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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

MONMOUTHSHIRE COUNTY COUNCIL.



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH.

FOR THE YEAR 1948.



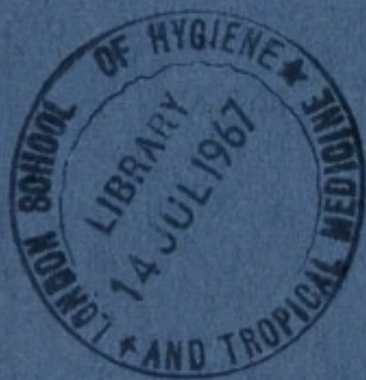
GWYN ROCYN JONES,

M.A., M.D., B.Chir., D.P.H.,

County Medical Officer.

COUNTY HALL,
NEWPORT, MON.

DECEMBER, 1949





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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE:

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1948 has seen the introduction of a revolution in the organisation of Medical Services, not only on the widest scale but also affecting the Public Health Service, and even at this early date in the new era it is possible to assess the present effects on, and to estimate the future tendencies of, the Council's Medical Services.

Very shortly after the appointed date, the Council has been able to lay the foundation stones of its new service (with the exception of Health Centres) and to build a substantial part of the superstructure. This reconstruction has been accompanied in Monmouthshire by goodwill on a totally unexpected scale from those interested and allied organisations which have had to be either built into or co-ordinated with the new scheme.

Decentralization of Medical Services has taken place on a substantial scale; Area Health Sub-Committees set up comprising members of the County Council, District Councils and voluntary organisations; Area Medical Officers appointed (though waiting to take up their appointments) to act jointly for the District Councils in sanitary matters and for the County Council for decentralised services, and day to day management of the services of District Nurses, District Midwives, Home Helps, Medical Appliances, Vaccination and Immunisation on a scale reasonably adequate to meet local needs; while an embryo Health Education machinery has been added. The twenty-three Urban and Rural District Councils have to such an extent, felt unanimity as to agree to ten groupings, each group having one of the Area Medical Officers acting also as a joint District Medical Officer of Health and engaged whole-time in Preventive Health work, thus severing their link with the past system of part-time general medical practitioners undertaking the work in the area.

Certain services coming within the scope of the National Health Service Act have been retained for central control; ambulances and mental health are established on a sound and almost adequate basis; Tuberculosis and Health Centres are problems yet to be solved.

Having described the broad canvas of the Local Authority's new Medical Service, one must proceed to discuss some problems of detail within the new scheme.

Health Education is the most fascinating and unpredictable of all the new enterprises; fascinating because it may in time overshadow almost all other medical services in its beneficial effects; unpredictable because even the establishing of an adequate administrative framework may produce no appreciable results. It is truly "The proper study of mankind is man." Success will depend upon gaining the active interest in its own personal health of an almost entirely unconverted population. To detect the reason why so large numbers of the population are immune to Health Education is the first and greatest task; should that secret be discovered, the standard of the nation's health might become almost perfection, and for that reason it is probably true to say that the future of medicine lies in Health Education.

Tuberculosis in its present state of organisation offers no prospect of substantial reduction. The leaving of early cases in their homes to deteriorate and spread infection while awaiting admission to hospital, and the return to overcrowded houses of chronic infective cases from hospital to spread the disease, almost baffle the ingenuity of any Medical Officer of Health. There is probably a solution, however, if it is applied boldly and energetically. It is for Local Health Authorities to treat Domiciliary Tuberculosis as an entity in itself and to build up a Domiciliary Anti-Tuberculosis organisation comparable to that of the existing Tuberculosis Hospital and Dispensary system.

The initiation of Mental Health as an organised unit within the Public Health Scheme is worthy of special recognition. Where it has already been established (and Monmouthshire is fortunate in this respect), it reveals the solid virtues of Preventive Medicine and also the changing face of Organised Medicine. Both patients and technical staff, once acclimatised to large scale domiciliary and clinic attendance, comprehend that substantial recovery can be made by a patient within his own domestic environment, and that the hospital service can be properly limited to a small but exceptionally difficult category. I am now satisfied (unpopular though the view may be) that there are opportunities in Preventive Medicine for medical specialists devoting the whole of their time and energy to the field work. The multitude of problems of organisation; the immediate attention to domiciliary visits; the assistance of a substantial clerical machine; and adequate opportunity to observe and to reflect upon the environmental needs of the patient; are a whole-time occupation for skilled intellects.

The severance from the Local Authorities of hospital control is still a controversial matter, and a change of this magnitude in the Public Health Service cannot be ignored.

The Local Authority had made a fundamental contribution towards the betterment of hospital organisation. It had begun to relate the variety and number of hospital beds to the incidence of sickness amongst a circumscribed population within an administrative area. This was a departure of cardinal importance from the existing practice of adapting the hospital bed facilities to the out-patient waiting list. Local Authorities had begun to combine the management of hospitals with the management of domiciliary sickness nursing schemes: and had begun to increase the efficiency of the day-to-day management of hospitals by the bringing in of the highly technical and highly experienced professional skill of the Clerk of the Council in Legal matters; of the County Medical Officer in Medical matters; of the County Accountant in Financial matters; of the County Architect in Structural matters; together with a clerical staff of size capable of dealing expeditiously with policy and decisions taken. This system did work expeditiously, economically, and in tune with local requirements during its brief existence of 20 years. I am not in agreement with those who consider that the Medical Officer of Health is diverted from his true sphere by having supervision of hospitals. In my judgment, the Medical Officer of Health, daily managing the domiciliary Nursing services, is alone in the position of being able to estimate the hospital requirements of the area.

That the advance in Social Medicine is being handicapped by staffing difficulties cannot be ignored at the present time (1949). The National Health Service Act has not only created fresh worlds to conquer in Public Health, but it has also created the need for a new type of medical officer in which the qualities of initiative, energy, enterprise and administrative skill need to be of a high calibre. The new Area Medical Officer, having local management of a substantial number of decentralised services together with the sanitary problems of District Councils, now approaches the responsibilities and opportunities held by County Medical Officers of Health in the not too distant past.

These posts are now attractive to medical men of ability and calibre not formerly required in large numbers by the Public Health Service. This demand for an improvement in the quality of medical personnel, carries with it the need for a corresponding improvement in remuneration, since the type of Medical Officer now required in large numbers can only be attracted by a salary approximating to that in other avenues in medicine.

We are faced in Monmouthshire with a lack of suitable applicants for existing vacancies and a tendency for the existing Senior Medical Staff to drift into the more remunerative fields of General Medical Practice.

It is nevertheless a matter of pride to record that all branches of the Medical Department's work are attractive to, and are enjoyed by, the Medical Staff, who only take their departure through the economic need of an adequate livelihood.

What of the future Local Health Authorities Medical Services? In Health Education may lie vast reductions in the number of sick people. A successful Mental Health Scheme can bring great happiness in the home and content at work on a vast scale. An integrated and adequate Domiciliary Nursing Service comprising District Nurse Midwives, Home Helps, Night Nursing Service and Medical Appliances in team with the family doctor and supported by a large scale Domiciliary Specialist Service can so relieve the hospitals of work as to leave the staff and patients at last adequate time for highly skilled tasks. In the field of Research, Public Health offers an entirely new outlook; for almost the first time, a normal environmental control comprising all the inhabitants in the area of a local Health Authority, can be constantly available with which to contrast a group of sick persons within that area.

The opportunities in Public Health are vast and can only be limited by the quality of the medical staff which Local Health Authorities are prepared to provide.

For every individual to observe the laws of physical health; for every individual to be in mental tune with his environment; for every individual to be nursed in the comfort of his own home during all maladies except the intractable; for the causes of the ills that flesh is heir to to be revealed by patient study: that is the new horizon of Public Health. A beginning has been made; the end is within reach of every Health Authority.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES,

County Medical Officer.

NATIONAL HEALTH SERVICE ACT, 1946. (1)

The policy of the Health Committee has been to decentralize a substantial amount of Medical Services as from the appointed day, but this has only been done gradually. Decentralization has taken place to Area Committees, with the Local Management of Immunisation and Vaccination, District Nurses, District Midwives, Medical Appliances and Home Helps. It is too early to say whether other services will or will not follow, *e.g.*, Tuberculosis, School Medical Service, Night Nursing Service, etc.

While decentralizing these arrangements, the Health Committee has retained control of policy and finance; and has retained central control of the Ambulance Service, Mental Health Service Centres, Clinics and Tuberculosis.

On the appointed day there came into operation 10 Area Health Committees, all being direct Sub-Committees of the Health Committee, the membership comprising County Councillors, District Councillors and a proportion of co-opted members from the St. John's Ambulance Brigade, British Red Cross Society, Women's Voluntary Service, the former Monmouthshire Nursing Association, the Local Home Help Committees and Medical Practitioners.

The beneficial results of this are already seen in that there is increased interest in the Medical Services through Local Management, and an appreciable cordiality between the District Councils and County Councils, now that they manage common medical problems.

The administration of this work is carried out by means of a local office in each area with a whole-time Medical Officer of Health devoting part of his time to District Sanitary work and part of his time to the County Council's Decentralized Services; and with a whole-time Area Clerk. The value of having whole-time Medical Officers in the areas shows already a marked improvement in the administration of the Medical Services; and amongst the Medical Officers themselves it is to be noticed that they find variety of interest and a substantial freedom of status that is attractive.

THE MENTAL HEALTH SERVICES.

From July 5th, 1948, the date of commencement of the National Health Service Act, mental diseases and mental deficiency were both dealt with under the single heading of the Mental Health Service.

(1) Administration.*(a) Constitution and Meeting of Mental Health Sub-Committees.*

The Mental Health Sub-Committee consists of a Chairman, a Vice-Chairman, nine members and three co-opted members who are general practitioners.

The Mental Health Sub-Committee meet quarterly.

(b) Number and Qualifications of Staff employed in the Mental Health Service.

Those concerned in working the Scheme include the County Medical Officer as Administrative Officer, and a Senior Assistant Medical Officer with psychiatric experience (Dr. J. Newcombe) in charge of routine matters. There are as well, two Social Workers, one concerned with the welfare of mental defectives (Mrs. Udell) and one concerned with the welfare of patients attending the Adult Guidance Clinics (Miss R. Morgan). Finally, there are eleven Authorised Officers who devote 50% of their time to the Mental Health Services.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.

By arrangement with Mental Hospitals and Institutions for Mental Defectives, the Department's Social Workers supervise patients on trial or on licence from such Institutions.

(d) Duties delegated to Voluntary Associations.

At present no such duties are delegated to Voluntary Associations.

(e) Training of Mental Health Workers.

Arrangements are being made for the Authorised Officers to attend six-week courses given by the National Association of Mental Health in conjunction with the University of London. The first two Authorised Officers to attend such courses will be commencing a course on the 18th October, 1949.

