .. ..	28,469	5,365	148,062
November .. ..	27,196	5,025	144,189
December .. ..	25,811	5,059	138,277
Totals ..	317,342	61,045	1,677,347

## COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1958.			1959.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	8,832	37,196	239,990	9,315	38,777	246,988
Bargoed .. ..	6,108	33,852	181,156	6,668	37,283	191,510
Barry .. ..	6,333	33,309	170,132	6,857	34,248	173,573
Gorseinon ..	6,206	30,715	186,962	6,219	30,348	183,940
Neath .. ..	10,068	40,748	217,259	10,225	41,754	222,163
Pontypridd ..	11,997	73,268	387,492	12,613	78,512	409,378
Trealaw .. ..	9,350	55,310	250,213	9,148	56,420	249,795
Totals ..	58,894	304,398	1,633,204	61,045	317,342	1,677,347

## DAMAGE TO VEHICLES.

The vehicle accident rates for 1958 and 1959 classified in control areas are set out in the following table, which shows that ambulance vehicles were involved in eighty-eight accidents in 1959, an increase of seventeen on the previous year :—

## ACCIDENT RATES.

1958.				1959.			
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.
Bargoed ..	9	3	0.166	Bargoed ..	9	7	0.365
Aberkenfig ..	14	5	0.208	Gorseinon ..	9	7	0.381
Trealaw ..	10	7	0.280	Pontypridd ..	17	18	0.440
Pontypridd ..	17	19	0.490	Neath ..	13	12	0.540
Gorseinon ..	9	10	0.535	Trealaw ..	10	14	0.560
Barry ..	8	10	0.588	Aberkenfig ..	14	17	0.688
Neath ..	13	17	0.782	Barry ..	8	13	0.748

Having regard to the very high total mileage of the County Ambulance fleet, this figure is not regarded as excessive and is equivalent to a rate of one accident per 19,061 miles.

## RADIO TELEPHONY.

Two-way telephony communication was first introduced on a limited experimental basis in November, 1952.

All ambulance vehicles in operational service throughout the County have since been fitted with two-way sets enabling communication to be maintained between the Area Ambulance Superintendent and the vehicles operating under his direction. No longer is it necessary for main control stations to hold a vehicle and driver in reserve for use in an emergency. All vehicles can be kept mobile and deployed to any address required with a minimum of delay and without waste mileage.

The apparatus has fully justified the expense of installation and maintenance and has become essential for the efficient operational control of ambulances in the County fleet.

Unfortunately, a decision of the Post Office authorities to require that narrower frequency channels be used by land-mobile services will result in our present apparatus becoming obsolete and in need of replacement during the next five years. Efforts are being made to delay the proposed change in view of the cost of replacing the existing equipment, some of which has been supplied only within the last four years.

## CONVEYANCE OF PATIENTS BY TRAIN.

One hundred and seventy-five patients, thirty-three of whom were recumbant, were conveyed under these very convenient, time-saving and economical arrangements in 1959.

The following table shows the number of patients conveyed by rail since 1953 :—

	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
1959	33	142	175

The rail mileage involved in these journeys totalled 22,701.

Unfortunately the introduction of diesel-engined passenger trains which have not been designed to convey stretcher cases has caused considerable concern to local health authorities. Steam-driven passenger trains could accommodate stretcher cases without much difficulty, thereby saving a long and tedious road journey for the patient and an empty return journey for the ambulance vehicle.

Representations have been made to the Ministry and to the British Transport Commission by the Local Authority Associations, so far without much success, because of the problems involved.

I cannot speak too highly of the ready help afforded by the staff of the British Railways (Western Region) in providing accommodation where it has been possible to do so for patients travelling by train and for ensuring their comfort *en route*.

This type of service is of course a two-way traffic and the County Ambulance Service deals with many patients who come into the County from outside areas. There is excellent liaison between our own and the ambulance services of other authorities and mutual aid is promptly and willingly rendered. The Cardiff County Borough and the London County Council Ambulance Services have at all times been particularly helpful.

## 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 3,665 patients—380 less than in 1958—were carried on their behalf, a distance of 50,750 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, is most helpful in matters affecting the Ambulance Service.

## VEHICLES.

There are now fifty-two diesel-engined vehicles in operation, an increase of eight 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 need to keep more than one hundred vehicles in roadworthy condition presents a major problem in servicing and maintenance. Most of this work is done at the County Workshops at Waterton and my thanks are due to the County Surveyor and his workshop staff for their co-operation in arranging for maintenance and repair work on the County Ambulance fleet to be done and the vehicles returned without delay.

Technical problems arise from time to time but after consultation with representatives of the manufacturers and their local distributors they are usually solved.

The seven Daimler Ambulances supplied in 1950 and used mainly for the conveyance of long distance stretcher cases will all need replacement in the next few years. If because of the lack of facilities on diesel-engined trains a reduction may be expected in the number of patients that can be conveyed by rail, there is likely to be a corresponding increase in the demand for ambulances for long distance journeys. In such cases speed and comfort with safety are necessary requirements in the vehicle to be used.

## COSTS.

A statement of mileage costs prepared by the County Treasurer in respect of the year 1958-59 showed that running costs decreased slightly in that year from 36.39d. to 35.30d. per mile.

## CIVIL DEFENCE CORPS.

*Ambulance and Casualty Collecting Section.*

Instruction classes for volunteers were continued in thirteen centres and by the end of the year 279 volunteers had completed standard training in ambulance and casualty collecting and 155 of these volunteers had completed a course of additional training. Syllabuses for the advanced training of members of this Section of the Corps are still awaited.

In order to afford volunteers additional training and experience, ambulance vehicles of the reserve fleet were used for practical exercises. This form of training proved to be highly successful and has been greatly appreciated by the volunteers.

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.

*Competitions.*

The winning team of the 1958 County Competition, namely the Nantymoel team, represented the County at the Welsh Regional Competition which was held at Newtown, Montgomeryshire, on 11th January, 1959.

After a number of eliminating competitions held in various parts of the County the finals of the fourth annual Glamorgan Civil Defence Competitions took place at the Fairground, Neath, on Saturday, 6th June, 1959.

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) Aberkenfig and Caerau.
- (2) Aberdare.
- (3) Ystrad (Rhondda).
- (4) Barry.
- (5) Gelligaer.
- (6) Port Talbot.

The Civil Defence Committee has decided that during 1960 a large scale exercise will be held in substitution for the Annual County Competition.

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

## TUBERCULOSIS.

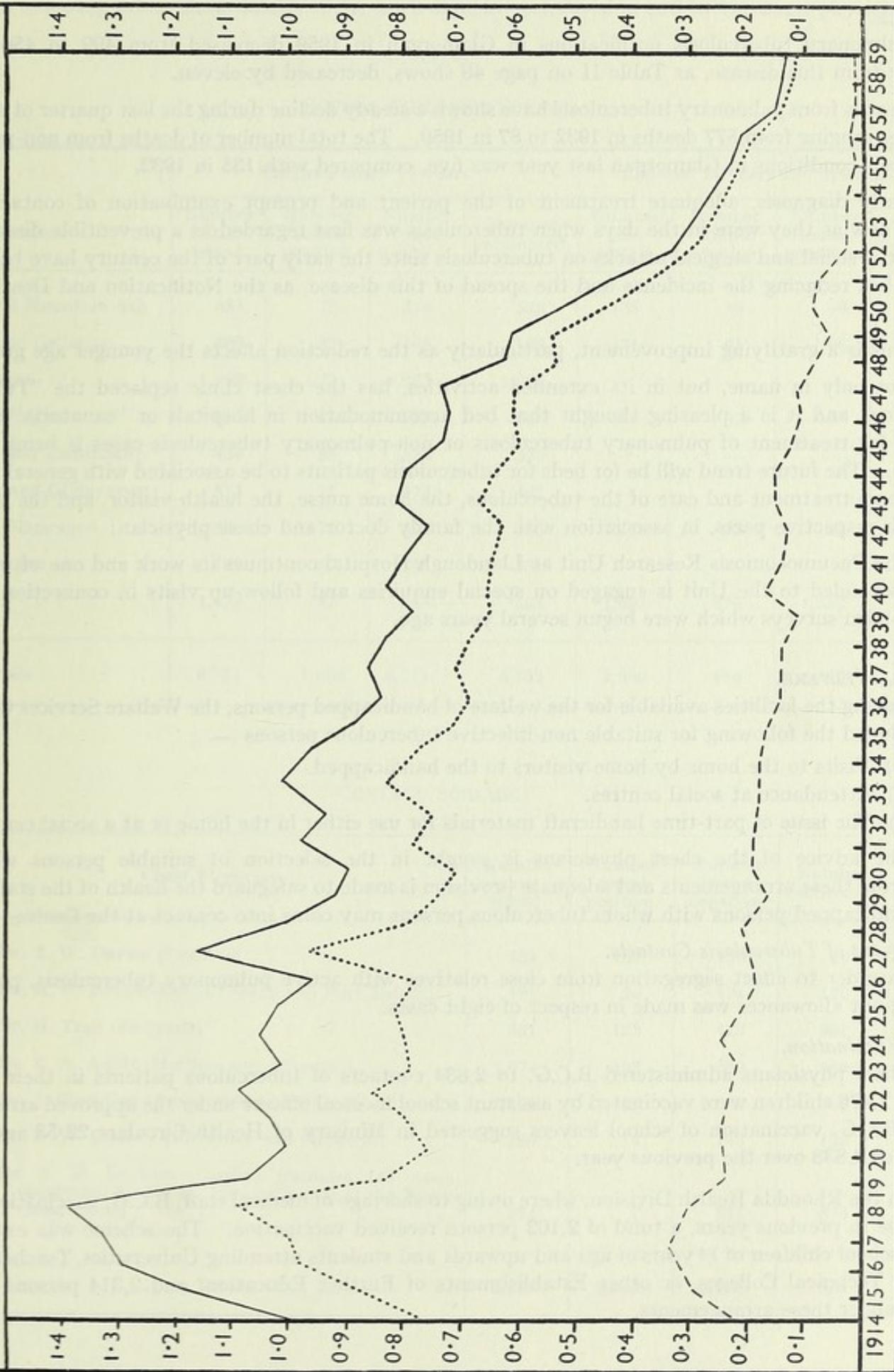
TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 population.	Notification.	Rate per 1,000 population.
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
1959	450	0.60	66	0.09

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.
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
1959	87	0.11	0.12	0.12	0.08	5	0.01	0.01	0.01	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 1959 decreased from 499 to 450 and the mortality from this disease, as Table II on page 46 shows, decreased by eleven.

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 87 in 1959. The total number of deaths from non-pulmonary tuberculosis conditions in Glamorgan last year was five, compared with 135 in 1932.

