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# Glamorgan County Council.

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## REPORT

OF THE

## Medical Officer of Health

FOR THE YEAR 1960

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

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REPORT

Medical Officer of Health

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

## 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.

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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.**

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In accordance with the requirements of the Public Health Officers Regulations, 1959, I have pleasure in presenting the annual report on the health and sanitary circumstances of the County for 1960. It includes the report of Mr. H. P. R. Williams, the Principal Dental Officer; Mr. D. Evans Jones, the County Analyst, and also that of the Senior Public Health Inspector, Mr. W. D. Lewis.

The estimated mid-year population increased by 1,190 to 747,490 and the graph on p. 92 shows that the population of the County has continued to rise slowly since 1951.

The major variations in the population of the County districts in the last ten years have taken place in the Cardiff Rural District and the Port Talbot Borough, where the increases were 7,114 and 4,816 respectively, whereas the Rhondda Borough decreased by 5,997.

The birth rate increased from 16.24 per 1,000 population to 16.65. The growing town of Port Talbot, with its large Sandfields Estate, had the high rate of 21.17.

The death rate increased slightly from 11.95 to 12.19, as compared with 11.5 for England and Wales, the number of deaths being 9,112. An analysis of this total gives proof of the marked improvement in the expectation of life of those in the younger age groups, 132 being under the age of twenty-five, compared with 199 the previous year if those under the age of one are excluded. The infant death rate increased from 28.13 to 29.49, but this is again much higher than the rate for England and Wales (21.9) and is still a cause for concern.

Men are at greater risk than women during the age period 45-65, principally due to coronary thrombosis, four times as many men (445) dying from this cause. The high incidence of bronchitis and other diseases of the respiratory system, including neoplasm of the lung, also accounts for the marked discrepancy between the two sexes, 1,487 males dying in this age group from these conditions compared with 814 females.

Deaths from lung cancer rose to 279 from 257, but only 33 of them occurring in women. There are a number of factors which account for the marked variation in mortality and smoking must take some of the blame.

Twelve maternal deaths were recorded, giving a maternal mortality rate of 0.94 per 1,000 births. The continued co-operation between the hospital maternity departments, general practitioners, and the Local Authority services contributes greatly to the marked improvement compared with even twenty years ago. Maternity advisory committees have continued to meet with the main object of ensuring that expectant mothers are adequately supervised during pregnancy without unnecessary overlapping of the various services. General practitioners are taking a greater responsibility for ante-natal supervision and there was a decrease from 905 to 585 in the number of cases in which a general practitioner was not booked. This does not mean, however, that the local authority ante-natal clinics are not continuing to perform a most important function. In fact, 605 more attendances were made at the clinics, 10,643 women attended, representing 83 per cent of the 12,851 births occurring during the year.



Greater emphasis on the teaching of mothercraft by the health visitors at specially arranged sessions is a notable feature which is commented upon in the report by Miss E. G. Wright, the Superintendent Health Visitor.

The domiciliary midwives also continue to co-operate and attend the ante-natal clinics regularly where they meet the mothers booked for home confinement. Forty-three per cent of the mothers were confined at home. Shortage of midwives has been a cause of concern in the Mid-Glamorgan and Caerphilly and Gelligaer Divisions, particularly the latter, where the limited number of hospital maternity beds available added to the difficulties.

Health visitors find that film strips are a useful adjunct to their talks on health education and the use of this medium is not always possible in some of the older church halls in which clinics are held. To meet the need of adequate clinic premises three new clinics were built during the year at Croeserw, Nelson, and Rhydyfelin, having been planned to meet the possible needs of the general practitioners in the area for surgery premises. With this end in view, the new clinic proposed for the new housing estate at Bryncwils, near Bridgend, was designed in co-operation with the general practitioners in the area.

The care of the aged in their own homes has again been one of the principal functions of the Home Nursing and Home Help Services. Assistance was given by the Home Help Service to 3,843 cases, 80.4 per cent of whom were either in the aged or chronic sick category. An additional service for the aged and handicapped inaugurated during the year was the provision of chiropody and a whole-time chiropodist, Mr. L. G. Burland, M.Ch.S., took up his duties in September. The service has been limited by the availability of qualified staff, but he and one sessional officer in the four months provided a much-needed service for 602 patients, 792 treatments being given.

The demand on the Ambulance Service continued to increase, 21,610 more patients were conveyed, although the number of journeys only increased by 1,245. It is obvious that more patients per ambulance are being conveyed and this sometimes results in some inconvenience to those patients who are in greatest need of comfort during the journey. Discussions which have taken place with hospital staff have brought about some improvement and an approach to the general practitioners through the Local Medical Committee will, it is hoped, result in a lessening of the load which the County Ambulance Officer, the Control Staff, and Ambulance Drivers have worked so admirably to deal with.

The most important development during the year was undoubtedly the Mental Health Act, 1959, which has resulted in a greater emphasis on community care of the mentally ill. This has resulted in a great increase in the work of the department and my Deputy has accepted considerable additional responsibility for the day-to-day work involved, particularly in connection with the opening of the new occupation centres at Barry and Ystrad Mynach.

The total number of pupils in attendance at occupation centres at the end of the year was 325, an increase of 114 over the figure for 1959.

Divisional Medical Officers' meetings have been held at regular intervals and many topics have been discussed. Agreement was reached on the introduction of a programme of immunisation against infectious diseases, which included the use of a triple antigen against whooping cough, diphtheria, and tetanus. Poliomyelitis vaccination of the priority groups was continued and by the end of the year nearly 200,000 had been given protection against this disease, only five cases being notified in the period.



Included in the report is an interesting survey carried out in the Rhondda by Dr. Morley-Davies and his staff, which reveals the conditions and difficulties under which some of the aged people live and also the numerous ailments which call for treatment and other assistance.

The staff of the Health Department which, of course, includes the staff of the Health Divisions and the Ambulance personnel, have given me every support. Their efforts have enabled the general public whom we serve to receive the many benefits from those parts of the National Health Service for whose administration the Health Committee is responsible.

One to whom I wish to refer individually, in view of her retirement so soon after the end of the year under review, is Miss Bronwen Davies, who served the County Council for thirty-one years. For the last eleven years she was the County Non-Medical Supervisor of Midwives and Home Nurses. Miss Davies was able to gain not only the confidence and trust of her colleagues in the County Midwifery and Home Nursing Service, but also of her senior and other professional colleagues in the hospital service, thereby creating a happy and close liaison between these services.

It is with gratitude that I again record my thanks to the Chairman and members of the Health Committee, who have given me every encouragement and help during the year.

I am,

Your obedient servant,

**W. E. THOMAS,**

*County Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
CARDIFF.

September, 1961.



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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 Gelli-gaer	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 Llan- trisant	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 Glyn- corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot	Port Talbot 2137.
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Old County Council Offices, Westgate Street, Cardiff	Cardiff 22336/7.
West Glamorgan ..	G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H.	Divisional Health Office, 5, St. James' Crescent, Swansea	Swansea 57894/5.
Rhondda .. ..	R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H.	Divisional Health Office, 4, Llewellyn Street, Pentre Rhondda	Pentre 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 periodically review the Authority's site requirements and the progress during the year in new clinics and occupation centre building, is mentioned elsewhere in this report.

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

### *New Clinics.*

The construction of the undermentioned new clinic premises was completed during the year and the clinics commenced to operate on the dates stated :—

Croeserw (Port Talbot and Glyncoirwg Division)	.. ..	12th February, 1960.
Nelson (Caerphilly and Gelligaer Division)	.. ..	8th November, 1960.
Rhydyfelin (Pontypridd and Llantrisant Division)	.. ..	30th November, 1960.

These clinics are well planned and provide excellent and much-needed facilities for maternity and child welfare work in the areas where they have been established.

The Croeserw Clinic is also used as an interviewing centre by the Probation Officer for one session per week.

### *Mobile Clinic.*

The mobile clinic, which has been in operation in the South-East Glamorgan Health Division since September, 1959, continues to visit approximately thirty-one centres, mainly in the Vale of Glamorgan, bringing a service to the local communities which were formerly without convenient clinic facilities.



*Alteration of Clinic Sessions.*

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

Health Division.	Area served.	Location of clinic premises.	Type and frequency of sessions now held.		Remarks.
Aberdare and Mountain Ash	Cwmbach ..	Workmen's Hall, Cwmbach	Ante-natal ..	Thursday afternoons. Fortnightly	Previously held Thursday mornings Fortnightly.
	Cwmaman	Unemployed Social Club, Godreaman	Ante-natal ..	Monday afternoons. Fortnightly	Previously held Tuesday mornings Fortnightly.
	Penywaun	Penywaun Apostolic Church, Gamlyn Terrace, Penywaun	Ante-natal ..	Tuesday afternoons. Fortnightly	Previously held Tuesday mornings Fortnightly.
	Hirwaun ..	Bethel Chapel Vestry, Hirwaun	Ante-natal ..	Wednesday afternoons. Fortnightly	Previously held Tuesday mornings Fortnightly.
Caerphilly and Gelligaer	Gelligaer ..	Old Age Pensioners' Hall, Gelligaer	Infant Welfare	Wednesday afternoons. Fortnightly	Previously held at the Church Hall Gelligaer.
	Nelson ..	Maternity and Child Welfare Clinic, Nelson	Ante-natal ..	Second and fourth Tuesday afternoons in the month	Previously held at Salem Methodist Church Vestry Nelson
			Infant Welfare	Tuesday mornings ..	Previously held at Salem Methodist Church Vestry Nelson.
	Fochriw ..	Welfare Hall, Fochriw ..	Ante-natal ..	Wednesday mornings. Weekly	Previously held on second and fourth Wednesday mornings in the month
Mid-Glamorgan	Bettws ..	Welfare Hall, Bettws ..	Infant Welfare	Thursday afternoons ..	Previously held at 14, Heol De Sant, Bettws.
	Maesteg ..	The Clinic, Church Street, Maesteg	Ante-natal ..	Monday afternoons. Fortnightly	Previously held weekly.
	Bryncoch ..	Memorial Hall, Bryncoch, Bryncethin	Welfare Foods	Friday afternoons ..	Previously sold voluntary distributor from Waunfaw Bryncoch.
Neath and District	Bryncoch ..	Bryncoch Church School, Bryncoch, Neath	Infant Welfare	Wednesday afternoons. Fortnightly	Previously held at St. John's Ambulance Hall, Bryncoch.
Pontypridd and Llantrisant	Graig ..	St. John's Church, Graig Street, Pontypridd	Infant Welfare	Monday afternoons. Weekly	New clinic.
	Rhydyfelin	Maternity and Child Welfare Clinic, Ash Square, Rhydyfelin	Infant Welfare	Wednesday afternoons	Previously held at Ebenezer Chapel Rhydyfelin.
Port Talbot and Glyncoth	Duffryn ..	Duffryn Afan Primary School	Infant Welfare	Tuesday afternoons. Fortnightly	Previously held at The Hall Duffryn.
	Baglan ..	Hawthorne Avenue, Baglan	Ante-natal ..	Thursday afternoons ..	Previously held fortnightly.
			Infant Welfare	Tuesday afternoons ..	Previously held fortnightly.
	Cwmavon ..	Depot Road, Cwmavon ..	Infant Welfare	Tuesday afternoons ..	Previously held fortnightly.
	Aberavon ..	Pendarves Street, Aberavon	Ante-natal ..	Tuesday and Fridays afternoons	Previously held Tuesday morning
			Infant Welfare	Tuesday and Friday mornings	Previously held Tuesday afternoon
	Cymmer ..	The Clinic, Council Offices, Cymmer	Welfare Foods	Friday afternoons. Fortnightly. Saturday mornings	Previously held Saturday morning weekly.



Health Division.	Area served.	Location of clinic premises.	Type and frequency of sessions now held.	Remarks.
St Talbot and Glyncoedwg -con.	Croeserw ..	Maternity and Child Welfare Clinic, Croeserw	Ante-natal .. Friday morning. Fortnightly Infant Welfare Friday afternoon. Fortnightly	New clinic. New clinic.
South-East Glamorgan	Lower Penarth Pantmawr Estate Barry ..	Mobile Clinic .. .. Mobile Clinic .. .. Methodist Church Hall, Barry	Infant Welfare Thursday afternoons. Fortnightly Infant Welfare Friday mornings. Fortnightly Infant Welfare Tuesday afternoons ..	New clinic. New clinic. Previously held at St. Nicholas Church Hall, Barry, on Thursday afternoons. Previously held Thursday afternoons. Previously held Tuesday afternoons. New clinic.
	Colcot ..	Social Centre, Winston Road, Barry	Infant Welfare Tuesday afternoons ..	
	Barry Island	Friars Road, Barry Island	Infant Welfare Thursday afternoons.	
St Glamorgan	Garnswllt ..	Welfare Hall, Garnswllt..	Infant Welfare Monday afternoons. Fortnightly	
Ynysddda ..	Tonypandy	Court House, Court Street, Tonypandy	Post-natal .. First Friday morning in the month	Combined with Infant Welfare Clinic.
	Ferndale ..	Welfare Centre, Oakland Terrace, Ferndale	Post-natal .. First Friday afternoon in the month	Combined with Infant Welfare Clinic.
	Penygraig	Welfare Centre, Hendre-caffn Road, Penygraig	Post-natal .. Third Tuesday morning in the month	New Clinic.
	Trealaw ..	Carnegie Welfare Centre, Trealaw	Post-natal .. First Wednesday afternoon in the month	Combined with Infant Welfare Clinic.
	Ynyshir ..	Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	Post-natal .. First Monday afternoon in the month	Combined with Infant Welfare Clinic.
	Treorchy ..	Welfare Centre, Ynyswen, Treorchy	Post-natal .. First Monday morning in the month	Combined with Infant Welfare Clinic.
	Ystrad ..	Welfare Centre, Trafalgar Terrace, Ystrad	Post-natal .. Third Tuesday afternoon in the month	New clinic.



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 Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.		
<b>BIRTHS.</b>														
No. of births notified	{	(a) Live births	{ Domiciliary Institutional	374 646	740 606	681 1,128	410 669	409 767	486 760	740 1,622	244 710	823 725	4,907 7,633	
		(b) Still-births	{ Domiciliary Institutional	7 27	6 31	4 44	9 20	4 17	4 26	12 32	4 17	12 35	62 249	
<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	19 —	5 —	7 —	12 —	9 —	6 —	7 7	88 9	
(b) No. of sessions held per month at clinics included in (a)				28 — —	33 — 2	44 — —	26 — —	33 — —	44 — —	28 — —	24 — —	40 7	300 9	
(c) No. of women who attend- ed during the year	{	Ante-natal clinics Post-natal clinics*		932 265	1,577 348	1,055 76	1,325 340	814 60	1,633 117	1,355 —	547 109	1,405 37	10,643 1,352	
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> pre- viously attended any clinic during current preg- nancy and for P.N. clinics women who had <i>not</i> pre- viously attended any P.N. clinic after last confine- ment				723 265	1,230 243	801 66	1,010 340	661 59	1,162 112	1,079 —	477 109	1,172 37	8,315 1,231	
(e) Total No. of attendances made by women included in (c)	{	Ante-natal clinics M.O. Midwives Post-natal clinics*		4,075 — 268	6,070 — 463	3,659 — 80	6,285 — 387	4,139 — 63	6,844 — 121	4,646 — —	3,249 — 112	8,001 — 37	46,968 — 1,531	
* Women post-natally examined at ante-natal clinics are included.														
<b>INFANT WELFARE CENTRES.</b>														
(a) No. of centres provided				9	22	30	12	15	16	50	20	8	182	
(b) No. of sessions held per month at centres in (a)				35	57	100	36	51	58	111	52	40	540	
(c) No. of children who attended centres for the first time during the year who were under 1 year of age				934	1,173	1,611	993	1,151	1,149	2,004	863	1,591	11,468	
(d) No. of children who attended during the year who were born in	{	1960 1959 1955-1958		850 893 871	1,000 947 911	1,499 1,436 1,738	913 882 957	1,109 956 1,162	1,034 975 1,167	2,015 1,748 1,577	830 780 491	1,178 1,045 752	10,428 9,662 9,626	
(e) Total No. of children who attended the centres during the year				2,614	2,858	4,673	2,752	3,227	3,176	5,340	2,101	2,975	29,710	
(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		12,161	14,581	23,017	12,601	13,170	15,078	23,415	10,866	10,974
		2,453			3,022	5,982	2,909	3,588	2,547	5,488	2,185	1,651	29,820	
		2,551			2,986	6,668	2,374	2,890	3,152	5,088	1,512	951	28,170	
(g) Total No. of attendances made during the year				17,165	20,589	35,667	17,884	19,648	20,777	33,991	14,563	13,576	193,800	



# EXPECTANT AND NURSING MOTHERS.

On 31st December, 1960, clinic facilities for expectant mothers were available at eighty-eight centres, forty-five of these being County Council owned premises. The number of ante-natal clinic sessions held monthly showed an increase from 292 to 300.

Ante-natal clinic attendances of 46,968 showed an increase of 605 compared with last year's figures.

The total number of women who attended County Council ante-natal clinics during the year was 10,643, a reduction of 96 compared with 1959.

The number of new cases attending ante-natal clinics, i.e. women who had not attended any clinic during current pregnancy was 8,315, a reduction of 8 compared with 1959.

The divisions showing an increase in the number of new cases were Neath and district, Port Talbot and Glyncoth, South-East Glamorgan, and Rhondda. The highest increase, 187, was recorded in the Rhondda Division.

In Glamorgan 6,590 women were confined in hospitals in 1960. This represents 57.1 per cent of all confinements. 4,946 women had their babies at home.

The work done at our maternity and child welfare clinics is of a high standard and a personal interest taken in those who attend. In the ante-natal clinics the patient's urine and blood pressure are systematically checked and blood samples collected for laboratory analysis for haemoglobin estimation, blood grouping, Rh. factor, etc.

Ante-natal classes are held in an informal and friendly manner; general advice is given on diet, hygiene, and any problems which may be disturbing the patient's peace of mind.

The value of haemoglobin estimations is clearly shown by Dr. C. J. Revington (Caerphilly and Glyncoth Health Division) in the following extract from his annual report :—

"An analysis of 1,099 haemoglobin estimations made on mothers attending ante-natal clinics during the year produced the following figures—

Percentage of estimations recording Hb. level 80% or less	..	50.14%.
Percentage of estimations recording Hb. level 70% or less	..	12.74%.
Percentage of estimations recording Hb. level 50% or less	..	0.4%

The figures upon which this is based are as follows—

Analysis of 1,099 Haemoglobin Percentages in Women attending Ante-natal Clinics

Haemoglobin level to a percentage	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85-	90-	95-	100
Numbers	1	0	0	4	10	20	41	64	133	278	294	193	35	26	0



The continued diminution in the number of domiciliary confinements and the increasing interest shown by many general practitioners in the ante-natal care of their patients has affected the ante-natal clinic arrangements of the Local Health Authority in many divisions.

In a few instances because of the keenness and interest of the local practitioner the Local Authority's ante-natal clinic serving the area covered by his practice is less well attended than hitherto and decisions have had to be taken about further curtailment or complete closure of the clinic.

In most areas the original pattern of clinic provision remains unchanged. Clinics are held in a variety of premises, some local Authority owned and purpose-built, and others in hired buildings, many of which, although the best or most suitable in the locality, are ill-adapted for ante-natal work.

Medical staffing of the clinics is either by whole-time medical officers, sessional medical officers not engaged in private practice, or local general practitioners working on a sessional basis. The nursing staff comprises one or more health visitors supplemented, where necessary, by trained clinic nurses. Local midwives also attend on a rota basis so that they may be present when their own booked cases are seen by the clinic medical officer.

Some discussions have taken place regarding the introduction of a personal record card for ante-natal patients. As it seems unlikely that the Ministry will suggest the type of record which should be used, much consideration has been given to the detailed information thought to be necessary and next year it is hoped to produce a record card for use in Glamorgan clinics.

Liaison between the clinic staff, the general practitioners, and the local maternity hospitals is good. So long as complete and efficient ante-natal care is provided it really matters little whether the supervision is from one source or a combination of the various agencies which are competent to provide it.

For various reasons, e.g. staff shortage, or to prevent infection, some of the hospital maternity units serving the County were obliged to restrict admissions. This created extra work for the domiciliary midwives and probably caused some resentment among mothers who were unable to be confined in hospital.

In 1951 the Ministry of Health sent to the hospital authorities a memorandum embodying advice about the selection of patients for hospital confinements. It was suggested that there should be priority for all cases in which there were (a) medical or obstetric conditions in the widest sense of these terms, and (b) adverse social conditions especially bad housing. It was recommended that social factors should be assessed by the local health authority.

As examples of how the selection system works in three different parts of the County, the following extracts are given from the reports of the Divisional Medical Officers concerned:—

*Mid-Glamorgan (Dr. Kathleen Davies).*

"The arrangement of booking maternity beds in both the Bridgend and Maesteg General Hospitals by the Divisional Office continues to work satisfactorily. All applications for hospital confinement could not be granted owing to the lack of beds and of the total of 1,107 applications 129 had to be refused."

*Caerphilly and Gelligaer (Dr. C. J. Revington).*

"The maternity bed situation continues to cause considerable anxiety. At the meeting of the Maternity Liaison Committee of the Hospital Management Committee when both the Cranbrook Report and the Confidential Enquiries into Maternal Death in England and Wales were being discussed, it was apparent that a substantial number of the recommendations made could not be implemented in this area because of the scarcity of maternity and ante-natal beds."



*Rhondda (Dr. R. B. Morley-Davies).*

"As the hospital maternity service in this area is restricted it is of vital importance that a more careful selection of patients should be made for domiciliary confinements and for admission to hospital.

During 1960, applications were made by me to the hospital authority for the admission of 519 patients. Of these 410 were admitted, 274 were for social reasons and 136 for medical reasons. 109 persons could not be admitted, although applications had been made on their behalf. 350 patients were admitted direct to hospital as a result of representations made by general practitioners".

Attention to the mental and emotional health of the mother in the ante-natal period is no new feature of the work done at our clinics. In clinics where health education of the pregnant woman is accepted by the patients it is much appreciated although, because many expectant mothers are in employment, they are unable to attend the classes intended to prepare them for confinement. In the South-East Glamorgan and Rhondda Divisions evening talks have been given to small groups of expectant mothers and their husbands. These talks and the subsequent discussions, which usually cover a very wide range of relevant topics, were much appreciated by all who attended and constituted a useful experiment which could well be extended to other divisions.

#### *Voluntary Helpers.*

In her annual report, Dr. Kathleen Davies pays tribute to the valuable work which is being done in the clinics by voluntary helpers. A special feature of this work is to be found in the clinics in the Penybont Rural District, where voluntary helpers undertake, and are responsible for, the buying and selling of the proprietary baby foods in addition to providing teas for the mothers and helping in the social side of the clinic work.

#### *Toxaemia in Pregnancy.*

Professional committees representative of local authority, general practitioners, hospitals and midwives, have been set up in the Rhymney and Sirhowy Valley Hospital Group and in the Cardiff United Hospitals Group.

The Department is represented on these committees whose functions are to consider the Cranbrook report in detail with a view to effecting closer co-operation between the three services. The establishment of similar committees in other parts of the County would be welcome as I think they could be developed to good purpose and are essential in improving procedures for the early recognition and treatment of toxaemia.

#### *POST-NATAL CLINICS.*

The slight improvement noted in last year's annual report was not maintained, the total number of mothers who attended the Authority's clinics for post-natal examination in 1960 being 1,352, a decrease of 10 compared with the figures for 1959. Only Caerphilly and Gelligaer and the Rhondda Health Divisions had special post-natal clinics. In the remaining divisions, post-natal examinations are usually held at ante-natal clinics. The largest number of post-natal examinations were conducted in the Neath and District Division (340). No post-natal examinations were recorded in the South-East Glamorgan Division.



There is room for considerable improvement in the numbers examined and mothers should be made more aware of the need to attend for examination post-natally, whether at the surgery of their own doctor or at the local health authority's clinic, in order that they may be assured that their physical condition shows no abnormality.

#### CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate for the County in 1960 was 31·4 per thousand births. The rate for England and Wales was 54. The actual number of illegitimate births in Glamorgan was 391. Thirty-one unmarried mothers were admitted for confinement to hostels under the County Council scheme. The Salvation Army hostels at Cardiff and Bristol, the Cwmdonkin Shelter, Swansea, and the Llandaff Diocesan Church Home, Penarth, all give timely help to the unmarried mothers referred to them and I am indebted to these bodies for their readiness to co-operate, often at very short notice, in finding vacant places for the cases brought to their notice.

Most of the pregnant girls who seek help are youngsters, teenagers or in the early twenties, although occasionally married women with an illegitimate pregnancy are found accommodation when the circumstances justify their acceptance. Applications for admission are sometimes withdrawn due to the reconciliation with the family and the health visitors do what they can in all cases to prevent disharmony between the girl and her parents.

#### ANTE-NATAL CLASSES.

Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, has made the following report :—

"I am pleased to be able to report that the trend is still upward with regard to ante-natal class attendances during 1960.

The Health Visitors have worked extremely hard with regard to these and have done exceptionally good pioneering work. This aspect of our work is by its very nature, of slow growth, because we cannot bring any pressure to bear on the expectant mother to attend, nor would we wish to do so. We are hopeful that, as time goes on, the value of the ante-natal classes will have become so apparent that expectant mothers will be eager to attend (as already happens in some areas).

Taking the short-term view of this work, we have had ample evidence that the enlightenment and reassurance given to the expectant mothers, combined with the relaxation and exercises, gives an easier labour and a happier and safer childbirth, and for this alone, the work of the whole clinic team, medical officers, health visitors, and midwives, is well worth-while.

The Cranbrook Report stated that subjects other than those immediately concerned with the pregnancy could, with advantage, be introduced into the syllabus of ante-natal classes, the mother being at that time so vitally interested in all which concerns her coming child's welfare. Most new parents are desirous to do the very best for their children, and the health visitor with her skill and understanding, derived not only from her long professional training, but, her knowledge and experience being deepened and enriched by her day-to-day visiting of the families in her area, aims to foster the building-up of good family relationships, and the true values of a good home life, and the importance of parental status which should command respect from their children as they grow from childhood to adolescence and adult life.



A strong bond of understanding and deep family affection engenders the spirit of confidence and security in the children, who know that they can rely upon their parents for emotional support and understanding until such time as they themselves reach maturity. Then, and then only, does the parents true responsibility end, even though the young ones will always return to share with them the joys and perplexities of their own family lives.