(2) Work undertaken in the Community.*(a) Under Section 28, National Health Service Act, 1946; Prevention, Care and After-care.*

Adult Guidance Clinics are held on various days of the week in Newport, Tredegar, Blaina, and Abersychan. In attendance

at these clinics are the Senior Assistant Medical Officer, Dr. J. Newcombe; the Psychiatric Social Worker, Miss R. Morgan, and the Authorised Officer of the District.

At these clinics are seen patients suffering from early nervous strain and who are finding difficulty in adjusting themselves either to their homes or to their work. If it is considered at a clinic that a case needs treatment beyond the scope of the clinic, it is referred to a Regional Hospital Board Psychiatrist. However, it has been found during a period of twelve months that the vast majority of patients have been restored to normal health at the clinics.

In addition, patients attending Mental Hospitals as out-patients and patients who have been discharged from Mental Hospitals are seen at the clinics with a view to maintaining their improved states.

In all cases, close contact is maintained with the patients' own doctors.

(b) *Work Undertaken under the Lunacy and Mental Treatment Act, 1890-1930 by Duly Authorised Officers.*

The Duly Authorised Officers are responsible for the transport of patients, both voluntary and certified from their homes to Mental Hospitals. In addition, the Duly Authorised Officers are responsible for initiating proceedings under a Summary Reception Order where they consider the patient to be in need of care and control.

(c) *Work Undertaken under the Mental Deficiency Act, 1913-1938.*

(1) *Ascertainment.* It is the duty of the Local Authority to ascertain all those mental defectives in the County who are considered subjects to be dealt with. These mental defectives are ascertained from various sources. In the case of children, the chief source is *via* the School Medical Service, where children have been examined under Sec. 57 (3) and (5) of the Education Act, 1944. In the case of adults, cases are reported by general practitioners, the County's own Social Workers and Duly Authorised Officers, and by the National Assistance Board.

On the 31st December, 1948, there were 93 males and 127 females, totalling 220, who were in Certified Institutions for Mental Defectives. On the same date, there were 50 mental defectives urgently awaiting institutional treatment. The

names of these fifty cases have been sent to the Regional Hospital Board, who are the Authority now responsible for providing accommodation in some cases.

(2) *Guardianship and Supervision.* On the 31st December, 1948, there were ten cases under guardianship.

At the same time the number of cases under supervision was 710, made up of 330 males, and 380 females.

These figures do not include defectives who are in Certified Institutions or under licence or under guardianship, but it includes 47 males and 44 females who are detained in Pen-y-Fal Hospital, Abergavenny.

(3) *Training.* The department at present is considering the possibility of opening an Occupational Training Centre for Mental Defectives if a suitable site can be found. It is hoped that about 30 to 40 defectives would be transported daily from their homes, and, who at the clinic, would receive training in such things as mat-making, sewing, and other kindred subjects.

The possibility has also been considered of appointing a trained worker in occupational therapy who would visit mental defectives at their homes at weekly intervals, bringing suitable materials. This would result in the mental defectives being usefully employed, and would also get over the difficulty in transport in the cases living in remote areas.

(3) **Ambulance Services.**

The Duly Authorised Officers are responsible for providing a car or ambulance for the purpose of taking a certified patient from his home to the mental hospital.

In the case of a voluntary patient, the Duly Authorised Officer provides a car or ambulance if requested.

MATERNITY AND CHILD WELFARE

A. **WORK OF THE HEALTH VISITORS.**

There were at the end of the year 39 full-time Health Visitors on the Council's staff undertaking Maternity and Child Welfare and School Medical Inspection work. The apportionment of time to Maternity and Child Welfare was approximately that of 30 Health Visitors.

The number of visits paid to the homes by Health Visitors during the last six years were:—

1948.	1947.	1946.	1945.	1944.	1943.
59,088	60,363	54,209	50,627	50,088	49,923

Of the 59,088 visits paid in 1948, 5,623 were in respect of new babies.

The percentage of babies found on first visit to be breast-fed:—

1948.	1947.	1946.	1945.	1944.	1943.
56.4	53.5	55.6	56.6	58.05	60.7

In 1918 the percentage was 88.3; in 1928 it was 82.5; in 1938 it was 72.0.

Ophthalmia Neonatorum Notifications under Public Health (Ophthalmia Neonatorum Regulations) were:—

1948.	1947.	1946.	1945.	1944.	1943.
17	20	15	14	50	25

These notifications for 1948, together with other cases of eye trouble reported by Midwives, making a total of 96, were followed up by the Health Visitors, who paid 205 visits to them. All cases cleared up satisfactorily.

Ante-Natal Clinics.

The number of Ante-Natal Clinics in the County was 26. The attendance figures for the whole of the Clinics were:—

	1948.	1947.	1946.	1945.	1944.
New Cases ...	4,646	4,728	5,080	3,951	4,679
Re-visits ...	18,990	17,289	16,074	12,322	14,227
Total Vists ...	23,636	80,814	21,154	16,281	18,906
Average attendance at each session	28.71	22.017	34.41	37.7	30.02
				36.28	

The number of Maternity and Child Welfare Centres was 46. The Medical Officers in charge consisted of fourteen Assistant Medical Officers on the County Council Staff, three District Medical Officers of Health, and one general practitioner.

The Centres were attended by the Council's Health Visitors. In three Infant Welfare Lady Clerks were employed to release Health Visitors from the clerical work which is a large part of Centre routine.

The attendances at the Centres during the year were:—

Infants.

	1948.	1947.	1946.	1945.
Infants on Registers at end of year	12,454	12,254	11,643	11,347
New cases under 1 year ...	5,680	5,802	5,510	5,174
New cases 1—5 years ...	376	396	455	351
No. of re-visits under 1 year ...	70,389	57,469	65,669	67,113
No. of re-visits 1—5 years ...	22,721	17,151	22,805	20,890
Total No. of visits ...	99,166	80,814	94,439	93,528
Average attendance per session ...	49.45	47.22	52.2	50.66

Nursing Mothers.

	1948.	1947.	1946.	1945.	1944.	1943.
New Cases ...	190	193	338	391	419	500
Total Visits ...	272	358	902	1,365	723	1,475

B. SALE OF INFANT FOODS, ETC.

The facilities for the purchase at the Centres of Infant Foods at a little over cost price were extensively used, and dried milks, malt extracts, and other infant foods to the value of £16,990 were purchased.

The National Milk Scheme, which allows expectant mothers and infants to have fresh or dried milk free or at reduced price, saves a call upon the County Funds for this provision.

C. CARE OF PREMATURE INFANTS.

In view of the important bearing of this matter on the problem of neo-natal mortality, the Ministry have recommended measures which can be taken by Local Authorities. They agreed it would not be possible to carry out all of them at present, owing to difficulties of staff and hospital accommodation. The measures taken by the Council involve special notification by midwives of all babies whose weight at birth is 5½ lb. or under, and special care and treatment for these babies from the midwives. Health Visitors pay particular attention to the infants, and if hospital treatment is necessary, Llanfrechfa Grange Maternity Hospital is available.

The number of premature babies notified in 1948 was 392—6.2 per cent. of live and still births. This is 6.4 per cent. of live births.

D. MATERNAL MORTALITY AND ANTE-NATAL CARE.

The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 12, 2 from puerperal sepsis and 10 from other causes. This is equal to a rate of 1.94 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 1.92 per 1,000.

The rate for England and Wales was 1.06 per 1,000 births (live and still-births).

The County rates per 1,000 live and still-births for the previous twelve years have been :—

1947 ...	...	1.17	1941 ...	...	3.9
1946 ...	...	2.0	1940 ...	...	2.8
1945 ...	...	3.4	1939 ...	...	2.9
1944 ...	...	2.34	1938 ...	...	7.2
1943 ...	...	2.08	1937 ...	...	4.2
1942 ...	...	1.79	1936 ...	...	6.4

During the year 1948 notifications of 24 cases of puerperal pyrexia were received under the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations from the District Medical Officers of Health. In 1947 there were 29 notifications; in 1946, 34.

E. CARE OF ILLEGITIMATE CHILDREN.

A Woman Welfare Officer has charge of this work, the object being to co-operate with and reinforce the work of existing voluntary moral welfare associations. The greater part of this Officer's time was devoted to this work and the remainder to Infant Protection Visits.

Her duties are to visit girls and women who are known to be expecting illegitimate children, and to advise them in respect of the problems with which they are likely to be confronted.

During the year 79 cases were dealt with; a total of 1,001 visits being paid.

Two girls were admitted to Nantyderry Home; three to Northlands, Cardiff; twenty-one to the County Infirmary, Tredegar, and twelve to Regent House, Chepstow.

Of the 79 cases, 12 girls were married to the putative fathers; 5 were living with the men; 3 were bigamously married; 1 was a widow; 9 were married women, and 49 single.

Thirty-two of the children were adopted, and two died. One mother died.

F. OTHER SERVICES UNDER CHILD WELFARE.

Physically Defective Children.

Mr. A. Rocyn Jones, F.R.C.S., the Consultant Orthopaedic Surgeon, visited the Central Orthopaedic Clinic, Newport, twice a month until the end of June, 1948, for the purpose of examining new cases and re-examining children who had received Orthopaedic Hospital treatment. He saw 39 children under 5 years of age during the year, and made 32 re-examinations. The following were admitted to Hospitals:—

County Hospital, Griffithstown	1
------------------------------------	-----	---

Mr. Nathan Rocyn Jones, F.R.C.S., who undertakes the after-care of Orthopaedic Children, saw 526 children at the Clinics at Crumlin, Pengam, Tredegar, Monmouth, Chepstow and Griffithstown, including cases of first diagnosis and re-examination.

Surgical instruments, etc., were supplied to many of those children by the County Council during the first part of the year. After July 5th they were paid for by the National Health Service.

Defective Vision.

227 children attended the County Clinics during the year and spectacles were prescribed for 122.

Tonsils and Adenoids.

Five cases referred from the Infant Welfare Centres received operative treatment.

Registration of Nursing Homes.

Four Homes were registered under the Public Health Act, 1936, sections 187-195, at the beginning of 1948, but after the 5th July, 1948, two closed down, Nantyderry Home and Tredegar Maternity Home, and one, Abergavenny Hospital, was transferred to the Regional Hospital Board.

Infant Protection.

The supervision of children under the Public Health Act, 1936 (Child Life Protection) was undertaken by the Council's Welfare Officer for illegitimate children. There were on the register at the end of the year 20 persons who were receiving children under nine years of age with reward, the total number of children being 20.

Two private children's homes received exemption under the Act.

Under the Adoption of Children (Regulation) Act, 1939, 15 persons gave notice of the adoption of 16 children without reward.

44 visits were made to Children boarded out.

MATERNITY HOSPITALS.