Early diagnosis, adequate treatment of the patient and prompt examination of contacts are as essential now as they were in the days when tuberculosis was first regarded as a preventable disease. The therapeutic, social and surgical attacks on tuberculosis since the early part of the century have been highly successful in reducing the incidence and the spread of this disease, as the Notification and Deaths Tables indicate.

This is a gratifying improvement, particularly as the reduction affects the younger age groups.

Not only in name, but in its extended activities, has the chest clinic replaced the "Tuberculosis Dispensary" and it is a pleasing thought that bed accommodation in hospitals or "sanatoria" originally designed for treatment of pulmonary tuberculosis or non-pulmonary tuberculosis cases is being freed for other use. The future trend will be for beds for tuberculosis patients to be associated with general hospitals. In the home treatment and care of the tuberculous, the home nurse, the health visitor, and the home help play their respective parts, in association with the family doctor and chest physician.

The Pneumoconiosis Research Unit at Llandough Hospital continues its work and one of our health visitors seconded to the Unit is engaged on special enquiries and follow-up visits in connection with the the long-term surveys which were begun several years ago.

#### 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 advice 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 Centre.

#### *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 eight cases.

#### *B.C.G. Vaccination.*

Chest physicians administered B.C.G. to 2,834 contacts of tuberculous patients in their care. In addition 7,476 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 Circulars 22/53 and 7/59, an increase of 3,833 over the previous year.

In the Rhondda Health Division, where owing to shortage of medical staff, B.C.G. vaccination had not been done in previous years, a total of 2,102 persons received vaccination. The scheme was extended to include school children of 14 years of age and upwards and students attending Universities, Teacher Training Colleges, Technical Colleges, or other Establishments of Further Education, and 2,314 persons were vaccinated under these arrangements.

The following tables show details of the work done in each division and by the chest physicians :—

## B.C.G.

## SCHOOL CHILDREN SCHEME.

Division.	Children under 14 years.				Children 14 years and upwards.			
	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.
Aberdare and Mountain Ash	651	75	576	576	135	36	99	99
Caerphilly and Gelligaer ..	200	32	168	167	471	65	406	403
Mid-Glamorgan .. ..	1,498	273	1,225	1,225	—	—	—	—
Neath and District .. ..	652	64	588	563	586	82	504	481
Pontypridd and Llantrisant	454	89	333	325	—	—	—	—
Port Talbot and Glyncoirwg	574	71	473	467	—	—	—	—
South-East Glamorgan ..	826	170	656	655	112	30	82	82
West Glamorgan .. ..	437	87	345	331	—	—	—	—
Rhondda .. .. .	1,079	147	855	853	1,592	275	1,252	1,249
Totals .. .. .	6,371	1,008	5,219	5,162	2,896	488	2,343	2,314

## CONTACT SCHEME.

Chest Physician.	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.
Dr. T. W. Davies (Swansea) .. .. .	254	101	153	89
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	191	20	171	120
Dr. H. Trail (Bridgend) .. .. .	551	128	423	391
Dr. E. A. Aslett (Merthyr and Aberdare) .. ..	1,074	493	580	416
Dr. J. Glyn Cox (Pontypridd and Rhondda) ..	2,724	1,635	1,089	1,306
Dr. F. W. Godbey (Rhymney and Sirhowy) ..	159	14	143	139
Dr. S. H. Graham (Cardiff) (includes 147 cases vaccinated by Dr. D. Trevor Thomas at the Barry Chest Clinic) .. .. .	374	1	373	373
Totals .. .. .	5,327	2,392	2,932	2,834

### Supply of Additional Nourishment.

One hundred and ninety-nine tuberculous patients, i.e. twenty-six more than in 1958, were given additional nourishment, e.g. milk, eggs, on the recommendation of the chest physicians.

### ISSUE OF MEDICAL COMFORTS.

Home Nurses hold stocks of the more commonly used smaller items of nursing requisites for issue free on loan, on medical recommendation, to patients being nursed at home. Larger items, including special beds, bed rests, wheel chairs, are obtainable from Divisional Health Offices. The demand for medical comforts increased and 4,883 issues were made, compared with 4,308 in 1958.

Air rings, bed-pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals were most frequently requested. The loan of these requisites is accepted with thanks. Unfortunately, in some instances the feeling of gratitude is short-lived and does not extend to ensuring that the equipment borrowed is promptly returned in a clean condition.

### 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 1959, equipment of this type was supplied to four 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 941 examinations were undertaken by Dr. Gwladys Evans and Dr. M. Whelton, 446 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 1959 .. .. .	—	—	—	—	941
(2) Number of persons registered as blind or partially sighted during 1959 .. .. .	221	42	1	235	499
(3) Number of persons at (2) recommended for :—					
(a) No treatment .. .. .	104	13	1	149	267
(b) Treatment (medical, surgical or optical) ..	117	29	—	86	232
(4) Number of persons at (3) (b) who on follow-up action have received treatment .. .. .	20	16	—	12	48

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,150 persons on the Blind Register and 521 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 .. .. .	5
(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 263 Glamorgan patients to the Porthcawl Rest under this scheme, but only 218 actually accepted the vacancies when offered.

## HEALTH EDUCATION.

With so much material, colourful and otherwise, available from official and voluntary sources, the selection of posters, pamphlets or other material for use in health education tends to become perplexing.

There is a limit to the space available for poster hanging in clinics held in small hired premises and fortnightly clinics in these places give very little opportunity for continual emphasis of the selected topic. Various forms of posters, leaflets, and press advertising were used to publicise the poliomyelitis vaccination campaign, but it is not possible to say whether the results achieved were due to local or national publicity.

In the smaller clinics individual talks by the doctor or health visitor, supplemented by the handing out of a suitable leaflet, which the mother can read at leisure, are an effective means of dealing with some aspects of health education. For those attending the larger clinics, film strips, group talks, and demonstrations are found to be convenient and effective.

“How to make the most of your voice” and “Putting speech and voice into practice” were the titles of two lectures given at the Residential Course for Health Visitors held at Dyffryn House. Health Visitors are encouraged to extend their interest in this work.

The work of the Health Department and that of the Divisional Health Committees received good local press publicity during the year, particularly in those branches of activity where it was most desired.

## SMOKING AND CANCER OF THE LUNG.

There were 257 deaths from cancer of the lung in 1959, compared with 216 in 1958.

In the press and on cinema and television screens colourful and attractive advertisements for tobacco and cigarettes are widespread. In the face of all this expert publicity, local health authority efforts to convince smokers of the desirability of giving up a well-established satisfying habit are relatively valueless.

The Medical Research Council's findings on the association between smoking and lung cancer have been widely publicised. The public have been warned and it seems that the warning has been neglected.

## CHIROPODY.

Towards the end of the year, the Committee approved in principle of the establishment of a restricted Chiropody Service as part of its arrangements for Care and After-Care under section 28 of the National Health Service Act, 1946.

The Service should be in operation by September, 1960, and will be limited to the following groups :— elderly, expectant mothers, and physically handicapped persons registered by the Authority under the National Assistance Act, 1948. It will be experimental in character and, as the staff to be employed will be insufficient to meet the needs of all parts of the County, it is hoped that those voluntary organisations now providing chiropody service in certain areas will continue to do so.

#### PREVENTION OF BREAK-UP OF FAMILIES.

There is little change to report in the method of dealing with this problem.

The Co-ordination Committees at work in the respective Health Divisions continue to have the support of Local Authority officers and officers of voluntary organisations who can help in dealing with one or more of the many difficult aspects presented by a problem family. The Health Visitor, the officer from the Children's Department and the Education Welfare Officer sometimes need to keep the same case under observation, but whenever it can be suitably arranged routine visits between meetings of the Co-ordination Committee are left to one officer. It seems that in every Division there is a hard core of families who for a variety of causes find themselves unable to cope with the social circumstances in which they find themselves.

The experienced health visitor or social worker will recognize the symptoms of impending break-up of a family. What is far more difficult is to find a satisfactory way of prevention and treatment. This is a thankless and often fruitless task of the Co-ordination Committee.

#### PREVENTION OF ACCIDENTS.

In 1959, according to road accident figures supplied by the Chief Constable, there were 3,979 road casualties, seventy-seven of which were fatal. In 1958 there were 3,633 casualties and eighty-nine deaths. As usual, it is the young and the old who form the majority of those who suffer or die as a result of accidents in the home or on the road.

More cars and motor cycles are being licensed than ever before. The risk to all classes of road users is likely to increase and the risk of injury and death to the adult or child pedestrian will become greater than ever unless greater caution is exercised by all road users.

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.

The prevention of accidents in the home has always received the continuous attention of all health visitors and other departmental staff, e.g. home nurses, midwives, health welfare officers and home helps having access to households in Glamorgan.

Certain types of paraffin heaters have recently been criticized because of fire risk, but most homes are full of potential risk of fire or accident. Amateur electrical installations, trailing flexes, unsafe step-ladders, lack of fire-guards or spark-guards, highly polished floors, mirrors over fire-places, overcrowded mantelpieces—these are a few of the hazards that are found in too many homes. Where the inmates include the tottering grandparent or the toddling child, the risks are far greater, but often unrealized, until an accident occurs.

In the Mid-Glamorgan Division, investigations are made by health visitors into all known accidents to children under fifteen years of age. The Divisional Health Committee also staged an exhibit at a Home Safety Exhibition organized by the Local Road Safety Committee.

#### MEDICAL EXAMINATION OF TEACHING AND OTHER STAFF.

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 1,257 new entrants to the County Service completed the medical questionnaire. Of these, 174 were referred for medical examination and 680 for chest X-ray examination. These figures included 265 new entrants to the County teaching service, of whom twenty-nine were referred for medical examination and 231 for chest X-ray examination.

Fifty-five new entrants to the teaching profession were medically examined. This number included fifteen on behalf of other authorities. In addition, 475 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four hundred and nineteen miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.), were also made during the year.

#### SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of this Service on 31st December, 1959, was 268. Actually there were on the payroll on that date eighteen whole-time, 486 part-time, and 172 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. In some other divisions the Non-Medical Supervisors of the Midwifery and Home Nursing Service undertake the supervisory duties in connection with this Service, but in the remaining divisions the work is allocated between these officers and the Divisional Superintendent Health Visitors.

Immediately prior to 1958 the Home Help Service establishment was on the basis of one whole-time home help for each 2,750 population. Since then the establishment has been slightly increased by the equivalent of  $3\frac{1}{2}$  full-time home helps to provide some weighting for those divisions with a higher than average proportion of elderly people in the population. In spite of this some divisions find difficulty in meeting the demand for this Service.

Help given to the chronic sick and the aged accounted for 80.5 per cent of the home helps' time in 1959, compared with 61.6 per cent in 1952. As the chronic sick and the aged, who comprise an increasing proportion of the population, grow older and their physical state deteriorates they become less able to potter at small household tasks and with growing enfeeblement they tend to need more home help. Shortage of hospital accommodation for this group also means a greater load on the Home Help and Home Nursing Services. The total number of cases attended in all categories last year was 3,635, an increase of 267 over the number for 1958.