Thus, the complete circle is turned, because aged parents can never be deserted and unloved where the family relationships and environment have been right.

It is my opinion that this is the true medico-social work of the Health Department and can best be carried out in a local authority clinic by a health visitor who is actually engaged in the day-to-day work in the homes of the people, working closely with her midwife colleague.

The following tables give statistics of (a) 1960 ante-natal classes, and (b) the growth of the ante-natal classes from 1956, which is the first year for which actual figures are obtainable, although classes were held as far back as 1951 :—

TABLE I.

1960	Number of courses arranged.	Number of mothers attended.	Number of attendances.	Evening Parentcraft Sessions	Number who attended.	Centres at which follow-up lectures are given.
Aberdare and Mountain Ash	34	331	1,358	—	—	Aberdare and Abercynon.
Caerphilly and Gelligaer ..	10	55	156	—	—	—
Mid-Glamorgan ..	14	74	266	—	—	—
Neath .. ..	31	268	1,345	—	—	—
Pontypridd and Llantrisant ..	24	184	925	2	18	—
Port Talbot and Glyncoirwg ..	38	141	669	—	—	—
South-East Glamorgan ..	35	317	2,073	10	141	—
West Glamorgan	22	105	393	—	—	Ystalyfera Ynysderw House Gorseinon Pontardulais
Rhondda .. ..	37	277	1,055	1	8	—
Totals .. ..	245	1,752	8,240	13	167	6



TABLE II.

		Number of courses arranged	Number of mothers attended	Number of attendances	Evening Parentcraft Sessions	Number who attended
1956	.. ..	61	485	2,162	—	—
1957	.. ..	69	474	2,488	—	—
1958	.. ..	90	767	3,487	—	—
1959	.. ..	178	1,546	7,013	5	105
1960	.. ..	245	1,752	8,240	13	167
Totals	.. ..	643	5,024	23,390	18	272

Ante-natal classes cannot be rushed and adequate time must be allowed for them. They are best held quite separately from an ante-natal clinic session.

We should very much like to bring the mothers together for these talks and relaxation at a much earlier stage in pregnancy than is now possible, due to the fact that a large number of our young, keen expectant mothers work on for a considerably longer time during pregnancy than was formerly the case. In one division, I know that the Divisional Superintendent Health Visitor and the health visitor of an area are planning to meet the woman personnel manager of a large factory, whom they think would co-operate with them and allow the young expectant mothers time off to attend the talks, as she now does so that they can keep their ante-natal clinic appointments.

The Ministry of Health Circular on 'Human Relations in Obstetrics', p. 3, paragraph 2(b) refers to the difficulties of expectant mothers who are working and are, thus, not able to attend classes during the day-time. The report goes on to state that special arrangements may have to be made to meet the ante-natal mothers' needs and suggests that evening meetings should be arranged.

The health visitors would be the first to co-operate if these are considered wise and necessary, but there is doubt as to the wisdom of organising regular evening classes for pregnant women, particularly in the winter months. After a full day's work they are hardly likely to feel sufficiently fresh and energetic to attend, and it seems to be asking too much of them to expect them to do so. At Pontypridd, Cadoxton (Barry), Whitchurch, and in the Rhondda, evening parentcraft sessions have been held at which both husbands and wives attend together. These evenings have been much appreciated by those who attended and we are hoping that this aspect will be extended further as time goes on.

Health visiting staff also endeavour to keep the local general medical practitioners informed as to the times of the ante-natal classes, so that the family doctor's own booked patients may be invited to attend the clinic talks. It is gratifying to know that in many instances the local doctors are co-operating with them, but this could well be further extended.

Our aim regarding ante-natal classes is to enlighten and reassure the expectant mothers, to promote happier and easier and safe confinements, and to so improve the standard of maternal care as to bring the children up to be healthy and emotionally secure."



## CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 182 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 1960 the number of sessions per month had shown a further increase from 523 in 1959 to 540. In some clinics qualified nurses not holding a health visitor's certificate assist. There are a few clinics where by a long-standing arrangement, a local practitioner attends on a sessional basis.

The total attendances increased from 191,092 in 1959 to 193,840, the actual number of children who attended the various centres increased from 28,020 to 29,716.

Most of the attendances are made during the infant's first year of life. Last year the total figures for the County showed an increase in the three groups in which children under five years of age are recorded. Some of the improved figures may be due to the children's attendance for vaccination or immunisation, which in many clinics is done during routine infant welfare sessions where the clinic doctor and the health visitor are available to advise the parent on any problems she may have in regard to the care of her child.

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. During the year medical officers were asked to perform the Terman Merrill test on these children.

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. The Act also provides for the registration of persons engaged in the day-minding of children for reward. There are five child-minding establishments and nine child-minders registered under the Act. Routine visits of inspection were paid during the year.

## DEATHS OF PREMATURE BABIES.

Of the 934 premature live births notified—an increase of 59 on the figure for 1959—230 were born at home, compared with 202 in 1959.

It should be noted that excluding premature babies of 3 lb. 4 oz. or less, 143 out of 156 of those born at home survived the first twenty-eight days.



The number of premature still-births rose slightly to 184 as compared with 178 in 1959. The figures contained in the table on p. 23 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.



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	..	..	696	(a) In hospital	..	..	154
(b) At home	..	..	230	(b) At home	..	..	30
(c) In private nursing homes (A) ..	8	Total ..	934	(c) In private nursing homes (A) ..	-	Total ..	184

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 on or before 28th day.		
	Total. (2)	Died within 24 hours of birth. (3)	Survived 28 days. (4)	Total. (5)	Died within 24 hours of birth. (6)	Survived 28 days. (7)	Total. (8)	Died within 24 hours of birth. (9)	Survived 28 days. (10)	Total. (11)	Died within 24 hours of birth. (12)	Survived 28 days. (13)	Total. (14)	Died within 24 hours of birth. (15)	Survived 28 days. (16)
(1)															
3 lb. 4 oz. or less .. (1,500 gms. or less)	98	44	16	9	5	4	15	7	3	-	-	-	-	-	-
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. (1,500-2,000 gms.)	117	14	92	17	4	10	17	1	12	-	-	-	-	-	-
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. (2,000-2,250 gms.)	148	5	131	26	1	24	15	2	12	2	-	2	-	-	-
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. (2,250-2,500 gms.)	333	7	320	113	1	109	18	-	18	6	-	6	-	-	-
Total (C) ..	696	70	559	165	11	147	65	10	45	8	-	8	-	-	-

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 writing the report of the dental care of mothers and young children, I must emphasise the grave shortage of dental officers on our staff. Whilst this shortage is evident throughout the country, it is most marked in the industrial areas where the need is probably greatest. Unfortunately there seems little hope of the position improving in the near future.

Our clinics afford a golden opportunity for instructing mothers in the practice of dental hygiene and we should at all times stress the great benefit derived by children with a good dentition.

Decay of the teeth is the most prevalent disease in our western civilisation. A recent World Health Organisation conference concluded that most western European children suffered from dental decay at the age of three and that on entry into school a child of five has seven of his twenty temporary teeth either filled, decayed or already extracted. Further, as the child gets older the situation becomes even worse.

Mothers at our clinics continually ask 'What causes tooth decay?' In answering this question we should never tire of explaining the main cause of tooth decay is our modern diet. Food such as white bread, confectionery, sugar, and sweets cling to the teeth and a film is formed on the tooth surface which destroys the enamel. The parts of the teeth most likely to decay are those parts such as fissures where the food most easily lodges.

It is for this reason that crisp chewable food is important as an aid in cleansing the teeth. Toddlers should be encouraged to clean their teeth at an early age—although it will be necessary for the mother to check on her children to make sure the teeth are clean.

Besides instruction in how to clean the teeth by brushing after meals, when possible—the benefits to the teeth gained by eating an apple after meals or chewing celery or nuts should be stressed. These foods are hard and fibrous and clean the teeth as they are chewed. Also the children would benefit if they could be made to flush their mouths with water after sweet and chocolate eating.

It is ironic that the national shortage of dentists should be so acute at a time when the demand by the parents for dental treatment for their children is necessary and when the need for more dental treatment is so great. It is doubtful if parents realise that there is little likelihood of sufficient dentists being available for some years to carry out the treatment necessary for children. It is important, therefore, that parents assist the dental profession by a keen interest in the teeth of their children and thus keeping down dental decay.

In 1960, 1,344 expectant and nursing mothers were referred to our dental clinics from the maternity and child welfare clinics. Of the 1,314 found in need of treatment 1,237 were treated and 675 rendered dentally fit. The number made dentally fit although disappointing is slightly up on the previous year. There are many reasons for incomplete treatment such as a young mother's difficulty in finding someone to take charge of her baby whilst she attends the dental clinic for treatment.

The number of extractions were 4,563 which is much lower than 1959 whilst fillings were 492 against 393 last year. The number of fillings is poor but this rise is in the right direction. The number of scalings or gum treatment was 201.

The number of dentures inserted were 332 complete upper or lower dentures and 179 partial upper or lower. This figure is very near the previous year. The figures relating to the pre-school age groups are encouraging. 936 were examined against 856 in 1959 and whilst 848 were found in need of treatment, 773 were treated, and 507 made dentally fit.







### DISTRIBUTION OF WELFARE FOODS.

Welfare foods are distributed mainly from the Authority's own clinics. The number of distribution centres operated by voluntary workers continues to dwindle. At the end of the year fourteen voluntary workers were distributing welfare foods from their homes and I am grateful to them for their continued help in this work.

During 1960 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>
83,820	40,447	310,102	26,969

The value of the postage stamps on the coupons surrendered by beneficiaries was £15,505 1s. 1d.

As from 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 16,699 tins and there was an increase of 339 in the number of bottles of cod liver oil issued. The issue of orange juice increased by 54,164 bottles. The issue of vitamin A and D tablets increased by 2,666 packets.

The value of proprietary milk and welfare foods sold in the welfare clinics in 1960 was approximately £37,480 which is an increase of £1,649 on the amount for the previous year.

Proprietary brands of milk seem to be more popular than National Dried Milk, although it may be that mothers find it more advantageous to obtain supplies of liquid milk at cheap rates than to purchase National Dried Milk.

### TRAINING OF NURSERY NURSES.

During the year, seventeen first-year and eighteen 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.

### SECTION 23—COUNTY DOMICILIARY MIDWIFERY SERVICE.

The maintenance of an adequate domiciliary midwifery service continued to present serious problems, particularly in the Caerphilly and Gelligaer, Mid-Glamorgan and Rhondda Divisions, where staff shortages due to illness or unavoidable delay in finding replacements accentuated current difficulties and placed unnecessary burdens on the remaining midwives.

As I have stated in previous reports, midwifery is no longer a popular profession and the hospital service and the domiciliary service are hard pressed to find sufficient midwives to meet their requirements. Newcomers to the domiciliary service look for regular off-duty times and do not willingly accept "on call" arrangements with the restriction of movement which this entails.



A realistic attempt to obtain recruits for this service by endeavouring to make it more attractive will be needed if complete breakdown is to be avoided in the next few years as retirement thins the ranks of the older midwives. If this should prove unsuccessful, an alternative could be to employ partly-trained persons not holding the C.M.B. Certificate to work under the supervision of the midwife and do the follow-up nursing during the lying-in period of the mother and infant. It is hoped that continued shortage of midwives will not make such a retrograde step inevitable.

On 31st December, 1960, there were in the Administrative County 132 domiciliary midwives who had notified their intention to practise. Four of this number were actually practising as independent midwives. In the County Domiciliary Service 128 were employed, eighteen 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 12,851 births which took place at home or in hospital in 1960 County midwives attended 4,927 deliveries, an increase of twenty-three compared with the previous year.

Nine babies were born in ambulances during transport to hospital of mothers in labour.

The number of births occurring in hospital increased by 394.

The arrangements whereby midwives in certain areas assist their home nursing colleagues in the nursing of other than midwifery patients continued during the year and a total of 9,553 home nursing visits were made by County midwives. This figure is 2,500 less than in 1959.

#### ANALGESIA IN MIDWIFERY.

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

During 1960 the number of patients who received gas and air analgesia was 3,631, i.e. fifteen less than in 1959. Expressed in terms of percentages, 73.7 per cent of cases attended in 1960 received gas and air analgesia, compared with 74.3 per cent in 1959.

Pethedine, a drug to relieve pain during labour, was administered to 3,050 patients, or 61.9 per cent of the cases attended.

Trichloroethylene was administered to 1,202 patients during the year, i.e. an increase of 242 compared with 1959. There are now forty-seven sets of apparatus in use.

#### 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.

Except in the Rhondda, Mid-Glamorgan, and South-East Glamorgan Divisions, where supervision of the Home Help Service is done by the County Home Help Organiser or her assistants, the Non-Medical Supervisors of Midwives undertake some of this work which, in most Divisions, is shared with the Divisional Superintendent Health Visitor. In all Divisions the Non-Medical Supervisors are responsible also for the supervision of the County Home Nursing Service.



The following table shows the number of visits made by the Non-Medical Supervisors under the different headings of service. The total figures for the previous year are also given in brackets for the purpose of comparison :—

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 Glyncofrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(a) To County Midwives .. .. .	172	299	139	243	110	96	254	75	25	1,413 (1,550)
(b) To Independent Midwives .. .. .	—	—	—	—	—	—	—	—	2	2 (8)
(c) To Nursing Homes .. .. .	—	—	5	—	—	—	9	7	—	21 (17)
(d) To Home Nurses .. .. .	259	169	144	79	113	44	147	48	78	1,081 (1,231)
(e) To Home Helps and Applicants for Home Help .. .. .	623	758	—	536	453	1,024	4	573	—	3,971 (4,499)

SUPERVISION OF NURSING HOMES.

Regular inspections were carried out during the year to ensure the proper maintenance of the three nursing homes registered under section 187 of the Public Health Act, 1936.

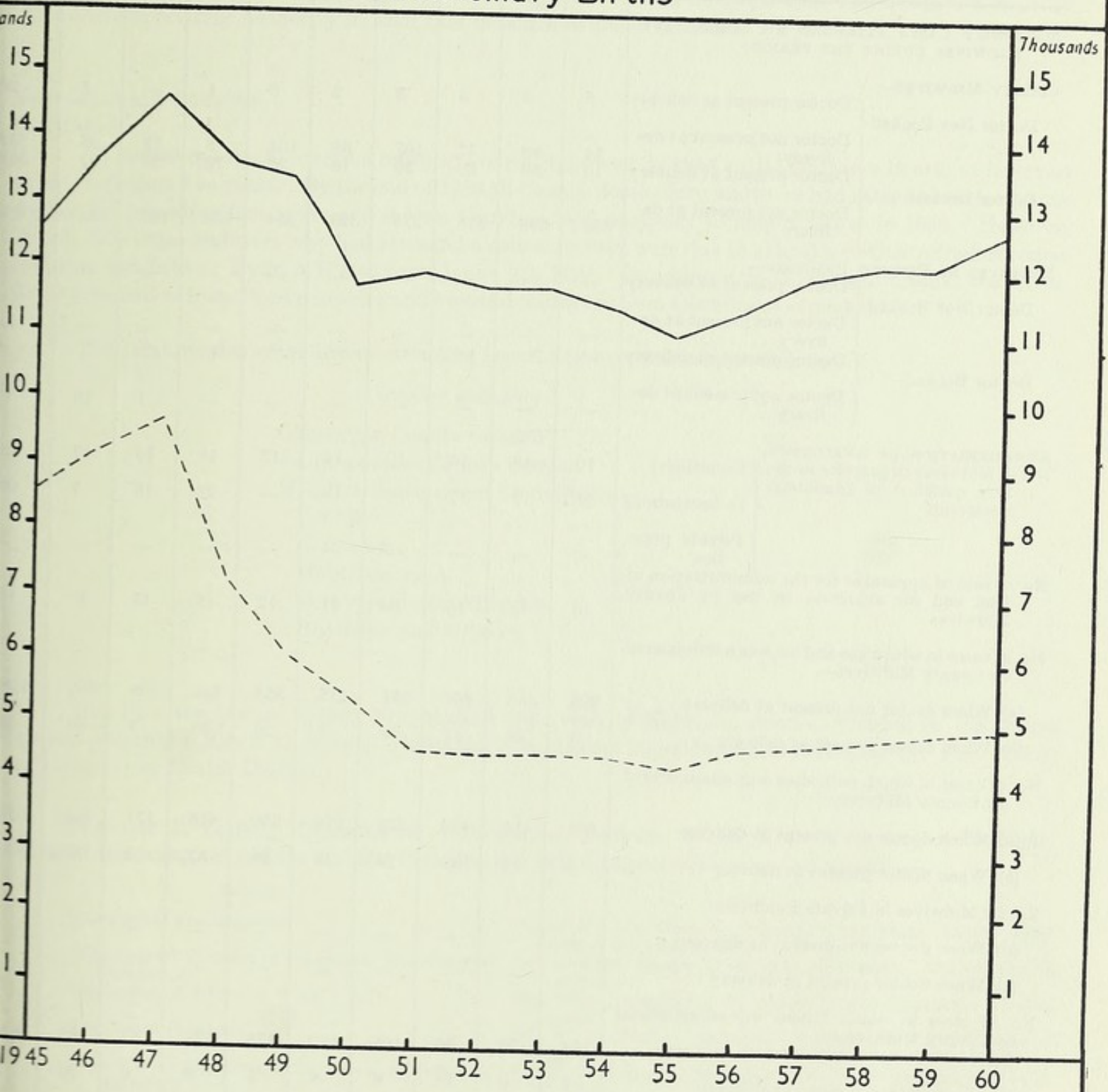
NURSES' ACTS, 1943 AND 1945.

At the end of the year there were no agencies registered under the Nurses' Acts, 1943 and 1945.



# BIRTHS

— Total Births  
- - - Domiciliary Births





## 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>										
COUNTY MIDWIVES—										
Doctor Not Booked { Doctor present at delivery	5	3	3	3	2	6	1	—	5	28
Doctor Not Booked { Doctor not present at de- livery .. .. .	14	98	42	107	68	104	6	23	95	557
Doctor Booked { Doctor present at delivery	10	53	59	30	16	22	76	29	97	392
Doctor Booked { Doctor not present at de- livery .. .. .	352	598	575	275	329	354	656	197	614	3,950
MIDWIVES IN PRIVATE PRACTICE—										
Doctor Not Booked { Doctor present at delivery	—	—	—	—	—	—	—	—	—	—
Doctor Not Booked { Doctor not present at de- livery .. .. .	—	—	—	—	—	—	—	2	—	2
Doctor Booked { Doctor present at delivery	—	—	—	—	—	—	—	—	—	—
Doctor Booked { Doctor not present at de- livery .. .. .	—	—	—	—	—	—	—	1	16	17
ADMINISTRATION OF ANALGESICS.										
No. of Midwives in practice in the area qualified to administer analgesics { Domiciliary ..	10	18	16	10	11	12	19	15	17	128
{ In institutions	21	7	17	—	13	—	22	16	7	103
{ Private prac- tice ..	—	—	—	—	—	—	—	—	—	—
No. of sets of apparatus for the administration of Gas and Air analgesia in use by County Midwives	10	18	16	10	11	12	19	15	17	128
No. of cases in which gas and air was administered by County Midwives—										
(a) When doctor not present at delivery ..	298	453	466	251	218	353	544	199	569	3,351
(b) When doctor present at delivery .. ..	3	43	42	26	7	20	63	7	69	280
No. of cases in which pethedine was administered by County Midwives—										
1. (a) When doctor not present at delivery ..	308	414	430	228	216	259	416	171	362	2,804
(b) When doctor present at delivery .. ..	5	42	40	23	10	16	52	3	55	246
2. by Midwives in Private Practice—										
(a) When doctor not present at delivery ..	—	—	—	—	—	—	—	—	—	—
(b) When doctor present at delivery .. ..	—	—	—	—	—	—	—	—	—	—
No. of cases in which Trilene was administered by County Midwives—										
(a) When doctor not present at delivery	104	176	76	105	122	178	134	87	138	1,128
(b) When doctor present at delivery	2	6	14	6	6	7	9	6	26	8
No. of sets of apparatus in use by County Midwives	5	5	5	6	5	6	5	5	5	4



# MIDWIVES (AMENDMENT) RULES, 1960.

The Midwives (Amendment) Rules, 1960, came into operation on 1st July, 1960, and provide for a new section E (which contains the rules regulating supervising and restricting within due limits the practice of midwives).

The main effect of this new section is to remove the distinction between midwives and maternity nurses, reduce the minimum lying-in period to ten days and remove the requirement for a midwife to notify the Local Supervising Authority in each case in which artificial feeding is adopted.,

## POSTGRADUATE COURSES.

### (a) *Midwives.*

All midwives have to attend a refresher course, approved by the Central Midwives Board, at intervals of not more than five years. By the end of 1958 all County domiciliary midwives had attended such a course during the preceding four years and it was, therefore, not necessary to hold a course in 1959. However, during 1960 those midwives who had attended a course in 1956 were due to attend a further refresher course and this was held at Dyffryn House from 1st to 7th May. In addition to Glamorgan County midwives, County midwives from Pembrokeshire and hospital midwives from Glamorgan attended.

The total number of midwives attending was thirty-five, made up as follows :—

<i>Sending authority.</i>	<i>No.</i>
Glamorgan County Council .. .. .	22
Pembrokeshire County Council .. .. .	2
Hospital Management Committees—	
Cardiff .. .. .	1
Glantawe .. .. .	2
Mid-Glamorgan .. .. .	5
Pontypridd and Rhondda .. .. .	1
Rhymney and Sirhowy .. .. .	2
—	11

Miss Bronwen Davies, County Non-Medical Supervisor of Midwives, acted as Warden for the Course and was assisted by Miss S. O. Morgan, Divisional Non-Medical Supervisor of Midwives for the Port Talbot and Glyncothwrg Health Division.

Professor F. Grundy, Department of Preventive Medicine, Welsh National School of Medicine, delivered the inaugural address and the following is a list of the other lectures and events :—

<i>Subject.</i>	<i>Lecturer.</i>
"Congenital Abnormalities" .. .. .	Professor A. G. Watkins, Department of Child Health, Welsh National School of Medicine.
"The Present Position of Diagnostic Radiology in Pregnancy" .. .. .	Dr. Graham Hinde, Consultant Radiologist, United Cardiff Hospitals.
"Principles of Adoption Work" .. .. .	Miss Beti Jones, B.A., Children's Officer, Glamorgan County Council.
"Neo-natal Problems" .. .. .	Dr. P. T. Bray, Consultant Paediatrician, United Cardiff Hospitals.
"The Use of Hypnosis with Special reference to Midwifery" .. .. .	Flt. Lt. P. B. Martin, Medical Division, Royal Air Force Hospital, St. Athan.
"Parentcraft" .. .. .	Miss E. G. Wright, County Superintendent Health Visitor/School Nurse, Glamorgan.



<i>Subject.</i>	<i>Lecturer.</i>
"Ante-natal Assessment" .. .. .	Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
"Mental Health in Pregnancy" .. .. .	Dr. R. T. Bevan, Deputy County and Principal School Medical Officer, Glamorgan.
"Aspects of Analgesia in Obstetrics" .. .. .	Professor W. W. Mushin, Department of Anaesthetics, Welsh National School of Medicine.
"Maternal and Foetal Mortality and Morbidity"	Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
"The Rhesus Factor" .. .. .	Dr. B. Bevan, National Blood Transfusion Service, Welsh Division.
"The Rules of the Central Midwives Board" ..	R. J. Fenney, Esq., M.B.E., B.A. (Admin.), Secretary, Central Midwives Board.

Visits were paid to :—

Ames Co., factory, Bridgend Trading Estate.  
The Steel Company of Wales, Abbey Works, Port Talbot.

Films were shown on :—

"Breast Feeding" ;  
"Meet the Quads" ;  
"Simplified Urine Analysis".

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

(i) A postgraduate course for non-medical supervisors of midwives was held at Bedford College, London, from 3rd to 9th April, 1960, when the following supervisors attended :—

Miss B. Davies, County Non-Medical Supervisor of Midwives ;  
Mrs. G. R. Thomas, Aberdare and Mountain Ash Health Division ;  
Miss I. H. Jones, Mid-Glamorgan Health Division.

(ii) *Administration and Teaching Courses for Nurses.*

During the year two Divisional Non-Medical Supervisors of Midwives, Miss P. M. E. Smith, Pontypridd and Llantrisant Health Division, and Miss G. Thomas, West Glamorgan Health Division, attended a three months' residential course at the William Rathbone College, Liverpool.

The course, "Community Health Administration", is believed to be of great benefit to those nurses appointed to administrative or teaching posts and it is hoped that arrangements will be made in the case of future appointments to the post of non-medical supervisor for the successful candidate to attend the course as soon as possible after appointment.

**MEDICAL AID.**

This was summoned in accordance with the rules of the Central Midwives Board on 1,454 occasions for reasons shown in the following table. This compares with the figures of 1,409 for 1959, and 1,433 for 1958.