The following were the Maternity Hospitals in the County during 1948. On the 5th July all became the responsibility of the Regional Hospital Board, although in the case of Regent House, Chepstow, the Maternity beds continued to be administrated by the County Council as their agents.

Lydia Beynon Maternity Hospital.

This Hospital was formally opened on 22nd January, 1940, for the reception of difficult labour cases.

There were 25 beds, and between 1st January and 5th July, 1948, 206 maternity cases were admitted. During the same period 174 women were admitted through the County Ante-Natal Clinics while there were 32 emergency admissions.

The difficulty in obtaining nurses and domestic help continued.

Llanfrechfa Grange Maternity Hospital.

For the first part of the year the Hospital was administered for County cases, and there were 26 beds. The number of births which took place there until 5th July was 348.

There was no resident Medical Officer on the Staff, but Dr. Glyn Morgan, Consultant Obstetric Surgeon, was on call.

Snatchwood House, Pontnewynydd, was opened in March, 1946, for the purpose of nursing post-natal hospital cases from the Llanfrechfa Grange Hospital. This was taken over with the other Hospitals by the Regional Hospital Board.

County Infirmary, Tredegar.

At this Hospital there were 46 beds maintained for maternity purposes. 1,008 births occurred there during the whole of 1948.

The maternity ward here had been developed to make the Infirmary a Training School for Part II of the State Certified Midwives Certificate, certain structural alterations having been carried out. Pupils trained there obtained 100% success.

Regent House, Chepstow.

Ten beds reserved at this Hospital for maternity cases; six being for normal patients and four for women suffering from Venereal Diseases. There were 47 confinements there during the whole year under review.

Hostel for Unmarried Mothers.

The Maternity Hostel at Nantyberry continued its work until 5th July, 1948, when it was closed.

REPORT OF SENIOR DENTAL OFFICER ON DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS.

While it is realised that the local authorities on July 5th, 1948, became responsible for the priority treatment of Expectant and Nursing Mothers and Children of Pre-school age, it was found impossible to carry out more than a fraction of the scheme formulated for this purpose by this Authority.

Since the appointed day, the Dental Staff became depleted to five full-time officers. In addition since that day, vastly greater demands have been made on the School Dental Service than ever before. A decision therefore had to be taken, which allocated what was considered to be a fair allocation of the officers' time to each category.

In consequence the inspections of either Expectant or Nursing Mothers or Children of pre-school age were undertaken only by medical officers at the Ante-natal and Maternity and Child Welfare Clinics. Any cases requiring treatment were referred to Dental Clinics, which were otherwise concerned mainly with School Dental work. Treatment consisted of extractions, fillings, scalings and the provision of dentures. During the period 5th July, 1948, to 31st December, 1948, the provision of dentures was restricted by difficulty in obtaining the services of a mechanic. In consequence, expectant and nursing mothers were invited to try to obtain their dentures through the National Dental Service or through Health Centres, failing which they were invited to re-apply for their provision at the Authority's Dental Clinics. During the period following 5th July, 1949, four partial and one full upper and lower dentures were provided in this way.

During the year 1948 the following treatment was carried out:—

ANTE-NATAL CASES.

No. treated before 5th July, 1948	...	...	74
No. treated after 5th July, 1948	...	...	68
			142
Total	...	...	142
Attendances for treatment	...	...	195

M. & C.W. CASES.

No. treated before 5th July, 1948	...	...	105
No. treated after 5th July, 1948	...	...	87
			192
Total	...	...	192
Attendances for treatment	...	...	300

For the above two categories during the year 1,473 teeth were extracted and 33 filled.

CHILDREN OF PRE-SCHOOL AGE.

No. treated before 5th July, 1948	...	...	138
No. treated after 5th July, 1948	...	...	90
No. of teeth extracted	...	...	566

THE COUNTY AMBULANCE SERVICE.

As decreed in the National Health Services Act, 1946, the Council, in its capacity as Local Health Authority, became responsible for the provision of ambulances and other means of transport for the conveyance of persons suffering from illness or mental defectiveness, and nursing or expectant mothers from places in their area, to places in or outside their area. Preparatory to undertaking this new obligation, a review was made of all existing Ambulance Services in the County and a Scheme by which it was proposed to provide the service, submitted to the Welsh Board of Health.

General Organisation.

The Council's Scheme in its approved form, indicated that 28-30 ambulances with the necessary personnel would be required, operating from 19 Stations in the County, while under the Development Plan the Council would be required to provide as "other means of transport," 4-8 sitting case cars, the whole of the service to be developed to the maximum as rapidly as circumstances permitted. Pending the provision of Ambulance Headquarters at Cambria House, Caerleon, the scheme was to be administered from County Hall, but it has been possible to establish a Control Station in the existing accommodation at Cambria House.

Full 24 hours cover would not be provided from each station, but for organisational purposes ambulance stations were to be grouped and duty rotas so arranged as to ensure 24 hours' cover for each area by ambulances within its boundaries.

The Ambulance Stations, Aberbargoed, Abergavenny, Monmouth, Chepstow, Abercarn, Crosskeys and Caerleon, were manned for 24 hours, while cover from other stations was consistent only between the hours of 7 a.m. and 3 p.m. daily. In view of this it was clearly stated in the instructions circulated that calls might be made locally to any station between these hours, but between 3 p.m. and 7 a.m. next day calls would be dealt with by the 24 hour stations appropriate to any area, with the provision that Ambulance Control should be contacted in the event of overloading or telephonic failure of any station.

Areas not provided with a 24 hour station were instructed to contact Ambulance Control between 3 p.m. and 7 a.m. next day.

Accommodation.

Ambulance accommodation presented a problem, but to meet immediate requirements, the use of certain buildings previously used for this purpose by Local Authorities was obtained under the Transfer of Properties Regulations and, in observance of the Minister's recommendations, where ambulances had previously been stationed at hospitals, the Council sought permission of the Regional Hospital Board for the existing facilities to be made available under the new scheme.

Transport.

Under powers conferred upon the Council, various Ambulances were taken over from Local Authorities and Hospitals on behalf of the Minister, while agency arrangements were completed with the Order of St. John, who undertook to provide seven ambulances which were already established in the County. On the Appointed Day 24 ambulances were available for service, with two reserve ambulances at the Control Station, Caerleon, one of which was for infectious cases.

Pending completion of the Council's Repair and Maintenance Dépôt at Caerleon, it was decided that all major repairs and overhauls would be carried out at the County Fire Brigade's workshop, Risca, or by outside firms.

Staff.

Including men transferred from other Ambulance Services and those newly appointed, the operation staff now comprised 52 driver/attendants under the direct supervision of the County Ambulance Officer.

Joint User and Mutual Aid Arrangements.

Joint user arrangements were negotiated with the County Borough of Newport, who agreed to provide cover on behalf of the Monmouthshire County Council, for the Parishes of Duffryn, Coedkernew, Marshfield, Peterstone, St. Brides and Michaelstone-y-vedw, also the Newport to Castleton Main Road.

The Council agreed to provide mutual aid for the Breconshire County Council in the Brynmawr Urban District and the Darenfelen Area adjoining the northern border of Monmouthshire.

Operation.

From its inception, the scheme proved to be generally adequate to meet the new demand and no major breakdown occurred, though with experience, various readjustments in the operation of the service were found necessary. Some abuse of the Ambulance Service was observed, but it was the Service for sitting cases, with its looser administration, with which the Council were most concerned, and towards the end of the year it was obvious that drastic changes in operation were necessary.

In the conveyance of patients on long journeys the excellent facilities offered by the British Railways were used to advantage whenever practicable.

Table of Ambulance Statistics Period 5th July, 1948, to 31st December, 1948.

Ambulances	Maternity Cases	Infectious Cases	Accidents	Treatments	Admissions	Discharges	Colliery Accidents	Transfers	Total Cases	Mileage
Directly Provided ..	473	103	216	3,354	1,138	1,450	31	384	7,149	108,435
Agency Service ...	168	14	177	820	386	102	120	39	1,826	38,258
Grand Totals ...	641	117	393	4,174	1,524	1,552	151	423	8,975	146,693

INDIRECTLY CONTROLLED SITTING CASE CAR SERVICE.

Cases	8,940	Mileage	156,411
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HEALTH CENTRES AND CLINICS

On the appointed day, the Local Health Authority came into possession of the premises formerly used in Medical Aid Schemes at Rhymney, Tredegar, Ebbw Vale and Blaenavon. There was no interruption of their existing work, but gradual modifications in organisation and structure is taking place to conform as far as possible with temporary Health Centre requirements. It is unlikely that they will be suitable as permanent Health Centres. Even at this present stage they are providing a valuable basis upon which to gauge structural, staffing, and accommodation requirements, upon which the eventual Health Centres can be designed. One or other of these buildings have already accommodated family doctors, dispensers, receptionist, a matron-in-charge, a clerical office, dental unit, a medical appliance depôt, accommodation for Welfare Officer, a minor surgery, ante-natal and child welfare clinics and specialists' clinics, thus solving the problem of the integration of these services and the management of them in an efficient manner. The problem therefore of combining General Practitioners and County Council clinic work in the same building has successfully been surmounted; of providing receptionists to undertake the clerical work of the family doctors; of unifying day to day management under a matron; of providing a dispensary convenient to the patients after seeing their doctors. The General Practitioners concerned appear to be very favourable to this new arrangement; while they are welcoming the provision of minor surgery facilities as an adjunct to their work. Moreover, this type of dispensary attracts a certain type of highly skilled pharmacist.

The integration of this new work with that of the Executive Council has not been an easy matter owing to a system of dual control and neither the adult dental work nor the functioning of the dispensaries are yet in complete harmony.

The success of the administration of these embryo Health Centres is undoubted, but how far as a long term policy it would be desirable to establish large Health Centres draining wide areas of population, or retain Health Centres of approximately the existing size to be easily accessible to local populations, is a matter for study. How far such Health Centres compete in providing ancillary facilities already available at nearby hospitals, *e.g.*, laboratories, physiotherapy and radiology have yet to be settled.

In addition to the above, the Council is making substantial progress in providing its own property in which to establish its clinic services. Negotiations have been successful, or are in the process of being carried out to acquire buildings at New Tredegar, Aberbargoed, Blackwood, Cwm, Nantyglo, Abersychan, Pontypool, Cwmbran, Abergavenny, Monmouth and Chepstow. There is no present accommodation available for General Practitioners or Pharmacists, but a number of these premises have vacant ground adjoining upon which can be built complete Health Centre Units in the course of time.

PREVENTION OF BLINDNESS AND CARE OF BLIND PERSONS.