While there are occasional complaints arising out of inability to provide or maintain the amount of home help service requested by the householder, applications justifying priority are usually dealt with promptly, even if some adjustment of time already allocated to other householders becomes necessary.

The following table gives the number of home helps in each category employed each year since the appointed day, and is of interest in showing the variation in the numbers of part-time and casual home helps during this period :—

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
1959	18	486	172	676

During the year 274 home helps were appointed ; there were 274 resignations.

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

## HOME HELP SERVICE.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
No. of Home Helps employed at the 31st December, 1959—										
Whole-time .. ..	2	5	—	1	2	—	7	—	1	18
Part-time .. ..	44	39	92	59	39	46	64	27	76	486
Casuals .. ..	14	26	32	—	19	6	12	34	29	172
No. and types of cases where Home Help was provided during the year—										
Maternity .. ..	14	16	16	10	15	13	91	13	21	209
Tuberculous .. ..	4	2	4	9	8	2	12	5	11	57
Chronic sick .. ..	141	62	151	81	16	56	213	118	333	1,171
Acute sick .. ..	18	2	20	37	55	13	53	13	44	255
Aged and infirm ..	196	213	231	175	247	165	193	104	232	1,756
Blind .. ..	18	18	23	21	16	16	18	18	12	160
Mental .. ..	—	—	—	—	—	—	2	2	—	4
Others .. ..	—	—	—	—	—	—	2	6	15	23
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	5	7	28	19	9	34	100	15	16	233
Part fee charged ..	33	34	81	29	25	32	142	32	151	559
Free service .. ..	353	272	336	285	323	199	342	232	501	2,843

Home help was rendered to a total of 3,635 households compared with 3,368 in 1958. Out of a total number of 4,978 domiciliary births recorded in the County last year, home help was supplied in only 209 households.

During 1959, 1,756 aged and infirm cases were attended, compared with 1,567 last year.

Free service was rendered in a total of 2,843 cases, part fee was charged in 559, and full fee in 233.

The corresponding figures for 1958 were—free cases, 2,658 ; part fee, 533 ; and full fee 177.

The estimated expenditure on the Home Help Service for 1959-60 is £137,045.

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	1958-59
Authorised establishment .. ..	230	230	230	243	268	269	272½	272½
Actually employed on 31st March—								
Whole-time .. .. .	95	65	49	31	22	19	20	15
Part-time .. .. .	141	95	82	68	63	56	490	497
Casual .. .. .	83	297	380	489	543	535	157	223
Actual expenditure .. .. .	£46,407	£71,603	£83,175	£92,751	£107,372	£120,485	£127,198	£131,184

Home help was supplied to 209 maternity cases. This is an increase of forty-one over the figure for 1958. The heaviest demand arose in the South-East Glamorgan Division, where home help was provided in ninety-one maternity cases. Compared with the total number of cases attended by County Midwives (4,904), home help was provided in very few (209) households and there is little doubt that many young parents are unwilling to request help when they realize they may have to pay for it at the rate of 3s. 6d. per hour. The more time that is spent on maternity cases, the less is available for the aged and chronic sick.

Occasional instances have arisen when a resident home help would have been of great advantage in caring for children during the illness or temporary absence from home of one or both parents.

Probably one of the most useful developments in this Service would be the establishment of a laundry service to deal with soiled linen. The home washing and drying and ironing of bedclothes and garments can be a major problem in any household where there is temporary illness. It becomes even more difficult in households where there are aged and infirm who are also incontinent. A "municipal laundry service" would be a great boon to these folk and would provide some relief to the home help who spends much of her time at the kitchen sink, wash-tub, or ironing board.

Dr. Kathleen Davies has provided the following comment on the work of the Home Help Service in the Mid-Glamorgan Health Division :—

"The assistance of a home help seems to become more popular and necessary as time goes on. During the year there were 248 new applications for home help, and help was granted in respect of 206 cases consisting of 142 old people, twenty-one maternity cases, forty-one chronic sick, and two blind persons. In the remaining forty-two cases applicants were either not prepared to pay the charges, or had made other arrangements or were not considered to be in need of help.

Many applicants struggle on far too long before seeking help, though once the Service has been made available they find it very hard to manage for even one day should the help have to be temporarily withdrawn. In some cases the householder limits the number of hours because of the charge, but still expects a great deal of work to be done, which is often almost impossible in the short time available.

With the restricted establishment, help provided to each case has to be carefully regulated, and it is not easy to assess when allowances must be made for the increasing calls on the Service during the winter months.

Due to the absence from duty of the regular members of the Home Help staff as a result of accidents and sickness, it was necessary to employ a large number of relief casual home helps. Throughout the year, 124 women were visited and of these fifty-one were appointed for varying periods. Though there are long waiting lists in most areas for the posts, when applicants are called for interview it is found that quite a large proportion are not available due to many reasons, e.g. have found other employment, not interested in relief work, and in some cases are not considered suitable. Of the fifty-one appointed, several have since become regular part-time and are most efficient workers, but a few soon found the work too hard and terminated their appointments."

## HOME HELP SERVICE.

## QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1955.

Quarter ended	Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
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
1959.	31st March ..	66	2.49	47	1.77	854	32.18	196	7.38	1303	49.09	130	4.90	1	0.04	57	2.15
	30th June ..	65	2.34	46	1.66	934	33.61	189	6.80	1391	50.05	137	4.93	2	0.07	15	0.54
	30th September	62	2.24	47	1.70	957	34.60	180	6.51	1364	49.31	144	5.21	2	0.07	10	0.36
	31st December	53	1.91	41	1.47	971	34.93	162	5.83	1399	50.32	136	4.89	3	0.11	15	0.54

## 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.

Dr. Gwladys Evans, the Senior Medical Officer for mental health work, undertakes most of the medical examinations required for the purpose of the Mental Deficiency Acts. It has not been necessary to seek the assistance of the Regional Hospital Board in the examination or re-examination of defectives.

The number of Health Welfare Officers was increased by one to eleven. This additional appointment enabled a further review and a slight adjustment of districts and case loads to be made.

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.

*Aberaman Occupation and Training Centre.*

Supervisor	..	..	..	Miss M. E. Stephens.
Assistant Supervisors	..	..	..	Miss M. J. Lloyd. Mr. D. G. Thomas.
Cook	..	..	..	Mrs. S. C. Jones.
Gardener/Handyman	..	..	..	Mr. T. A. Jones.

*Briton Ferry Occupation and Training Centre.*

Supervisor	..	..	..	Miss M. E. Grey.
Assistant Supervisors	..	..	..	Miss S. J. Howells. Miss A. Jenkins. Mrs. C. Clee. Mrs. D. L. Overton.

*Trealaw Occupation and Training Centre.*

Supervisor	..	..	..	Mr. D. T. James.
Assistant Supervisors	..	..	..	Mrs. A. M. Williams. Mrs. M. M. James. Mrs. M. M. Evans.

*Health Welfare Officers.*

Mrs. M. D. Bagley, 95, Mumbles Road, Westcross, Swansea (Tel. No. Swansea 68861)	Pontardawe Rural, Llchwyr Urban, Gower Rural, Neath Borough, and Neath Rural.
Mr. Ivor Evans, 99, Lone Road, Clydach.. .. (Tel. No. Clydach 2170)	

*Health Welfare Officers—continued.*

Mrs. A. E. Walters, 6, Arlington Road, Porthcawl (Tel. No. Porthcawl 2283)	..	Port Talbot Borough, Glyncorrwg Urban,
Mr. D. Mahoney, 28, Tanyrallt Avenue, Bridgend (Tel. No. Bridgend 271)	..	Maesteg Urban, Penybont Rural, Bridgend Urban, Porthcawl Urban, and Ogmore and Garw Urban.
Mrs. J. Wilkins, 28, Heathfield Place, Gabalfa, Cardiff (Tel. No. Cardiff 29989)	..	Cowbridge Borough, Cowbridge Rural, Barry
Mr. J. C. Seaman, 83, Newborough Avenue, Llanishen Cardiff (resigned 31st December, 1959)	..	Borough, Penarth Urban, and Cardiff Rural.
Mrs. C. Edwards, 15, Mill Street, Tonyrefail (Tel. No. Tonyrefail 443)	.. ..	Llantrisant and Llantwit Fardre Rural, Pontypridd Urban, Mountain
Mr. T. W. J. Anstee, 10, Heol-y-Bryn, Pontyclun (Tel. No. Pontyclun 439)	.. ..	Ash Urban.
Miss H. B. Brown, 400 Grand Avenue, Ely, Cardiff (Tel. No. Cardiff 71040)	..	Aberdare Urban, Gelligaer Urban, Caerphilly Urban.
Mr. W. D. A. Davies, 32, Arles Road, Ely, Cardiff (Tel. No. Cardiff 71924)	..	
Vacancy		
Mr. E. J. Powell, 41, Stuart Street, Treorchy (Tel. No. Pentre 3317)	.. ..	Rhondda Borough.

The arrangements made with the Medical Superintendent of Morgannwg Hospital for 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 have proved very satisfactory.

In the developing service contemplated under the new Mental Health Act the need to bring about and maintain proper contact between the hospital, local health authority, and general medical practitioner services, is of the utmost importance if the best interests of the patient are to be served. The monthly case conference instituted at Morgannwg Hospital provides valuable opportunities for real co-operation between the health welfare officers and the hospital staff.

**MENTAL DEFICIENCY ACTS, 1913-1938.**

One hundred and ten defectives, thirty-one less than in 1958, were ascertained to be subject to be dealt with during the year. 1,587 patients were under statutory or voluntary supervision and 904 patients were in mental deficiency hospitals, compared with the previous year's figures of 1,553 and 845 respectively.

On the waiting lists to enter hospitals there were 189 patients—one more than in the previous year. Many of these patients are in urgent need of hospital care and the allocation of priorities is always a difficult task.

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 is taken by my Deputy, Dr. R. T. Bevan. He also attends the hospitals at Hensol and Drymma on those occasions when Glamorgan patients are reviewed by the Visiting Justices.

The number of patients under guardianship continues to fall. Two of the eight patients so dealt with received grants at the rate of £2 6s. 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 1958 when the posts of duly authorised officer and supervisor of mental defectives were merged, male health welfare officers have been responsible for visiting male defectives over school leaving age. Female officers visit female and junior male patients.

#### OCCUPATION AND TRAINING.

##### *Greenhill Occupation and Training Centre, Aberaman.*

Twenty-nine males and eighteen 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 free of cost, with tokens, or season tickets available on local buses for the journeys to and from the Centre.

The annual outing was held on 17th July and an enjoyable day was spent at Barry Island.

##### *Baglan Occupation and Training Centre.*

Forty pupils were in attendance at this Centre when it closed on the evening of 15th June, 1959.

The annual outing was held on 11th June and parents and pupils spent the day at Porthcawl.