## MIDWIVES ACT, 1951.

## SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1960.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(1) RELATING TO MOTHER.										
(i) <i>Ante-natal.</i>										
(a) Albuminuria .. .. .	17	6	23	14	1	3	8	3	8	83
(b) Eclampsia .. .. .	—	—	—	—	—	—	—	—	—	—
(c) Ante-partum haem. .. .. .	6	17	6	7	2	7	3	3	17	68
(d) Abortions .. .. .	2	21	16	5	1	2	4	8	17	76
(e) Miscellaneous .. .. .	5	9	11	9	9	8	5	2	6	64
(f) Raised blood pressure .. .. .	—	—	—	—	—	—	—	—	13	13
(ii) <i>Natal.</i>										
(a) Placenta praevia .. .. .	—	2	—	—	—	—	—	—	—	2
(b) Prol. 1st st. lab. .. .. .	13	8	11	5	13	6	4	—	—	82
(c) Prol. 2nd st. lab. .. .. .	3	14	9	7	10	—	6	1	21	69
(d) Ab. presentation .. .. .	9	10	8	—	4	3	3	1	10	48
(e) Miscellaneous .. .. .	7	12	18	14	9	15	4	2	26	107
(iii) <i>Post-natal.</i>										
(a) P.-n. convulsions .. .. .	—	—	—	—	—	—	—	—	—	—
(b) Albuminuria .. .. .	—	—	—	—	—	—	—	—	—	—
(c) Rupt. perineum .. .. .	10	50	35	23	27	27	36	12	113	333
(d) Plac. abnormal .. .. .	2	8	6	5	—	4	6	2	12	45
(e) Post-partum haem. .. .. .	3	6	4	6	5	8	5	2	14	53
(f) Puerp. pyrexia .. .. .	1	3	12	7	3	1	11	1	11	50
(g) Breast conditions .. .. .	1	—	3	1	—	2	4	1	2	14
(h) Stillbirth .. .. .	7	—	1	9	2	2	4	1	2	28
(j) Miscellaneous .. .. .	11	5	23	6	3	5	6	1	19	79
(2) RELATING TO INFANT.										
(a) Neo-natal dis. .. .. .	—	—	—	—	—	2	—	2	7	11
(b) Asphyxia .. .. .	1	—	8	5	4	1	3	2	3	27
(c) Malformation .. .. .	3	5	2	3	1	1	3	—	4	22
(d) Eye conditions .. .. .	1	3	6	12	4	—	3	1	2	32
(e) Prematurity .. .. .	3	6	9	4	5	2	5	—	4	38
(f) Skin conditions .. .. .	1	4	3	4	1	2	3	2	2	22
(g) Jaundice .. .. .	11	—	2	2	—	—	2	—	7	24
(h) Miscellaneous .. .. .	6	12	7	6	2	2	6	4	18	63
Totals .. .. .	123	201	223	154	106	103	134	55	355	1,454

Albuminuria, ruptured perineum, ante-partum haemorrhage, placenta abnormalities, and breast conditions were the main causes relating to mothers for which medical help was sought more frequently than in the previous year.

The number of cases in which medical aid was summoned for malformation, skin conditions, and jaundice in infants showed a slight increase.

The number of instances of abortion for which medical aid was summoned, fell slightly during the year to 76, compared with 80 during 1959. In 1957 the figure was 44.



## SECTION 24—HEALTH VISITING SERVICE.

On 31st December, 1960, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine divisional superintendents, one whole-time health visitor, 114 health visitors-school nurses, and six 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 1960 totalled ten. There were twelve new appointments, of whom six were student health visitors who qualified during the year.

Five other students, sponsored by the Health Committee, are undergoing training for the Health Visitors' Certificate at the Welsh National School of Medicine and should be ready to present themselves for examination in June, 1961. 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 cover the loss of existing staff by normal wastage.

Proposals for the establishment of training councils for health visitors' training and social work training, are still under consideration by the various Government and other bodies concerned, although the joint chairman has been appointed. The delay in reaching the final conclusions on these matters, inevitable though it may be, has not helped to stimulate recruits to the Health Visiting Service, which has been sadly depleted in Glamorgan for many years.

The prospects offered by health visiting as a career are uncertain. What is thought by some health visitors to be an inroad by other workers into hitherto exclusive fields, the relatively poor salary and conditions compared with senior posts in hospitals or other forms of social work have been some of the factors which I feel have lessened the satisfaction which was usually found in the job and have hindered recruitment to this service.

In addition to home visits undertaken as part of their School Health Service duties, health visitors made a total of 268,519 visits during 1960 an increase of 5,855 visits compared with the figure for 1959. Their visits involved 57,718 families or households; this number included 12,009 visits to tuberculous households. The number of children under 5 years of age visited during the year was 57,931, which was 594 more than in 1959. The number of visits made to expectant mothers increased by 543, to a total of 13,463 and an increase of 1,310 is recorded in visits to "other cases". The 28,005 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 83.7 for 1960 being 4.9 more than the previous year.

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

	1956	1957	1958	1959	1960
Children between ages 1-2 years .. ..	40,170	38,038	41,832	45,754	45,848
Children between ages 2-5 years .. ..	78,791	67,888	74,327	76,730	78,506
Tuberculous households .. ..	14,553	13,828	12,804	11,869	12,009
Others .. ..	26,754	22,671	24,841	26,695	28,005



## 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 Glyncoffwng.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
No. of Health Visitors, excluding Divisional Superintendent H.V.s, employed at the end of the year	Whole-time on health visiting		—	—	—	—	—	—	—	—	—	—
	Part-time on health visiting		11	11	11	12	12	9	18	11	19	114
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			9.08	8.15	9.30	6.83	7.29	7.58	15.60	8.42	11.40	83.65
No. of visits paid by Health Visitors	Expectant mothers	First visits	720	666	1,367	694	298	554	593	366	566	5,824
		Total visits	2,647	1,224	3,669	1,271	520	1,087	1,167	688	1,190	13,463
	Children under 1 year of age	First visits	1,021	1,543	1,841	1,129	1,218	1,253	2,467	1,010	1,591	13,073
		Total visits	10,357	8,008	8,115	6,970	8,347	7,030	17,070	8,083	16,708	90,688
	Children between ages 1-2 years	.. Visits	5,380	5,278	2,504	3,688	4,994	3,814	8,443	3,540	8,207	45,848
	Children between ages 2-5 years	.. Visits	11,042	7,124	5,703	8,445	5,678	8,948	12,379	8,034	11,153	78,506
	Tuberculous Households	.. Visits	1,915	575	967	1,515	1,277	1,732	1,274	998	1,756	12,009
	Others	.. Visits	8,278	1,997	2,649	1,768	2,443	1,903	2,097	2,221	4,649	28,005

Special visits and selective visits tend to replace some of the routine work formerly undertaken when more staff was available. The extent to which non-routine work is done varies considerably between the divisions as will be seen in the figures shown for "other visits" in the above statistical table.

Visits to the aged and infirm would probably account for the majority of the 28,005 visits returned under this heading.

Until more health visitors become available it seems pointless to discuss the opportunities of an extended Health Visiting Service as suggested under the National Health Service Act. Work other than that of health education and social advice, particularly relating to the care of mothers and young children, is difficult to accomplish in areas where, due to insufficient staff, a system of selective visits to mothers and young children must of necessity be operated. In particular desirable functions in relation to mental hygiene, care of the aged, and an extension of parentcraft classes cannot be undertaken satisfactorily.

Dr. Kathleen Davies in her annual report as Divisional Medical Officer (Mid-Glamorgan Health Division) again refers to the continued shortage of health visitors, which is greatly restricting the number of visits that can be made to mothers and children. In this Division all new babies are visited monthly until three months of age and then at six months. With such restrictions of home visiting and the lessening of the opportunities of contact with the parent, opportunities for health propaganda, particularly in relation to immunisation and vaccination, are inevitably less frequent than they should be.



# SURVEY OF GASTRIC CONDITIONS.

This survey, which has been in progress since 1951, under the direction of Dr. Ernest Evans, Consultant Physician at the East Glamorgan Hospital, continued during the year and the services of one of the health visitors in the Pontypridd and Llantrisant Health Division are still being used in the follow-up of patients.

## SECTION 25—HOME NURSING SERVICE.

On 31st December, 1960, there were engaged in this Service, 135 whole-time and twenty part-time home nurses. In addition, there were eighteen nurse-midwives. This represents an increase of two whole-time home nurses and two nurse-midwives over the numbers for the previous year.

Of the 155 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
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
1960	14,110	555,613

Since 1950 the number of visits has increased by 41·8 per cent although last year there was a fall of 1,275 in the number of cases attended (14,110), compared with 1959. Compared with 1950, the number of cases fell by 1,400, but the number of visits increased by 163,752 from 391,861 to 555,613. These are very significant figures.

Details of the work done in each division are shown in the table on p. 37.

Although the number of surgical cases attended remains approximately the same as in 1959, the number of visits increased by 8,724.

Case loads were heaviest in the West Glamorgan, Port Talbot and Glyncoirwg, South-East Glamorgan, and Caerphilly and Gelligaer Divisions.

Midwives with light case-loads are sometimes able to assist home nurses in routine nursing duties and 9,553 visits were made by midwives on their behalf last year, 2,500 fewer than in 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	905	320	1	21	8	1	51,326	13,094	10	279	113	2	282	72	-	6	1	-	97.7	5,040
Caerphilly and Gelligaer ..	1,284	471	1	23	9	-	50,287	12,960	4	1,804	133	-	350	72	-	8	1	-	105.2	3,835
Mid-Glamorgan ..	1,089	409	-	38	10	25	45,241	16,829	-	2,365	68	121	384	106	-	6	-	4	71.4	2,937
Neath and District ..	808	306	-	105	-	5	33,335	8,772	-	6,721	-	173	235	51	-	16	-	1	81.6	3,267
Pontypridd and Llantrisant ..	779	313	-	8	13	-	28,918	10,645	-	405	58	-	238	66	-	1	1	-	82.0	2,950
Port Talbot and Glyncoirwg ..	974	327	-	58	15	-	29,492	7,868	-	3,866	130	-	239	40	-	12	2	-	114.5	3,446
South-East Glamorgan ..	1,321	703	3	19	11	7	62,316	20,859	27	2,711	103	383	440	145	-	10	-	5	106.6	3,526
West Glamorgan ..	1,233	445	1	72	4	8	5,1583	10,574	4	3,264	77	31	366	59	-	22	-	-	120.1	4,464
Rhondda ..	1,510	399	9	17	20	2	60,922	16,456	66	994	218	6	482	65	-	3	-	2	95.5	3,837
Totals ..	9,903	3,693	15	361	90	48	413,420	118,057	111	22,409	900	716	3,016	676	-	84	5	12	92.8	3,653
Totals, 1959 ..	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



There has always been a considerable demand for the services of home nurses and with the increasing number of aged infirm persons in the community, the demand is likely to grow. Home nursing is a job for which a special sense of vocation is required. While it is not as unpopular as domiciliary midwifery, it fails to attract any large number of recruits.

Co-operation with the general practitioners continues to be excellent and the doctors are warm in their praise for the nursing care afforded to their patients.

In some areas the preliminary preparation of patients prior to hospital out-patient examination or treatment makes a further call on the time of the local nurse, but is a very useful form of co-operation in the interests of the patient and the hospital staff.

#### DISTRICT TRAINING.

During the year arrangements were made for a limited number of recently-appointed home nurses to receive training in district work at Cardiff and Bristol at short-term courses established by the Cardiff and Bristol City Councils. Nurses whose experience has been restricted to working in hospital can receive considerable benefit from attending such courses, where they are taught to adapt their techniques and methods of work to the circumstances which they are likely to find in the different types of homes and patients they may be called upon to visit in the course of their duties.

#### REFRESHER COURSE.

No course has been held since November, 1959. It is hoped to arrange one in 1961.

### 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 revaccinated during the year. I am pleased to be able to report that once again the number of persons vaccinated in 1960 showed an increase (382) over the preceding year and that for the first time for many years the number re-vaccinated also showed an increase (186).

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 year, the percentage in Glamorgan in 1960 was only 20. It must be pointed out, however, that in some divisions vaccination against smallpox is not done until after 1 year because of the difficulty in fitting it in due to the other injection procedures.

The number vaccinated in the Neath and District, and Pontypridd and Llantrisant Divisions in particular continues to be 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.

Unfortunately the success of vaccination programmes against an infectious disease seems to depend more upon the presence of a case in an area than upon any propaganda, no matter how skilfully presented.



Fortunately smallpox occurs very rarely in this country and, as the following figures show, very few mothers are interested enough to protect their infants against this disease :—

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1960.						Age at 31st December, 1960.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	17	101	85	34	25	262	—	3	1	1	5	10
Caerphilly and Gelligaer ..	338	19	9	5	10	381	—	—	2	—	8	10
Mid-Glamorgan .. ..	354	19	49	30	72	524	—	—	4	13	68	85
Neath and District .. ..	69	17	16	8	13	123	—	—	—	7	45	52
Pontypridd and Llantrisant ..	86	10	15	19	20	150	—	—	3	7	53	63
Port Talbot and Glyncoirwg ..	438	25	7	18	99	587	—	—	—	—	28	28
South-East Glamorgan .. ..	670	46	32	55	72	875	—	4	6	42	373	425
West Glamorgan .. ..	251	23	14	8	34	330	—	—	2	10	67	79
Rhondda .. ..	183	22	17	39	78	339	3	1	1	5	51	61
Totals 1960 .. ..	2,406	282	244	216	423	3,571	3	8	19	85	698	813
Totals 1959 .. ..	2,303	242	198	178	268	3,189	15	5	19	42	546	627

#### IMMUNISATION AGAINST DIPHTHERIA.

During <sup>1950</sup>1959, 9,703 children completed a full course of primary immunisation and 8,323 children were given a secondary or reinforcing injection. The corresponding figures for 1959 were 6,677 and 2,686 respectively.

The increase in the number immunised is gratifying and may be due to the fact that since July, 1960, the use of a triple antigen, combining protection against diphtheria, whooping cough, and tetanus, has been used, thus reducing the number of injections hitherto necessary.

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 twelfth successive year with no deaths from this disease.

Efforts to improve the numbers immunised must be continued because there is no reason to think that diphtheria has been completely eradicated as a killing disease.

As I have said in previous annual reports, the diphtheria immunity index falls short of the level needed to protect those at risk from a disease that older generations knew to be deadly.



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 .. ..	443	330	250	1,023	503	
Caerphilly and Gelligaer .. ..	501	277	13	791	244	
Mid-Glamorgan .. ..	832	533	127	1,492	317	
Neath and District .. ..	568	359	84	1,011	894	
Pontypridd and Llantrisant .. ..	313	408	128	849	1,838	
Port Talbot and Glyncofrwg .. ..	459	248	51	758	429	
South-East Glamorgan .. ..	1,044	718	282	2,044	1,868	
West Glamorgan .. ..	506	234	37	777	443	
Rhondda .. ..	575	331	52	958	1,787	
Totals .. ..	5,241	3,438	1,024	9,703	8,323	

### 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
1960 ..	20.6	54.28	24.94	32.41



# WHOOPING COUGH.

There were 615 cases of this disease notified last year and there were no deaths from this disease. The number of cases shows a considerable increase over those for 1959, when 110 cases were notified, of which none were fatal.

The following table shows that the total of 7,195 children who were immunized last year is 1,338 more than in 1959 :—

WHOOPING COUGH IMMUNIZATION, 1960.

	Age at date of final injection		
	0-4 years	5-14 years	Total
Aberdare and Mountain Ash ..	739	—	739
Caerphilly and Gelligaer .. ..	731	3	734
Mid-Glamorgan .. .. .	1,403	23	1,426
Neath and District .. ..	875	5	880
Pontypridd and Llantrisant ..	653	20	673
Port Talbot and Glyncoirwg ..	363	9	372
South-East Glamorgan .. ..	1,003	10	1,013
West Glamorgan .. .. .	596	18	614
Rhondda .. .. .	735	9	744
Totals .. .. .	7,098	97	7,195
Totals, 1959 .. .. .	5,839	18	5,857

# VACCINATION AGAINST POLIOMYELITIS.

By the end of 1960 the impressive total of 181,015 persons had received three injections against poliomyelitis and only 1,944 were awaiting a first injection.

Vaccination against poliomyelitis was extended during the year to allow persons up to 40 years of age to receive this protection. In most health divisions the response was not good, but in the Rhondda, where Dr. Morley Davies had made a special drive to persuade the new age group to be vaccinated, a more satisfactory response was received.

It would seem that the original wave of enthusiasm in favour of immunisation of children against poliomyelitis will make a diminishing impact upon the parents when they receive an opportunity of undergoing a similar vaccination themselves. A future social historian may be able to ascribe a reason for this. Is it complete indifference to risk of disease and its consequences, or general disinclination or laziness which makes so many so apathetic in these matters ?



## POLIOMYELITIS VACCINATION, 1960.

Health Division	Number of persons who received two injections during 1960					Number of persons who had received one injection at 31st December, 1960					Number of persons who had received third injection at 31st Dec., 1960	Number of persons on register awaiting vaccination on 31st December, 1960
	1943-1960 Group	1933-1942 Group	Persons born before 1933 who have not passed their 40th birthday	Others	Total	1943-1960 Group	1933-1942 Group	Persons born before 1933 who have not passed their 40th birthday	Others	Total		
Aberdare and Mountain Ash ..	775	227	1,365	38	2,405	245	39	270	1	555	15,222	239
Caerphilly and Gelligaer ..	1,195	535	1,246	79	3,055	268	102	353	15	738	18,014	227
Mid-Glamorgan ..	1,486	640	913	100	3,139	315	113	254	-	682	25,433	171
Neath and District	916	669	703	137	2,425	224	126	15	7	372	19,817	90
Pontypridd and Llantrisant ..	993	444	1,004	77	2,518	286	81	120	15	502	16,469	256
Port Talbot and Glyncoirwg ..	1,138	1,232	1,554	75	3,999	253	51	168	21	493	17,337	112
South-East Glamorgan ..	1,378	449	1,721	126	3,674	257	65	229	-	551	26,214	215
West Glamorgan ..	721	252	1,361	153	2,487	190	35	113	5	343	15,097	184
Rhondda ..	1,497	1,083	4,434	91	7,105	431	109	229	13	782	27,248	450
County Hall ..	-	23	100	-	123	-	-	-	-	-	164	-
Totals 1960 ..	10,099	5,554	14,401	876	30,930	2,469	721	1,751	77	5,108	181,015	1,944
Totals 1959 ..					71,802					3,778	120,473	2,475

## SECTION 27—COUNTY AMBULANCE SERVICE.

## PERSONNEL.

On 31st December, 1960, the personnel of the service comprised :—

- 1 County Ambulance Officer (Mr. D. I. Morris) ;
- 7 Area Ambulance Superintendents ;
- 21 Assistant Superintendents ;
- 157 Driver/Attendants in the employ of the County Council.

One private firm remained under contract with the County Ambulance Service to operate and garage a vehicle belonging to the County Council.

During the year, the Committee considered at length the organisation of the Ambulance Service and decided that, following the agreement of the National Joint Council for Local Authorities (Manual Workers) to reduce the working hours from 44 to 42 hours, the necessary steps should be taken to implement this as from 28th December, 1960, on the basis of a five-day working week. This was a decision received with enthusiasm by the personnel, with whom discussions took place on the changes of duty, rotas, etc., necessary to ensure that full utilisation would be made of the hours in the shorter working week and that maximum cover would be provided at peak periods.



It is hoped to comment in next year's annual report on the effect of this new arrangement.

#### 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.

The drivers, many of whom have had a life-long interest in first aid, are assiduous in keeping up to date or improving their knowledge of this subject.

At the end of the year 142 drivers were in possession of current first aid certificates.

#### SAFE DRIVING COMPETITION.

The following awards were gained by County ambulance drivers in the National Safe-Driving Competition organised by the Royal Society for the Prevention of Road Accidents :—

Diplomas	..	..	78
5-years Medal	..	..	6
6- to 9-years Bars	..	..	44

#### AMBULANCE STATIONS—BUILDING PROGRAMMES.

The building of a new sub-station at Nelson was completed and the Sub-Station was brought into operation on 19th September, 1960. It provides accommodation for two vehicles and has the usual staff accommodation. The Sub-Station formed part of a contract which included the construction of a maternity and child welfare clinic.

A Sub-Station built on a site adjacent to the Fire Station at Reynoldston was also completed during the year and brought into operation on 19th October, 1960.

The building programme for 1961–62 includes provision for the erection of a new sub-station at Gilfach Goch.

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

On five occasions in 1960 ambulances were supplied at the request of organisers of outdoor activities for the attendance of ambulances to deal with possible casualties.

#### OPERATIONAL DETAILS.

The figures for work done by the County Ambulance Service in 1960 are noteworthy as they show an increase in journeys undertaken, patients conveyed and miles travelled.

These increases were quite unexpected and at first glance cannot be readily explained. They have been broken down to show the figures for the various control areas with comparative figures for 1959.

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.

Year	Number of journeys	Number of patients conveyed	Mileage
1960 .. ..	62,290	338,952	1,736,345
1959 .. ..	61,045	317,342	1,677,347
Increase .. ..	1,245	21,610	58,998



## ABERKENFIG AREA

Year	Number of journeys	Number of Patients conveyed	Mileage
1960 .. ..	9,574	40,207	250,342
1959 .. ..	9,315	38,777	246,988
Difference ..	+259	+1,430	+3,354

## BARGOED AREA

1960 .. ..	7,117	39,629	204,418
1959 .. ..	6,668	37,283	191,510
Difference ..	+449	+2,346	+12,908

3,000 of the increase in mileage was the result of the conveyance of children to and from Ystrad Mynach Occupation Centre.

## BARRY AREA

1960 .. ..	7,003	32,660	174,355
1959 .. ..	6,857	34,248	173,573
Difference ..	+146	-1,588	+782

It is noticeable here that although the number of patients conveyed decreased, the mileage increased.

## GORSEINON AREA

1960 .. ..	6,438	30,445	190,736
1959 .. ..	6,219	30,348	183,940
Difference ..	+219	+97	+6,796

For so small an increase in journeys and patients, the increase in mileage here appears to be quite excessive.

## NEATH AREA

1960 .. ..	10,218	46,753	225,772
1959 .. ..	10,225	41,754	222,163
Difference ..	-7	+4,999	+3,609

## PONTYPRIDD AREA

1960 .. ..	13,029	93,410	444,055
1959 .. ..	12,613	78,512	409,378
Difference ..	+416	+14,898	+34,677

## TREALAW AREA

1960 .. ..	8,911	55,848	246,667
1959 .. ..	9,148	56,420	249,795
Difference ..	-237	-572	-3,128

This area is the only area to show an all round decrease in 1960.



When so much effort had been spent in conjunction with the major hospitals in co-ordinating the arrangements for admission and discharge of in-patients and out-patients, the figures now presented can only be regarded as extremely disappointing. There is no doubt that hospital transport requirements are receiving a good deal of thought, both at hospital and control centre levels, to ensure that an adequate service is given and since there has been considerable success in efforts made to streamline and co-ordinate ambulance journeys one is forced to the conclusion that the increases are due to improved turn-over of hospital beds and more out-patient facilities. The latter, I think, would account for much of the increase in the Hawthorn Control area, where much of the work of the Aberdare, Mountain Ash, and Penrhiwceiber Sub-Stations is in respect of the conveyance of patients to and from Merthyr General Hospital.

It is a pleasure to acknowledge the assistance and cordial co-operation which I have received from the Group Secretaries of Hospital Management Committees and from Hospital Secretaries and the medical staff of hospitals, who have collaborated with my Department in many ways to improve the ambulance facilities in the joint efforts which are continuously being made to provide an improved ambulance service for those who need it.

There is no reason to think that abuse of the service arising out of the indiscriminate issue of medical certificates by general practitioners or hospital medical officers has been more marked than in previous years.

Probably 90 per cent or more of the patients carried are sitting cases. Many of them have escorts who, unless really necessary, tend to overcrowd the vehicle or cause delay. Some patients, of course, would need an escort on each occasion but, from my own observations, I am inclined to the view that the recommendation for the provision of escorts is a little overdone in some areas.

Experience has shown that pressure on the service tends to be greatest during the winter months, when weather and road conditions are at their worst and hours of darkness are longest and the incidence of illness among driving personnel is heaviest.

In the busier control centres the staff have a heavy task in handling the emergency and non-emergency requests for transport and in dealing with the day-to-day matters for which they are responsible. Considering the very large numbers of patients conveyed and the number of hours in which most of the work is concentrated, complaints are relatively few and, on examination, not all of them justified.



## MONTHLY TOTALS OF WORK DONE.

1960.	Patients.	Journeys.	Mileage.
January .. ..	27,483	5,246	143,461
February .. ..	27,467	4,995	140,689
March .. ..	30,625	5,476	153,359
April .. ..	25,951	4,941	134,905
May .. ..	30,188	5,431	150,968
June .. ..	27,193	5,001	139,627
July .. ..	26,735	4,993	140,019
August .. ..	25,735	4,913	136,790
September .. ..	28,616	5,223	147,880
October .. ..	30,130	5,463	152,082
November .. ..	31,459	5,390	153,217
December .. ..	27,370	5,218	143,348
Totals ..	338,952	62,290	1,736,345

## COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1959.			1960.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,315	38,777	246,988	9,574	40,207	250,342
Bargoed .. ..	6,668	37,283	191,510	7,117	39,629	204,418
Barry .. ..	6,857	34,248	173,573	7,003	32,660	174,355
Gorseinon ..	6,219	30,348	183,940	6,438	30,445	190,736
Neath .. ..	10,225	41,754	222,163	10,218	46,753	225,772
Pontypridd ..	12,613	78,512	409,378	13,029	93,410	444,055
Trealaw .. ..	9,148	56,420	249,795	8,911	55,848	246,667
Totals ..	61,045	317,342	1,677,347	62,290	338,952	1,736,345



## DAMAGE TO VEHICLES.

The vehicle accident rates for 1959 and 1960 classified in Control Areas are set out in the following table, which shows that ambulance vehicles were involved in eighty-six accidents in 1960, a decrease of two on the previous year :—

## ACCIDENT RATES.

1959.				1960.			
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	7	0.365	Bargoed ..	9	6	0.293
Gorseinon ..	9	7	0.381	Gorseinon ..	9	9	0.472
Pontypridd ..	17	18	0.440	Trealaw ..	10	12	0.476
Neath .. ..	13	12	0.540	Barry .. ..	8	9	0.516
Trealaw .. ..	10	14	0.560	Pontypridd ..	17	23	0.516
Aberkenfig ..	14	17	0.688	Neath .. ..	13	12	0.527
Barry .. ..	8	13	0.748	Aberkenfig ..	14	15	0.599

## RADIO TELEPHONY.

This method of two-way communication between Control Stations and ambulance vehicles was first introduced in 1952. Without it an increase in the number of vehicles and personnel would be inevitable.

As stated in my annual report for last year, the present apparatus will need to be replaced at considerable cost because of a decision of the Post Office Authorities to allot a narrow frequency channel.

## CONVEYANCE OF PATIENTS BY TRAIN.

The following table shows the number of patients conveyed by rail since 1954 :—

	Recumbent.	Sitting Up.	Total.
1954	55	190	245
1955	47	133	180
1956	34	149	183
1957	41	152	193
1958	36	152	188
1959	33	142	175
1960	42	121	163

The rail mileage involved in these journeys totalled 21,529.

The provision of ambulance transport to and from the railway stations between which the 163 patients included in the above table were conveyed last year, facilitated their journeys and the arrangements made with other ambulance authorities and with the British Railways were most effective and economical.



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*.

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 3,432 patients—233 less than in 1959—were carried on their behalf, a distance of 47,774 miles.

Excellent liaison is maintained with the medical officers of the National Coal Board, the first aid room attendants, 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 sixty 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.