Since acknowledging the responsibilities laid upon the Council by the Blind Persons Act, 1920, care of blind persons has been closely attended to, and under Section 176 of the Public Health Act, 1936, examinations of persons for the purpose of preventing blindness were carried out by Medical Officers of this Authority. Spectacles were provided where prescribed by the Consultant Ophthalmic Surgeon, and where necessary surgical operational treatment in hospital was resorted to.

The provisions of the Blind Persons Act, 1938, extended the provision of the Act of 1920.

Financial assistance, in the way of grants, was made to the unemployable blind after consideration of the circumstances by the Blind Persons Subcommittee of the Public Health Committee, and during the year until the operation of the National Health Act, 1946, £7,252/11/9 was paid out, the number of persons being concerned totalling 382.

The Consultant Ophthalmic Surgeon was Mr. G. W. Hoare, F.R.C.S., who carried out examinations at the Clinic, Stanley Road, Newport.

Welfare of the Blind remains a duty of the Council, but financial assistance is not now its responsibility, as this is vested in the National Assistance Board after July 5th, 1948, by the provisions of the National Assistance Act, 1948.

On 31st March, 1948, there were 649 blind persons on the County Register, of whom 316 were male and 333 female.

During the whole of 1948, 132 cases were referred to this Department for examination under the Blind Persons Acts. The results of these examinations led to the certification of 75 persons as blind and 57 not blind. In the case of 47 persons glasses were prescribed to prevent blindness. Operations for cataract were performed at the County Hospital, Griffithstown.

Dr. Evelyn D. Owen made 33 domiciliary visits to examine people who were unable to travel to Newport. 20 cases were found to be blind and 7 not blind.

The Association for the Blind of the County Borough of Newport and the Administrative County of Monmouth continues to provide social amenities for blind persons.

HEALTH EDUCATION AND PUBLICITY.

The general level of health throughout the country has much improved in recent years, but is still far below what it might be. The trouble is partly environmental and is the concern of the health authorities, *e.g.*, bad housing, overcrowding, improper sanitation, etc., and partly personal, within the

control of the individual, who is so often ignorant of, or indifferent to, the elementary rules of health.

On the other hand, a goodly number of men and women realise to the full that fresh air and sunshine are good for human beings and that their absence is bad; that dirt and overcrowding spread infection, while cleanliness and plenty of space are associated with freedom from disease.

With a growing awareness of the need for health education and the contribution it can make to individual and national well-being, the County Council have appointed a health publicity officer, whose duties comprise the organising of lectures, film shows, and the distribution of leaflets and posters, etc. By such means it is hoped there will grow and spread a concept of health education not as propaganda, but as a way of life to be lived.

Already many thousands of informative leaflets have been distributed and some hundreds of double-crown posters displayed in all manner of places.

Contacts have been made with religious and social bodies, trade unions, works managers, etc., all having offered their help and co-operation.

The Council have agreed to make an annual contribution to the Central Council for Health Education, which body will supply us with sound health ideas and stimulating suggestions from time to time.

The Secretary of the Central Council for Health Education, Dr. Robert Sutherland, one of the most eminent health propagandists in the country, gave an inspiring address at a conference held in the Workmen's Hall, Ebbw Vale, which was much appreciated by a representative gathering.

The Organisation of Decentralised Medical Services.

Area No.	Constitution of Area Sub-Committees.			District Nurses		District Midwives		Home Helps		Medical Appliance Depots	Ante-Natal Clinics	Child Welfare Clinics
	County Councillors	District Councillors	Co-opted Members	Whole-time	Part-time	Whole-time	Part-time	Whole-time	Part-time			
1—Rhymer U.D., Tredegar U.D. ...	6	6	4	5	1	7	—	4	43	3	2	3
2—Bedwelty U.D. ...	6	4	5	5	3	9	1	3	8	6	2	5
3—Abercarn U.D., Mynyddistwyn U.D....	8	4	3	7	1	11	1	7	36	7	4	5
4—Ebbw Vale U.D. ...	8	4	3	5	2	7	—	2	15	4	2	3
5—Nantyglo & Blaina U.D., Abertillery U.D. ...	16	7	3	7	2	10	—	10	41	5	3	5
6—Magor & St. Mellons R.D., Bedwas U.D., Risca U.D. ...	8	6	2	6	4	4	3	8	26	11	2	5
7—Blaenavon U.D., Pontypool U.D. ...	15	7	3	6	2	9	—	5	56	6	4	7
8—Cwmbran U.D., Caerleon U.D. ...	7	4	2	3	—	4	—	1	8	4	1	3
9—Chepstow U.D., Chepstow R.D., Monmouth U.D., Monmouth R.D.	7	4	2	3	8	4	7	2	4	7	2	4
10—Abergavenny U.D., Abergavenny R.D., Usk U.D., Pontypool R.D. ...	7	4	2	3	5	2	4	—	13	8	2	4
Total ...	88	50	29	49	28	67	16	42	250	61	24	44

THE HOME HELP SERVICE.

The Home Help Service which commenced in April, 1946, is now operating on a scale reasonably adequate to meet the demands, provided the demands are restricted to needful cases only, and has an establishment of some 80 full-time and 300 part-time Home Helps. There is no restriction as to the type of case receiving Home Help, but there is the closest supervision as to how many hours per day or to how many days per week a Home Help is permitted; and in this respect, the other able-bodied inhabitants of the house are assessed both as to the amount of domestic work they can do, and as to what financial contribution they can make, as this is not a free service. It has been found in practice, that as a result of this scheme, old-age pensioners now rarely need to seek institutional accommodation; it has kept many wage-earners in employment who might otherwise have had to stay at home to look after the house; the anxieties of the housewife have been substantially relieved while she is in hospital; and it has enabled the housewife to take adequate rest at home during illness. The provision of Home Helps in tuberculosis cases is a problem yet to be solved, as this type of patient has hardly been able to benefit by the scheme up till now.

Prior to the appointed day there was Local Management by Voluntary Committees in every township for the purpose of allocating Home Helps to their duties, recruitment of Home Help and certification of home circumstances; these Voluntary Committees being directly controlled on policy and finance by the Medical Department of the County Council. On the appointed day, the Management of these Local Committees was transferred to the newly established Area Committees, with the Health Committee still retaining control of finance and policy. The Management of this scheme is still in the process of evolution.

THE DISTRICT NURSING SERVICE.

On July 5th, 1948, when the National Health Service Act came into operation, the Monmouthshire County Council took over the District Nurses in the employ of various Nursing Associations within the County. The full-time staff consisted of 37 State Registered Nurses, 6 State Enrolled Assistant Nurses, 14 District Nurse Midwives and 6 Nurses who were not qualified. Three of the latter have since become State Enrolled Assistant Nurses, and the remaining 3 have made application to be so enrolled. A small number of part-time Relief Nurses was also taken over.

The total number of full-time District Nurses employed by this Authority during the period July 5th, 1948—December 31st, 1948, was 63, and the number of patients treated in the same period was approximately 3,157, and the total number of visits paid was approximately 34,406.

In December, 1948, Miss A Spencer was appointed Supervisor of District Nurses and commenced duties on January 1st, 1949, and having regard to her supervision and personal contact with the District Nurses, an effective service is being maintained.

MIDWIFERY SERVICES.

For the first six months of 1948 the number of whole-time County Midwives was 67. In addition there were two part-time midwives. Two of the 67 whole-time midwives acted as Relief Midwives for week-end leave, for holiday relief, for relief in case of illness, and for relief where suspension of a midwife was necessary to prevent spread of infection.

On 5th July, 1948, 16 midwives were transferred from the Monmouthshire Nursing Association to the Staff of the County Council. Of the 16 transferred, two were whole-time midwives and 14 were District Nurse Midwives. This brought the total number of midwives employed by the Council to 85.

In addition there were 14 independent midwives; 4 of these did no midwifery work during 1948.

With 56 midwives engaged at hospitals and maternity homes, the total number of midwives on the County Register was 155.

The births (live and still-births) notified by midwives during the year 1948, with figures for previous years, were as follows:—

	1948	1947	1946	1945	1944	1943
County Midwives	2,946	3,493	3,728	3,237	3,749	3,420
Public Institutions	—	607	205	120	204	115
Mon. Nursing Association						
Midwives	140	447	412	446	465	423
Independent Midwives	134	252	270	277	320	372
Lydia Beynon Maternity						
Home	—	401	390	390	450	394
Llanfrechfa Grange Maternity						
Hospital	—	590	523	616	637	565
Other Maternity Homes	2,670	441	385	494	546	611
	5,890	6,321	5,913	5,580	6,371	5,900

The Monmouthshire Nursing Association Midwives were taken over on 5th July, 1948, and their notifications of births after that date are included in the County Midwives' total. The number under Other Maternity Homes include Public Institutions, Lydia Beynon Maternity Hospital, Llanfrechfa Grange Maternity Home and other Maternity Homes.

PARTICULARS OF COUNTY MIDWIVES IN RESPECT TO GAS AND AIR ANALGESIA AT THE END OF 1948.

Number with Gas and Air Certificates	...	...	...	...	39
Number in Training	...	...	...	...	6
Number waiting for Training	...	...	...	...	23
Number of Part-time Midwives	...	...	...	...	2
Number of Midwives unable to Train owing to age	...	...	...	...	15
Percentage of Midwives Trained and Administering Gas and Air					66.2%

MIDWIVES ACT, 1902-1936

REPORT ON DOMICILIARY MIDWIFERY IN WESTERN PART OF MONMOUTHSHIRE.

BIRTHS ATTENDED.

1,458.

MISCARRIAGES.

58.

NURSING RE-VISITS.

24,786. This is the minimum of 17 visits per case.

580 Nursing Re-visits to Miscarriage Cases. Approximately 10 visits each case. This does not include the Ante-natal Visits.

NUMBER OF MIDWIVES.

- 31 Full-time County Midwives.
- 1 Peripatetic Relief County Midwife.
- 2 Part-time Midwives.
- 2 District Nurse Midwives.
- 4 Independent Midwives.

During 1948 several County Midwives took their Training in Gas and Air Analgesia, and by now all the County Midwives in this Area have obtained their Certificates. This is with the exception of one County Midwife, who declines the facilities for training offered her, and she has been asked to resign.

Four County Midwives in the Tredegar Area were approved by the Central Midwives Board as Midwifery Teachers. Three pupils who received their Domiciliary Midwifery Training under their tuition, as part of the Pupil Midwives' Course, have successfully passed their examination for State Registration.

The Council's decision to supply the Midwives in their service with the National uniform was greatly appreciated. The 1948 issue of uniform has now been received by nearly all the Midwives.

A very successful two-day Post-Graduate Course of Lectures was organised. The meetings were held at the County Hall, were well attended and were of immense value.