A model of a Noah's Ark and several pairs of animals made by the pupils at this Centre were submitted to the Eisteddfod at Lampeter organised by the Urdd Gobaith Cymru and were awarded first prize in the Handicapped Section for Children Under Fifteen Years.

##### *Briton Ferry Occupation and Training Centre.*

This new Centre, built at Ynysmardy Road, Briton Ferry, was opened on 22nd June, 1959, for the reception of the forty pupils formerly in attendance at the Baglan Centre. An additional five new entrants were admitted, making a total of forty-five pupils in attendance.

The Centre was officially opened on 5th October, 1959, by County Alderman Mrs. Dorothy M. Rees, J.P., Vice-Chairman of the Special Health Services Sub-Committee.

##### *Trealaw Occupation and Training Centre.*

This Centre was completed in December, 1958, and was opened to receive pupils on 5th January, 1959. Twenty-four pupils were in attendance on this date. By the end of the year the number in attendance had increased to fifty-nine.

The official opening took place on 12th October, 1959, when County Alderman Mervyn W. Payne, Chairman of the Special Health Services Sub-Committee, performed the opening ceremony.

#### GENERAL.

All those in attendance at the Authority's Centres receive a free mid-day meal and one-third of a pint of milk daily. Special bus transport is arranged as far as possible but those pupils who have to use public transport for distances in excess of 1½ miles are reimbursed the cost of the fares. The fares of escorts are also refunded where an escort is considered necessary.

##### *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 twenty at the "Preswylfa" Centre, both establishments being under the control of the Cardiff City Council.

Special transport is provided for patients residing in the Dinas Powis, Penarth, and Barry areas. Others from Caerphilly, Whitchurch, and Rhiwbina travel by public transport. Twelve patients attend the Swansea Centres.

##### *Development Programme.*

Two Centres, one at Barry and the other at Ystrad Mynach, are in the course of erection. By the time this report is in print both Centres will have been opened to receive pupils.

It is hoped to arrange for a small number of pupils living near Hensol Castle to attend the Hensol Castle Hospital Occupation and Training Centre.

Enquiries are still being pursued for a suitable site for an occupation centre and hostel in the Mid-Glamorgan area.

The new Occupation Centres at Briton Ferry and Trealaw and those at Barry and Ystrad Mynach are models of their kind and a great improvement on the old Church Hall at Baglan and the present Occupation Centre at Greenhill, Aberaman. Although the latter is housed in premises not designed for the purpose to which it is now put and can never be brought up to the standard of the recently built centres, it is worthwhile recording that the Aberaman Centre which was established in 1932 did excellent pioneering work and continues to do good work in spite of the absence of the facilities which the newer centres are fortunate to have.

In a couple of years' time when the initial Occupation Centre programme will have been completed, opportunity should be taken to review the work and purpose of these centres in the light of changing opinions.

The time will be ripe for experiment to extend the scope of these centres to something more satisfying than occupational or play therapy which forms the major part of their present work.

#### *Hospital Admission.*

In 1959, thirty-two defectives were admitted to mental deficiency hospitals compared with fifty-five in 1958. A pleasing feature of these admissions is that it was found necessary to present a petition only in one case. The remaining thirty-one patients were admitted informally. Irrespective of the method of admission, the Department remains the normal channel of admission to hospital and liaison between the Regional Hospital Board and parents is still maintained with the allocation of vacancies, or assessing applications for admission.

In addition, four patients were admitted to "places of safety" and thirty-three to institutions for short-term care.

	Number of patients admitted since the year 1949 to mental deficiency hospitals or 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
1959 .. ..	1	31	4	35

This table shows the marked reduction in the number of patients admitted under Order and by contrast the number of patients admitted informally for short-term care in the past two years.

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

<i>Reason for admission.</i>	<i>No. of Patients.</i>
Illness of parent or guardian .. ..	2
Violence of patient .. ..	1
Mother deserted home .. ..	1

<i>Name of hospital.</i>	<i>No. admitted.</i>
Hensol Castle, near Pontyclun	3
Ely Hospital, Cardiff .. ..	1

The disposal of the thirty-two patients admitted to mental deficiency hospitals is shown below :—

Name of institution.	Number of patients admitted.	
	Under Order.	Informally.
Hensol Castle, Pontyclun .. ..	—	9
Ely Hospital, Cardiff .. ..	—	9
Llys Maldwyn, Caersws, Montgomeryshire ..	—	7
Brynhyfryd .. ..	—	3
Coed Du, Rhydymwyn .. ..	—	2
Oakwood Park, Conway .. ..	1	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.

Short-term care was arranged for twenty-seven males and six female defectives for the following reasons :—

To enable parent or guardian to have holiday ..	14
To enable parent or guardian to have rest .. ..	10
Illness of parent or guardian .. ..	5
Confinement of mother .. ..	2
Admitted to facilitate dental treatment .. ..	1
	—
	33
	—

During the year a bed was made available to the Authority at the Old Rectory, Porthkerry, Barry, for the reception of suitable cot cases for short-term care. Parents of children admitted were most appreciative of the relief afforded by these arrangements.

Fifteen patients were admitted to this home during the year, the usual length of stay being fourteen days. The cost to the Authority is five guineas a week.

HOSPITAL ADMISSIONS OF MENTALLY DISORDERED PERSONS.

Since 1st July, 1955, the catchment area 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, 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, without any legal formality.

During 1959, the health welfare officers arranged the admission to hospital of 758 patients, 294 of whom were admitted as voluntary patients under the Mental Treatment Acts, and forty-nine were admitted informally.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS.

Year	Mental Treatment Act, 1930				Lunacy Act, 1890				Informally		Total admissions arranged
	Section 1. Voluntary Patients		Section 5. Temporary Patients		Section 14-16 Patients certified as of unsound mind		Section 20 Patients admitted for observation		M.	F.	
	M.	F.	M.	F.	M.	F.	M.	F.			
1940 ..	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
1959 ..	142	152	6	8	24	27	140	210	16	33	758

There were ninety-four more admissions last year compared with 1958. Greater use was made of Section 20 of the Lunacy Act, 1890, and there was an increase in the number entering hospital as voluntary patients. It is interesting to note that forty-nine patients were admitted to hospital informally and it is anticipated that a greater number will enter hospital by this means in the future.

The former stigma which remained with a patient who had undergone treatment for mental ill health should no longer apply in a country sufficiently enlightened to put the Mental Health Act, 1959, on the Statute Book. The maximum encouragement is now given to patients suffering from mental disability to seek treatment promptly and of their own volition.

So far as the Local Health Authority's obligations under the Act are concerned, the County Council will be able to cater for some mentally infirm or handicapped persons in the same homes or centres as other infirm or disabled persons if this seems appropriate as well as being able to provide special homes or centres for mental patients as a special group under the National Health Service Act. They are also empowered to put mentally disordered children in homes provided under the Children Act, when this is suitable, as well as providing residential homes or training centres under the National Health Service.

In suitable cases, there are powers to compel attendance at suitable centres of children who are found to be unsuitable for education at school on account of mental disability.

The Special Health Services Sub-Committee has given much consideration to the preparation for submission to the Welsh Board of Health of proposals for the provision of Mental Health Services as part of their Scheme for the Prevention of Illness, Care, and After-Care.

Needless to say, much remains to be done before what is largely a scheme on paper, can be put fully into effect. Time, money, staff, and buildings will all be needed, but an equally important requirement is the education of the public towards a fuller understanding of the need for tolerance towards mental illness for, in addition to placing responsibilities on the family doctor and the services provided by the Local Health Authority, community care places obligations on the patient's friends and relatives, on his neighbours, and on the members of the general public with whom he comes into contact. It would be as well if at the outset community care, in its widest sense, is regarded as a vital part of the future mental health service.

#### *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.

Two hundred and seventy-nine male and 218 female cases were dealt with, compared with 311 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.

## 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 County 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.

*Outside Authority.*

Merthyr Tydfil.

*Municipal Boroughs.*

Barry.

Neath.

Port Talbot.

Rhondda.

*Urban District Councils.*

Aberdare.

Pontypridd.

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

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 ..	4,624	1,649	363	6,636
Fertilisers and feeding stuffs .. ..	122	—	32	154
Water .. .. .	9	1,036	48	1,093
River water and effluents .. ..	—	23	15	38
Pasteurised milk .. .. .	—	—	2,909	2,909
Sterilised milk .. .. .	—	—	68	68
Ice cream .. .. .	—	356	14	370
Atmospheric pollution .. .. .	—	433	94	5,927
Miscellaneous .. .. .	15	22	2	39
Totals .. .. .	4,770	3,519	3,545	11,834

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.	1958.	1959.	Increase.	Decrease.
Food and Drugs .. .. .	6,503	6,636	133	—
Fertiliser and feeding stuffs .. .. .	150	154	4	—
Water .. .. .	1,191	1,093	—	98
River water and effluents .. .. .	1,286	38	—	1,248
Pasteurised and Sterilised milk .. .. .	3,229	2,977	—	252
Ice-cream .. .. .	373	370	—	3
Atmospheric pollution .. .. .	536	527	—	9
Miscellaneous .. .. .	54	39	—	15
Total .. .. .	13,322	11,834	137	1,625

#### 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 1959, from all sources, a total of 6,636 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955.

Of these samples 91 (or 1·4 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Of the 2,012 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda Port, Talbot, Neath, Barry, and Merthyr Tydfil, 36 (or 1·8 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 five cases, fines totalling £50 plus £18 2s. 6d. costs, and £1 15s. 0d. 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, thirty-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.*

A total of 4,624 samples of various foods and drugs were procured during the year and all were submitted to the Public Analyst for analysis. 2,956 of these were samples of foods and drugs, and 1,668 were samples of milk. The Public Analyst reported 4,502, equal to 97.32 of the total number, as being correct in all respects, and 122 were found to be incorrect, 87 of which related to milk, the remaining 35 to various foodstuffs.

The samples of milk which were reported as being incorrect were samples of raw milk on delivery to the dairies for processing and the deficiencies were such that no further action was deemed necessary. Samples of the processed milk leaving the dairies were found to be satisfactory.

Of the 2,596 samples of various food stuffs and drugs collected, all but 35 were reported correct, and these related to food stuffs. In only one case were proceedings taken—for selling Soda Water deficient in sodium bicarbonate, the vendor being fined £15, plus Analyst's fee £1 15s. 0d.

All samples of drugs procured were correct.

Many complaints were investigated regarding foreign bodies, etc., in foods of all kinds, also a few complaints regarding milk bottles.

Following investigations proceedings were taken in two cases and a conviction was recorded in one case. One vendor was fined a total of £26 for selling a currant loaf containing a "sprig", and the other vendor was given an absolute discharge on payment of costs amounting to £7 2s. 0d. the charge being of selling contaminated flour.