I would like to thank the County Engineer and Surveyor, his Plant Engineer and the staff at the Waterton Depot for the interest taken in the maintenance and repair of the ambulance fleet. On the technical side the results have been particularly satisfactory during the year under review and the frequent consultations with the County Plant Engineer, the County Ambulance Officer and technical representatives of the firms manufacturing and supplying the vehicles have been of considerable value in bringing about increased efficiency and improved road-worthiness of the eighty vehicles which comprise the operational fleet.

#### COSTS.

A statement of mileage costs prepared by the County Treasurer in respect of the year 1959–60 showed that running costs decreased slightly in that year from 35·30d. to 34·75d. per mile.

#### CIVIL DEFENCE CORPS.

##### *Ambulance and First Aid Section.*

Instruction classes for volunteers were continued in fifteen centres and by the end of the year 290 volunteers had completed standard training for ambulance and first aid parties and of these 204 had completed a course of additional training.

The County Civil Defence Committee decided that a large-scale exercise should be held during the year in substitution for the annual County competition. This exercise, which was held on Sunday, 2nd October, 1960, in an area which included Neath, Skewen, Pontardawe, and Ystalyfera, provided facilities for exercising all sections of the Corps. Despite the atrocious weather conditions all members performed their parts efficiently and enthusiastically.



The Ambulance and First Aid Section also assisted in an exercise arranged by the Welsh Regional Hospital Board to test the conception of the functions, personnel and equipment of a forward medical aid unit.

During the year a memorandum was received from the Home Office and Ministry of Health on the re-organisation and operational control of the Ambulance and Casualty Collecting Services. To emphasise the importance of first aid it has been decided to change the title of the Ambulance and Casualty Collecting Section to the "Ambulance and First Aid Section".

In order to make them a more fully effective mobile force, capable of operating within the medical aid plans, the Ambulance and First Aid Services are to be formed into Ambulance Columns, the basic units of which will be the ambulance detachments and first aid parties.

The proposed War Duty establishment for the Glamorgan Division of the Corps is nine Ambulance Columns with a total personnel of 3,008.

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

### TUBERCULOSIS.

TABLE I.—NOTIFICATIONS.

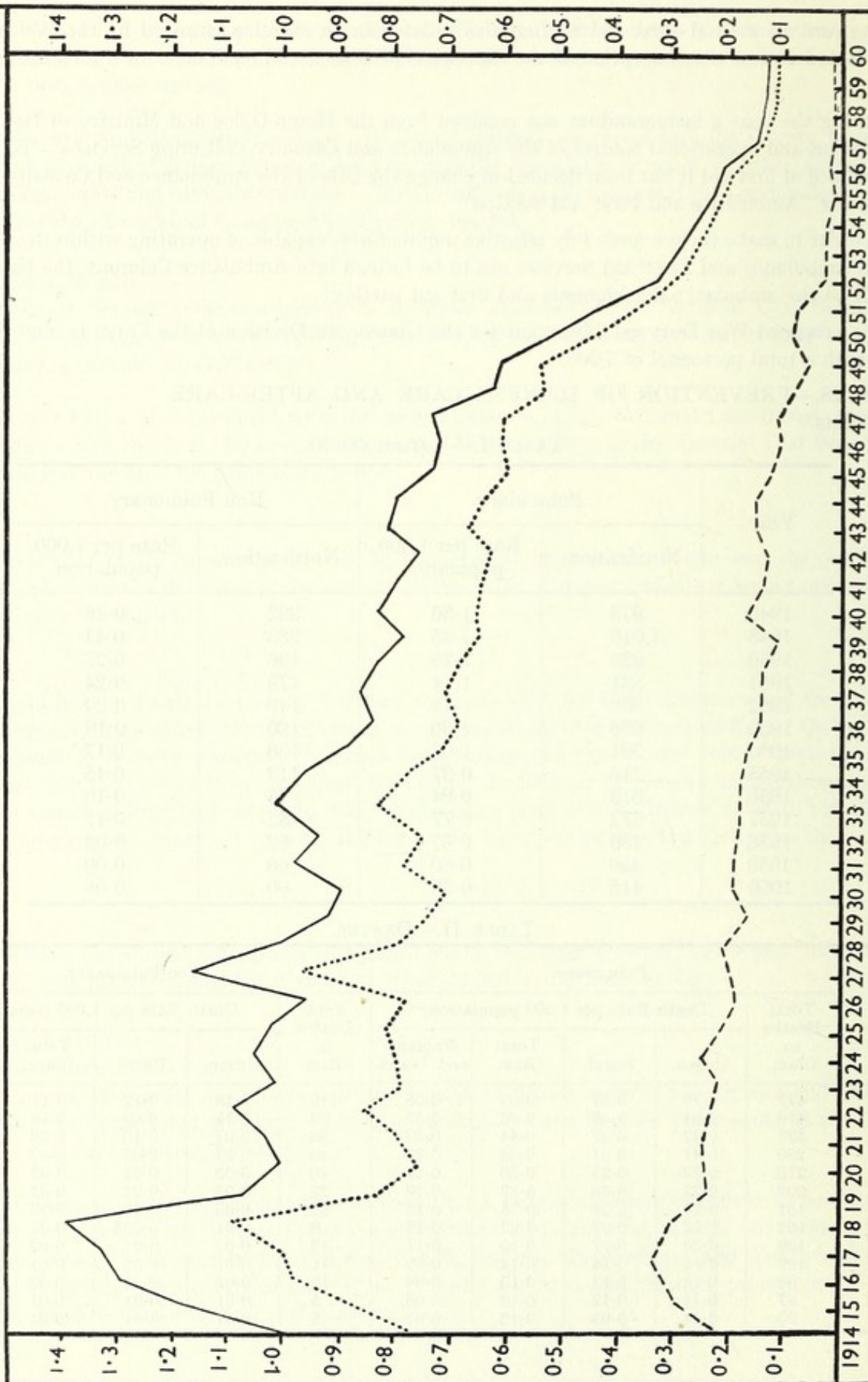
Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 population.	Notification.	Rate per 1,000 population.
1940	975	1.36	332	0.46
1945	1,010	1.45	283	0.41
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20
1953	956	1.30	120	0.16
1954	761	1.03	126	0.17
1955	716	0.97	113	0.15
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
1960	415	0.56	60	0.08

TABLE II.—DEATHS.

Year.	Pulmonary.					Non-Pulmonary.				
	Total Deaths in Glam.	Death Rate per 1,000 population.				Total Deaths in Glam.	Death Rate per 1,000 population.			
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.	England and Wales.
1940	477	0.70	0.57	0.67	0.58	119	0.18	0.12	0.17	0.11
1945	416	0.64	0.49	0.60	0.52	92	0.15	0.09	0.13	0.10
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
1960	90	0.14	0.08	0.12	0.07	5	0.01	0.01	0.01	0.01



# TUBERCULOSIS DEATH RATES



\_\_\_\_\_ Tuberculosis (all forms)  
 ..... Pulmonary Tuberculosis  
 - - - - - Non-Pulmonary Tuberculosis



#### INCIDENCE.

As will be seen from Table I on p. 49, pulmonary tuberculosis notifications in Glamorgan show a further welcome fall in 1960 from 450 to 415.

There was a slight halt in the steady decline of deaths from pulmonary tuberculosis, the number being 90, compared with 87 in 1959, but the number of deaths from non-pulmonary tuberculosis (5) showed no change.

The present general picture is not altogether unpleasing when one thinks of the steady fall in the number of notifications and the number of deaths from all forms of tuberculosis, although the decline is less marked in the elderly males.

Mass Radiography plays an important part in the discovery of cases of pulmonary tuberculosis and brings to early notice a fair number of patients in whom the condition might have remained undetected. The fact that the County home nurses paid 22,409 visits to tuberculous patients indicates the contribution made by this service to the nursing treatment and care of patients undergoing domiciliary treatment. In addition home help was provided to fifty-eight households where there was a patient suffering from tuberculosis and 12,009 visits were made to tuberculous households by health visitors, who work in close co-operation with chest physicians in the tracing of contacts.

Three-elevenths of the time of the chest physicians is regarded as being devoted to preventive work for the Local Health Authority. During occasional conferences I have held with these officers I have been satisfied that the many preventive aspects of their work are kept very much to the fore.

#### GENERAL WELFARE.

The facilities of the Welfare Services Committee for handicapped persons are made available to suitable non-infective tuberculous persons and the advice of the chest physicians is sought in the selection of those to whom facilities are made available.

#### B.C.G. VACCINATION.

B.C.G. vaccination was administered by the chest physicians to 2,200 contacts of patients in their care. School children contacts numbering 232 were also vaccinated with B.C.G. by assistant school medical officers. In addition 8,223 children, an increase of 747 over the previous year, were vaccinated by assistant school medical officers under arrangements first introduced for school leavers in 1953 and extended in 1959 to older school children and students.

There is little doubt that the scheme of B.C.G. vaccination has done much to protect children and teenagers against pulmonary tuberculosis. All contacts of tuberculosis patients in the care of the chest physicians are usually vaccinated at the chest clinics. Where there is reason to suspect the presence of active tuberculosis in a school, the chest physicians readily co-operate in the mass surveys usually undertaken to find the "missed case".

As will be seen from the following tables, which show details of the work done in each Division and by the chest physician, only four out of nine Health Divisions have been able to undertake vaccination of the older groups of children.



## 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	741	117	624	624	8	3	5	5
Caerphilly and Gelligaer ..	868	178	690	686	—	—	—	—
Mid-Glamorgan .. ..	1,159	195	964	962	—	—	—	—
Neath and District .. ..	1,482	197	1,284	1,306	38	1	37	36
Pontypridd and Llantrisant	556	145	372	365	5	—	5	5
Port Talbot and Glyncoirwg	1,296	132	1,131	1,123	—	—	—	—
South-East Glamorgan ..	1,751	278	1,430	1,404	—	—	—	—
West Glamorgan .. ..	852	149	646	566	16	6	9	9
Rhondda .. .. .	1,488	266	1,085	1,085	61	13	47	47
Totals .. ..	10,193	1,617	8,226	8,121	128	23	103	102

## CONTACT SCHEME.

Chest Physician.	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.
Dr. T. W. Davies (Swansea) .. ..	160	40	120	120
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	283	47	236	179
Dr. H. Trail (Bridgend) .. ..	452	78	363	364
Dr. E. A. Aslett (Merthyr and Aberdare) .. ..	898	493	405	282
Dr. J. Glyn Cox (Pontypridd and Rhondda) ..	1,351	409	942	942
Dr. F. W. Godbey (Rhymney and Sirhowy) ..	82	15	67	59
Dr. S. H. Graham (Cardiff) (includes 199 babies born in Cardiff hospitals who had no skin tests prior to B.C.G. vaccination) .. ..	56	1	55	254
Divisional Medical Officers .. ..	279	41	237	232
Totals .. ..	3,561	1,124	2,425	2,432



#### ISSUE OF MEDICAL COMFORTS.

The demand for medical comforts continued to increase. 5,245 issues of various items were made, compared with 4,883 in 1959. This involved some addition to the work of the home nurses who keep stocks of most nursing requisites for issue, free on loan, on medical recommendation to patients being nursed at home. Beds, bed-rests, wheel-chairs, and other larger items are issued from the Divisional Health Offices. This little-advertised service, by making nursing requisites readily available, adds to the comfort of the patient and eases the burden of those members of the family who undertake the care of the patient during intervals between the visits of the home nurse.

#### AFTER-CARE OF PARAPLEGICS.

Industrial injuries and road accidents resulting in paraplegia bring requests from the orthopaedic hospitals for the provision of special equipment necessary for the nursing care of the injured on discharge from hospital.

Seven applications were dealt with during the year. Co-operation was maintained with the Director of Welfare Services in these and other cases where the patient's place of residence required any structural adaptation to increase comfort or mobility.

District Councils were, as usual, particularly helpful in arranging for the re-housing of paraplegic patients into accommodation more suitable to the needs of this most unfortunate group.

#### 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 899 examinations were undertaken by Dr. Gwladys Evans and Dr. M. Whelton, 517 of these being first examinations. Owing to the age and infirmity of the patients, many examinations are made at their homes.

Following the retirement of Dr. Whelton at the end of the year, arrangements were made for the examination of applicants residing in the western portion of the County by Consultant Ophthalmologists (Mr. Roy Thomas and Mr. Geoffrey Hibbert).

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 1960 .. ..	—	—	—	—	899
(2) Number of persons registered as blind or partially sighted during 1960 .. ..	214	29	—	232	475
(3) Number of persons at (2) recommended for :—					
(a) No treatment .. ..	110	8	—	144	262
(b) Treatment (medical, surgical or optical) ..	104	21	—	88	213
(4) Number of persons at (3) (b) who on follow-up action have received treatment .. ..	22	8	—	25	55



Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,137 persons on the Blind Register and 617 on the Partially-Sighted Register.

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

#### B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year .. .. .	9
(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 283 Glamorgan patients to the Porthcawl Rest under this scheme, but only 233 actually accepted the vacancies when offered.

From a scrutiny of the applications received it would seem that the majority of those recommended by the family doctors for a period of convalescence under this scheme are elderly persons no longer in employment and the physical conditions on which the recommendations are based are usually chronic conditions of long standing. They have not been followed up by the Department after their stay at "The Rest" and the extent to which rehabilitation has been effected cannot be gauged. Viewed as recuperative holidays I have no doubt that psychological, if not physical, benefit has been derived by many of the elderly, to whom it has given a pleasant change of surroundings, good food, and companionship. Applications on behalf of persons who have been to "The Rest" in previous years are not unusual. They are an indication of the popularity of this convalescent home but, owing to the number of new requests received, cannot be granted.

#### HEALTH EDUCATION.

The greatest opportunities for health education occur in the clinics, where increasing use is made of film strips, group talks, and various forms of demonstration material. Much depends upon the interest and activity of the health visitors, many of whom appreciate the need for special efforts in this field if they are to gain and retain the confidence of the mothers.

Ample supplies of posters and leaflets are available at all clinics and special topics are introduced from time to time. Talks to various voluntary and other bodies have been given during the year by senior officers of the Department.

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



Following the introduction of the Mental Health Act there was a considerable interest shown in the Authority's functions under the Act and, at the request of interested groups, lectures were given by Dr. Bevan and Dr. Gwladys Evans on this subject.

#### SMOKING AND CANCER OF THE LUNG.

There were 279 deaths from cancer of the lung in 1960, compared with 257 in 1959.

No special forms of propaganda were undertaken on this subject last year.

In my annual report for 1959 I stated that the public seemed to have neglected the warning implied in the Medical Research Council's findings on the association between smoking and lung cancer. No local authority can hope to compete unaided with the widespread and skilful publicity now devoted to encouraging the sale of tobacco and cigarettes and one is forced to the conclusion that there has been no change in the smoking habits of the population.

#### CHIROPODY.

A restricted service was introduced in September, 1960, when Mr. L. G. Burland, M.Ch.S., commenced his duties as whole-time chiropodist.

The scheme is restricted to old-age pensioners, handicapped persons, blind persons, and expectant mothers. By the end of the year 602 patients had received 792 treatments, of these 709 treatments have been given to old-age pensioners, 47 to handicapped persons, 15 to blind persons, and 4 to expectant mothers.

Mr. Burland reports :—

"The Service has been well received by these patients as it relieved them not only of the financial consideration but also of the effort to give self-relief.

On average, treatment has been given for the relief of chronic corns, callosities, nail conditions, etc., this end being achieved by the combination of suitable padding and drugs.

However, there is a special category of patient, the diabetic, of whom fifteen treatments have been given, who received the type of chiropody especially suited to the condition.

These patients were given priority appointments so that as far as possible their foot health may be kept at a maximum.

Certain cases have had to be referred to their doctors for attention to conditions, the signs and symptoms of which have been manifest in the feet.

Such cases are suspected diabetes mellitus, pre-gangrenous foot, Buerger's Diseases, cellulitis of the toes and two cases of enlarging pigmented neoplasms.

Whilst everything is done for patients to make them comfortable, in general their feet are such that they need regular attention.

Under the present limitation of the scheme, follow-up treatments cannot be given as frequently as necessary.

When paddings and dressings do eventually come off, it would be a great help if these could be supplemented by replaceable pads—by this means, not only would the benefit of treatment be continued but the interim period extended.



One of the major problems in treating female patients is the fact that most of them are not wearing the correct type of shoe. In the main shoes are far too short, the last not suitable to the foot, repairs carried out inexpertly, resulting very often in the pitch of the shoe being altered and, often because of financial circumstances, shoes are worn long past the time when they should be discarded.

However, shoe fitting is a matter which is in the hands of the retailers and it is felt that the fitting of patients with shoes leaves much to be desired.

The Chiropody Service is trying to cater for as many patients needing attention as is possible, but with the large number this involves it has only been possible to give very few domiciliary treatments, the number to date being thirty-five.

It is hoped that as the Service expands, it will be possible to give attention to a larger number of all types of patients, both at clinics and at home."

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

The work of the Co-ordination Committees in the various divisions continued on similar lines to those mentioned in previous reports. Local authority officers, local representatives of the appropriate Ministries, and voluntary organisations, all played their part in contributing to the solution of the many problems involved in dealing with the different types of families brought to the Committee's notice.

From the reports of the proceedings of the Co-ordination Committees it is obvious that persistent and unyielding efforts are required to keep some families from breaking up and the health visitor and her colleagues working in this field know how disheartening much of their exhortations or exertions can be.

As Dr. Morley-Davies (Rhondda Health Division) states in his annual report :—

"Efforts to rehabilitate problem families bring slow and unspectacular results and it is often necessary to keep such families under constant supervision. The experienced health visitor will recognise the symptoms of an impending break-up of a family. Indeed, the health visitor is the only class of officer who 'knocks at the door' before trouble begins in the family, as the Child Care Officer and Mental Health Worker are invariably called in after the trouble has begun.

In one of the families concerned, the health visitor has to make regular frequent visits to give advice on household management and budgeting and a home help is also provided because of the inadequacy of the mother. This particular family has fallen a victim on many occasions to the 'doorstep pest', i.e. the high-pressure salesman who sells expensive goods on hire purchase. Although the income of this family was very low, they had secured in a short while a full encyclopaedia set and a television. The encyclopaedia was returned and also the television set and the salesman who collected the television set immediately sold them a radiogram on hire purchase. This had to be returned a while later. Then the family obtained a washing machine from a high-pressure firm. This was returned when the firm itself got into difficulties. No payment seemed to have been made for the washing machine.

Lately, the finance companies have been more selective in their hire purchase accounts. It would appear, however, that further reforms are necessary because it seems to be the practice for high-pressure salesmen to visit homes, particularly homes in housing estates, pressing people to purchase goods on apparently easy terms knowing that the threat of imprisonment for non-payment of debt will in most instances ensure that hire purchase payment are kept up".



## SOCIAL CONDITIONS OF OLD PEOPLE.

A limited survey of the social conditions of old people in four Rhondda townships was undertaken in September, 1960, by assistant medical officers on the staff of the Rhondda Health Division and Dr. Morley-Davies, the Divisional Medical Officer, has reported in some detail on their findings. While the findings have no statistical significance they are of interest as showing the make-up of the ninety-nine households visited and the 131 old people who were found to live there. There were thirty-six men and ninety-five women, whose ages ranged from 65 to 90, but the majority were in the 70 to 79 age group. They lived as follows:—

	Living alone.	Living with spouse only.	Living as head of household with own family.	Living as guest with member(s) of own family.
Men ..	4	24	6	2
Women ..	43	24	16	12
Total ..	47	48	22	14

With two exceptions all the houses were of terrace-type and were built either at the beginning of the present century, or in the latter part of the nineteenth century. Dr. Morley-Davies continues "Only seven houses (7 per cent) had bathrooms and only five (5 per cent) had inside toilets. Nineteen per cent of the houses were regarded as being in a bad state of repair and dampness was complained of in 43 per cent of the houses. Nevertheless 89 per cent of the dwellings were in a clean condition and it was evident that the elderly had great pride in their homes. In eighty-four houses the aged were householders and of these thirty-six (43 per cent) were owner-occupiers.

There is little doubt that the absence of indoor toilets and bathrooms creates a hardship for the elderly. The toilets were outdoor, flush-type, and not shared with any other household. Invariably they are placed at the back of gardens and often steep steps have to be negotiated—a hazard in the dark and in wet and frosty weather.

Sixty-seven per cent of the women who lived alone or with their husbands were able to do housework unaided, although all four men who lived alone received help. Eleven women who lived with relatives did no cooking. Where help was given to aged persons who lived alone, this was done by relatives or by the Home Help Service.

In seventy-one of the homes the elderly lived alone, or with spouse only. In only thirty-eight (54 per cent) of these homes was there an electric or gas cooker and a few households appeared to have had no facilities other than an open fire.

*Physical Condition of Aged.*

Only twenty-two women (23 per cent) and eleven men (31 per cent) denied suffering from any illness. Some of the illnesses that were complained of were arthritis, asthma, anaemia, bronchitis, deafness, diabetes, sore feet, cardiac illness (including hypertension), rheumatism, and, in the case of men, pneumoconiosis.



Those who lived alone tended to be more active than those who lived with their families. 82 per cent of the men and 81 per cent of the women living alone were active compared with the 63 per cent of the men and 28 per cent of the women who were active and lived with their families. It appeared that three men and thirteen women who were infirm either moved to live with their families or their families went to live with them. Five active aged women who lived with their families did all the housework.

#### *Loneliness.*

Of the 131 persons who were the subject of this enquiry, four men and forty-three women lived entirely alone.

The majority of the old people were born in the district and almost all had lived in the district since they were of marriageable age. Those who had not lived in the district long were the infirm, who had come, probably from another part of the Rhondda, to live with their children. Not one person interviewed wished to leave the district.

#### *Recreations.*

The most popular recreations were reading newspapers and listening to the radio. About half of the active people went to church or chapel. Very few men followed active pursuits such as gardening and none played games like bowls."

#### *PREVENTION OF ACCIDENTS.*

In 1960, according to road accident figures for Glamorgan supplied by the Chief Constable, there were 4,197 road casualties, seventy-eight of which were fatal. In 1959 there were 3,979 casualties and seventy-seven deaths.

The rising toll of road casualties serves as a grim reminder of our national failure to bring about a reduction of road accidents. 1960 was the worst year of all for road accidents in Great Britain. There were 271,787 accidents involving 433,747 vehicles, resulting in 347,551 total casualties, of whom 53,667 were children.

More than nine million vehicles were licensed last year. The number is increasing yearly and it would not be unreasonable to assume that road accidents will continue to increase unless more vigorous preventive measures are taken but unfortunately, this is not the whole story.

Accidents in the home result in the untimely death, mainly of children and old people, as well as much pain and discomfort for those who survive. Burns and scalds are the main source of fatal accidents in the home. Because of difference in design and texture of their clothing more girls than boys die as a result of burns and scalds.

We cannot leave the work of prevention to others. We all have a personal responsibility in these matters. The nursing staff of the department are aware of the safety measures which should be exercised in the home and point out the obvious hazards which can cause danger to life or limb to young and old who are less able than others to appreciate or guard against these risks.

Dr. Kathleen Davies (Mid-Glamorgan Health Division) has been specially interested in accidents to children under fifteen years of age in the Mid-Glamorgan Division. The appended table and the comment which follows it have been extracted from her annual report.



## ACCIDENTS TO CHILDREN UNDER 15 YEARS OF AGE IN 1960.

	0-1 years.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	5-10 years.	10-15 years.	Total.	Treated in hospital		Days in hospital.
									as O.P.	as I.P.	
Falls :											
Indoors .. ..	1	11	6	4	1	6	2	31	12	10	63
Outdoors .. ..	1	4	10	9	2	19	5	50	10	33	231
Scalds .. ..	1	10	1	2	1	5	-	20	1	15	190
Burns .. ..	2	3	1	2	1	3	-	12	-	7	78
Ingestion :											
Pills and tablets ..	-	3	3	-	-	1	-	7	1	5	12
Liquids .. ..	-	2	-	2	1	-	-	5	-	5	6
Foreign bodies .. ..	-	-	3	2	-	4	-	9	1	8	38
Miscellaneous .. ..	2	3	2	3	6	3	5	24	4	9	114
Road traffic .. ..	1	-	1	2	3	7	3	17	-	15	92
Totals .. ..	8	36	27	26	15	48	15	175	29	107	824
1959 Totals .. ..	3	18	21	11	7	29	15	104	-	90	869

"As in previous years, the health visitors have investigated all known accidents to children under 15 years of age and it is distressing to learn that the total number of accidents has increased in this Division for the third successive year, and this in spite of intensive propaganda. There were seventy-one more accidents in 1960 than in 1959 and the increases affected all age groups, as will be seen from the above table."

## MEDICAL EXAMINATION OF TEACHING AND OTHER STAFF.

During the year, of the 1,420 new entrants to the County service, 198 were referred for medical examination and 903 for chest X-ray examination. These figures included 298 new entrants to the County teaching service, of whom twenty-seven were referred for medical examination and 268 for chest X-ray examination.

Eighty-four new entrants to the teaching profession were medically examined. This number included thirty-eight on behalf of other authorities. In addition, 444 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four-hundred-and-ten 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, 1960, was 292. Actually there were on the payroll on that date, 19 whole-time, 462 part-time, and 220 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.

The slight increase in establishment in 1960 has done little to meet the ever-growing demand. The aged and infirm and the chronic sick were two groups to whom most of the help was assigned. As the population becomes older, the number of aged and infirm will increase and require additional help.

80.4 per cent of the time of home helps was devoted to the chronic sick and the aged, compared with 61.6 per cent in 1952. The total number of cases attended in all categories last year was 3,843, an increase of 208 over the number for 1959.

It seems inevitable that an extension of this Service will continue to be requested in many areas and would meet a real need in most. Of the actual work of the home helps little can be added to what has appeared in previous reports. Home helps have achieved an important place, particularly in the care of the aged. Their work, together with that of their home nursing colleagues, assists in enabling the solitary house-bound patient to remain out of hospital. The cleaning, cooking, and laundry aspects of their duty, important though they are, by no means represent the whole of their contribution to the welfare of the elderly householder. The home help is someone to talk to. She, too, can be a sympathetic listener and the value of her occasional presence and companionship to a person living alone cannot be estimated.

Where they have married sons or daughters living nearby many old people manage in the main with help from these sources, supplemented occasionally with minimal assistance from the Home Help Service.