The Routine Inspections of Midwives under the Rule of the Central Midwives Board were carried out quarterly. The standard of cleanliness was good. Record keeping by all the older midwives is not so well done as by the young entrants into the Service. Their methods of practice and attention to patients was satisfactory. During the year 239 visits were made to midwives' homes. Extra visits and telephone communications were made when midwives reported an abnormality, or the onset of illness in herself, mother or baby and appropriate measures were taken immediately to prevent the spread of infection.

All the midwives received their full amount of off-duty leave in accordance with the National Scale. This was accomplished without extra relief nurses, causing considerable strain on the organisation, as also during the year many midwives were taking their analgesia training.

The sickness rate was not so high as in 1947—this I attribute to fewer cases taken on the districts consequent on more patients entering maternity hospitals for their confinement; also better weather during the winter months.

REPORT ON DOMICILIARY MIDWIFERY IN RURAL AREAS, INCLUDING ABERGAVENNY, CHEPSTOW AND MONMOUTH.

Number of Births ...	548	Miscarriages	10
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Number of Midwives in Practice.

(1) Whole-time Midwives	7
(2) District/Nurse Midwives	12
(3) Independent Midwives ...	...	...	7

The Midwives made a minimum of 17 visits in every case of confinement, and approximately 10 in every case of miscarriage. Additional visits were sometimes made if necessary, after the regulation period of 14 days.

Ante-Natal visits, an important part of the Midwives' routine duties, were carried out conscientiously. One case of puerperal sepsis occurred during the year, necessitating the suspension of the Independent Midwife concerned, and her two other patients were attended to by the County Midwife in the area.

One Midwife retired at the age of 67 years, and her successor has, to date, proved satisfactory. Eight Midwives were trained, and obtained their certificates for the administration of Gas and Air Analgesia.

Routine inspection visits at three-monthly intervals, and additional visits on account of possible infection were carried out by the Supervisor, the Midwives rendering every assistance on each occasion.

On the whole a good standard of work was maintained in the Rural Areas.

REPORT ON DOMICILIARY MIDWIFERY IN EASTERN AND WESTERN VALLEYS.

NUMBER OF MIDWIVES UNDER SUPERVISOR.

County Midwives	...	...	...	...	32
Independent Midwives	...	...	...	...	3

NUMBER OF BIRTHS AND MISCARRIAGES ATTENDED BY COUNTY MIDWIVES.

Births	...	...	...	...	1,479
Miscarriages	...	...	...	...	55
Independent Midwives	...	...	...	...	23 Births

There are 17 Midwives trained and certificated in Analgesia. An additional number will be trained as vacancies occur. Routine visits of inspection are paid by Midwives every three months except where more frequent visits are necessary. Special visits are also paid to mother and baby where the Midwife may be a source of infection such as Puerperal Pyrexia and Pemphigus.

In all cases immediate steps are taken to prevent the spread of infection by the isolation of the Midwife or, when necessary, patient removed to hospital. The high standard of work among the Midwives is evidenced by the low rates of sepsis which occur in their practice. The Midwife is responsible for the Ante-Natal care of the expectant mother from the time of booking the case. Ante-Natal visits are paid monthly up to the 32nd week. Fortnightly visits until the 36th week and weekly visits afterwards or more frequently if necessary.

When required Ante-Natal visits are also paid to patients booked for admission to hospital. A midwife's duty is to advise all expectant mothers to be medically examined. With the introduction of the National Health Service the mother can have at her disposal the services of a medical man who will if necessary be responsible for the Ante-Natal care, Confinement and Post-Natal examination, free of cost.

The Midwife must pay daily nursing visits to each case during the 14 days in attendance, twice daily for the first three days. Additional visits are paid where necessary.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

Details of the main sources of supplies to the County have been given in previous reports.

The main suppliers in the County are:—

1. **The Rhymney Valley Water Board**, which supplies Bedwas and Machen, Mynyddislwyn (for part of area), Bedwellty and Rhymney Urban Districts; and the Councils of these areas, together with Caerphilly and Gelligaer Urban District Councils in the County of Glamorgan, constitute the Board.

2. **Abertillery and District Water Board**, which supplies Abertillery, Abercarn, Risca and Mynyddislwyn Urban Districts; the Councils of these areas constituting the Board.

3. The following Councils have their own supplies:—Blaenavon, Cwmbran, Ebbw Vale and Tredegar Urban Districts; Abergavenny, Chepstow and Monmouth Rural Districts. The Council schemes in the areas of the Chepstow Rural District and the Monmouth Rural District are all small supplies, and are all untreated. Some of these areas supply or supplement in adjacent areas, *e.g.*, Abergavenny Rural District supplies Abergavenny Borough; Ebbw Vale supplies Nantyglo and Blaina Urban District Council; and Tredegar supplements supplies in Bedwellty Urban District.

4. Three local water companies—

(a) Chepstow Water Co., which supplies Chepstow Urban District and portions of Chepstow Rural District.

(b) Monmouth Gas and Waterworks Co., which supplies Monmouth Borough; and

(c) Pontypool Gas and Water Co., which supplies Pontypool and Usk Urban Districts and portions of Pontypool Rural District.

5. Newport Corporation (Talybont Water Works), which supplies Caerleon Urban District and supplements supplies in Cwmbran Urban District and Abergavenny, Magor and St. Mellons and Pontypool Rural Districts.

6. Cardiff Corporation, which supplies a small portion of Magor and St. Mellons Rural District.

Tables published in this report in recent years show that whereas in the **Urban areas** of the County practically all houses (*i.e.*, all except about 8%) are supplied from public mains, only about half the houses in the **Rural areas** are so supplied. The houses not supplied from public mains in the urban areas are chiefly scattered homesteads, inaccessible positions, but their need

is nevertheless very great, especially as many are small farms engaged in dairying. There is an overwhelming need of the extension of properly treated piped water supplies in the rural areas. There are still over 6,000 houses, affecting a population of over 19,000 people in the rural areas of Monmouthshire, which are dependant upon supplies from wells, springs, etc.

It is a great boon when properly treated piped supplies are provided in an area, and this is only accomplished as a result of tremendous effort in the preparation of schemes, etc. Taking the County as a whole, however, the number of houses so supplied during a year is almost indistinguishable in the approximate figures issued for the County. At present rates of progress many years of intensive effort will be necessary before any substantial difference will be able to be observed in such figures. Accordingly it is not considered necessary to publish details more frequently than every few years.

Generally, the piped supplies in the County have proved adequate, but the provision of new housing estates, with baths, sinks, W.C.'s, etc., is having the effect of increasing water consumption, and in some areas especially attention will have to be given to increasing storage accommodation to tide over drought periods. In those parts of rural areas which have no piped supplies, water shortage continues to give pictures comparable with mediæval times.

The quality of water supplied through public mains is also generally satisfactory, although constant vigilance is required, especially in those cases where gathering grounds are near to thickly populated industrial areas. The Water Board carry out periodic sampling of water, and Sanitary Inspectors in the areas of the Boards and elsewhere take check samples and investigate any evidences of contamination, especially of a manurial nature, to ensure that the supplies to the public are adequately protected.

The supplies at Ebbw Vale, Nantyglo and Blaina, Rhymney (slightly), and that part of Tredegar served from Ebbw Vale, the Pwlldu area of the Abergavenny Rural District, one small scheme in the Chepstow Rural District, and a small supply at Narth in the Monmouth Rural District, are liable to plumbo solvent action and galvanised iron service pipes only are used in those areas. The piped supplies in the Monmouth Rural District are untreated. Again, in the areas of no piped supplies, efforts need to be constantly redoubled during the summer months to ensure that what little water is available for consumption is as little dangerous as possible.

As piped water supplies are made available in the rural areas, the need for satisfactory arrangements for the disposal of sewage becomes a necessary corollary, and several schemes for providing the requisite facilities are in

various stages of negotiation and progress, schemes having made greatest advancement in the Abergavenny and Pontypool Rural Districts.

SEWERAGE.

The Rhymney and Western Valleys of the County are served by two main trunk sewers, each of which discharges into the sea.

The Constituent Authorities of the Rhymney Valley Sewerage Board are Caerphilly and Galligaer Urban District Councils in the County of Glamorgan, and Rhymney, Bedwellty, and Bedwas and Machen Urban District Councils in the County of Monmouth. The Board deals with the sewage of the Constituent Authorities, a portion of the Parish of Van in the Cardiff Rural District Council of Glamorgan and a portion of the Parish of Lower Machen in the Magor and St. Mellons Rural District of Monmouthshire.

The Western Valleys (Mon.) Sewerage Board deals with the sewage of Abercarn, Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn, Nantyglo and Blaina, Risca and Tredegar Urban Districts, and portions of Magor and St. Mellons Rural District.

It is pleasing to be able to record that at long last the construction of a main trunk sewer for the Eastern Valley has now begun. These are works of paramount importance to the Valley.

Several smaller sewerage schemes are in operation in the rural areas and townships, and generally perform satisfactorily their functions. Individual schemes for separate houses, however, are frequently the cause of recurring nuisances.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

This Act places at the disposal of the Minister of Health a sum of £15,000,000 to assist schemes executed after the war for the provision or improvement of water supply and for the provision of sewerage facilities in rural localities in England and Wales. The County Council are also required to contribute towards the cost of such schemes, and provision is made in the Act for consultation by local authorities with the County Council before submitting schemes to the Minister. Details of schemes ranking for grant under this Act have been received from rural district councils in the County, and have been considered by a Technical Sub-Committee. Recommendations for approval by the Minister have been forwarded by the County Council, and local enquiries have been held in some instances.

A further important provision of the Act is the amendment of Section III of the Public Health Act 1936 by making it obligatory upon local authorities,

where it is practicable at reasonable cost, to provide a supply of wholesome water in pipes to all rural localities in their district in which there are houses or schools, and to take the pipes affording the supplies to such points as will enable the houses or schools to be connected at reasonable cost. Any question whether the provision is practicable at reasonable cost or as to the points to which pipes shall be taken to enable houses or schools to be supplied, has to be determined by the Minister at the request of the County Council or of ten or more Local Government electors in the district concerned.

It is pleasing to report that in the Magor and St. Mellons and Pontypool Rural Districts substantial work has been done on certain water supply schemes, but in practice this Act is not having the effect of providing the rural areas with the copious water supplies to the extent that was once envisaged.

OTHER SANITARY CONDITIONS.

Practically the whole of the houses in the urban areas are provided with water closets, but progress continues to be made in the conversion from privies, earth closets, etc., of the more inaccessible houses, where sewers can reasonably be provided.

It is pleasing to reflect that as the result of the efforts of sanitarians throughout many years the regular collection of refuse is now fully organised in the populous districts. The disposal of the refuse is also gradually being performed on a more scientific basis, in many instances with a view ultimately to increasing amenities in the districts concerned. Several smaller tipping sites, however, continue as eyesores, and are sometimes liable to cause nuisance.