#### *Milk.*

The presumptive standard for milk is 3.00 per cent milk fat and 8.50 per cent solids not fat. Of the eighty-seven milk samples which were reported incorrect seventy-seven were deficient in non-fatty solids, but the Hortvet Freezing Point Test showed that no adulteration had taken place.

Fat deficiencies in varying percentages were reported in sixteen 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 licensed pasteurising plants in the County, two are of the High Temperature-Short Time (HTST) Type and four are the Holder Type. All are inspected regularly and samples of the pasteurised milks taken for examination to check the efficiency of the pasteurising. A total of 608 samples of pasteurised milks were collected from all sources, 601 of which were satisfactory (99 per cent) showing a fairly good standard of efficiency.

The County is a specified area and the use of a special designation for the sale of milk by retail is compulsory. The special designations are (1) Pasteurised, (2) Sterilized, and (3) Tuberculin Tested.

Inspection and sampling was carried out regularly to ensure compliance with the Regulations.

All tuberculin tested milks sold in the area are sampled at regular intervals and submitted for biological examination for tubercule bacilli. All samples taken during the year were satisfactory.

*Ice-Cream.*

The Regulations governing the contents of ice-cream were amended by the 1959 Food Standards (Ice-Cream) Regulations. The new regulations specify minimum fat contents for the three varieties of ice-cream provided for in these regulations.

Prepacked ice-creams manufactured by the larger firms form the major portion of the ice-cream consumed, but there was, however, an increase in the quantity made by the smaller producer-retailers, partially due to the introduction of the milk-ice or soft-ice-cream which is one of the new standards introduced by the 1959 Regulations.

Samples of all types of ice-cream were procured from shops and street traders and all but two were satisfactory. Two vendors were prosecuted for selling ice-cream deficient in fat and both were fined.

*Other Foods.*

2,956 samples of foods and drugs, other than milk were taken and on analysis thirty-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.

The chief changes in the Food and Drugs legislation during the year were as follows—

*The Food Standards (Ice-Cream) Regulations, 1959.*

To revoke and replace the Food Standards (Ice-Cream) Order, 1953. Prescribed revised standards of composition for dairy milk ices and milk ices also alternative standards for ice-cream containing fruit, fruit pulp, and fruit purée.

*The Labelling of Food (Amendment) Regulations, 1959.*

Operative on 27th April, 1960. Two provisions :

(a) prohibit labelling, marking, or advertising of ice-cream suggestive of butter, cream milk, or anything connected with the dairying interests unless the ice-cream contains no fat other than milk fat.

(b) Imposes requirements as to labelling of ice-cream.

*Condensed Milk Regulations, 1959.*

Operative from 26th June, 1959. Defines condensed milk and provides standards. Labelling of tins for various categories of condensed milk.

*The Fluorine in Food Regulations, 1959.*

Operative on 14th March, 1960. Prescribe reduced maximum limits for fluorine content of certain foods.

*The Ice-Cream (Heat Treatment) Regulations, 1959.*

Operative 27th April, 1959. Require ingredients used in the manufacture of ice-cream to be pasteurised and thereafter kept at a low temperature until freezing process has begun. Now an offence to sell or offer for sale ice-cream which has not been so treated.

*Arsenic in Food Regulations, 1959.*

Operative on 10th August, 1959. Regulations make it an offence to sell or import any food which contains more than 1.0 p.p.m. of arsenic.

*Milk and Dairies (General) Regulations, 1959.*

Operative on 8th March, 1959. Provide for—registration of distributors and dairy farmers, inspection and health of cattle, cleanliness of buildings, water supplies, treatment, handling and storage of milk. Infection of milk—protection of milk against contamination or infection, cleansing, and storage of vessels, utensils and appliances. Conveyance and distribution of milk.

*Pharmacy and Poisons.*

The sale of poisons listed in Part II of the Pharmacy and Poisons Act, 1933, and under the Poison Rules by persons other than chemists or druggists may only be done by "listed sellers" who have to be registered annually with the County Council. There are 705 listed sellers on the Register, and 1,176 visits were made during the year.

*Fertilizers and Feeding Stuffs Act.*

One hundred and twenty-two samples of fertilizers and feeding stuffs were collected during the year and submitted to the Agricultural Analyst for analysis.

Five samples were found to be incorrect but not to the prejudice of the purchaser and no action was taken.

One sample was reported as being incorrect and to the prejudice of the purchaser, and the manufacturers were sent a letter of warning by the Clerk of the County Council".

**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 places 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 1959. For purposes of comparison the totals for 1958 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 1959.	Number partly completed during the year 1959.	Number for which plans were passed but not commenced during the year 1959.
	Completed and occupied during the year 1959.	Partly completed during the year 1959.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Aberdare .. .. .	146	60	—	2,110	25	110	62
Barry Borough .. .. .	48	6	—	3,048	32	46	51
Bridgend .. .. .	73	78	—	1,508	33	17	—
Caerphilly .. .. .	—	—	—	2,351	81	32	17
Cowbridge Borough .. .. .	—	—	14	48	—	—	6
Gelligaer .. .. .	62	24	69	1,398	12	8	4
Glyncorrwg .. .. .	3	—	54	861	—	—	—
Llwchwr .. .. .	20	—	—	1,604	63	36	52
Maesteg .. .. .	—	—	—	848	4	7	5
Mountain Ash .. .. .	—	126	—	932	1	1	7
Neath Borough .. .. .	293	22	—	2,438	65	14	1
Ogmore and Garw .. .. .	—	—	—	1,099	8	2	—
Penarth .. .. .	47	64	6	1,157	44	22	12
Pontypridd .. .. .	92	36	250	1,613	33	23	—
Porthcawl .. .. .	—	—	44	324	64	25	35
Port Talbot Borough .. .. .	256	196	40	5,898	63	102	30
Rhondda Borough .. .. .	67	246	38	2,063	5	2	9
Cardiff Rural .. .. .	152	30	12	2,142	564	384	480
Cowbridge Rural .. .. .	40	10	16	1,510	56	26	20
Gower .. .. .	—	20	—	431	38	80	33
Llantrisant and Llantwit Fardre .. .. .	56	12	58	2,498	56	52	48
Neath Rural .. .. .	34	86	—	2,123	46	30	38
Penybont .. .. .	170	111	84	3,437	366	108	307
Pontardawe .. .. .	51	51	46	2,219	7	21	6
Totals 1959 .. .. .	1,610	1,178	731	43,660	1,666	1,148	1,223
Totals 1958 .. .. .	1,564	1,569	546	42,906	1,427	976	702

## RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-45.

The undermentioned schemes have received the support of the Authority as being necessary public health measures and under these Acts financial assistance has been given to the local sanitary authorities as follows:—

*Cardiff Rural District Council.*

Wenvoe Sewerage Scheme .. .. . £445 per half year for 1959.

*Gower Rural District Council.*

Dunvant Sewerage Disposal Scheme .. .. . Lump sum payment of £1,100.

*Llantrisant and Llantwit Fardre Rural District Council.*

Trebanog Main Water Supply .. .. . £350 per half year for 1959-60 only.

*Neath Rural District Council.*

Resolven Sewerage Scheme .. .. . £105 per half year for 1959-60.

## STATISTICAL REVIEW, 1959.

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 1959, and for the purpose of comparison quotes similar statistics for the years 1958 and 1939 :—

	Crude Birth Rate (per 1,000 population)			Crude Death Rate (per 1,000 population)			Infant Mortality Rate (per 1,000 live births)			
	1959	1958	1939	1959	1958	1939	1959	1958	1939	
England and Wales .. .. .	16.5	16.4	15.0	11.6	11.7	12.1	22.2	22.5	50	
Administrative County of Glamorgan ..	16.24	16.48	15.6	11.95	11.88	13.1	28.13	28.83	60	
Total Urban Districts .. .. .	16.27	16.51	15.9	12.01	11.89	13.6	28.78	29.97	61	
Total Rural Districts .. .. .	16.17	16.40	14.8	11.77	11.87	11.6	26.46	25.87	56	
Health Division.	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban ..	13.99	14.15	14.4	14.52	14.83	15.2	27.08	28.37	50
	Mountain Ash Urban ..	17.03	16.54	16.4	11.69	11.30	14.5	26.92	47.52	82
Caerphilly and Gelligaer	Caerphilly Urban ..	16.85	18.66	19.9	10.69	10.11	13.1	37.68	22.82	66
	Gelligaer Urban ..	17.90	17.82	19.0	10.77	10.58	13.1	27.78	27.82	72
Mid-Glamorgan	Bridgend Urban ..	18.74	17.70	20.4	11.23	11.66	13.5	14.44	23.26	22
	Maesteg Urban ..	15.44	16.99	16.3	12.65	10.70	14.6	37.25	31.09	84
	Ogmore & Garw Urban ..	16.40	17.44	15.8	11.68	11.42	13.1	22.16	28.57	50
	Porthcawl Urban ..	14.03	14.76	15.1	12.70	15.24	12.2	33.78	12.90	28
	Penybont Rural ..	18.98	17.40	16.5	13.64	14.11	11.5	22.41	33.07	56
Neath and District	Neath Borough ..	15.24	15.81	13.2	12.25	12.56	12.6	27.43	34.62	41
	Neath Rural ..	14.61	15.23	15.4	11.79	10.86	12.1	24.75	22.19	65
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	17.66	18.63	18.5	10.61	10.88	12.8	36.88	31.06	58
	Pontypridd Urban ..	15.75	15.42	14.3	14.10	12.57	14.6	27.12	24.18	67
Port Talbot and Glyncoerwg	Glyncoerwg Urban ..	18.84	20.71	18.4	11.37	10.51	11.8	52.91	34.15	57
	Port Talbot Borough ..	19.19	20.71	16.3	10.07	10.89	12.3	25.70	37.92	80
South-East Glamorgan	Barry Borough ..	18.96	17.67	18.2	10.35	10.44	13.2	21.20	28.19	38
	Cardiff Rural ..	16.60	16.61	14.2	11.94	11.56	10.6	22.70	23.60	46
	Cowbridge Borough ..	9.09	11.00	13.7	11.11	14.00	11.5	111.11	—	—
	Cowbridge Rural ..	17.70	18.79	14.5	7.52	6.98	9.6	29.50	27.93	48
	Penarth Urban ..	14.89	15.92	12.0	13.09	12.81	13.8	27.59	22.80	41
West Glamorgan	Gower Rural ..	13.42	15.92	11.8	12.58	13.33	10.8	24.84	20.94	40
	Llwchwr Urban ..	14.15	12.39	14.5	12.20	11.26	10.8	21.98	25.08	43
	Pontardawe Rural ..	13.17	13.42	11.8	12.54	14.20	12.4	28.85	18.78	57
Rhondda ..	Rhondda Borough ..	14.85	14.86	14.7	12.62	12.75	14.4	33.67	30.36	68

"CRUDE" AND "ADJUSTED" RATES.