The impression of the County Home Help Organiser is that filial assistance in cash or in kind is forthcoming in more instances than are generally realized and that many sons and daughters with immediate responsibilities towards their own children shoulder without complaint the care of aged and infirm parents. Were it not so, the figure of 1,817 aged and infirm cases where home help was provided in 1960 would be greatly increased.

The Home Help Service is not a press-button service and the equitable allocation of times between the various applicants is a problem which becomes more difficult when staff are absent owing to sickness, leave or injury. There is no reserve pool of workers to call upon in an emergency and when allocations are already cut down to a minimum a further reduction, although of a temporary nature, results in either a complete withdrawal of the home help from some households or a reduction in the amount of time allowed to others.

Dr. Morley Davies (Divisional Medical Officer, Rhondda) states that the Home Help Service has developed into a kind of "intelligence service", reporting on early signs of physical breakdown in people who live alone. As a result of these reports, which are made to him via the Divisional Home Help Organiser,



urgent steps are taken to bring in other domiciliary services, for example, the Home Nursing, Health Visiting Services, together with the family doctor and, possibly, the Consultant Geriatrician. In referring to the strain to which some home helps are being subjected he comments as follows :—

“... it is not unusual for a part-time home help to visit eight and sometimes ten households in a five-day week. Most of the houses visited are old dwellings without modern labour-saving facilities ...

The home helps, therefore, work exceptionally hard and there is no easing of work which would be possible if they were to visit the same home more than once a week. Although the service is a very rewarding one in many ways it is not surprising that a number of women find the going too hard and submit their resignation.”

It is not surprising that the turnover of staff is considerable. During the year 289 home helps were appointed ; there were 264 resignations.

The following table gives the number of home helps in each category employed during certain selected years since the appointed day, and is of interest in showing the variation in the number 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
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
1960	19	462	220	701



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, 1960—										
Whole-time ..	2	4	—	1	3	—	8	—	1	19
Part-time .. ..	40	35	94	57	39	40	54	29	74	462
Casuals .. ..	21	26	43	—	19	17	20	33	41	220
No. and types of cases where Home Help was provided during the year—										
Maternity .. ..	11	16	25	15	6	12	108	9	12	214
Tuberculous ..	4	3	4	7	6	1	15	2	16	58
Chronic sick ..	136	70	143	86	24	59	241	124	390	1,273
Acute sick .. ..	9	11	9	36	48	13	92	21	52	291
Aged and infirm ..	232	206	272	160	190	180	244	125	208	1,817
Blind .. ..	17	17	21	23	15	13	25	21	10	162
Mental .. ..	—	—	—	—	—	—	2	1	—	3
Others .. ..	1	—	2	—	—	—	5	6	11	25
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	8	7	34	18	10	34	166	21	6	304
Part fee charged ..	25	62	92	22	32	25	160	23	43	484
Free service .. ..	377	254	350	287	247	219	406	265	605	3,055

Out of a total number of 4,960 domiciliary births recorded in the County last year, home help was supplied in only 214 households.

Free service was rendered in a total of 3,055 cases, part fee was charged in 484, and full fee in 304.

The corresponding figures for 1959 were—free cases 2,843 ; part fee, 559 ; and full fee, 233.



Home help was supplied to 214 maternity cases. This is an increase of five over the figure for 1959. The heaviest demand again arose in the South-East Glamorgan Division, where home help was provided in 108 maternity cases. Compared with the total number of cases attended by County midwives (4,927), home help was provided in very few (214) 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. 10d. per hour. The more time that is spent on maternity cases, the less is available for the aged and chronic sick.

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

	1950-51	1954-55	1955-56	1956-57	1957-58	1958-59	1959-60
Authorised establishment .. ..	230	243	268	269	272½	272½	273
Actually employed on 31st March—							
Whole-time .. .. .	95	31	22	19	20	15	16
Part-time .. .. .	141	68	63	56	490	497	459
Casual .. .. .	83	489	543	535	157	223	203
Actual expenditure .. .. .	£46,407	£92,751	£107,372	£120,485	£127,198	£131,184	£132,916

The estimated expenditure on the Home Help Service for 1960-61 is £146,250.



## HOME HELP SERVICE.

## QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1956.

Quarter ended		Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
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
1960.	31st March ..	58	1.99	46	1.58	1,011	34.75	188	6.46	1449	49.79	135	4.64	2	0.07	21	0.72
	30th June ..	84	2.74	52	1.70	1057	34.50	191	6.24	1515	49.46	140	4.57	2	0.07	22	0.72
	30th September	91	3.01	52	1.72	1029	34.07	198	6.55	1497	49.55	137	4.53	2	0.07	15	0.50
	31st December	71	2.34	41	1.35	1018	33.65	209	6.91	1536	50.78	133	4.40	2	0.07	15	0.50



## SECTION 51—MENTAL HEALTH SERVICE.

## THE MENTAL HEALTH ACT, 1959.

This Act came fully into operation on 1st November, 1960. Informal admissions to mental hospitals were permitted with effect from 6th October, 1959, under an Order made by the Ministry of Health. The extent to which advantage was taken of this Order can be seen from the fact that fifty-four patients were admitted in this way in 1959 and 384 patients in 1960.

In view of the fact that the main provisions of the Mental Health Act came into operation in 1960, it was fitting that this coincided with World Mental Health Year and, in the various national conferences which were held to mark the occasion, emphasis was laid on the opportunities now given to local health authorities to develop their community services for the mentally sick.

After considering the recommendations of a joint sub-committee of representatives of the Health, Welfare Services, and Children's Committees regarding the duties which should be undertaken by the respective Committees on behalf of the mentally disordered, the County Council, as Local Health Authority, submitted to the Ministry proposals for the making of arrangements under section 28 of the National Health Service Act, 1946, for the prevention of mental disorder and the care and after-care of persons suffering from mental disorder.

The County Council also decided to provide under the National Assistance Act, 1948, residential accommodation for senile persons in need of care and attention. A copy of the scheme submitted to the Ministry of Health on 12th December, 1960, is appended and shows briefly the services which have already been provided and the new proposals for the development of the Mental Health Service :—

*Arrangements under Section 28 of the National Health Service Act, 1946, for the Prevention of Mental Disorder and the Care and After-care of Persons Suffering from Mental Disorder.*

*Mental Health Services.*

(1) *Introduction.*

This outline is divided into two parts, A and B.

Part A (italicised) is a statement of the services which have already been provided or approved. It is not intended to form part of the submitted proposals but is supplied because it may be helpful to those who read the proposals. Part A is, therefore, excluded from the scope of consultation with, or recommendations by, the bodies mentioned in section 20(2) of the National Health Service Act, 1946, upon which copies of the formal proposals are required to be served.

Part B consists of the Local Health Authority's new proposal which are submitted for the Minister's approval under section 20 of the Act of 1946. It contains a description of their plans for the immediate future and a further general statement of their subsequent intentions.

(2) *General.*

(A) *The proposals in sub-paragraph B are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under section 28 of the National Health Service Act; existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts, 1890–1930, and the Mental Deficiency Acts, 1913–1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under section 153 of the Mental Health Acts, 1959; the proposals relating to duties under the repealed sections will then cease to have effect.*



(B) The Authority will make appropriate arrangements for the provisions of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them.

*(3) Organisation and Staff of the Services.*

*(A) The following is, in outline, a description of the existing organisation and staffing arrangements :*

*The Authority's powers and duties under the Mental Health Act, 1959, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters. The County Medical Officer of Health is responsible for the organisation and control of the Mental Health Services.*

*The Local Health Authority have appointed twelve Health Welfare officers to carry out the duties of Mental Welfare officers under the Act.*

*The Administrative County is sub-divided into six areas, and one male and one female officer operate in each area.*

*On appointment, a Health Welfare officer is attached to one of the hospitals in the Administrative County for a short period, and all Health Welfare officers attend case conferences held at the various hospitals.*

(B) In addition to the existing arrangements the Authority expect to increase their staff employed in the Mental Health Service and, in particular, to appoint a sufficient number of officers to act as Mental Welfare officers under the Mental Health Act, 1959. (In 1960, the number of Health Welfare officers was increased from 10 to 14.)

The Authority is prepared to co-operate with neighbouring local health authorities regarding the organisation and staffing of the Mental Health Services, and by using the services provided by those authorities and allowing those authorities to use the services provided by the County Council.

*(4) Occupation and Training Centres.*

*(A) The Authority have three occupation and training centres, each capable of accommodating up to seventy-five pupils. In addition, the Authority send approximately sixty-five pupils to centres outside the Administrative County.*

*The Authority's centres are staffed in accordance with the recommendations of the Ministry of Health.*

*The Authority provide transport and reimburse travelling expenses. Meals are provided free of charge to all pupils, and annual medical and dental inspections are carried out. The dental treatment for those under 16 years of age is provided through the School Dental Service.*

*The Authority participate in a joint scheme with neighbouring authorities for the training of assistant supervisory staffs.*

(B) Two occupation and training centres at Barry and Ystrad Mynach were opened during the year, and it is intended to establish at least one further centre in the Mid-Glamorgan area in order to provide places for all suitable patients. Later it is intended to expand the activities of these centres



to allow the adult sections to operate independently and to provide training for the mentally ill, as well as the subnormal and to develop the service along the lines that experience and circumstances suggest. It is also intended to appoint an Organiser to co-ordinate the work of these centres.

(5) *Residential Accommodation.*

(A) *The Authority have no residential accommodation for any class of the mentally disordered, but provision has been made for one bed to be available throughout the year at a privately-run home for short-term stay.*

(B) It is intended to establish the following types of hostels to meet the requirements of those who need residential accommodation without treatment or specialist training—

- (a) For those who could not otherwise attend an occupation and training centre.
- (b) For subnormal patients.
- (c) For suitable psychopathic patients.
- (d) For the younger (i.e. other than senile) patients.

It is also intended—

- (i) To keep the need for residential accommodation under review and to provide additional accommodation as and when necessary.
- (ii) To provide accommodation for suitable short-stay cases.

(6) *Home Training.*

The Authority do not employ home teachers or "group" teachers. Where necessary, arrangements are made for suitable patients to receive handwork materials from occupation and training centres.

The Authority will keep under review the need to provide home training and employ home teachers or group teachers and will make such appointments if the need becomes apparent.

(7) *Day Centres, Social Clubs, and Other Activities.*

The Authority have no day centres or social clubs, but it is intended to develop the activities in this sphere in close conjunction with the various hospitals servicing the Administrative County.

(8) *Home Visiting Service.*

(A) *The Authority operate a comprehensive pre-care, care and after-care scheme in close co-operation with general practitioners and the various hospitals serving the Administrative County. An excellent liaison is maintained with Industrial rehabilitation officers, employment bureaux and other agencies.*

(B) It is intended to increase the establishment of officers engaged in home visiting so that this service may be adequately maintained and developed.

(9) *Guardianship.*

The Authority undertakes to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the Authority or of other persons.



(10) *Preventive Services.*

The Authority are mindful of the need for preventive services in relation to mental illness. With this in view, health visitors have for many years had lectures on mental health and much of their work in clinics and home visits is directed to problems concerning mental health. The Authority intends to continue this emphasis on prevention in the mental health field.

*Administration.*

The Authority's powers and duties under the Lunacy and Mental Treatment Acts, 1890-1930, the Mental Deficiency Acts, 1913-1938, and the Mental Health Act, 1959, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters.

The following staff are engaged on mental health work :—

*Mental Health Act, 1959.*

Senior Medical Officer .. .. Dr. Gwladys Evans.

*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.

*Barry Occupation and Training Centre.*

Supervisor .. .. Miss B. A. Jenkins.

Assistant Supervisors. .. .. Miss D. Garland.  
Mrs. M. M. May.  
Mrs. C. M. Bannon.  
Mr. O. G. S. Harrison.

Kitchen Helper .. .. Mrs. M. Dore-Dennis.

Cleaner-in-Charge .. .. Mrs. P. Morris.

*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.

Kitchen Helper .. .. Mrs. K. P. Selby.

Cleaner-in-Charge .. .. Mrs. M. A. Davies.

*Trealaw Occupation and Training Centre.*

Supervisor .. .. Mr. D. T. James.

Assistant Supervisors .. .. Mrs. A. M. Williams.  
Mrs. M. M. James.  
Mrs. M. M. Evans.  
Mrs. G. Roderick.

Kitchen Helper .. .. Mrs. I. E. M. Page.

Cleaner-in-Charge .. .. Mrs. F. M. Froud.



*Ystrad Mynach Occupation and Training Centre.*

Supervisor .. .. .	Miss D. M. John.
Assistant Supervisors .. .. .	Mrs. H. N. Thomas. Miss G. J. Swales. Mrs. D. Hughes. Mr. C. J. Gardiner.
Kitchen Helper .. .. .	Mrs. F. R. Winwood.
Cleaner-in-Charge .. .. .	Mrs. Q. Davies.

*Health Welfare Officers.*

Miss H. B. Brown, 400, Grand Avenue, Ely, Cardiff	Aberdare Urban, Gelligaer Urban, Caerphilly Urban.
Mr. N. P. John, 139, Bartlet Street, Caerphilly ..	
Mr. D. Mahoney, 28, Tanyrallt Avenue, Bridgend	Maesteg Urban, Penybont Rural, Bridgend Urban, Porthcawl Urban, Ogmore and Garw Urban.
Mrs. A. E. Walters, 6, Arlington Road, Porthcawl	
Mr. W. H. Burgin, 20, Theodore Road, Port Talbot	Neath Borough, Neath Rural, Port Talbot Borough, Glyncoirwg Urban.
Miss A. Evans, 164, Margam Road, Port Talbot ..	
Mrs. C. Edwards, 15, Mill Street, Tonyrefail ..	Pontypridd Urban, Llantrisant and Llantwit Fardre Rural, Mountain Ash Urban.
Mr. W. Anstee, 10, Heol-y-Bryn, Pontyclun ..	
Mrs. J. Wilkins, 28, Heathfield Place, Gabalfa, Cardiff	Cowbridge Borough, Cowbridge Rural, Barry Borough, Penarth Urban, Cardiff Rural.
Mr. W. D. A. Davies, 32, Arles Road, Ely, Cardiff	
Mr. I. Evans, 99, Lone Road, Clydach, Swansea ..	Pontardawe Rural, Llwchwr Urban, Gower Rural.
Mrs. M. D. Bagley, 95, Mumbles Road, West Cross, Swansea	
Mr. E. J. Powell, 41, Stuart Street, Treorchy, Rhondda	Rhondda Borough.
Miss S. R. Holt, 52, Tynybryn Road, Tonyrefail	

The monthly case conference instituted at Morgannwg Hospital provides valuable opportunities for real co-operation between the Health Welfare officers and the hospital staff.



### *Mentally Subnormal Patients.*

At the end of the year, 1,767 mentally subnormal patients were being visited by Health Welfare officers, an increase of 180 over the figure for the previous year. 534 of these patients are on the waiting list for hospital care and 44 of these are on the priority list as being in urgent need of admission.

The financial needs of mentally subnormal patients are dealt with by the National Assistance Board. At the end of the year there were no patients under guardianship.

### *Occupation and Training.*

The shortage of social workers and the difficulty of recruiting experienced staff for the new occupation centres is an acute local and national problem. In conjunction with the Cardiff, Carmarthenshire, Merthyr, and Monmouthshire Authorities courses are being held for the training of assistants in occupation centres.

The first course commenced on 1st October, 1959, and terminated on 23rd June, 1960. Three assistants from the area of this Authority attended and qualified for a certificate. It is intended to continue the course until a more satisfactory alternative can be made available locally.

There are still 145 pupils on the waiting list for admission to an occupation or training centre. Considering the need for these centres, they have been slow in taking shape. During the year new centres were opened at Barry on 25th April and at Ystrad Mynach on 5th September. County Alderman Mrs. Dorothy M. Rees, J.P., performed the official opening of the Barry Centre at a ceremony held on 11th July, 1960.

Occupation centre provision for pupils residing within the Administrative County, and the age range of those attending are shown in the following tables :—

Centre	Accommodation	Numbers in attendance on 31st December, 1960		
		Male	Female	Total
Aberaman .. .. .	55	27	18	45
Barry .. .. .	75	28	32	60
Briton Ferry .. .. .	75	36	36	72
Trealaw .. .. .	75	32	30	62
Ystrad Mynach .. .. .	75	46	22	68
Cardiff County Borough Centre ..	—	—	1	1
Swansea County Borough Centres..	—	11	1	12
Hensol Castle .. .. .	—	2	3	5
		182	143	325



Centre	Aged 5-9		Aged 10-15		Aged 16 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Aberaman .. .. .	1	2	10	6	16	10	27	18
Barry .. .. .	4	5	5	7	19	20	28	32
Briton Ferry .. .. .	5	2	14	11	17	23	36	36
Trealaw .. .. .	3	4	10	5	19	21	32	30
Ystrad Mynach .. .. .	11	1	14	9	21	12	46	22
Cardiff .. .. .	—	—	—	1	—	—	—	1
Swansea .. .. .	2	—	5	1	4	—	11	1
Hensol Castle .. .. .	—	1	2	2	—	—	2	3
Totals .. .. .	26	15	60	42	96	86	182	143

Special transport is provided for most of the children attending the centres. At the end of the year the transport arrangements were being reconsidered with a view to improving and extending these facilities.

A very successful, combined summer outing at Porthcawl was held for all occupation centres on 9th June, 1960. Complimentary tickets enabling the pupils to have free access to many of the fun-fair attractions at Coney Beach were kindly provided by Sir Leslie Joseph. I was much impressed by the kindness and attention shown by the staff at the restaurant which catered for the party on that day.

At Christmas time, each centre followed its usual pattern of Nativity play, sale of work, open day, and Christmas party. My thanks are due to the ministers of the various denominations for the interest shown in the work of the centres and for their presence and help on these occasions.

During Mental Health Week, parents and others were invited to attend "open days" at occupation centres and a healthy and sympathetic interest was aroused in many who were previously unaware of the County Council's activities and proposals in this branch of work.

#### *Development Programme.*

The following capital building programme for the five-years ending 31st March, 1965, has been agreed by the Authority :—

<i>Year.</i>	<i>Provision.</i>	<i>Location.</i>
1960-61 ..	Occupation Centre .. ..	Mid-Glamorgan.
1961-62 ..	Hostel .. .. .	Barry.
	Occupation Centre .. ..	West Glamorgan.
	Hostel .. .. .	Mid-Glamorgan.
1962-63 ..	Occupation Centre .. ..	Pontypridd.
	Hostel for Working Boys ..	do.
1963-64 ..	Hostels .. .. .	Two.
1964-65 ..	Hostels .. .. .	Two.



*Hospital Admission.*

In 1960 thirty-six mentally handicapped persons were admitted informally to mental deficiency hospitals compared with thirty-one in 1959. 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, two patients were admitted to "places of safety" and forty-nine to hospitals for short-term care.

			Number of patients admitted since the year 1950 to mental deficiency hospitals or institutions			
			Under Order	On an informal basis	As places of safety	For short- term stay
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
1960	..	..	1	36	2	49

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 disposal of the thirty-seven patients admitted to hospital is shown below :—

Hensol Castle, near Pontyclun	..	..	12
Ely Hospital, Cardiff	..	..	15
Oakwood Park, Conway	..	..	1
Llanfrechfa Grange, Cwmbran	..	..	8
Etloe House, Leyton	..	..	1

Twenty-two patients were admitted to the Old Rectory, Porthkerry, where one bed is available for the use of the Local Authority's cases. The usual length of stay is 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.

During 1960, the Health Welfare officers arranged the admission to hospital of 787 patients, forty-four of whom were admitted as voluntary patients under the Mental Treatment Acts, and 384 were admitted informally.

## SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS.

Year	Mental Health Act, 1959						Mental Treatment Act, 1930				Lunacy Act, 1890				Informally	Total admissions arranged	
	Section 25		Section 26		Section 29		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.	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
1960 ..	4	5	5	3	21	34	22	20	-	-	19	16	98	156	156	228	787



There were twenty-nine more admissions last year compared with 1959. It is interesting to note that 374 patients were admitted to hospital informally.

#### COMMUNITY CARE.

Under the arrangements for after-care the Health Welfare officers dealt with 274 male and 312 female cases, compared with 497 cases in the previous year. Regular visits extending over many months are usually found to be necessary. In addition, forty-six male and sixty-two female patients, who have not been admitted to hospital, are visited by the Health Welfare officers.

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.

#### TRAINING OF STAFF.

At the present time there are inadequate national training facilities to meet the needs of the essential expansion of staff for the increasing community care services. It was, therefore, fortunate that all the Health Welfare officers were able to attend the course organised by Dr. Marshall W. Annear at Morgannwg Hospital and sponsored by the Extra-Mural Studies of the University of Wales. The course consisted of lectures and demonstrations on one half-day a week from 21st November, 1960, to 17th April, 1961.

The following is an account of the development of the Mental Health Service in Glamorgan prior to the introduction of the Mental Health Act, 1959.

As required by the National Health Service Act, 1946, the County Council appointed a Health Committee and delegated to this Committee matters relating to the exercise by the County Council, as the Local Health Authority, of their powers and duties under the National Health Service Act, 1946, the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938.

The Health Committee set up the Special Health Services Sub-Committee to deal with Mental Health Service matters, including those for which the Local Health Authority became responsible under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.

Three supervisors of mental defectives were transferred from the service of the former County Committee for the Care of the Mentally Defective, and were engaged in the care and supervision of defectives under statutory supervision or who had been certified and placed under guardianship. The Greenhill Occupation Centre, Aberaman, and its staff, comprising one supervisor, one assistant supervisor, and a caretaker-instructor were also transferred. In addition, five duly authorised officers were appointed to deal with patients under the Lunacy and Mental Treatment Acts.

Owing to the inability to obtain the services of a certifying medical officer, arrangements were made to utilise temporarily the services of Dr. T. S. Davies, then an assistant medical officer of Hensol Castle Certified Institution, who had had experience in this type of work. His services were continued until 25th February, 1949, when Dr. David T. Lewis undertook the duties of certifying officer. On behalf of the Morgannwg Management Committee the supervisors of mental defectives visited defectives on licence from institutions and reported on the home conditions of patients granted short leave or absence.



In 1949, arrangements were made for approximately 150 cases, who were being supervised in the County by the National Association for Mental Health under the After-Care Scheme for ex-service personnel and ex-members of the Mercantile Marine, together with persons of subnormal mentality and epileptics not requiring institutional treatment, to be visited by the duly authorised officers and superintendent health visitors, thus ensuring the continuity of their after-care supervision. During the same year 212 patients were examined under the Guardianship Review carried out in accordance with the provisions of Circular 177/48 of the Ministry of Health, and of these 135 were recommended for discharge from their Guardianship Orders, sixty-seven were recommended to remain under guardianship, and ten patients were recommended for transfer from guardianship to certified institutions.

The burden of caring for mentally defective persons in the community fell in the main, and with constant pressure, on relatives in the same household. While, fortunately, only a relatively small proportion of defectives required institutional treatment, many of those for whom it was needed could not be found vacancies, and appeals which frequently reached the Department for the removal of patients to institutions were as distressing as they were hopeless.

The Greenhill Occupation Centre continued its work, not only in the more important aspects of providing training and occupation for those in attendance, but in affording parents of the defectives temporary relief from the mental and physical strain of looking after them.

With the agreement of the Swansea County Borough Authority, arrangements were made for selected pupils whose homes were within reasonable travelling distance of Swansea, to attend the Swansea occupation and training centres. The arrangement came into operation on 28th November, 1949, and four boys and two girls attended.

Despite repeated advertisements, it was not possible to appoint a senior medical officer, a psychiatric social worker, two social workers or an additional supervisor of mental defectives, and the only staff change in 1950 was the appointment of a part-time home teacher for mental defectives.

In 1951, the three Mental Health supervisors continued the domiciliary supervision of the 1,174 defectives known to be subject to be dealt with under the Mental Deficiency Acts. The frequent requests to them to make special visits to particular cases and the many letters of appreciation received from grateful parents were significant of the sympathetic manner in which these officers discharged their duties.

During the same year, 556 admissions to mental hospitals were arranged by the duly authorised officers and 58 per cent of these patients were admitted as voluntary patients under the Mental Treatment Acts—an indication of the more enlightened attitude already adopted by the public towards mental illness. Even so, it was unfortunate that because of the absence of more suitable accommodation an increasing number of older persons with failing mental powers were being admitted to mental hospitals, sometimes to the exclusion of younger patients likely to derive benefit from active treatment. As in previous years, formal notifications were received of the discharge of patients from mental hospitals and, where follow-up visits were thought by the Medical Superintendent to be desirable, these were arranged. Compared with the number of patients discharged, however, the number for whom follow-up visits were requested, was very small.



The difficulties of finding a suitably experienced Mental Health worker and the excessive case loads of the existing Mental Health supervisors made it necessary in 1951 to bring under review the existing organisation with a view to relieving the supervisors of some of their routine visiting. A scheme was accordingly proposed whereby much of the routine visiting would be done by health visitors as part of their extended duties under section 24 of the National Health Service Act, 1946. This scheme was brought into operation in 1952 and in the same year the appointment by the Morgannwg Hospital Management Committee of a full-time Psychiatric Social Worker resulted in a decrease of visits by the Authority's Mental Health supervisors in respect of patients licensed from Hensol Castle.

Following the closure of the Old Voluntary School at Baglan, it was decided to set up an occupation and training centre at these premises. The centre was opened on 12th March, 1952, when nine pupils drawn from the Neath Valley, Neath and Onllwyn areas commenced attendance. On 19th March, 1952, a further eight pupils were admitted from the Afan Valley, Aberavon, and Port Talbot districts. The trainees were conveyed, with an escort, to and from the centre daily by ambulances provided by the County Ambulance Service, and were picked up and set down each day at selected collecting points along each of the two routes. They were provided with a hot lunch supplied from the Port Talbot Central Kitchen through the School Meals Service of the Education Committee and milk through the Ministry of Food Milk-in-Schools Scheme. The premises were held on a licence of £200 per annum.

Dr. Gwladys Evans was appointed Senior Medical Officer for Mental Health work and took up her new duties on 1st May, 1953, thus affording a great measure of relief to Dr. R. T. Bevan, the Deputy County Medical Officer, who had previously undertaken responsibility for the major portion of this work.

During 1953 there was a marked increase in the number of cases admitted to hospitals, the most noticeable increase being the use made of section 20 of the Lunacy Act, 1890—where patients are admitted to hospital for observation—which increased by 58 per cent over the previous year. One-hundred-and-seventy-four after-care visits were made by duly authorised officers in 1953 and sixty-four after-care visits were made by Mental Health supervisors and health visitors, making a total of 238 visits.