Despite the new legislation which comes into operation from time to time, the pressure of public opinion, and the efforts of sanitary officers in the districts, the work of effecting improvements to existing shops, factories and workplaces is a slow process. Nevertheless, new establishments are generally built on modern scientific lines.

Great care is taken by the district sanitary officers in controlling swimming baths and pools during the summer months.

SCHOOLS.

The sanitary conditions of schools are subject to District Medical Officers of Health, whilst the School Medical Officers and the County Sanitary Inspectors also deal with any matters requiring attention during their periodical visits. It is necessary here to repeat observations made in previous reports following the inspection of all the Non-Provided Schools in the County:—

“The water supply to many of the rural schools is from sources which are open to contamination.”

“Generally speaking, the closet accommodation provided is obsolete and unsatisfactory, while many urinals are dilapidated. In many instances washing facilities are insufficient.”

“It is regretted that . . . a generation of children may be condemned during their school life to avail themselves of rapidly deteriorating sanitary arrangements.”

“No doubt a survey of Council Schools would reveal, in many instances, a similar state of affairs.”

HOUSING.

The accompanying tables show that the building of new houses in Monmouthshire continues apace, although the siting of estates has been difficult in many areas.

Nevertheless, numerous complaints continue to be received in this Department concerning housing in all its aspects. Some are in respect of overcrowding, others in respect of various sanitary defects. It is obvious from these complaints that a large number of people in the County are still living under unsatisfactory conditions. The complaints received were referred to the respective urban and rural authorities, upon whom falls the responsibility for the housing of its inhabitants. District Councils have been faced with overwhelming difficulties in attempting to solve some of the worst problems arising from dilapidations of buildings and overcrowding. Special attention has been paid where cases of tuberculosis have been involved. Various factors continue to combine to make the operation of the Public Health and Housing Acts difficult. It is still a cumbersome matter to get houses put in a fit sanitary condition, and the large number of houses which are structurally deteriorating, some even becoming uninhabitable, for want of urgent repair, continue to be a matter for grave concern.

RURAL HOUSING.

The Survey of rural houses commenced in 1944 by the Rural Local Authorities as a result of the Hobhouse Report is making very slow progress.

Table showing the numbers of temporary prefabricated, permanent prefabricated and traditional houses in course of erection on the 31st December, 1948. It also shows the number of houses for which sanction to build had been given up to 31st December, 1948.

District	No. of Houses in course of erection on 31-12-48.			No. of Houses for which sanction has been given but but not commenced on 31-12-48.		
	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses
Urban.						
Abercarn	—	38	—	—	—	30
Abergavenny	—	—	14	—	—	6
Abertillery	—	—	—	—	—	86
Bedwas & Machen	—	—	58	—	—	20
Bedwellty	—	—	52	—	—	—
Blaenavon	—	—	34	—	—	10
Caerleon	—	—	10	—	—	—
Chepstow	—	—	18	—	—	46
Cwmbran	—	—	20	—	—	12
Ebbw Vale	—	—	84	—	126	62
Monmouth	—	14	22	—	—	8
Mynyddislwyn	—	100	—	—	—	—
Nantyglo & Blaina	—	—	30	—	—	—
Pontypool	—	103	106	—	180	24
Rhymney	—	—	30	—	—	50
Risca	—	—	—	—	—	22
Tredegar	—	150	43	—	—	48
Usk	—	—	12	—	—	18
Rural.						
Abergavenny	—	38	—	—	38	—
Chepstow	—	—	62	—	—	—
Magor & St. Mellons	—	38	31	—	18	—
Monmouth	—	—	22	—	—	—
Pontypool	—	—	14	—	—	14
Totals ...	—	481	662	—	362	456

The above information has been supplied by the District Sanitary Inspectors.

This table shows the numbers of houses which have been completed during the year by local authorities and by private enterprise.

District	By Local Authority				By Private Enterprise	Grand Total	No. of Houses under construction by Private Enterprise but not completed on 31-12-48
	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses	Total			
Urban.							
Abercarn	—	148	22	170	2	172	—
Abergavenny	—	—	40	40	4	44	23
Abertillery	13	59	30	102	1	103	1
Bedwas & Machen	—	73	28	101	4	105	1
Bedwellty	25	62	60	147	—	147	—
Blaenavon	—	22	—	22	2	24	3
Caerleon	—	—	—	—	2	2	5
Chepstow	—	—	20	20	1	21	—
Cwmbran	40	100	75	215	7	222	—
Ebbw Vale	—	78	50	128	4	132	—
Monmouth	—	4	28	32	2	34	2
Mynyddislwyn	—	150	—	150	—	150	—
Nantyglo & Blaina	—	100	—	100	—	100	1
Pontypool	—	247	72	319	—	319	—
Rhydney	—	52	—	52	1	53	—
Risca	—	46	26	72	72	144	—
Tredegar	8	—	31	39	—	39	—
Usk	—	—	—	—	—	—	—
Rural.							
Abergavenny	—	10	—	10	4	14	5
Chepstow	—	—	16	16	2	18	1
Magor & St. Mellons	—	108	41	149	8	157	6
Monmouth	—	—	12	12	3	15	1
Pontypool	—	—	40	40	4	44	2
Totals	86	1259	591	1936	123	2059	51

The above information has been supplied by the District Sanitary Inspectors.

TREATMENT CLINICS.

There were 14 School Clinics (including one Clinic and an auxiliary one for the treatment of minor ailments at Ebbw Vale, and three School Clinics at Abertillery).

The following Specialist Clinics were held throughout the year, dealing with appropriate cases:—

Medical Consultation Clinic, held by Dr. E. Grahame Jones, M.B., B.S., M.R.C.S., M.R.C.P. 74 cases were examined during the year.

Surgical Consultation Clinic. Mr. J. T. Rice Edwards, F.R.C.S., was responsible for this and examined 163 cases.

Ophthalmic Clinic. This was under the care of Mr. J. W. Hoare, F.R.C.S., who also took care of Blind Persons.

Ear, Nose and Throat Consultation Clinic. Mr. D. B. Sutton, F.R.C.S., was the Specialist for this, which was concerned only with children.

Rheumatic and Asthma Clinic, held by Dr. A. G. Watkins, M.D., M.R.C.S., F.R.C.P. This was for school children only, and the Asthma Clinic was suspended in the earlier part of the year.

Neurological Clinic. Dr. R. Wyburn Mason, M.A., M.D., M.R.C.S., M.R.C.P., carried this on.

Plastic Out-Patients Clinic. Held by Mr. Emlyn Lewis, F.R.C.S., at the County Hospital, Griffithstown, for school children only.

Orthopaedic Clinic. For the first half of the year this was controlled by Mr. Arthur Rocyn Jones, F.R.C.S., with the assistance of Mr. Nathan Rocyn Jones, F.R.C.S., Afterwards the Clinic was held by Mr. Nathan Rocyn Jones, who treated new and after-care cases.

Details of examination and treatment of School Children are to be found in the Education Medical Inspection Report for the year.

FOOD AND DRUGS ACT, 1938.

Full details of the work carried out under the above Act will be found in the Reports of the Chief Inspector to the General Purposes Committee of the County Council.

The following is the portion dealing with the examination of samples:—

During the year, 1,203 samples of all classes of foods and drugs were submitted to, and examined by, the County Analyst.

Of these, 869 were samples of milk collected in course of sale to the public and 36 were "Appeal to Cow" samples.

Of these 869 milk samples, 59 samples were reported as not reaching the standard required by the Sale of Milk Regulations, 1939.

The average composition of the milk samples, including those below standard, was:—

Fat: 3.47%. Solids Not Fat: 8.78%.
Total Solids: 12.25%.

253 samples of other foods were examined and 45 pharmaceutical substances, all of which were satisfactory except in the case of one sample of pea-flour, which was found to be infested with weevils and unfit for human consumption.

Legal proceedings were instituted against Milk Producers and/or Vendors, and Fines and costs amounting to £64/6/0 were inflicted by the Magistrates.

MEDICAL EXAMINATIONS OF STAFF, ETC.

All prospective members of the Staff are examined by Assistant Medical Officers prior to permanent appointment.

78 medical examinations were carried out during the year.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936—1943.

The total number of licences to produce and bottle milk in operation on 31st December, 1948, were as follows:—

Accredited Milk:

To produce only	...	...	...	111
To produce and bottle	...	...	...	1

Tuberculin Tested Milk:

To produce only	...	...	...	151
To produce and bottle	...	...	...	21

AGRICULTURE ACT, 1937.

Attestation standard was reached by 150 herds in the County during the year 1948. The figure in 1947 was 115.

The Certificate of Attestation is granted by the Minister of Agriculture.

TUBERCULOSIS.

Under the Tuberculosis Regulations, 1930, in the year 1948, there were 383 primary cases of Pulmonary Tuberculosis notified and 166 deaths were registered. Of other forms of Tuberculosis 71 cases were notified and 29

deaths registered. The total number of primary notifications of all forms of Tuberculosis was therefore 454, and the number of deaths from all forms of Tuberculosis was 195. In 1947, 305 cases of Pulmonary Tuberculosis were notified and of other forms 73 cases. In this latter year 157 deaths from the pulmonary form and 31 from other forms were registered.

Registered deaths from Tuberculosis were again compared with the cases notified by the District Medical Officers of Health, and when it was found that a death registered by the District Registrar had not previously been notified by the District Medical Officer of Health as a primary notification, it was included in the return of new cases coming to the knowledge of the Medical Officer otherwise than by formal notification, under the Public Health (Tuberculosis) Regulations, 1930.

It will be observed from the accompanying table that the notification rate for 1948 is slightly higher than for 1947 in the case of Pulmonary Tuberculosis, but the notification rate for other forms is the lowest since 1938.

As regards the death rate, that for the Pulmonary disease is lower than for 1947, but slightly higher than for 1946. Under the Non-Pulmonary heading the death rate for the current year is slightly below 1947 but slightly higher than for 1946.