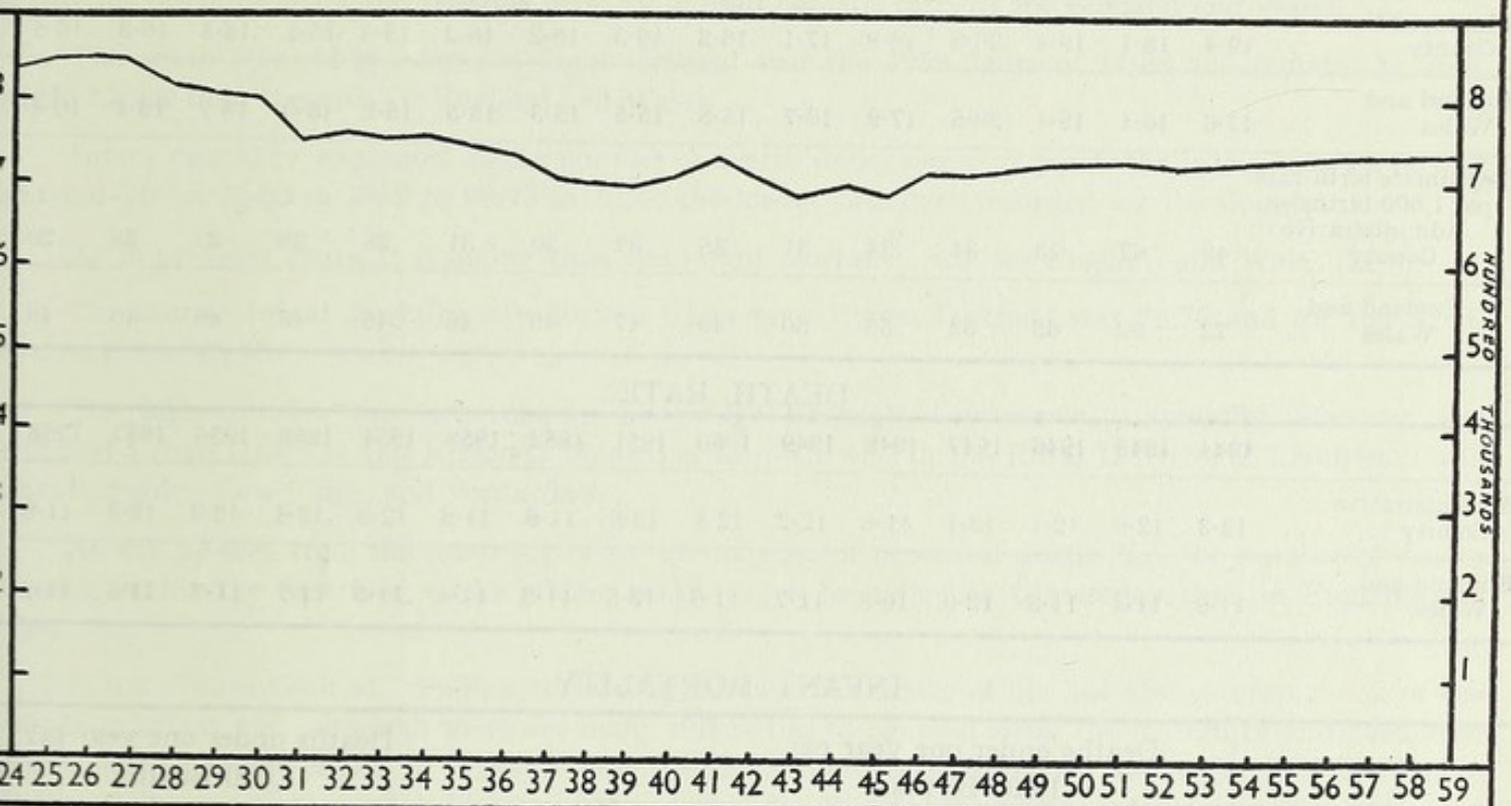
The table of vital statistics on pages 85 and 86 show "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age, and to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory 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.

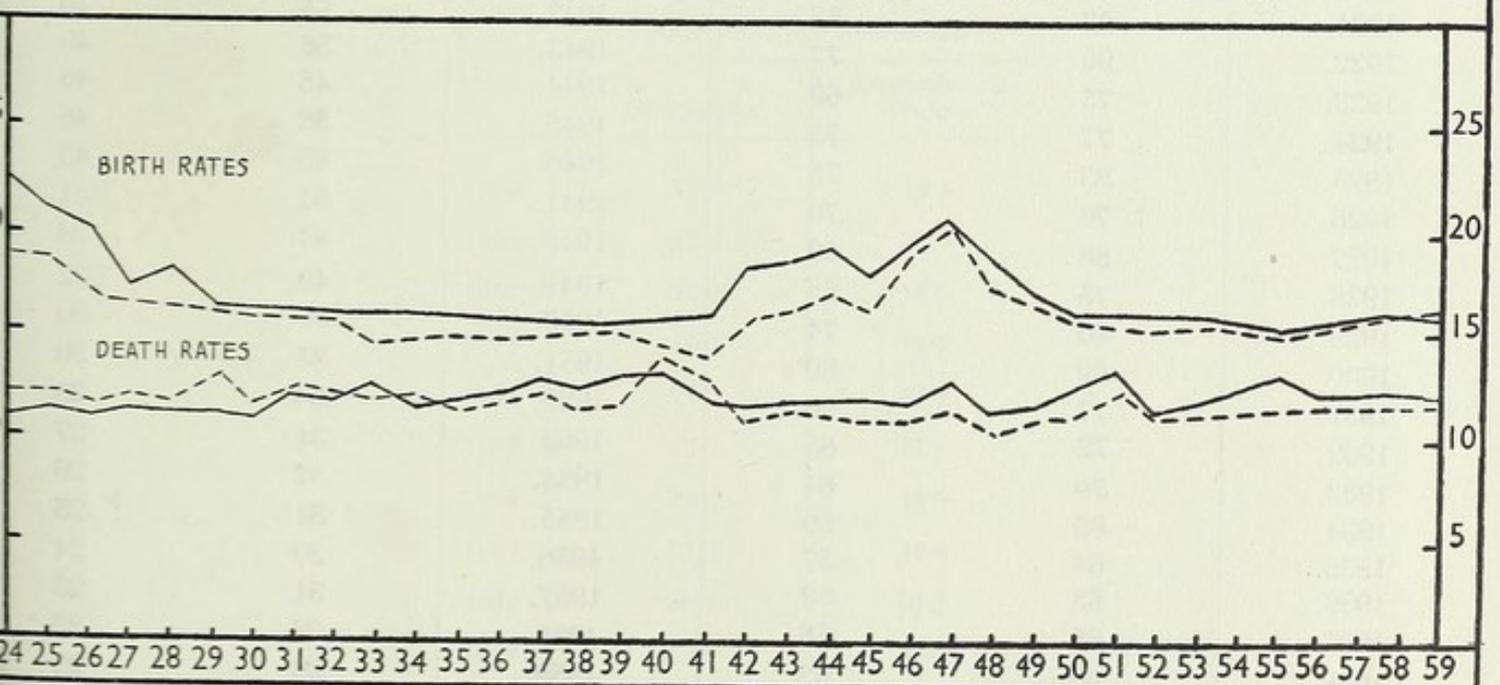
The estimates of the Registrar-General give the population of the Administrative County as 746,300 an increase of 3,200 on the 1958 estimate of 743,100.

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	4,921	1950	737,890	2,483
1931	766,141	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	1959	746,300	3,207

# 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.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Administrative County ..	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	16.2
England and Wales ..	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	16.5
Illegitimate birth-rate per 1,000 births—																
Administrative County ..	49	67	43	34	34	31	35	32	30	31	28	28	28	28	26	29
England and Wales ..	72	92	65	52	53	50	49	47	46	46	46	46	46	46	49	51

## DEATH RATE.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Administrative County ..	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	12.0
England and Wales ..	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	11.6

## 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	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
1938.	60	53	1959.	28	22

The birth rate shows a slight decrease (16·24) compared with the rate (16·5) for 1958. It is a little less than the figure for England and Wales (16·5), thus departing from the pattern of previous years.

The illegitimate birth rate of 28·63 illegitimate children per 1,000 live births shows little variation with the rate for previous years and remains little more than half the rate, 51 for England and Wales.

The death rate, 11·95, shows a slight increase over the 1958 figure of 11·88 and remains as usual slightly higher than the rate for England and Wales.

Infant mortality, expressed as the number of deaths under one year per 1,000 births, shows a further slight fall—from 28·83 in 1958 to 28·13 in 1959, the lowest rate ever recorded for the County.

As in previous years, it is higher than the infant mortality rate for England and Wales (22·0).

The average infant mortality rate for the Glamorgan Urban Districts was 28·78 and for the Rural Districts it was 26·46.

The highest rates were recorded in Cowbridge Borough, Glyncoirwg, Caerphilly, Maesteg, and Porthcawl Urban Districts and Rhondda Municipal Borough and in the Rural Districts of Llantrisant and Llantwit Fardre, Cowbridge, and Pontardawe.

As will be seen from the following table, the number of neo-natal deaths, i.e. the number of deaths occurring within the first four weeks of life, continues to be higher in Glamorgan than in England and Wales.

It has always been so. Failure to survive the first few weeks of life has always been a risk of the newly-born infant and, although there are many difficulties to contend with, the maternity and paediatric services continue their efforts to prevent these deaths. Investigations carried out in the Mid-Glamorgan and Caerphilly and Gelligaer Divisions gave no clear indication for the higher infant mortality rates.

The report on the peri-natal mortality survey conducted under the auspices of the National Birthday Trust Fund carried out during 1958, has not yet been published.

#### 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
1959	21·0	15·8

## 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
1959 ..	4	0.32	0.38

The number of maternal deaths was four, a decrease of six compared with last year's figure. A glance at the above table shows the excellent progress that has been made since 1939, when fifty-eight deaths were recorded.

Of the four deaths recorded as being due to child-bearing, two were due to pulmonary embolism, one to ectopic gestation and one to cardiac arrest during operation.

Although the figures are not strictly comparable it is interesting to note that in the County Medical Officer's report for 1909 a total of 117 deaths were recorded, twenty-one being due to puerperal fever, and ninety-six to diseases and accidents of parturition.

## INFECTIOUS DISEASES.

There were no notifications or deaths from diphtheria or smallpox. One hundred and nineteen cases of whooping cough were notified but there were no deaths.

There were 1,215 cases of dysentery in 1959, most in the Districts of Rhondda, Barry, and Llantrisant and Llantwit Fardre, compared with 697 in 1958. No deaths were recorded.

An outbreak of food poisoning, which affected children at the Pontyclun School following a Christmas party held at the school, affected 273 children, twenty-nine of whom were admitted to hospital. The source of the infection was traced to the eating of trifles, which had been delivered from a bakery in a neighbouring district.