In 1953 a new workshop was erected at the Greenhill Occupation Centre and the equipment of the centre improved by the installation of a carpenter's bench for the use of trainees.

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

In 1954 the growing number of patients in urgent need of institutional care became a matter of grave concern. Although forty-six patients were admitted to institutions during that year, 179 patients were in urgent need of institutional care on 31st December, 1954, compared with 135 on 1st January, 1954. The position regarding female patients was more acute as in the previous two years thirty-eight females only had been placed in institutions compared with sixty-six males. Of the eighteen females admitted in 1954, eight were transferred from places of safety, four from hospitals, and an approved school, leaving only six patients admitted from the community in the normal way.



By 1955 the co-operation between officers of the Department, the Regional Hospital Board and the mental hospitals within the County had reached a high level. In that year, the Welsh Board of Health approved, in principle, the Authority's proposal to provide hostel accommodation for approximately twelve girls and the Council's approved scheme under sections 28 and 51 of the National Health Service Act, 1946, was amended to include this proposal. As a priority measure, the Welsh Board of Health also agreed to the inclusion in the building programme for 1955-56 of a proposal to provide an occupation and training centre at Trealaw on a site adjacent to the Maternity and Child Welfare Clinic.

Until 1st July, 1955, patients were admitted to mental hospitals from the areas of local authorities who administered the hospitals prior to 1948. Unfortunately, this meant that it was often not possible to admit patients to the mental hospitals nearest their home address, e.g. inhabitants of Whitchurch were obliged to enter Morganwg Hospital, Bridgend. In an effort to overcome this difficulty the Welsh Regional Hospital Board rearranged the catchment areas of mental hospitals in South Wales.

Close liaison was maintained with the County Youth Employment Service who were often successful in placing suitable young defectives in employment. Periodic conferences of the officers engaged in mental deficiency work continued to be held.

In view of the large numbers of patients under supervision, duly authorised officers became responsible in 1956 for visiting some 388 adult males and health visitors assisted in the supervision of 233 children and females.

As well as the normal turnover of numbers due to death or other circumstances, periodic reviews were undertaken of all patients in employment and, wherever they were deemed capable of living in the community without further supervision, their names were removed from the list. In 1957 no fewer than 129 were removed from the visiting list but, even so, at the end of 1957, 1,488 patients were under statutory or voluntary supervision, 897 patients were in institutions and 200 patients were on the waiting list to enter institutions.

The procedure by which short-term care in institutions was 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 patients, continued and during 1957 short-term care was arranged for seventeen male and eighteen female defectives. During the same year the Cardiff and East Glamorgan Society for Mentally Handicapped Children ran a short-term stay home at "Preswylfa", Cardiff, during the summer holidays and five children from Glamorgan were accommodated.

The duly authorised officers and the Mental Health supervisors and health visiting staff continued to play a useful part in providing information about the social background of patients referred for after-care and during 1957, 120 cases were dealt with compared with ninety-two cases in the previous year.

The report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency was published in May, 1957. Its findings and recommendations contained evidence of the enlightened approach to problems which for far too long had failed to secure sympathy. The report envisaged changes of procedure, new classifications, the abolition of the Board of Control, more community care by local health authorities, less formality and documentation, more hostels and homes for mentally disordered patients, limitation of the use of compulsory power and a new Act to regulate such use.



The posts of duly authorised officer and supervisors of mental defectives were merged during 1958 and the staff increased from seven to ten (five male and five female). The linking of duties of the former duly authorised officers and the Mental Health supervisors and the integration of both appointments under the title of Health Welfare officers resulted in a more co-ordinated Service, and the appointment of additional staff enabled districts and case loads to be reviewed and reallocated. Arrangements were 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. A monthly case conference was also instituted at Morgannwg Hospital at which cases under after-care are discussed by the Health Welfare officers and the medical officers formerly responsible for their treatment.

At the Departmental periodic conferences of the Health Welfare officers concerning mental deficiency work, all cases continued to be discussed in the light of the most recent information available and the decision to include a name on the priority list or to assess the degree of priority was, as in previous years, taken by Dr. R. T. Bevan, who had the advantage of knowing most of the defectives concerned.

With the transfer of emphasis from hospital to domiciliary care of mental defectives, as recommended in the report of the Royal Commission, there was a lessening of restriction on the hitherto slow speed with which the Ministry's approval to the building of new occupation centres had been forthcoming. The Treallaw Centre was completed in December, 1958, and by that time a new centre was being erected at Briton Ferry and sites had been secured for the erection of centres at Barry and Ystrad Mynach. In addition, enquiries were being pursued regarding a suitable site (or premises) in the Bridgend area.

The Mental Health Act, 1959, contained substantial changes on the lines recommended by the Royal Commission and provides much scope to the local health authorities desirous of developing its after-care service for the mentally ill. Certainly the full benefits which Parliament intend for the mentally disordered will not be reaped unless local health authority services are greatly strengthened and the man in the street comes to recognise that "mental health is everybody's business".

The Mental Health Service in Glamorgan has expanded considerably in the last few years. New occupation centres have been built as shown in the following table :—

Trealaw, Rhondda	..	..	..	..	Opened on 5th January, 1959.
Briton Ferry (replacing Baglan Centre)	..	..	..	..	Opened on 22nd June, 1959.
Barry	..	..	..	..	Opened on 25th April, 1960.
Ystrad Mynach	..	..	..	..	Opened on 5th September, 1960.

At the same time there has been a steady increase in the staff of Health Welfare officers :—

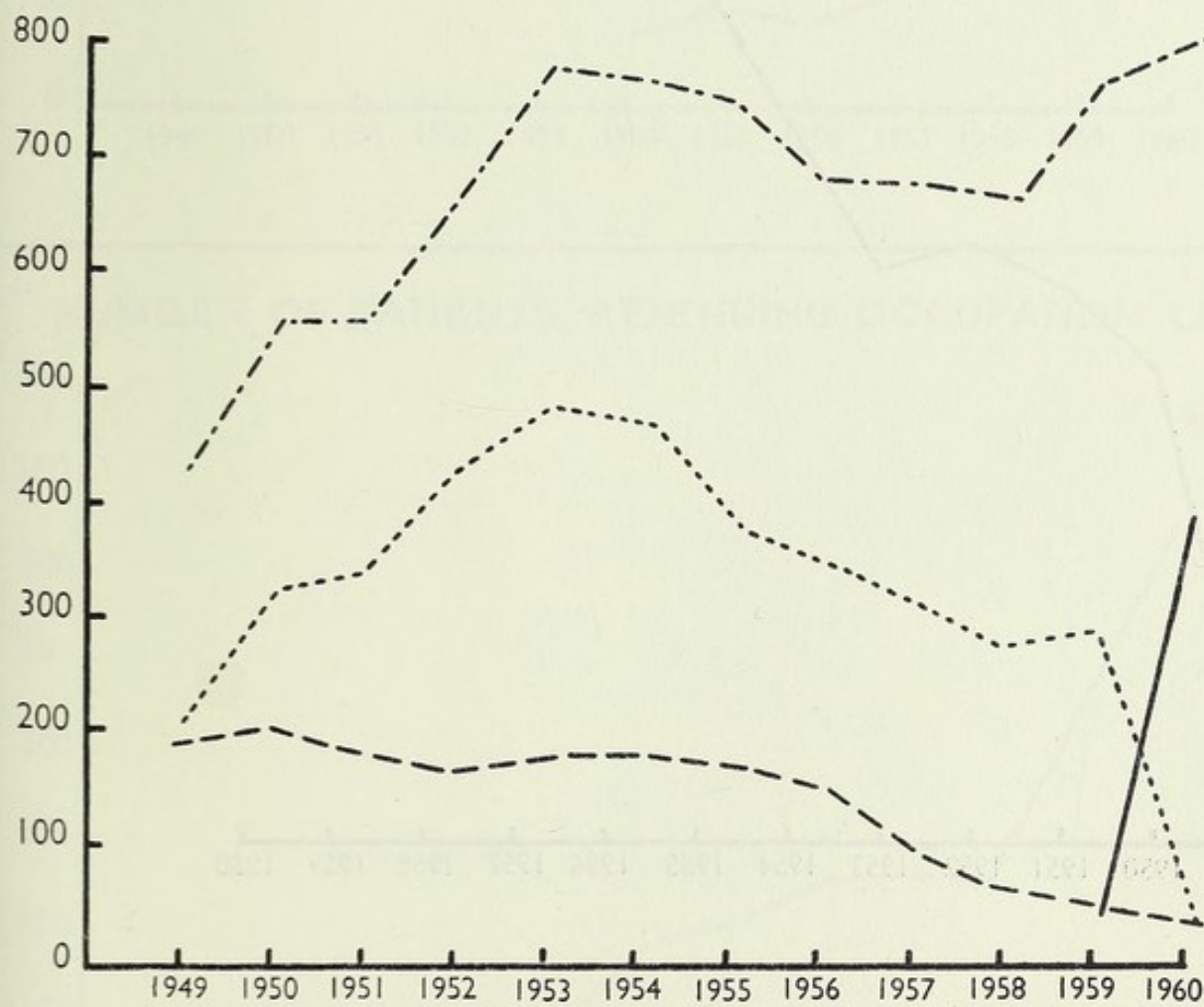
1958	..	10
1959	..	11
1960	..	14.

Some aspects of the growth of the Service may be seen from the following graphs :—



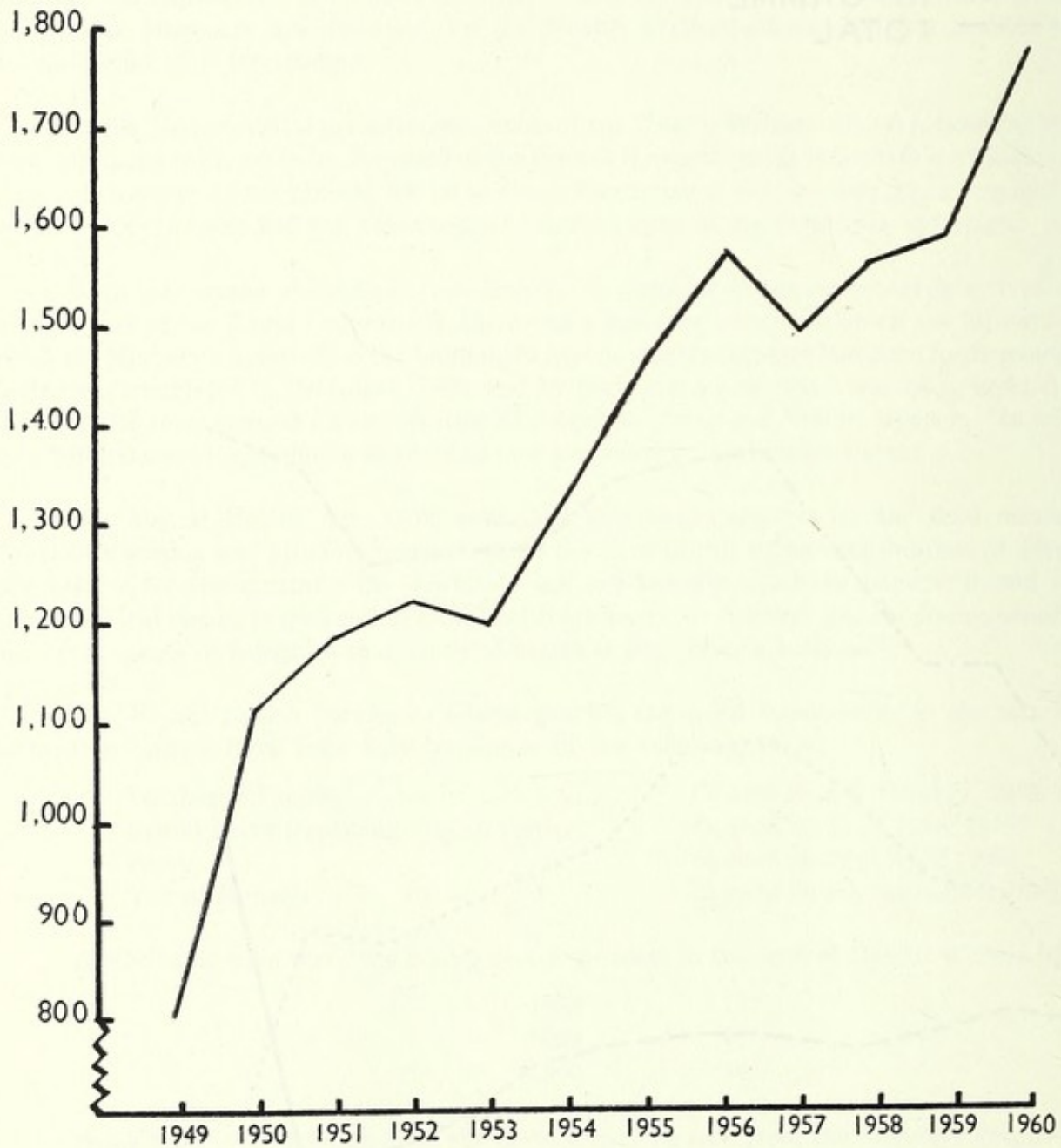
# HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS

----- CERTIFIED  
..... VOLUNTARY  
———— INFORMAL  
- - - - - TOTAL



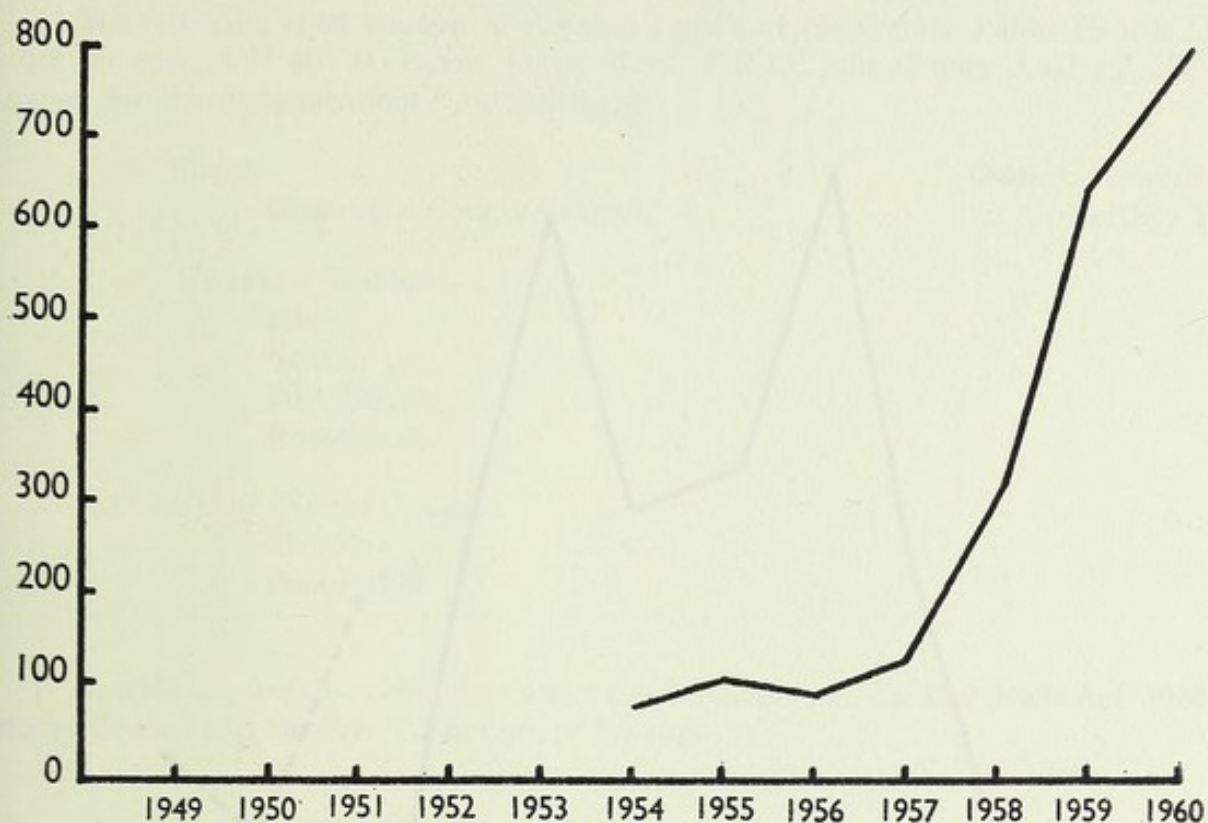


## NUMBER OF SUBNORMAL PATIENTS UNDER SUPERVISION

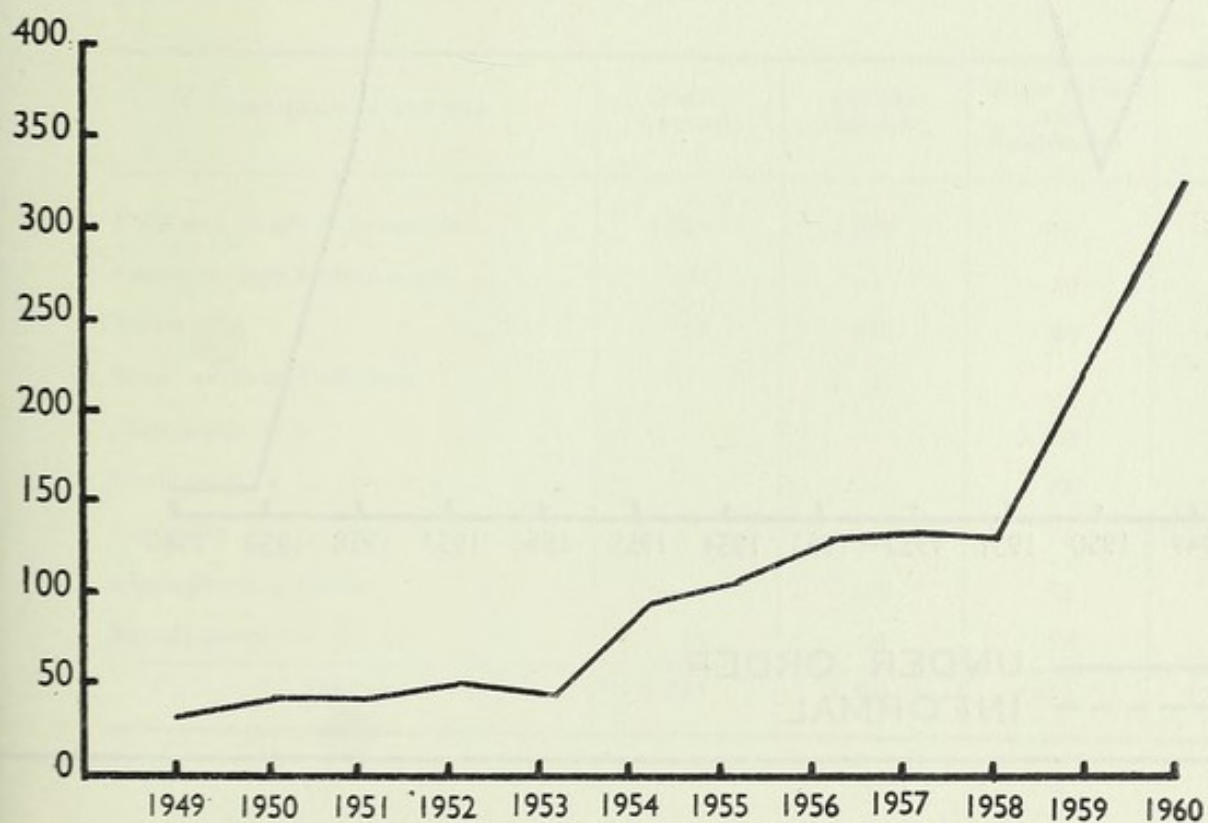




## NUMBER OF PATIENTS RECEIVING AFTER CARE

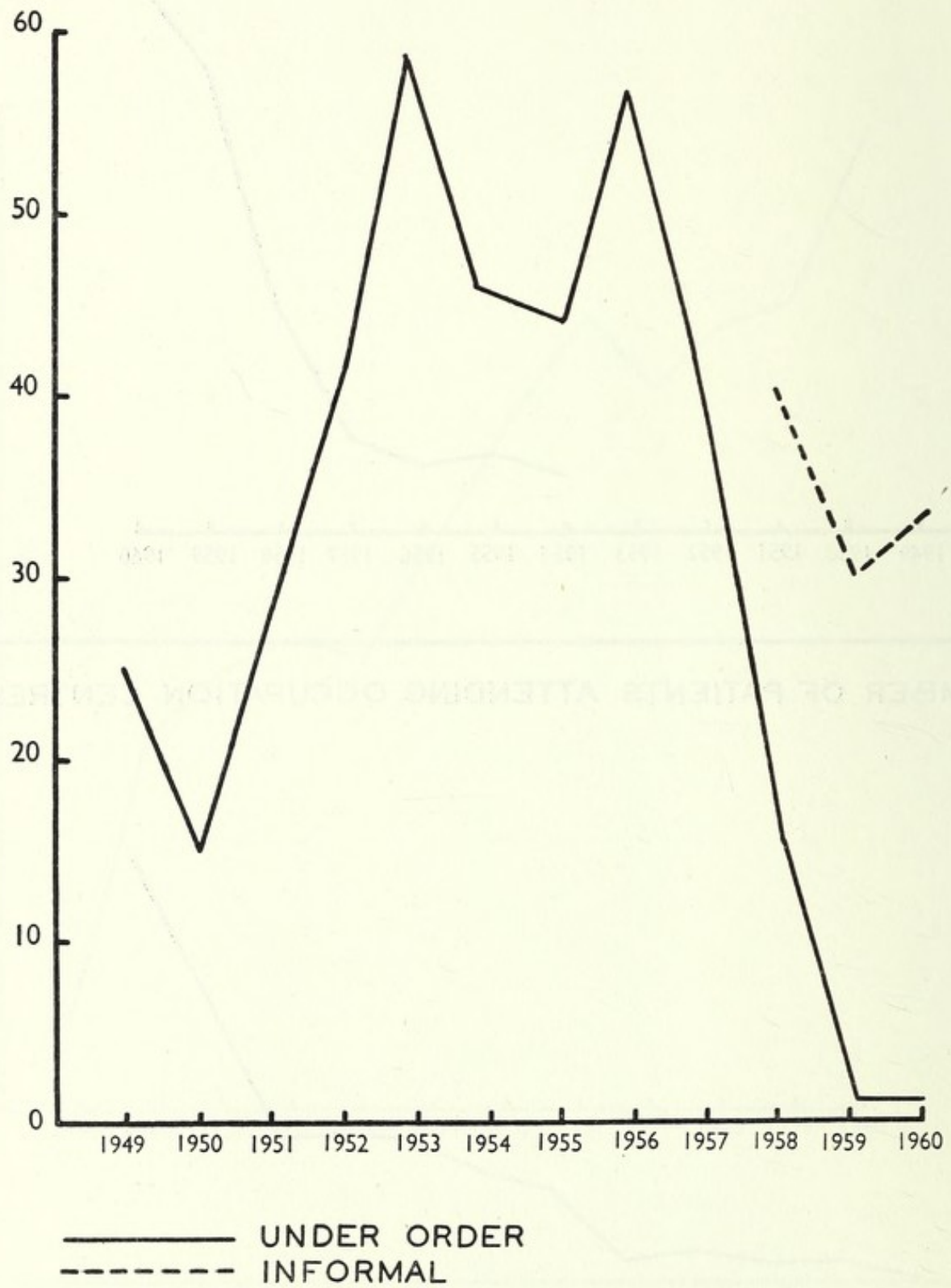


## NUMBER OF PATIENTS ATTENDING OCCUPATION CENTRES





## ADMISSIONS TO MENTAL DEFICIENCY INSTITUTIONS





## PUBLIC HEALTH.

## GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

The following is an account of the year's work at the County Public Health Laboratory, which is under the control of Mr. D. Evans Jones, M.Sc., F.R.I.C., the County Analyst, who 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 Fertilisers 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 ..	4,629	1,695	362	6,686
Fertilisers and feeding stuffs .. ..	134	—	35	169
Water .. .. .	14	916	60	990
River water and effluents .. ..	—	27	4	31
Pasteurised milk .. .. .	—	—	3,168	3,168
Sterilised milk .. .. .	—	—	66	66
Ice-cream .. .. .	—	425	6	431
Atmospheric pollution .. .. .	—	498	95	593
Miscellaneous .. .. .	16	21	23	60
Totals .. .. .	4,793	3,582	3,819	12,194



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.	1959.	1960.	Increase.	Decrease.
Food and Drugs .. .. .	6,636	6,686	50	—
Fertiliser and feeding stuffs .. ..	154	169	15	—
Water .. .. .	1,093	990	—	103
River water and effluents .. ..	38	31	—	7
Pasteurised and Sterilised milk ..	2,977	3,234	257	—
Ice-cream .. .. .	370	431	61	—
Atmospheric pollution .. ..	527	593	66	—
Miscellaneous .. .. .	39	60	21	—
Total .. .. .	11,834	12,194	470	110

#### 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.

A brief account of the work of the Public Health inspectors is given in the following pages. Much time is spent by these officers in carrying out duties devolving on the Department under the Food and Drugs Acts and the various regulations made thereunder. Samples of milk and other articles of food were collected and submitted for analysis at the County Health Laboratory in the unceasing task of protecting the public against foodstuffs wrongly labelled, falsely advertised, or adulterated.

Pre-packed or canned foodstuffs give no opportunity to the buyer to examine the quality of the articles offered for sale. It is, therefore, of greater importance than ever that such goods should be properly labelled and honestly described. Branded products distributed nationally and well advertised can leave little choice to the consumer who is often bewildered by the numbers of branded goods of the same type actually manufactured by the same firm under various names. The quantity and quality should be unequivocally stated so that the housewife is not misled by the size of the packet or misleading descriptions. The claims made for certain types of foods as well as drugs in commercial advertising are so glowing that it is no easy task for the housewife to discriminate between the products advised and care must be exercised when shopping.

A great variety of foodstuffs have been sampled in the search for products that are below standard. Infringements of the law are relatively infrequent. When they occur the instructions of the Clerk of the Council are sought on the question of the action to be taken.

The Public Health Inspectors work in close liaison with the County Supplies Department and their help is sought in all kinds of complaints about foreign bodies found in various foods supplied to school canteens and other County establishments.



The presence of glass splinters in milk was reported on several occasions during the year and, in order to minimise the risk of damage to milk bottles on school premises, the Director of Education called the attention of the teaching staff to the possible effects of empty milk bottles being placed on top of the crates containing full bottles.