The following table giving the notification rates and death rates per 1,000 of the estimated population is submitted for the purpose of comparison:—

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1938	1·01	·44	·60	·14
1939	1·25	·48	·64	·10
1940	1·60	·49	·57	·13
1941	1·12	·40	·51	·15
1942	1·12	·42	·62	·13
1943	1·32	·36	·60	·11
1944	1·33	·42	·52	·10
1945	1·10	·32	·57	·11
1946	1·16	·27	·49	·08
1947	0·98	·23	·55	·10
1948	1·21	·22	·52	·09

Summary of notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1930, during the year 1948, with the number of deaths notified by the Registrar-General is shown herewith:—

Age Periods	Primary Notifications on Form A					Age Periods	DEATHS.				
	Pulmonary.		Non-Pulmonary.		Total.		Pulmonary.		Non-Pulmonary		Total
	Males.	Females.	Males.	Females.			Males.	Females.	Males.	Females.	
0	—	—	—	—	—	0	—	—	1	1	2
1	5	5	6	4	20	1	—	7	3	11	
2	1	5	4	3	13	5	2	3	4	3	12
5	5	4	4	3	16	15	39	49	4	4	96
10	4	11	2	6	23	45	48	8	1	1	58
15	24	25	5	6	60	65	15	1	—	—	16
20	28	40	1	8	77	75 and Upwards	10	4	—	3	17
25	43	50	5	4	102	205	178	27	44	454	
35	18	21	—	1	40	105	61	17	12	195	
45	33	8	—	2	43						
55	21	3	—	2	26						
65	13	2	—	2	17						
75 and Upwards	10	4	—	3	17						
	205	178	27	44	454						

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1948, to 31st December, 1948, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930:—

Age Periods.	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and upwards	Total Cases
Pulmonary Males	—	—	—	—	—	—	—	2	—	3	8	5	—	18
Pulmonary Females	—	—	—	—	—	—	—	2	—	—	—	—	1	3
Non-Pulmonary Males	—	—	1	1	1	1	—	—	—	1	—	—	—	5
Non-Pulmonary Females	—	—	—	—	1	—	—	—	—	—	—	—	—	1

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	21	6
Posthumous notifications { transferable deaths from Registrar-General	—	—
" Transfers " from other areas (other than transferable deaths)	—	—
Other Sources if any	—	—

From the previous table it will be seen that 27 non-notified deaths from Tuberculosis were discovered through examination of the Death Returns received from the District Registrar.

TUBERCULOSIS ALLOWANCES.

The Tuberculosis Care Scheme which was put into force on 1st June, 1943, continued to operate until the "appointed day." Under this Scheme, such patients received a Standard Personal Allowance and Children's Allowance together **with a rent allowance**. Additional allowances were made for Hire Purchase Agreements and Insurance Policies entered into before the patient became ill. Certain other payments were also made such as for winter fuel, etc.

The number of patients who received allowances during the period 1st January to 5th July, 1948, was 306.

Until the "appointed day" of the National Health Service Act, 1946, treatment of tuberculosis was undertaken by the Welsh National Memorial Association. After this, treatment became the responsibility of the Regional Hospital Board, whilst payment of allowances came under control of the National Assistance Board.

Prevention and after-care of tuberculosis remained the care of the County Council, and my Department continued to work in close co-operation with the Tuberculosis Officers. Health Visitors visit domiciliary cases of tuberculosis to ensure that treatment prescribed is carried out. They also attend Tuberculosis Clinics in their area from time to time.

Particular attention has been paid to the housing aspect of tuberculosis, **everything possible being done with the District Councils to avoid overcrowding and dilapidation.**

Subject to the approval of the Minister, this Authority will, should the need arise, provide and maintain workshops, settlements, hostels and night sanatoria, or any of them, or will make joint arrangements with other Local Health Authorities or voluntary bodies for this purpose. No arrangements have actually been carried out with regard to this so far.

TUBERCULOSIS CLINIC TIME TABLES.

NEWPORT AND EAST MONMOUTHSHIRE AREA.

DR. A. CARVETH JOHNSON.

NEWPORT.

Until March 1948:

4, Palmyra Place, Newport

After March, 1948:

129, Stow Hill, Newport ...

Mondays, 9.30 a.m., Men only.
 ,, 1.30 p.m., Women only.
 Tuesday, 10 a.m., A.P. Clinic.
 1st & 3rd Tuesday, 1.30 p.m.,
 Contacts.
 2nd Tuesday, 1.30 p.m., Surgical
 only.
 Wednesday, 9.30 a.m., Men only.
 ,, 1.30 p.m., Children
 only.
 Thursday, 10.0 a.m., A.P. Clinic.
 ,, 2.0 p.m., Women only.
 Friday, 10.0 a.m., A.P. Clinic.
 ,, 1.30 p.m., Contacts and
 special appointments.
 Saturday, 9.30 a.m., Special appoint-
 ments only.

PONTYPOOL.

Park Buildings Tuesday, 10.0 a.m.

ABERGAVENNY.

Maindiff Court Hospital ... Second and Fourth Thursday, 11 a.m.

MONMOUTH.

Out-Patient Department Cottage

Hospital 1st & 3rd Friday, 11.30 a.m.

WEST MONMOUTHSHIRE AREA.

DR. E. A. ASLETT.

PONTLLANFRAITH.

"Ennisclare," Llanarth Road,

Pontllanfraith Monday, 10.0 a.m.
 3rd Tuesday, 2.30 p.m., Continued
 Treatment.
 Wednesday, 10.0 a.m., for Abertillery
 patients.

EBBW VALE.

Workmen's Hall Friday, 10.0 a.m.
 Tuesday, 11.0 a.m.
 Thursday, 11.0 a.m.

TREDEGAR.

Central Surgery Thursday, 1.0 p.m.

RHYMNEY AND SIRHOWY VALLEY AREA.

DR. F. W. GODBEY.

RHYMNEY.

Redwood Memorial Hospital ... 2nd & 4th Monday.

CAERPHILLY.

“Heathfield,” St. Martin’s Road 4th Tuesday, 2.30 p.m., Continued Treatment.
1st & 3rd Thursday, 9.30 a.m., A.P. Re-fills. Otherwise by appointment.

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1930, during the year ended 31st December, 1948,
with reports upon Examinations of Sputa, etc., at the
Public Health Laboratory, County Hall, Newport, Mon.

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.			NON-PULMONARY.			Total.		
	Cases notified.	Result of Lab examination		Specimen not submitted.	Cases notified.	Result of Lab. examination.		Specimen not submitted	
		Pos.	Neg.			Pos.			Neg.
URBAN.									
Abercarn									
Pentwynmawr	1	—	—	1	1	—	1	2	
Newbridge	10	—	—	10	2	—	2	12	
Abercarn	7	—	1	6	—	—	—	7	
Croespenmaen	1	—	—	1	—	—	—	1	
Crumlin	3	—	—	3	—	—	—	3	
Hafodyrynys	2	—	—	2	—	—	—	2	
Cwmcarn	5	1	—	4	—	—	—	5	
Abergavenny	—	—	—	—	—	—	—	—	
Abertillery									
Cwmtillery	1	—	—	1	—	—	—	1	
Abertillery	18	—	3	15	—	—	—	18	
Llanhilleth	3	—	—	3	2	—	2	5	
Crumlin	4	—	1	3	—	—	—	4	
Bedwas & Machen									
Machen	3	—	—	3	1	—	1	4	
Maesycwmmmer	1	—	—	1	—	—	—	1	
Bedwas	6	—	—	6	1	—	1	7	
Trethomas	2	—	—	2	1	—	1	3	
Bedwellty									
Fleur-de-Lis	2	—	—	2	—	—	—	2	
Pengam	5	—	—	5	2	—	2	7	
New Tredegar	5	—	—	5	2	—	2	7	
Blackwood	5	—	—	5	—	—	—	5	
Cefn Forest	4	—	—	4	1	—	1	5	
Aberbargoed	8	—	—	8	2	—	2	10	
Markham	5	—	—	5	—	—	—	5	
Argoed	1	—	—	1	—	—	—	1	
Phillipstown	1	—	—	1	—	—	—	1	
Blaenavon	15	2	1	12	—	—	—	15	
Caerleon.	—	—	—	—	—	—	—	—	
Chepstow	19	—	1	18	2	—	2	21	
Cwmbran									
Cwmbran	10	—	1	9	1	—	1	11	
Pontnewydd	4	1	—	3	1	—	1	5	
Totals carried forward	151	4	8	139	19	—	19	170	

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				NON-PULMONARY.				Total
	Cases Notified	Result of Lab. examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
		Pos.	Neg.			Pos.	Neg.		
Totals brought forward	151	4	8	139	19	—	—	19	170
URBAN (cont.)									
Ebbw Vale									
Beaufort	5	1	—	4	2	—	—	2	7
Cwm	7	1	1	5	5	—	—	5	12
Ebbw Vale	32	4	3	25	4	—	—	4	36
Waunllwyd	—	—	—	—	1	—	1	—	1
Monmouth	3	—	1	2	1	—	—	1	4
Mynyddislwyn.									
Penllwyn	—	—	—	—	1	—	—	1	1
Wattsville	1	—	—	1	—	—	—	—	1
Cwmfelinfach	4	—	—	4	—	—	—	—	4
Pontllanfraith	8	—	—	8	2	—	—	2	10
Oakdale	6	—	—	6	2	—	—	2	8
Ynysddu	2	—	—	2	—	—	—	—	2
Mynyddislwyn	1	—	—	1	—	—	—	—	1
Argoed	1	—	—	1	—	—	—	—	1
Nantyglo & Blaina									
Blaina	5	—	—	5	1	—	—	1	6
Nantyglo	5	1	—	4	1	—	—	1	6
Pontypool									
Panteg	1	—	—	1	—	—	—	—	1
Garndiffaith	6	—	—	6	1	—	—	1	7
Penygarn	5	1	—	4	—	—	—	—	5
Pantygasseg	1	—	—	1	—	—	—	—	1
Pontypool	14	—	1	13	3	—	—	3	17
Abersychan	1	—	—	1	3	—	—	3	4
Pontnewynydd	3	—	—	3	1	—	—	1	4
Talywain	4	—	—	4	—	—	—	—	4
Wainfelin	1	—	—	1	—	—	—	—	1
Griffithstown	1	—	—	1	2	—	—	2	3
New Inn	—	—	—	—	1	—	—	1	1
Varteg	1	—	1	—	—	—	—	—	1
Rhymney									
Abertysswg	2	—	—	2	1	—	—	1	3
Rhymney	11	—	—	11	—	—	—	—	11
Risca									
Risca	16	1	2	13	5	—	—	5	21
Pontymister	6	—	—	6	—	—	—	—	6
Crosskeys	1	—	1	—	2	—	—	2	3
Tredegar.	35	3	5	27	3	—	1	2	38
Usk.	1	—	—	1	2	—	—	2	3
Totals carried forward	341	16	23	302	63	—	2	61	404

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				NON-PULMONARY.			Total	
	Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination			Specimen not submitted
		Pos.	Neg.			Pos.	Neg.		
Totals brought forward	341	16	23	302	63	—	2	61	404
RURAL.									
Abergavenny	6	—	—	6	2	—	—	2	8
Chepstow									
Portskewett	2	1	—	1	—	—	—	—	2
Chepstow	3	—	—	3	—	—	—	—	3
Mathern	1	—	—	1	—	—	—	—	1
Caldicot	1	—	—	1	—	—	—	—	1
Tintern	1	—	—	1	—	—	—	—	1
Llanishen	1	—	—	1	—	—	—	—	1
Mounton	1	—	—	1	—	—	—	—	1
Devauden	2	—	—	2	—	—	—	—	2
Magor and St. Mellons.									
Langstone	—	—	—	—	1	—	—	1	1
Castleton	1	—	—	1	—	—	—	—	1
Rogerstone	5	1	—	4	—	—	—	—	5
Newport	1	—	—	1	1	—	—	1	2
St. Mellons	1	—	—	1	—	—	—	—	1
Llandavenny	—	—	—	—	1	—	—	1	1
Machen	—	—	—	—	1	—	—	1	1
Monmouth	11	—	—	11	—	—	—	—	11
Pontypool.									
Little Mill	1	—	—	1	—	—	—	—	1
Llanfrechfa	1	—	—	1	—	—	—	—	1
Goytre	1	—	—	1	—	—	—	—	1
Croesyceiliog	—	—	—	—	1	—	—	1	1
Glascoed	1	—	—	1	—	—	—	—	1
Llangeview	—	—	—	—	1	—	—	1	1
Llandegvedd	1	—	—	1	—	—	—	—	1
Totals	383	18	23	342	71	—	2	69	454

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

ISOLATION HOSPITALS.