The children were almost all acutely ill for some days, the infecting organism being *Salmonella Typhimurium*, probably from infected egg white used in the bakery.

Apart from the distress to the children themselves, great inconvenience was caused to the families at what should have been a festive season.

Such outbreaks again point out the need for the careful control of products used in food preparation, particularly white of egg, which has been so frequently incriminated.

The medical staff of the Welsh Board of Health and the Medical Research Council Laboratory gave much valued help at what was a trying period. A more detailed account of the outbreak was included in my report as Principal School Medical Officer.

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:—

	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.
Paralytic ..	*	*	79	8	29	36	6	39	12	43	2	3
Non-paralytic	*	*	26	16	10	24	2	30	14	12	1	—
Total..	30	54	105	24	39	60	8	69	26	55	3	3

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

The County was again fortunate in that only three cases of poliomyelitis were notified in 1959, the same as in 1958. The disease was of the paralytic type.

Two of the patients were adults of thirty-six and twenty-one years of age respectively. They had not been vaccinated against poliomyelitis. The third patient was a child of three years who had been vaccinated in 1957.

While it is very tempting to attribute the small number of cases to the result of the vigorous anti-poliomyelitis vaccination campaign which has been pursued in this County in recent years, it is still premature to make extravagant claims about the value of the vaccines used.

There are no clear general indications that poliomyelitis will soon become a disease of the past and there is much work to be done in increasing the number of vaccinations in the age groups most susceptible to this disease.

## 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
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
1959	783	619	1,402	188	214

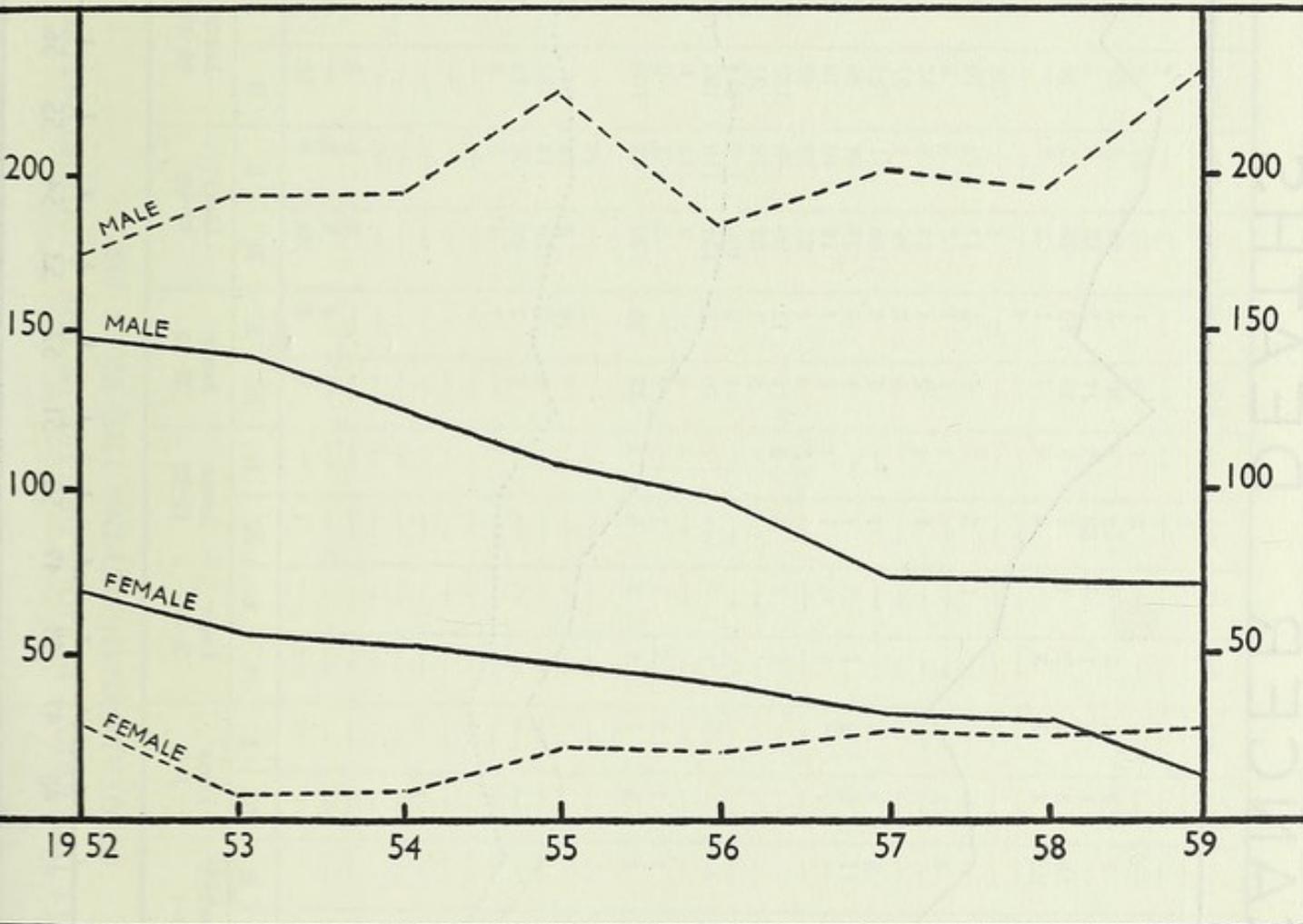
TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site.	Year.												
	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.
Stomach .. ..	284	275	305	291	335	300	277	294	324	299	258	316	257
Breast .. ..	107	97	91	100	109	111	117	111	105	138	114	118	102
Uterus .. ..	54	62	79	67	75	52	66	77	72	57	74	66	61
Lung .. ..	} 694	792	779	141	168	200	205	207	241	201	220	216	257
Other .. ..				719	736	667	708	729	715	683	753	709	725
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	1,402

Lung cancer accounted for 257 deaths in 1959. This figure increased from 216 in 1958 and is the highest recorded in this County. There was a slight fall in the total number of deaths from all forms of cancer (from 1,425 to 1,402), but the continued increase of lung cancer deaths must give cause for grave concern.