The finding of foreign matter, e.g. fragments of glass or splinters of wood suggests negligence or failure on the part of the management or personnel concerned in the manufacture or packaging of food stuffs.

Slivers of glass in school milk, maggots in flour and currants, and cement in milk bottles are examples of complaints which have been dealt with by the Public Health Inspectors and the County Analyst. I am satisfied that the larger firms do strive to ensure that the food products they offer are of the "nature, substance, and quality" demanded by the purchaser. Vigilance in the care of plant and equipment, as well as co-operation and watchfulness on the part of all personnel are at all times essential.

The fact that complaints are relatively infrequent about the product of a firm which sells thousands of similar items daily does little to appease the righteous indignation of a purchaser who finds a finger dressing in a tin of meat, a cigarette end or a streak of machine grease embedded in a loaf of bread.

During the year 1960, from all sources a total of 6,686 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955.

Of these samples 141 (or 2.1 per cent) were reported upon as adulterated or otherwise unsatisfactory. The 1959 figure for unsatisfactory samples was 91 (or 1.4 per cent).

Of the 2,057 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 45 (or 2.2 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in nine cases, fines totalling £68 plus £12 13s. 0d. costs, and £6 analyst's fee being imposed on the vendors or suppliers.

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

The District Council 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.

Complaints are occasionally received from the County Supplies Department, other local authorities within the County, or members of the public regarding unsatisfactory food. These complaints are investigated by the Public Health Inspectors and, if justified, where no legal action can be taken, warning letters are sent by the Clerk of the County Council to the suppliers or manufacturers concerned.

#### *County Public Health Inspectors.*

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

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



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

*"Food and Drugs.*

The number of samples of food and drugs submitted to the Public Analyst during the year remained fairly constant compared with last year, but the number reported as incorrect was less—96 (or 2·1 per cent) as against 122 (or 2·6 per cent) for the previous year.

Included in the 96 incorrect results are 26 relating to meat pies, which were specially taken at the request of the Food Standards Committee Division, Ministry of Food. Were it not for this, the total of incorrect samples would have been 70, equal to 1·5 per cent, a very satisfactory result having regard to the nature of the irregularities.

Of the 4,629 samples taken 2,990 were of food and drugs and 1,639 were milks.

Legal proceedings were taken in only five cases under the Food and Drugs Act, 1955, but none of them were for adulteration of food. Three prosecutions were for undeclared preservative in sausages and two for labelling offences relating to tinned meat.

A few of the incorrect samples were purely technical infringements relating to labelling, such as name and address of packer omitted or contents not properly described and these were dealt with by letter from the Clerk of the Council.

A number of complaints were received from the general public and from the Authority's schools and canteens—glass in milk, dirty milk bottles, screw in flour, mouldy pies, insects in flour and fruit, etc. All were investigated and reports submitted to the Clerk to the Council. Legal proceedings were taken in respect of four, one being dismissed and fines amounting to £44 8s. 0d. imposed for the other three offences.

*Meat Pies.*

The County Council were asked by the Food Standards Committee Division of the Ministry of Food if they would supply them with particulars of the meat and other contents and price of meat pies during the first six months of the year. Sixty samples of various pies were tested by the Public Analyst, 26 of which were reported as being of inferior quality due to low meat content. The Committee were considering the desirability of fixing a compulsory meat standard for pies.

*Milk.*

The standard of milk sold to the public continued to be satisfactory and, with a few exceptions of producer-retailer suppliers of raw milk, gave little cause for complaint.

A total of 1,639 samples of milk were submitted to the Public Analyst for examination for fat and non-fatty solids content and 40 (or 2·5 per cent) were reported incorrect, 23 being small fat deficiencies and 17 low non-fatty solids content. These samples were almost without exception from supplies of raw milk and the deficiencies were seasonal, no evidence of added water was found in any of the samples.

The presumptive standard for milk (other than Channel Islands Milk) is 3·00 per cent fat and 8·5 per cent non-fatty solids and it is interesting to note that the average standard for 1960 was 3·68 per cent fat and 8·63 per cent non-fatty solids.

The standard for Channel Islands Milk is an absolute standard of 4·00 per cent for fat and the average standard of the 178 samples examined during the year was 4·54 per cent fat and 9·01 per cent non-fatty solids.



*Milk (Special Designations) Orders.*

The number of licenses issued by the County Council for the pasteurising of milk during the year was six, but one of the licenses was surrendered in July, 1960.

Regular inspections were carried out at the premises to ensure that adequate precautions were taken against contamination and that the processing plants were satisfactory and proper records kept. A total of 635 samples was taken to discover whether the plants were operating efficiently. Eleven (or 1·7 per cent) samples were found to be unsatisfactory, failing to pass the phosphatase test for efficient heat treatment. While the number of unsatisfactory samples may appear to be slightly larger by comparison with the results of past years—1·7 per cent as against 1·0 per cent—it does not indicate a general falling in the good standard maintained in previous years, it being due to the fact that a number of test samples was taken from one plant in the tracing of a fault in the processing. The fault was eventually traced and no further adverse results have been recorded.

The Milk (Special Designations) Regulations, 1960, which came into operation in October, 1960, replaces and consolidates with amendments a number of previous regulations relating to designated milks. The principal changes are that all dealers licenses, other than those issued by the Minister, will be issued by the Food and Drugs Authority in which the premises are situated or from which the milk is sold, and licenses will be for a period of five years instead of one year.

A new phosphatase test is prescribed for pasteurised milk and the methylene blue test for tuberculin tested milk and pasteurised milk has been modified.

All the raw tuberculin tested milks sold in the County are tested for the presence of tubercle bacilli and all were found to be free from infection.

*Fertilisers and Feeding Stuffs.*

A total of 134 samples of fertilisers and feeding stuffs was submitted to the Analyst during the year. All the fertilisers were satisfactory, but three of the feeding stuffs were reported incorrect and to the prejudice of the purchaser. Letters of warning were sent to the manufacturers by the Clerk to the County Council.

*Contamination of Bathing Beaches.*

The Medical Research Council Memorandum on Sewage Contamination of Bathing Beaches in England and Wales was published in December, 1959. The authors of the report found no evidence that sea bathers were more liable than non-bathers to contract poliomyelitis or certain other infectious diseases.

The report is generally regarded as a negative report which will do little to allay the fears of those who are aware of the sewage contaminated water on the beaches of certain seaside resorts. Broken bottles on some of the beaches and a mixture of nearly crude sewage and oil-contaminated water make sea bathing a much less pleasant recreation than it used to be.

Improvements in sewage disposal arrangements are very costly and if thought to be essential on aesthetic grounds alone, local authorities may expect public pressure to modernise their sewage disposal systems. Unfortunately the cost does not always fall on those who exert the pressure and, bearing in mind the fact that proposed new treatment works in the Mid-Glamorgan area are estimated to cost over £500,000, such undertakings cannot be proceeded with until they have been carefully investigated.

*Pharmacy and Poisons Act, 1933.*

The storage and packaging of certain prescribed poisons held by shopkeepers who are not pharmacists are dealt with under this Act. 708 premises are registered and 1,168 visits were made during the year to ensure that the rules were being observed."



## CLEAN AIR ACT, 1956.

This Act is administered by the County District Councils, who have been given more extensive powers than hitherto to control atmospheric pollution caused by the emission of smoke from chimneys in their area.

So far as industrial premises are concerned this is not an easy matter for, even with the whole-hearted co-operation of the management and personnel, results are often disappointing and cause much concern to the medical officers of health and the members of the authorities interested.

In Glamorgan, the blackspots are in parts of the Port Talbot Municipal Borough, the Mountain Ash Urban District, and the Neath Rural District, and these authorities continue to pay special attention to the problems involved.

## 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 1960. For purposes of comparison the totals for 1959 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 1960.	Number partly completed during the year 1960.	Number for which plans were passed but not commenced during the year 1960.
	Completed and occupied during the year 1960.	Partly completed during the year 1960.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare .. .. .	104	—	68	2,131	92	70	8
Barry Borough .. ..	11	5	—	3,059	35	51	58
Bridgend .. .. .	78	—	—	1,586	18	17	24
Caerphilly .. .. .	—	186	48	2,351	110	70	3
Cowbridge Borough ..	—	14	—	48	6	4	3
Gelligaer .. .. .	38	55	—	1,436	25	22	4
Glyncorrwg .. .. .	2	—	57	883	—	—	—
Llwchwr .. .. .	—	16	—	1,604	48	89	52
Maesteg .. .. .	—	—	44	848	2	91	1
Mountain Ash .. ..	64	132	—	995	1	5	4
Neath Borough .. ..	33	115	32	2,471	39	44	34
Ogmore and Garw .. .	—	—	200	1,099	2	—	5
Penarth .. .. .	76	34	—	1,233	61	55	28
Pontypridd .. .. .	65	221	136	1,678	33	22	13
Porthcawl .. .. .	14	30	—	338	74	29	160
Port Talbot Borough ..	210	252	90	6,154	102	124	200
Rhondda Borough .. .	160	168	48	2,223	4	6	20
Cardiff Rural .. .. .	35	28	16	2,177	534	446	222
Cowbridge Rural .. ..	22	62	16	1,532	36	30	38
Gower .. .. .	8	12	—	429	118	49	39
Llantrisant and Llantwit Fardre	64	54	48	2,562	82	65	30
Neath Rural .. .. .	74	145	—	2,997	61	36	113
Penybont .. .. .	121	172	28	3,663	398	192	245
Pontardawe .. .. .	55	84	26	2,274	18	23	8
Totals 1960 .. .. .	1,234	1,785	857	45,771	1,899	1,540	1,312
Totals 1959 .. .. .	1,610	1,178	731	43,660	1,666	1,148	1,223



## 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 :—

*Gower Rural District Council.*

Extending water mains from Llanmadoc to Nicholaston	Lump sum payment of £1,000 (subsequently reduced to £400 on account of a saving in the cost of the scheme).
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*\*Cardiff Rural District Council.*

Wenvoe sewerage scheme	.. .. £445 per half-year.
------------------------	---------------------------

*\*Llantrisant and Llantwit Fardre Rural District Council.*

Trebanog main water supply	.. .. £350 per half-year.
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*\*Neath Rural District Council.*

Resolven sewerage scheme	.. .. £105 per half-year.
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*Pontardawe Rural District Council.*

Rhos and District water supply	.. .. £110 per half-year for 30 years.
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\* Granted until a permanent decision is made.



## STATISTICAL REVIEW, 1960.

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 1960, and for the purpose of comparison quotes similar statistics for the years 1959 and 1940 :—

			Crude Birth Rate (per 1,000 population)			Crude Death Rate (per 1,000 population)			Infant Mortality Rate (per 1,000 live births)		
			1960	1959	1940	1960	1959	1940	1960	1959	1940
England and Wales .. .. .			17.1	16.5	14.6	11.5	11.6	14.3	21.9	22.2	55
Administrative County of Glamorgan ..			16.65	16.24	16.3	12.19	11.95	13.4	29.49	28.13	65
Total Urban Districts .. .. .			16.38	16.27	16.3	12.26	12.01	13.9	30.68	28.78	67
Total Rural Districts .. .. .			17.33	16.17	16.1	12.03	11.77	11.8	26.64	26.46	60
Health Division.	Constituent Districts.										
Aberdare and Mountain Ash	Aberdare Urban ..		15.06	13.99	13.6	14.45	14.52	16.5	40.40	27.08	80
	Mountain Ash Urban ..		16.09	17.03	17.6	12.80	11.69	13.8	34.76	26.92	51
Caerphilly and Gelligaer	Caerphilly Urban ..		18.97	16.85	19.3	9.58	10.69	15.3	33.29	37.68	87
	Gelligaer Urban ..		16.71	17.90	19.9	11.35	10.77	12.2	42.98	27.78	68
Mid-Glamorgan	Bridgend Urban ..		18.98	18.74	14.1	10.77	11.23	10.3	14.18	14.44	70
	Maesteg Urban ..		14.17	15.44	18.9	10.80	12.65	13.6	21.94	37.25	81
	Ogmore & Garw Urban		15.05	16.40	18.6	13.46	11.68	12.9	30.30	22.16	65
	Porthcawl Urban ..		13.99	14.03	11.6	15.02	12.70	12.2	6.71	33.78	53
	Penybont Rural ..		19.78	18.98	17.3	13.35	13.64	11.1	24.90	22.41	69
Neath and District	Neath Borough ..		16.10	15.24	13.3	12.49	12.25	13.7	14.00	27.43	64
	Neath Rural .. ..		14.08	14.61	17.0	10.86	11.79	11.4	18.80	24.75	48
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..		19.63	17.66	19.5	10.92	10.61	13.5	31.01	36.88	72
	Pontypridd Urban ..		15.06	15.75	17.2	13.83	14.10	13.7	39.22	27.12	50
Port Talbot and Glyncoirwg	Glyncoirwg Urban ..		19.22	18.84	23.9	8.67	11.37	14.0	20.73	52.91	63
	Port Talbot Borough ..		21.17	19.19	16.1	11.51	10.07	13.0	36.75	25.70	65
South-East Glamorgan	Barry Borough ..		18.91	18.96	16.0	10.51	10.35	13.1	18.66	21.20	64
	Cardiff Rural .. ..		18.71	16.60	13.7	11.98	11.94	10.9	29.48	22.70	47
	Cowbridge Borough ..		16.16	9.09	15.7	15.15	11.11	13.0	—	111.11	—
	Cowbridge Rural ..		20.22	17.70	17.8	8.28	7.52	10.4	28.87	29.50	72
	Penarth Urban ..		15.64	14.89	12.2	14.21	13.09	14.7	26.23	27.59	79
West Glamorgan	Gower Rural .. ..		16.36	13.42	16.3	16.12	12.58	13.2	10.10	24.84	42
	Llwchwr Urban ..		12.55	14.15	15.5	13.41	12.20	12.6	43.48	21.98	88
	Pontardawe Rural ..		13.42	13.17	13.4	13.61	12.54	12.6	35.55	28.85	70
Rhondda .	Rhondda Borough ..		14.65	14.85	15.6	12.64	12.62	14.9	31.09	33.67	63



**"CRUDE" AND "ADJUSTED" RATES.**

The table of vital statistics on pp. 102 and 103 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.

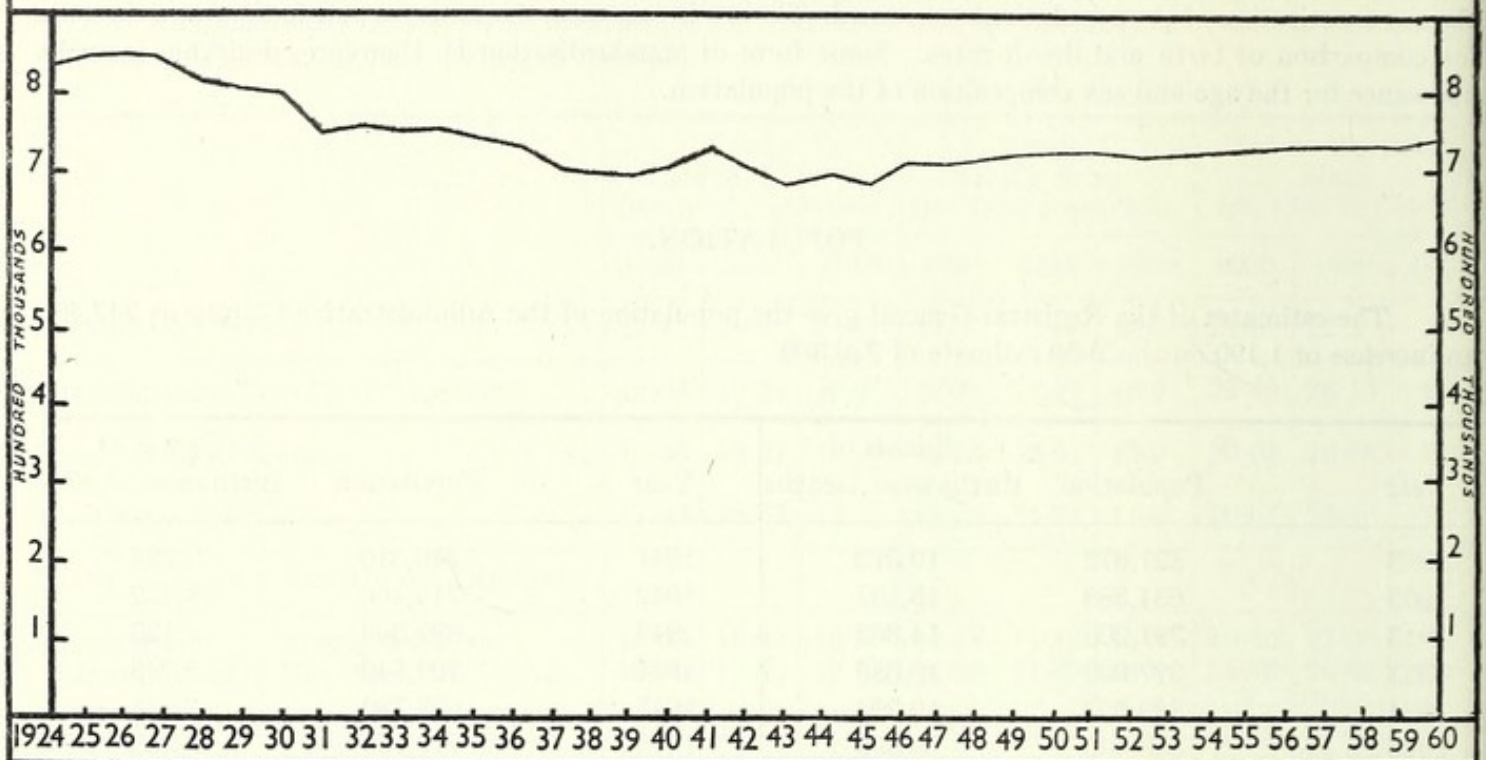
**POPULATION.**

The estimates of the Registrar-General give the population of the Administrative County as 747,490 an increase of 1,190 on the 1959 estimate of 746,300.

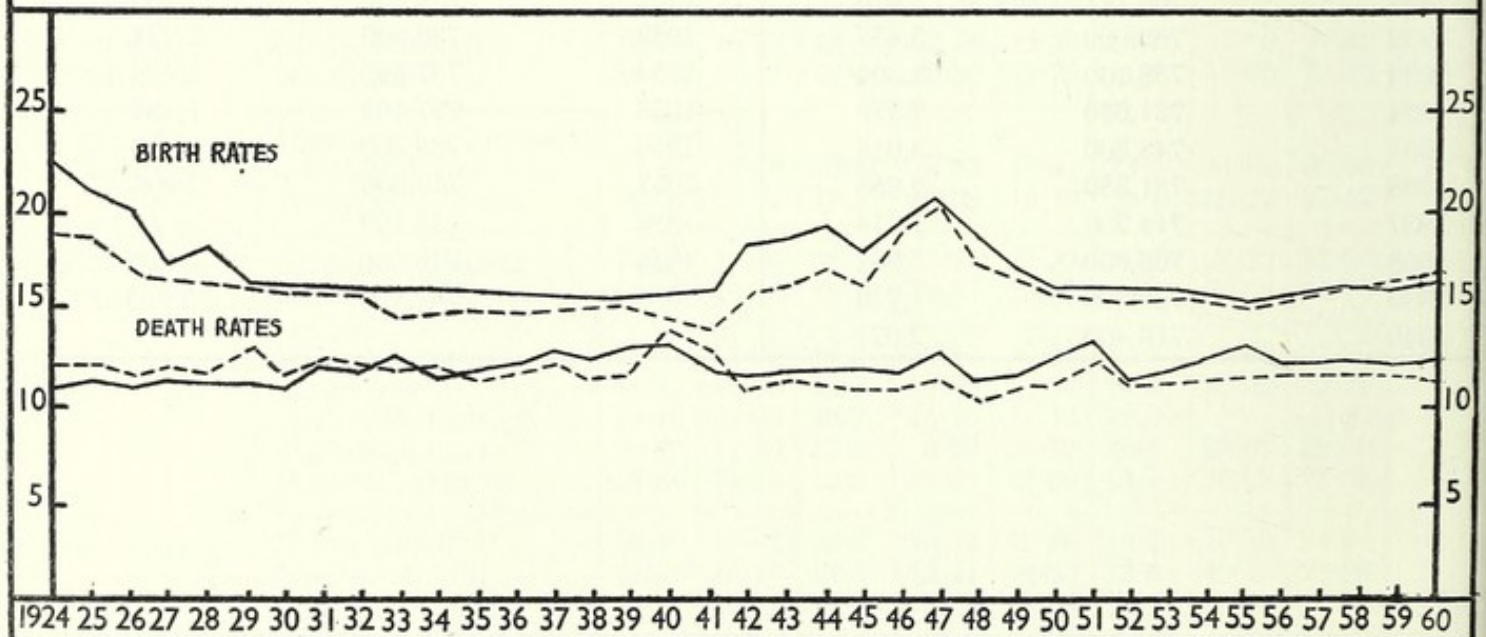
Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1941	740,310	2,595
1903	631,398	13,137	1942	714,400	4,422
1913	791,208	14,363	1943	697,300	4,125
1923	827,900	10,656	1944	704,540	5,043
1924	839,500	10,294	1945	697,780	3,621
1925	843,400	8,898	1946	710,160	5,208
1926	843,100	8,213	1947	712,070	5,491
1927	837,000	5,366	1948	725,200	5,316
1928	812,200	5,748	1949	730,400	3,619
1929	809,200	4,582	1950	737,890	2,483
1930	809,200	4,921	1951	732,100 (Census)	1,855
1931	766,141 (Census)	3,670	1952	732,500	2,366
1932	763,000	3,482	1953	736,300	3,224
1933	758,160	2,504	1954	737,800	2,483
1934	751,650	3,579	1955	737,400	1,484
1935	743,800	3,015	1956	738,000	2,576
1936	731,350	2,358	1957	740,600	2,996
1937	714,200	1,714	1958	743,100	3,414
1938	708,500	1,982	1959	746,300	3,207
1939	709,500	1,746	1960	747,490	3,335
1940	716,400	2,077			



# 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.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Administrative County ..	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	16.7
England and Wales ..	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	17.1
Legitimate birth-rate per 1,000 births—																
Administrative County ..	67	43	34	34	31	35	32	30	31	28	28	28	28	26	29	31
England and Wales ..	92	65	52	53	50	49	47	46	46	46	46	46	46	49	51	54

### DEATH RATE.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Administrative County ..	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	12.2
England and Wales ..	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	11.5

### 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
			1960.	29	22



The birth rate shows a slight increase (16.65) compared with the rate (16.24) for 1959. It is a little less than the figure for England and Wales (17.1).

The illegitimate birth rate of 34.41 illegitimate children per 1,000 live births shows little variation with the rate for previous years and remains little more than half the rate, 54 for England and Wales.

The death rate, 12.19 shows a slight increase over the 1959 figure of 11.95 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 an increase from 28.13 in 1959, to 29.49 in 1960.

As in previous years, it is higher than the infant mortality rate for England and Wales (21.9).

The average infant mortality rate for the Glamorgan Urban Districts was 30.68 and for the Rural Districts it was 26.64.

The highest rates were recorded in Llchwyr, Gelligaer, Aberdare, Pontypridd, Mountain Ash, Caerphilly Urban Districts, Port Talbot, and Rhondda Municipal Boroughs, and Pontardawe, Llantrisant and Llantwit Fardre, Cardiff, and Cowbridge Rural Districts.

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.

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
1960	21.5	15.6



## 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
1960 ..	12	0.94	0.39

The number of maternal deaths was twelve, an increase of eight compared with last year's figure. This increase makes one realise that there can be no relaxation in the care given to the expectant mother. Problems connected with the Maternity Service are under review at the Maternity Liaison Committees, which meet periodically.

Of the twelve deaths recorded as being due to child-bearing, five were due to pulmonary embolism, two to post partum haemorrhage, one to toxæmia, and the remaining four to other complications of pregnancy.

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. Six-hundred-and-fifteen cases of whooping cough were notified, but there were no deaths.

There were 429 cases of dysentery in 1960, compared with 1,215 in 1959. No deaths were recorded.

Of these cases 207 occurred in the Ogmore and Garw Urban District.

The following table shows the numbers of poliomyelitis cases in recent years in Glamorgan :—

	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.
Paralytic ..	*	79	8	29	36	6	39	12	43	2	3	5
Non-paralytic	*	26	16	10	24	2	30	14	12	1	—	—
Total ..	54	105	24	39	60	8	69	26	55	3	3	5

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

The County was again fortunate in that only five cases of poliomyelitis were notified in 1960, two more than in 1959. The disease was of the paralytic type.

One of the patients was an adult of twenty-six years of age. The other four cases were children whose ages were 2½, 5, 6, and 12 years respectively. They had not been vaccinated against poliomyelitis.

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 still work to be done in increasing the number of vaccinations in the age groups most susceptible to this disease.



ANCER.