# DEATHS

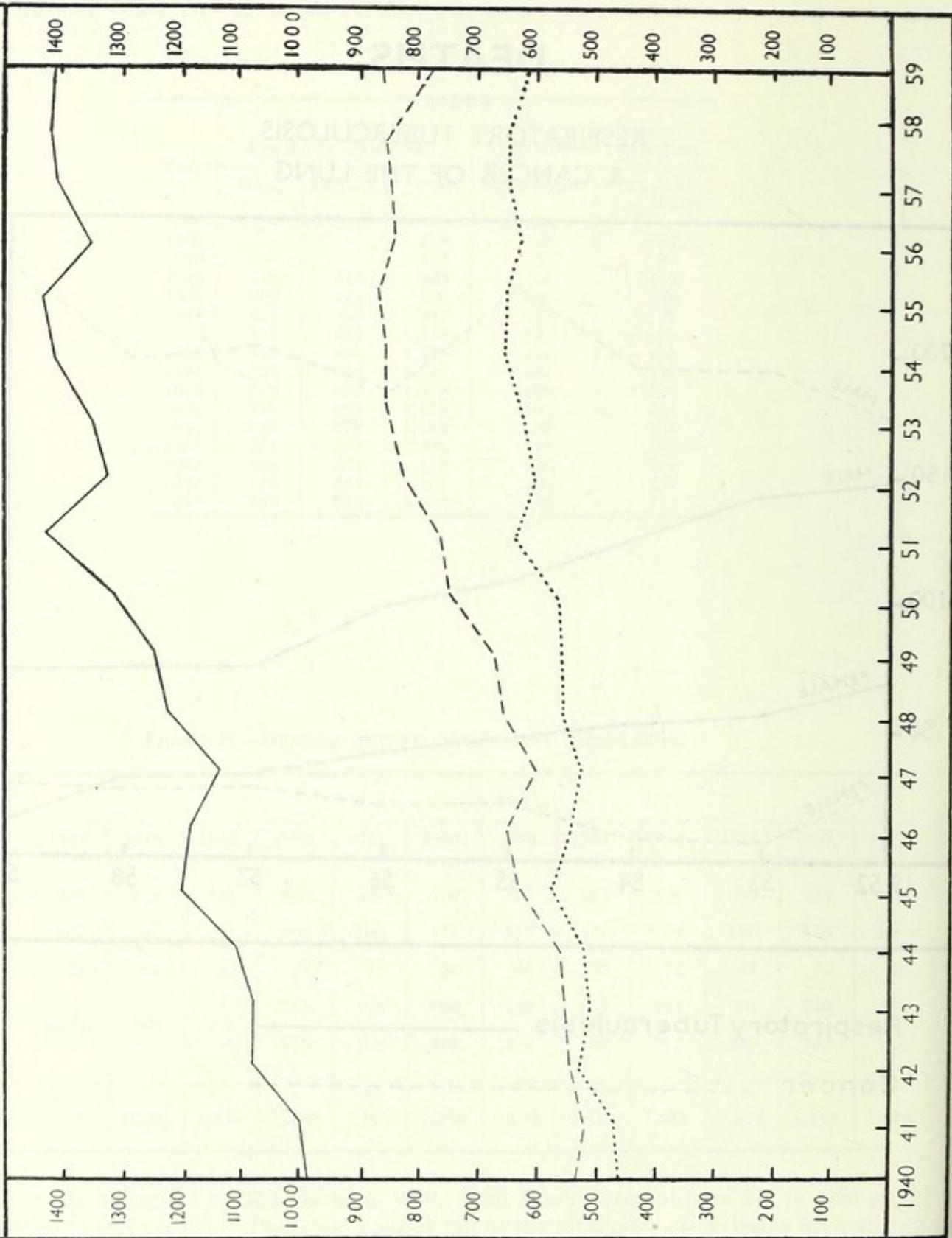
FROM  
RESPIRATORY TUBERCULOSIS  
& CANCER OF THE LUNG



Respiratory Tuberculosis \_\_\_\_\_

Cancer - - - - -

# CANCER DEATHS



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY  
OF GLAMORGAN DURING THE YEAR 1959.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	—	—	—	—	—	—	1	—	5	6	33	6	29	2	5	—	73	14
Tuberculosis—Other ..	—	—	—	—	—	—	—	—	—	1	2	2	—	—	—	—	2	3
Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	2	3	2	1	5	—	9	4
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	—	—	—	—	—	—	—	1	—	—	9	2	3	—	—	—	12	44
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	1	2	66	23	47	40	34	44	148	109
Malignant Neoplasm—Lung Bronchus ..	—	—	—	—	—	—	—	5	5	120	15	15	90	7	14	1	229	28
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	—	16	2	42	—	—	15	2	100	—
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	7	—	32	—	—	7	—	61	—
Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	1	—	3	4	6	2	22	26	130	87	109	101	107	85	380	306	—
Diabetes ..	—	1	—	1	2	1	—	6	—	7	4	5	5	2	2	24	15	—
Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	—	2	13	6	15	6	10	15	39	—
Coronary Disease—Angina ..	—	—	—	—	—	—	—	10	9	124	110	180	206	239	377	554	703	—
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	41	3	400	119	314	212	212	189	967	523	—
Other Heart Disease ..	—	—	—	—	—	—	—	2	1	28	18	31	41	39	36	100	96	—
Other Circulatory Disease ..	1	—	—	—	—	2	2	14	17	89	99	125	149	272	361	504	629	—
Influenza ..	—	—	—	—	—	—	2	3	3	32	22	48	51	133	118	216	194	—
Pneumonia ..	—	—	—	—	—	—	1	1	1	18	10	19	18	23	26	64	57	—
Bronchitis ..	24	11	3	5	1	1	4	2	2	33	24	36	31	62	82	164	155	—
Other Diseases of Respiratory System ..	2	3	1	1	—	—	—	7	2	109	21	154	37	150	77	424	141	—
Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	—	3	2	88	4	51	5	40	9	184	21	—
Gastritis, Enteritis, and Diarrhoea ..	—	—	—	—	—	—	—	5	1	14	3	12	4	13	2	45	11	—
Nephritis and Nephrosis ..	—	2	—	—	—	—	—	1	1	2	3	5	5	—	2	11	14	—
Hyperplasia of Prostate ..	—	—	—	—	—	—	—	4	7	13	13	10	11	7	12	36	46	—
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	5	—	21	—	40	—	66	—	—
Congenital Malformations ..	35	37	4	3	3	4	4	4	1	7	4	—	—	—	—	57	50	—
Other defined and ill-defined diseases ..	128	79	7	4	3	4	5	20	16	58	77	58	75	156	219	432	479	—
Motor vehicle accidents ..	1	—	1	2	1	2	4	14	2	12	8	7	6	9	3	68	27	—
All other accidents ..	7	3	5	6	9	9	5	30	2	47	5	15	9	26	33	158	72	—
Suicide ..	—	—	—	—	—	—	2	1	6	22	11	9	3	1	2	40	18	—
Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	5	—	—
All causes ..	204	137	27	25	26	22	66	33	209	137	1,475	780	1,390	1,076	1,595	4,992	3,923	—



1959.

NOTIFICATION OF INFECTIOUS DISEASES.

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	SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Croup)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Ophthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARA-TYPHOID		ENTERIC FEVER		Food Poisoning	TUBERCULOSIS				ERYSIPELAS			
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non-paralytic	Infective	Post-Infectious			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ADMINISTRATIVE COUNTY .. .. .	502	0.67	119	0.16	—	—	5,356	7.18	462	0.62	13	3	—	—	2	1,215	5	114	9.40	—	—	9	0.01	—	—	423	450	0.60	66	0.09	42	0.06		
URBAN DISTRICTS .. .. .	392	0.73	84	0.16	—	—	3,898	7.27	403	0.75	9	2	—	—	2	1,054	5	99	11.35	—	—	9	0.02	—	—	175	348	0.65	54	0.10	36	0.07		
RURAL DISTRICTS .. .. .	110	0.52	35	0.17	—	—	1,458	6.93	59	0.28	4	1	—	—	—	161	—	15	4.41	—	—	—	—	—	248	102	0.48	12	0.06	6	0.03			
Health Division.	Constituent Districts.																																	
Aberdare and Mountain Ash	Aberdare Urban .. .		8	0.20	6	0.15	—	—	32	0.81	23	0.58	1	—	—	—	51	4	11	19.85	—	—	—	—	—	—	—	20	0.50	—	—	2	0.05	
	Mountain Ash Urban .. .		41	1.34	3	0.10	—	—	119	3.90	34	1.11	1	—	—	—	5	—	3	5.77	—	—	—	—	—	—	26	0.85	3	0.10	6	0.20		
Caerphilly and Gelliger	Caerphilly Urban .. .		1	0.03	—	—	—	—	221	5.85	14	0.37	—	—	—	—	20	—	13	20.41	—	—	—	—	—	—	14	0.37	2	0.05	2	0.05		
	Gelliger Urban .. .		4	0.11	10	0.28	—	—	193	5.33	—	—	—	—	—	2	—	3	4.63	—	—	—	—	—	—	57	31	0.86	2	0.06	2	0.06		
Mid-Glamorgan	Bridgend Urban .. .		21	1.42	—	—	—	—	76	5.14	3	0.20	—	—	—	—	—	—	10	35.10	—	—	—	—	—	1	7	0.47	1	0.07	—	—		
	Maesteg Urban .. .		90	3.98	—	—	—	—	24	1.03	10	0.44	—	—	—	—	—	—	1	2.87	—	—	—	—	—	32	20	0.88	4	0.18	3	0.13		
	Ogmore and Garw Urban .. .		19	0.86	6	0.27	—	—	255	11.59	51	2.32	3	—	—	—	44	—	9	24.93	—	—	—	—	—	—	21	0.85	7	0.32	3	0.14		
	Porthcawl Urban .. .		9	0.85	6	0.57	—	—	5	0.47	5	0.47	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4	0.38	2	0.19	—	—		
	Penybont Rural .. .		21	0.86	4	0.11	—	—	229	6.09	2	0.05	—	—	—	—	5	—	2	2.80	—	—	—	—	—	39	20	0.53	4	0.11	1	0.03		
Neath and District	Neath Borough .. .		12	0.39	17	0.55	—	—	22	0.71	18	0.58	—	—	—	—	4	—	2	4.22	—	—	—	—	—	5	27	0.87	3	0.10	—	—		
	Neath Rural .. .		10	0.24	12	0.29	—	—	19	0.46	7	0.17	—	—	—	—	12	—	2	3.30	—	—	—	—	—	—	20	0.48	2	0.05	—	—		
Pontypridd and Llantaisant	Llantaisant and Llantwit Fardre Rural .. .		37	1.42	8	0.31	—	—	430	16.47	17	0.65	1	—	—	—	78	—	1	2.17	—	—	—	—	—	188	15	0.57	4	0.04	1	0.04		
	Pontypridd Urban .. .		6	0.16	—	—	—	—	221	5.90	17	0.45	1	—	—	—	1	—	11	18.64	—	—	—	—	—	33	27	0.72	1	0.11	2	0.05		
Port Talbot and Glyncoerwg	Glyncoerwg Urban .. .		11	1.10	—	—	—	—	15	1.50	8	0.16	1	—	—	—	—	—	3	3.21	—	—	—	—	—	4	5	0.50	1	0.10	—	—		
	Port Talbot Borough .. .		54	1.11	5	0.10	—	—	702	14.42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	0.43	4	0.08	—	—		
South-East Glamorgan	Barry Borough .. .		10	0.24	5	0.12	—	—	755	17.84	21	0.50	—	—	—	2	365	—	19	23.69	—	—	5	0.12	—	6	28	0.66	1	0.02	2	0.05		
	Cardiff Rural .. .		16	0.38	1	0.02	—	—	557	13.12	24	0.57	2	—	—	—	59	—	3	4.26	—	—	—	—	—	5	24	0.57	4	0.09	1	0.02		
	Cowbridge Borough .. .		—	—	—	—	—	—	20	20.20	3	3.03	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Cowbridge Rural .. .		17	0.89	—	—	—	—	219	11.44	6	0.31	—	—	—	—	—	—	2	5.90	—	—	—	—	—	—	16	4	0.21	—	—	2	0.10	
	Fenarth Urban .. .		10	0.51	1	0.05	—	—	189	9.70	19	0.98	2	—	—	—	39	—	1	3.45	—	—	1	0.05	—	—	21	10	0.51	3	0.15	1	0.05	
West Glamorgan	Gower Rural .. .		1	0.08	6	0.50	—	—	—	1	0.08	1	—	—	—	—	1	—	5	31.06	—	—	—	—	—	—	3	0.25	—	—	—	—		
	Llswchr Urban .. .		13	0.51	12	0.47	—	—	7	0.27	—	—	—	—	—	—	—	—	8	21.98	—	—	—	—	—	—	10	0.39	2	0.08	2	0.08		
	Pontardawe Rural .. .		8	0.25	4	0.13	—	—	4	0.13	2	0.06	—	1	—	—	—	—	—	—	—	—	—	—	—	—	16	0.51	1	0.03	1	0.03		
Rhondda	Rhondda Borough .. .		83	0.78	13	0.12	—	—	1,042	9.83	177	1.67	1	—	—	—	522	1	5	3.18	—	—	3	0.03	—	—	14	77	0.73	15	0.14	11	0.10	

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

MORTALITY		NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death rate
Legitimate Rate	Illegitimate Rate	Deaths Under Four Weeks	Rate per 1,000 Live Births	Deaths Under One Week	Rate per 1,000 Live Births	Stillbirths and Deaths Under One Week	Rate per 1,000 Live and Stillbirths		
—	—	11,881	15.8	10,169	13.6	26,245	34.2	—	0.38
28-20	25.94	255	21.04	212	17.49	572	45.83	4	0.32
28-91	24.39	188	21.56	155	17.78	423	47.06	3	0.33
26-36	29.70	67	19.69	57	16.75	149	42.64	1	0.29
28-03 23-48	— 222.22	11 14	19.86 26.92	9 12	16.25 23.08	28 29	48.87 54.00	— 1	— 1.86
38-71 28-85	— —	17 16	26.69 24.69	15 12	23.55 18.52	32 30	48.93 45.05	1 —	1.53 —
14-98 37-90 22-54 35-97 21-87	— — — — 35.71	3 9 5 5 11	10.83 25.79 13.85 33.78 15.41	3 8 3 3 10	10.83 22.92 8.31 20.27 14.01	10 20 16 7 31	35.21 55.40 42.78 46.05 42.18	— — — — 1	— — — — 1.36
28-38 23-77	— 58.82	8 9	16.88 14.85	6 9	12.66 14.85	24 24	48.78 38.65	— —	— —
36-61 26-36	41.67 47.62	13 12	28.20 20.34	10 10	21.69 16.95	28 26	58.46 42.90	— —	— —
48-13 25-25	500.00 43.48	7 19	37.04 20.34	7 16	37.04 17.13	10 41	52.08 42.75	— —	— —
21-91 23-15 111-11 29-76 28-57	— — — — —	13 13 1 8 5	16.21 18.44 111.11 23.60 17.24	12 10 1 5 3	14.96 14.18 111.11 14.75 10.34	31 24 1 9 15	37.76 33.38 111.11 26.24 49.67	— — — — —	— — — — —
25-81 22-41 29-48	— — —	3 5 10	18.63 13.74 24.04	3 3 10	18.63 8.24 24.04	9 10 24	53.89 26.95 55.81	— 1 —	— 2.70 —
33-92	24.39	38	24.14	32	20.33	93	56.88	—	—