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
1960	835	691	1,526	204	216

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

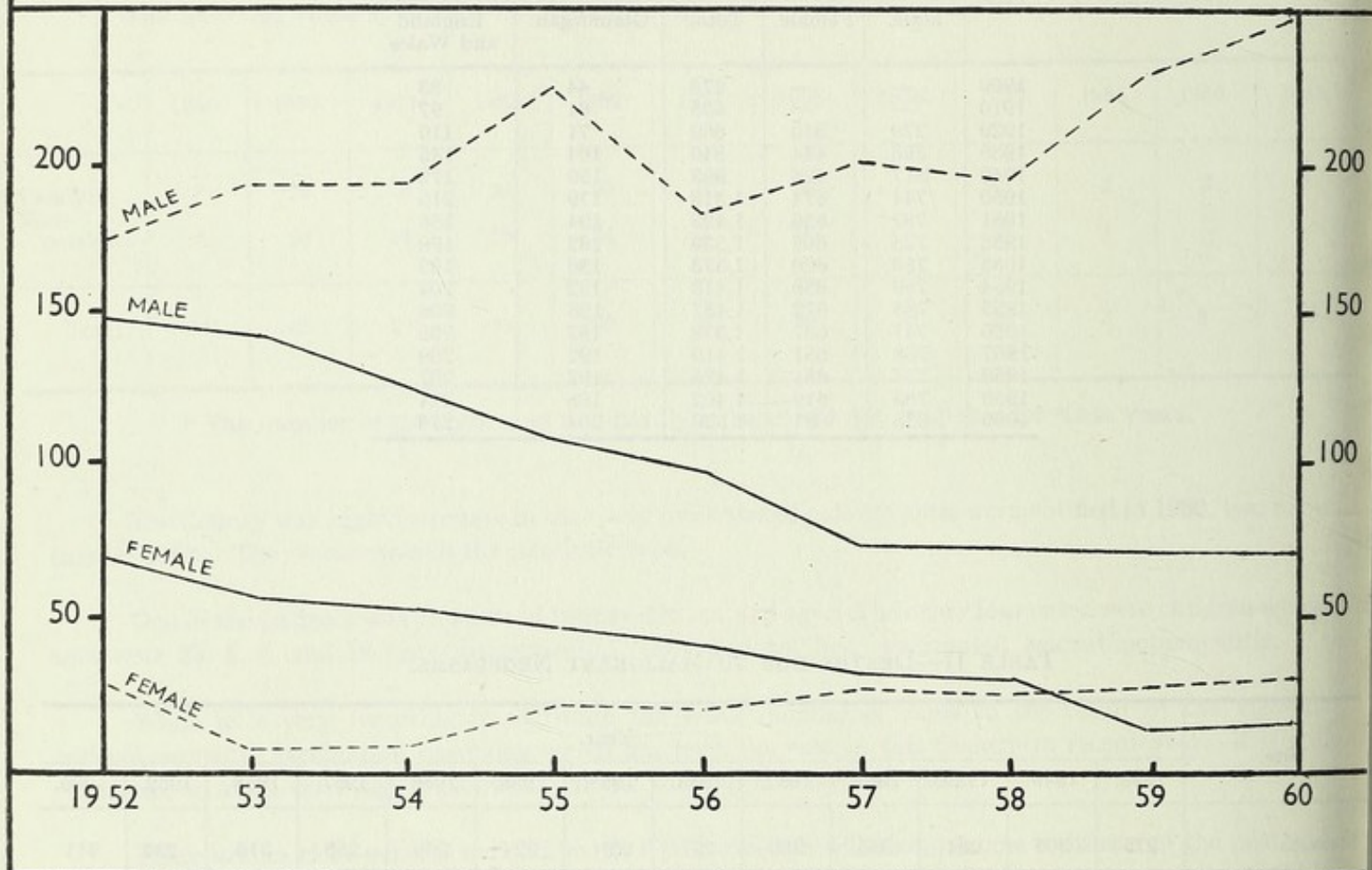
Site.	Year.												
	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.
Stomach ..	275	305	291	335	300	277	294	324	299	258	316	257	311
Colon ..	97	91	100	109	111	117	111	105	138	114	118	102	138
Liver ..	62	79	67	75	52	66	77	72	57	74	66	61	69
Lung ..	792	779	141	168	200	205	207	241	201	220	216	257	279
Other ..			719	736	667	708	729	715	683	753	709	725	729
Total cancer deaths	1,226	1,254	1,318	1,423	1,330	1,373	1,418	1,457	1,378	1,419	1,425	1,402	1,526

Lung cancer accounted for 279 deaths in 1960. This figure increased from 257 in 1959 and is the highest recorded in this County. There was an increase in the total number of deaths from all forms of cancer (from 1,402 to 1,526), and the continued increase of lung cancer deaths must give cause for grave concern.



# DEATHS

FROM  
RESPIRATORY TUBERCULOSIS  
& CANCER OF THE LUNG

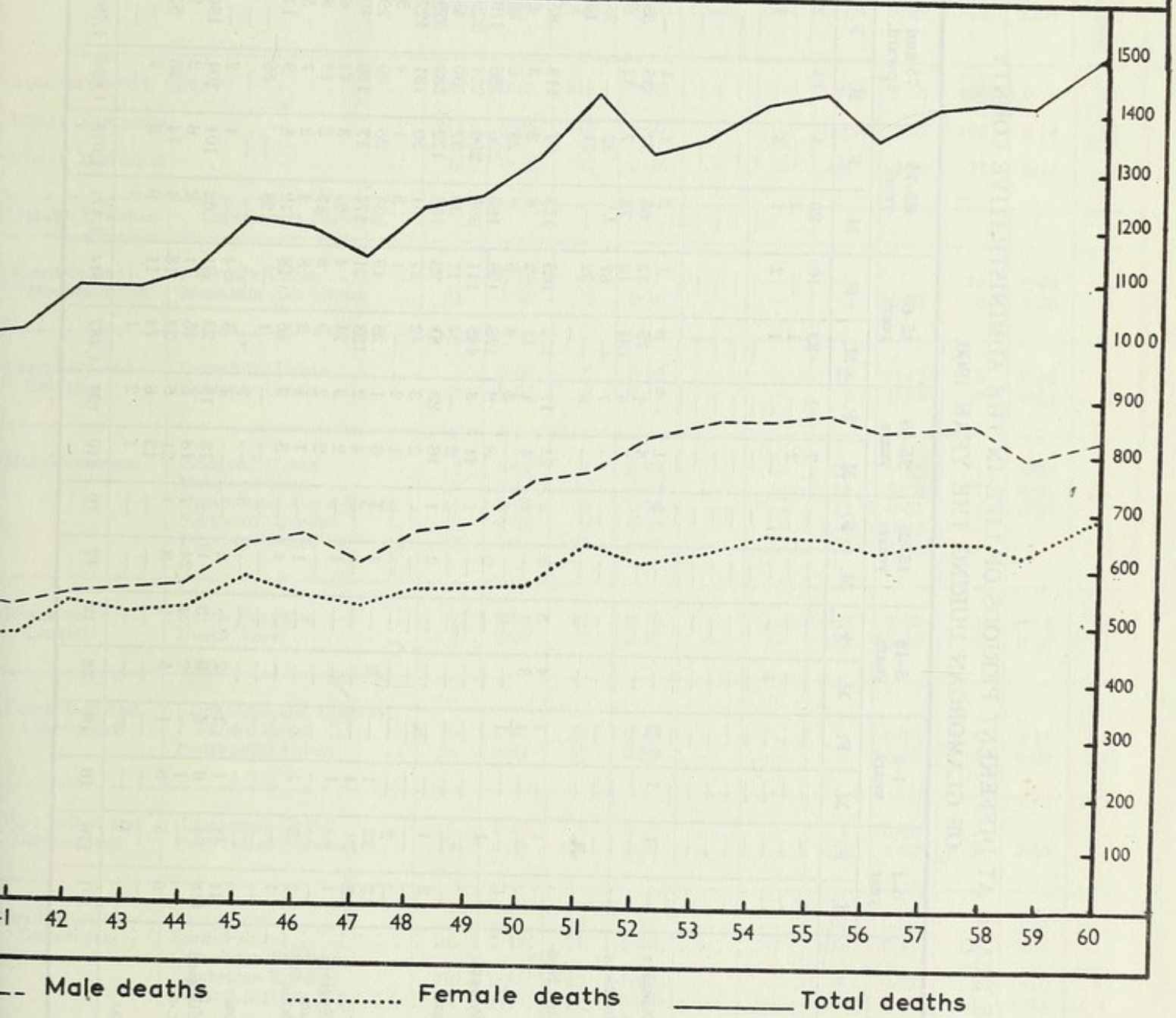


Respiratory Tuberculosis \_\_\_\_\_

Cancer - - - - -



# CANCER DEATHS





CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY  
OF GLAMORGAN DURING THE YEAR 1960.

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 ..	—	—	—	—	—	—	—	—	7	1	33	10	20	4	13	2	73	17
Tuberculosis—Other ..	—	—	—	—	—	—	—	—	2	—	1	—	2	—	—	—	5	—
Syphilitic Disease ..	—	—	—	—	1	—	—	—	—	—	1	2	1	3	—	1	3	6
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	—	1	1	2	—	—	—	2	1	—	3	1	3	1	1	—	9	7
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	8	4	75	32	65	57	35	35	183	128
Malignant Neoplasm—Lung Bronchus ..	—	—	—	—	—	—	—	—	7	4	134	16	73	7	32	6	246	33
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	—	7	—	67	—	—	—	25	—	138
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	6	—	32	—	—	10	—	—	69
Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	1	—	—	4	5	3	2	22	17	112	105	125	97	113	85	379	313
Diabetes ..	—	—	—	—	3	1	—	1	4	1	11	2	6	2	3	2	27	10
Vascular Lesions of Nervous System ..	1	—	—	—	—	—	—	—	—	2	4	8	6	25	9	20	20	56
Coronary Disease—Angina ..	—	—	—	—	—	—	—	—	8	9	128	126	180	226	286	419	604	781
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	1	41	3	445	111	395	200	224	229	1,105	544
Other Heart Disease ..	2	1	—	—	—	—	2	1	2	—	24	11	39	37	30	45	95	93
Other Circulatory Disease ..	—	—	—	—	—	—	—	—	16	23	81	93	108	122	283	379	492	619
Influenza ..	—	2	—	—	—	—	—	—	2	3	42	27	51	50	131	127	226	207
Pneumonia ..	17	22	1	—	2	—	—	—	1	2	—	1	3	1	4	5	8	11
Bronchitis ..	3	1	1	—	—	—	4	1	6	1	25	19	34	26	69	79	158	148
Other Diseases of Respiratory System ..	1	—	1	—	—	—	—	—	4	2	123	21	174	17	126	40	431	81
Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	1	—	2	3	74	4	61	3	44	6	184	16
Gastritis, Enteritis, and Diarrhoea ..	—	—	—	—	—	—	—	—	2	2	9	5	16	2	13	9	40	18
Nephritis and Nephrosis ..	2	2	1	—	—	—	1	—	1	1	2	8	4	2	7	5	18	18
Hyperplasia of Prostate ..	1	—	—	—	—	—	4	—	8	3	18	18	12	8	9	14	52	43
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	3	—	—	—	—	25	—	56	—	82	—
Congenital Malformations ..	41	45	1	2	2	—	2	—	—	9	—	—	—	—	—	—	—	12
Other defined and ill-defined diseases ..	118	94	6	2	9	3	1	—	13	15	73	61	52	101	104	196	376	53
Motor vehicle accidents ..	—	—	1	—	2	1	24	7	18	5	15	1	2	6	2	2	64	472
All other accidents ..	5	5	3	1	5	2	3	1	21	5	33	18	4	14	28	52	102	22
Suicide ..	—	—	—	—	—	—	—	—	13	6	14	11	9	3	2	—	38	98
Homicide and operations of war ..	—	1	—	—	—	—	—	—	1	2	1	—	1	—	—	—	3	20
All causes ..	191	176	16	10	28	12	47	19	210	137	1,487	814	1,471	1,075	1,626	1,793	5,076	4,036



1960.  
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 ENCEPHAL- ITIS		DYSENTERY	OPHTHALMIA NEUMATORUM	PUERPERAL PYREXIA		SMALLPOX		PARA- TYPHOID		ENTERIC FEVER		FOOD POISONING	TUBERCULOSIS						AUTHOR
																												Pulmonary		Non- Pulmonary		ERYSIPELAS		
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non- paralytic	Infective	Post Infection			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Cases	Rate			
ADMINISTRATIVE COUNTY	.. .. .	286	0.38	615	0.82	—	—	1,520	2.03	209	0.28	21	5	—	1	3	429	9	81	6.51	—	—	2	0.003	1	0.001	126	415	0.56	60	0.08	34	0.05	—
URBAN DISTRICTS	.. .. .	211	0.39	518	0.97	—	—	1,054	1.97	182	0.34	15	5	—	1	3	387	6	71	8.10	—	—	—	1	0.002	60	316	0.59	46	0.09	27	0.05	—	
RURAL DISTRICTS	.. .. .	75	0.35	97	0.46	—	—	466	2.10	27	0.13	6	—	—	—	—	42	3	10	2.72	—	—	2	0.009	—	66	99	0.47	14	0.07	7	0.03	—	
Health Division.	Constituent Districts.																																	
Aberdare and Mountain Ash	Aberdare Urban .. ..	7	0.18	—	—	—	—	—	—	18	0.46	—	—	—	—	—	22	2	11	18.52	—	—	—	—	—	6	17	0.43	7	0.18	4	0.10	—	
	Mountain Ash Urban ..	31	1.02	3	0.10	—	—	4	0.13	6	0.20	1	—	—	—	—	—	—	8	16.36	—	—	—	—	—	—	28	0.92	3	0.10	4	0.13	—	
Carmarilly and Gelligaer	Carmarilly Urban .. ..	1	0.03	2	0.05	—	—	18	0.47	6	0.16	—	—	—	—	—	—	—	12	16.64	—	—	—	—	—	2	24	0.63	4	0.11	—	—	—	
	Gelligaer Urban .. ..	1	0.03	7	0.19	—	—	3	0.08	9	0.25	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	0.77	2	0.06	—	—	—	
Mid-Glamorgan	Bridgend Urban .. ..	3	0.20	1	0.07	—	—	24	1.62	1	0.07	—	—	—	—	—	46	—	5	17.73	—	—	—	—	—	1	5	0.34	2	0.13	—	—	—	
	Maesteg Urban .. ..	10	0.44	12	0.53	—	—	75	3.33	7	0.31	1	1	—	—	—	3	—	3	9.40	—	—	—	—	—	—	10	0.44	3	0.13	—	—	—	
	Ogmore and Garw Urban	45	2.05	39	1.78	—	—	12	0.55	5	0.23	1	—	—	—	—	207	—	3	9.09	—	—	—	—	—	14	14	0.64	3	0.14	1	0.05	—	
	Portcawl Urban .. ..	3	0.28	3	0.28	—	—	248	23.29	—	—	1	—	—	—	—	—	—	1	6.71	—	—	—	—	—	—	5	0.47	—	—	—	—	—	
	Pennybont Rural .. ..	21	0.54	25	0.65	—	—	52	1.35	—	—	2	—	—	—	—	12	—	2	2.62	—	—	2	0.05	—	2	17	0.44	5	0.13	—	—	—	
Neath and District	Neath Borough .. ..	7	0.23	14	0.45	—	—	239	7.69	3	0.10	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1	25	0.80	3	0.10	2	0.06	—	
	Neath Rural .. ..	3	0.07	7	0.17	—	—	153	3.68	4	0.10	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	20	0.48	3	0.07	—	—	—	
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural .. ..	15	0.57	13	0.49	—	—	4	0.15	3	0.11	1	—	—	—	—	6	1	1	1.94	—	—	—	—	—	—	18	0.68	2	0.08	2	0.08	—	
	Pontypridd Urban .. ..	24	0.64	11	0.30	—	—	2	0.05	2	0.05	—	2	—	—	—	2	2	7	12.48	—	—	—	—	1	0.03	—	20	0.34	1	0.03	—	—	
Port Talbot and Glyncoerwg	Glyncoerwg Urban .. ..	1	0.10	1	0.10	—	—	4	0.40	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	7	0.70	3	0.30	—	—	—	
	Port Talbot Borough ..	19	0.39	213	4.36	—	—	197	4.03	3	0.06	—	1	—	—	—	11	—	2	1.93	—	—	—	—	—	4	25	0.51	2	0.04	5	0.10	—	
South-East Glamorgan	Barry Borough .. ..	—	—	18	0.42	—	—	14	0.33	4	0.09	—	—	—	—	—	2	—	5	6.22	—	—	—	—	—	7	18	0.42	5	0.12	1	0.02	—	
	Cardiff Rural .. ..	21	0.48	21	0.48	—	—	105	2.41	15	0.34	—	—	—	—	—	19	—	—	—	—	—	—	—	—	13	16	0.37	1	0.02	3	0.07	—	
	Cowbridge Borough .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1.01	—	—	—	—	—	
	Cowbridge Rural .. ..	10	0.53	23	1.22	—	—	5	0.27	3	0.16	—	—	—	—	—	2	2	3	7.87	—	—	—	—	—	—	44	6	0.32	—	—	1	0.05	—
	Penarth Urban .. ..	5	0.26	5	0.26	—	—	65	3.33	10	0.51	4	—	—	—	—	20	—	1	3.28	—	—	—	—	—	14	11	0.56	1	0.05	2	0.10	—	
West Glamorgan	Gower Rural .. ..	3	0.25	5	0.41	—	—	21	1.74	1	0.08	1	—	—	—	—	1	—	4	20.20	—	—	—	—	—	1	2	0.17	1	0.08	—	—	—	
	Llewellyn Urban .. ..	2	0.08	14	0.55	—	—	99	3.86	1	0.04	—	—	—	—	—	45	—	12	37.27	—	—	—	—	—	—	11	0.43	1	0.04	1	0.04	—	
	Pontardawe Rural .. ..	2	0.06	3	0.10	—	—	126	4.01	1	0.03	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6	20	0.64	2	0.06	1	0.03	—	
Rhondda	Rhondda Borough .. ..	52	0.49	175	1.66	—	—	50	0.47	107	1.02	1	1	—	—	—	28	2	1	0.65	—	—	—	—	—	9	67	0.64	6	0.06	7	0.07	—	

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



VITAL STATISTICS, ETC., 1960.  
(TABLE I)

		POPULATION		LIVE BIRTHS		LIVE BIRTH RATE		Percentage of Illegitimate Births	Stillbirths	STILL BIRTH RATE per 1,000 LIVE AND STILL BIRTHS		INFANT MORTALITY				NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death rate		
		Census, 1951	Estimated, 1960	Males	Females	Total	Crude			Adjusted	Deaths Under One Year	Rate per 1,000 Live Births	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					
ENGLAND AND WALES .. .. .	—	—	—	—	782,673	17.1	—	—	—	19.8	—	17,118	21.9	—	—	12,192	15.6	—	—	26,268	32.9	—	0.39		
ADMINISTRATIVE COUNTY .. .. .	736,437	747,490	6,269	6,178	12,447	16.65	16.32	3.14	313	24.53	12,760	367	29.49	29.20	38.36	267	21.45	219	17.59	532	41.69	12	0.94		
URBAN DISTRICTS .. .. .	534,577	535,200	4,390	4,378	8,768	16.38	16.05	3.25	242	26.86	9,010	269	30.68	30.30	42.11	196	22.35	158	18.02	400	44.40	11	1.22		
RURAL DISTRICTS .. .. .	201,860	212,290	1,879	1,800	3,679	17.33	17.33	2.88	71	18.93	3,750	98	26.64	26.59	28.30	71	19.30	61	16.58	132	35.20	1	0.27		
Health Division	Constituent Districts																								
Aberdare and Mountain Ash	Aberdare Urban .. .. .	40,916	39,450	308	286	594	15.06	15.51	3.70	14	23.03	608	24	40.40	40.21	45.45	18	30.30	13	21.89	27	44.41	2	3.29	
	Mountain Ash Urban .. .. .	31,528	30,390	243	246	489	16.09	15.93	1.84	20	39.26	509	17	34.76	35.42	—	12	24.54	10	20.45	30	58.94	3	5.89	
Caerphilly and Gelliger	Caerphilly Urban .. .. .	35,194	38,010	381	340	721	18.97	18.02	3.61	24	32.21	745	24	33.29	34.53	—	19	26.35	15	20.80	39	52.35	—	—	
	Gelliger Urban .. .. .	36,189	36,210	290	315	605	16.71	17.21	3.31	15	24.19	620	26	42.98	42.74	50.00	15	24.79	13	21.49	28	45.16	2	3.23	
Mid-Glamorgan	Bridgend Urban .. .. .	13,646	14,860	135	147	282	18.88	18.03	3.90	6	20.83	288	4	14.18	14.76	—	4	14.18	3	10.64	9	31.25	1	3.47	
	Maesteg Urban .. .. .	23,124	22,510	171	148	319	14.17	14.17	3.45	8	24.46	7	327	7	21.64	22.73	—	4	12.54	3	9.40	11	33.64	—	—
	Ogmore and Gwyr Urban .. .. .	22,638	21,920	155	173	330	15.05	15.05	3.03	13	37.90	343	10	30.30	28.13	100.00	8	24.24	6	18.18	19	55.39	—	—	
	Portcawl Urban .. .. .	9,528	10,650	76	73	149	13.99	13.85	4.70	5	32.47	154	1	6.71	7.04	—	1	6.71	1	6.71	6	38.96	—	—	
	Penyboon Rural .. .. .	35,063	38,570	397	366	763	19.78	20.18	3.93	17	21.76	780	19	24.90	24.56	33.33	13	17.04	11	14.42	28	36.90	1	1.28	
Neath and District	Neath Borough .. .. .	32,305	31,060	251	249	500	16.10	14.97	4.60	14	27.24	514	7	14.00	14.68	—	7	14.00	7	14.00	21	40.86	1	1.95	
	Neath Rural .. .. .	41,595	41,540	292	293	585	14.08	13.80	2.56	19	31.46	604	11	18.80	19.30	—	9	15.38	8	13.68	27	44.70	—	—	
Pontypridd and Llantrisant	Llantrisant and Llantrisant Rural .. .. .	25,561	26,290	266	250	516	19.63	18.84	3.29	12	22.73	528	16	31.01	28.06	117.65	10	19.38	9	17.44	21	39.77	—	—	
	Pontypridd Urban .. .. .	38,622	37,240	274	287	561	15.06	14.46	2.32	5	8.83	566	22	39.22	34.67	230.77	13	23.17	10	17.83	15	26.50	—	—	
Port Talbot and Glyncoth	Glyncoth Urban .. .. .	9,236	10,040	98	95	193	19.22	18.84	1.55	5	25.25	198	4	20.73	21.05	—	4	20.73	3	15.54	8	40.40	—	—	
	Port Talbot Borough .. .. .	44,024	48,840	500	534	1,034	21.17	20.11	2.42	26	24.53	1,060	38	36.75	37.66	—	30	29.01	25	24.18	51	48.11	—	—	
South-East Glamorgan	Barry Borough .. .. .	40,979	42,520	413	391	804	18.91	18.15	4.98	23	27.81	827	15	18.66	19.63	—	13	16.17	11	13.68	34	41.11	—	—	
	Cardiff Rural .. .. .	36,386	43,500	416	398	814	18.71	18.71	2.21	9	10.94	823	24	29.48	30.15	—	21	25.80	20	24.57	29	35.24	—	—	
	Cowbridge Borough .. .. .	1,055	990	10	6	16	16.16	16.81	—	1	58.82	17	—	—	—	—	—	—	—	1	58.82	—	—		
	Cowbridge Rural .. .. .	18,950	18,840	177	204	381	20.22	19.61	2.36	2	5.22	383	11	28.87	29.57	—	6	15.75	4	10.50	6	15.67	—	—	
	Penarth Urban .. .. .	18,528	19,500	163	142	305	15.64	15.48	6.23	6	19.29	311	8	26.23	24.18	52.63	6	19.67	6	19.67	12	38.59	1	3.22	
West Glamorgan	Gower Rural .. .. .	11,742	12,100	190	98	198	16.36	17.18	1.52	7	34.15	205	2	10.10	10.26	—	1	5.05	—	7	34.15	—	—		
	Llchwyr Urban .. .. .	25,737	25,650	169	153	322	12.55	12.80	1.55	9	27.19	331	14	43.48	44.16	—	12	37.27	8	24.84	17	51.36	1	3.02	
	Pontardawe Rural .. .. .	32,563	31,450	231	191	422	13.42	13.55	3.32	5	11.71	427	15	35.55	36.73	—	11	26.07	9	21.33	14	32.79	—	—	
Rhondda	Rhondda Borough .. .. .	111,357	105,360	753	791	1,544	14.65	14.36	2.66	48	30.15	1,592	48	31.09	28.61	121.95	30	19.43	24	15.54	72	45.23	—	—	



[illegible]



## DEATH RATES (DISEASES)

Whooping Cough	Measles	Cancer	Circulatory Diseases	Influenza	Other Diseases of Respiratory System	Motor Vehicle Accidents	
—	—	2.16	—	—	—	—	ENGLAND AND WALES
—	—	2.04	6.38	0.03	1.36	0.12	ADMINISTRATIVE COUNTY
—	—	2.06	6.36	0.03	1.41	0.12	URBAN DISTRICTS
—	—	1.99	6.42	0.01	1.25	0.10	RURAL DISTRICTS
							Constituent Districts.
							Health Division.
—	—	1.70	8.29	0.05	1.62	0.20	Aberdare Urban .. ..
—	—	2.04	6.02	0.03	2.01	0.07	Mountain Ash Urban .. ..
							Aberdare and Mountain Ash
—	—	1.29	4.66	—	1.08	0.13	Caerphilly Urban .. ..
—	—	1.71	5.47	0.11	1.22	0.11	Gelligaer Urban .. ..
							Caerphilly and Gelligaer
—	—	2.89	5.18	—	0.87	0.20	Bridgend Urban .. ..
—	—	2.04	5.86	0.04	0.80	0.04	Maesteg Urban .. ..
—	—	1.92	7.39	—	1.82	0.05	Ogmore and Garw Urban .. ..
—	—	3.38	8.36	0.09	1.03	—	Porthcawl Urban .. ..
—	—	1.94	7.65	—	1.61	0.03	Penybont Rural .. ..
							Mid-Glamorgan
—	—	2.67	6.18	0.10	1.32	0.03	Neath Borough .. ..
—	—	2.19	5.34	—	1.28	0.05	Neath Rural .. ..
							Neath and District
—	—	1.79	5.74	—	1.14	0.08	Llantrisant and Llantwit Fardre Rural .. ..
—	—	2.07	7.87	0.03	1.80	0.13	Pontypridd Urban .. ..
							Pontypridd and Llantrisant
—	—	1.79	4.18	0.20	0.90	0.10	Glyncorrwg Urban .. ..
—	—	1.84	5.92	—	1.13	0.23	Port Talbot Borough .. ..
							Port Talbot and Glyncorrwg
—	—	2.33	5.71	—	0.80	0.16	Barry Borough .. ..
—	—	2.25	6.32	0.02	0.90	0.09	Cardiff Rural .. ..
—	—	2.02	6.06	1.01	2.02	—	Cowbridge Borough .. ..
—	—	1.33	3.87	—	0.74	0.48	Cowbridge Rural .. ..
—	—	3.23	7.33	—	0.92	—	Penarth Urban .. ..
							South-East Glamorgan
—	—	2.07	9.26	—	1.32	—	Gower Rural .. ..
—	—	2.22	7.52	—	1.21	0.19	Llchwyr Urban .. ..
—	—	1.97	7.44	0.03	1.65	0.10	Pontardawe Rural .. ..
							West Glamorgan
—	—	1.96	6.25	0.01	1.93	0.10	Rhondda Borough .. ..
							Rhondda