Isolation Hospitals. The Annual Report for 1938 gave full details of these.

Infectious Diseases, 1948. The seven principal diseases under the heading of Zymotic Diseases are Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Enteric Group of Fevers, Diarrhoea under 2 years of age. These diseases caused 37 deaths during the year and gave a Zymotic death rate of 0.12 per 1,000 population, compared with 0.15 for 1947, 0.148 for 1946, 0.212 for 1945, 0.138 for 1944 and 0.153 for 1943.

The following table shows the Notifications and Death Rate for Zymotic diseases in the County during 1948:—

Disease	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population.
Small Pox	—	—	Nil	—
Measles	3	·009	2,063	6·52
Scarlet Fever	3	·009	543	1·40
Diphtheria	3	·009	23	0·07
Whooping Cough	7	·022	781	1·47
Enteric Group of Fevers ...	—	—	1	0.003
Diarrhoea (under 2 years)	21	·066	Not notifiable	—
Totals	37	·117	3,411	10.787

diseases received during the year from the Local Medical Officers of Health :

DISTRICTS	Estimated Population, 1948	Notification rate	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Erysipelas.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Periperal Pyrexia	Acute Polio- myelitis	Cerebro Spinal Fever	Whooping Cough	Malaria	Dysentery	Measles	Acute Polio- Encephalitis
URBAN.																	
Abercarn	18,300	...	11	...	...	14	2	...	2	...	...	...	110	...	...	48	...
Abergavenny	8,532	...	11	4	...	...	...	...	...	...	1	...	...	...	...	10	...
Abertillery	28,020	...	55	4	...	5	1	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	8,488	...	19	...	...	2	1	...	...	1	...	6	...	...	...	26	...
Bedwellty	28,680	...	47	1	...	9	3	...	3	...	...	90	...	...	...	358	...
Blaenavon	9,922	...	34	...	...	4	8	...	...	...	...	2	...	...	...	397	...
Caerleon	4,752	...	7	...	...	...	...	...	...	...	...	...	1	...	1	47	...
Chepstow	5,040	...	1	...	...	...	...	...	...	1	...	...	5	...	...	70	...
Cwmbran	12,660	...	37	1	...	29	...	...	...	...	...	...	76	...	...	30	...
Ebbw Vale	29,430	...	87	3	...	70	21	1	4	2	1	...	235	1	...	572	...
Monmouth	5,332	...	1	...	...	1	...	...	...	...	...	...	1	...	...	33	...
Mynyddislwyn	13,840	...	6	4	...	1	3	...	2	1	...	...	9	...	...	29	...
Nantyglo and Blaina	11,410	...	23	...	...	13	1	...	...	...	...	...	28	...	...	129	...
Pontypool	42,360	...	38	...	1	3	3	...	1	2	...	3	39	...	...	275	...
Rhyinney	9,058	...	35	2	...	1	...	...	...	...	...	...	7	...	...	91	...
Risca	15,220	...	50	1	...	28	6	...	2	1	1	...	81	...	...	75	...
Tredegarr	19,930	...	18	...	...	...	9	...	3	7	2	2	10	...	1	207	1
Usk	1,660	...	...	1	...	...	...	...	...	...	...	...	34	...	...	51	...
Totals, Urban	272,704	...	480	21	1	180	58	1	17	14	5	7	734	1	2	1928	1
RURAL.																	
Abergavenny	8,698	...	2	2	...	...	1	...	...	...	...	...	1	...	...	7	...
Chepstow	10,290	...	23	...	...	...	...	...	...	...	...	1	10	...	...	30	...
Magor & St. Mellons	12,700	...	20	...	...	8	...	...	...	...	2	1	13	...	...	18	...
Monmouth	6,128	...	9	...	...	4	...	...	...	...	...	...	10	...	...	36	...
Pontypool	5,680	...	9	...	...	1	...	...	...	...	...	...	13	1	...	44	...
Totals, Rural	43,496	...	63	2	...	13	1	...	...	...	2	2	47	1	...	135	...
Grand Totals	316,200	...	543	23	1	193	59	1	17	14	7	9	781	2	2	2063	1

The number of infectious diseases removed to Hospitals during the year was as follows:—

CASES REMOVED TO HOSPITAL

DISTRICT	Smallpox	Diphtheria	Erysipelas	Scarlet Fever	Malaria	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Whooping Cough	Pneumonia	Encephallitis Lethargica	Puerperal Pyrexia	Dysentery	Measles	Polio-Encephalitis
Urban—																
Abercarn
Abergavenny	4	...	3	...	...	...	1	...	...	...	...	...	...	...	...
Abertillery	3	...	9	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	1	...	...	...	...	...	...
Bedwellty	1	...	7	...	...	...	...	...	...	...	...	...	...	1	...
Blaenavon	1	...	...	2	...	...	...	...	...	...	...	...	...
Caerleon	7	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow
Cwmbran	1	...	...	...	...	...	...
Ebbw Vale	3	...	2	...	...	...	1	...	...	...	...	...	...	...	...
Monmouth
Mynyddislwyn	4	1	3	...	...	...	...	...	...	...	...	...	...	...	...
Nantyglo and Blaina
Pontypool	1	...	...	3	...	1	...	...	...	...	...	...	...
Rhymney	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Risca...	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Tredegar	6	...	3	2	2	...	1	...	...	7	...	3	1
Usk	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Rural—																
Abergavenny	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow	1	...	...	...	...	...	...
Magor & St. Mellons	1	...	...	...	2	...	3	...	...	...	...	...	...
Monmouth	2	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	3	...	...	...	...	...	...	...	...	...	...	...	...
Totals	21	1	46	...	3	7	8	1	1	7	...	7	...	4	1

The above has been compiled from the returns submitted by the District Medical Officers of Health.

VACCINATION.

The advent of the National Health Service Act, 1946, did not remove the responsibility for the administration of the arrangements for performance of infant vaccinations against smallpox, but on the 5th July, vaccination was no longer compulsory, and was continued on a voluntary basis.

From July 5th, 1948, vaccinations were carried out by the Area Medical Officers and other Medical Officers of the County, with the assistance of general practitioners taking part in the arrangements made by the Council.

Period 1st January, 1948, to July 4th, 1948.

Number of Cases on Birth List	3,034
Number of Vaccination Certificates received	805
Number of Certificates of Postponement	39
Number of Conscientious Objections	1,224
Parents removed from district or otherwise not found ...	176

Period July 5th to December 31st, 1948.

	Under				Total
	1 yr. of age	1-4 yrs.	5-14 yrs.	15 and over	
No. of Vaccinations ...	174	13	6	19	212
No. of Re-Vaccinations ...	—	1	1	34	36

No cases of generalised vaccinia or post-vaccination Encephalomyelitis occurred during the year, and there were no deaths from complications of vaccination.

SMALLPOX.

No case of Smallpox was reported during the year 1948.

SCARLET FEVER.

There has been an increase in the number of notifications of Scarlet Fever, 543 cases occurring compared with 497 in 1947, 523 in 1946, 789 in 1945, 654 in 1944 and 614 in 1943.

During 1948 there were three deaths from this disease.

In 1947, 1946, 1944 and 1943 there were no deaths, but in 1945 there was one death.

DIPHTHERIA.

During 1948 there were 23 notifications of cases of Diphtheria. There is a striking decrease in the incidence of this disease over the last few years, the credit for which must assuredly be given to immunisation.

	1948	1947	1946	1945	1943	1942
Number of Notifications ...	23	44	120	118	272	305
Number of deaths ...	3	2	5	2	7	8

The importance of immunisation of children cannot be over-estimated and every effort is made to impress this upon parents. The Health Visitors work unflaggingly to make the work a success, and it is largely due to their enthusiasm that such numbers as are done come forward.

Since July, 1948, the District Medical Officers carry out the necessary injections at the Infant Welfare Clinics and in this they are assisted by the Assistant Medical Officers. Medical Practitioners also take part in the arrangements made by this Authority. Immunisation is also carried out at Schools. The Health Visitors receive the applications and send out the notifications of appointment to parents consenting.

Interesting information is given to mothers attending the Infant Welfare Centres and many show careful interest, asking for "boosting" doses later on.

Between July 5th, 1948, and December 31st, 1948, 1,586 children under the age of 5 years were immunised, and 72 children between the ages of 5 and 14 years. Secondary or "booster" doses were given to 88 children.

PUERPERAL AND POST-ABORTION SEPSIS.

This is previously mentioned in this report.

INFANTILE DIARRHOEA.

This is not a notifiable disease, and although the Health Visitors visit the homes of all cases which come to their knowledge, it is apparent that many cases are undiscovered. 21 deaths were registered in children under two years of age, compared with 37 in 1947.

ENCEPHALITIS LETHARGICA.

There was one notification of this disease during the year and one death from acute infantile encephalitis mentioned in the returns. There were no cases in 1947.

OPHTHALMIA NEONATORUM.

This has already been referred to earlier.

CEREBRO-SPINAL FEVER, ACUTE POLIOMYELITIS AND ACUTE POLIOENCEPHALITIS.

	1948	1947	1946
No. of cases notified, Cerebro Spinal Fever	9	12	9
No. of Deaths ...	5	5	6
No. of cases notified, Acute Poliomyelitis and Polioencephalitis ...	1	27	12
No. of deaths ...	1	1	1

CHICKEN POX.

This disease is not compulsorily notifiable.

MEASLES.

	1948	1947	1946	1945	1944
No. of cases notified ...	2063	3032	382	4764	914
No. of Deaths ...	3	5	—	17	1

WHOOPIING COUGH.

	1948	1947	1946	1945	1944
No. of cases notified ...	781	246	367	533	377
No. of deaths ...	7	4	6	12	9

INFLUENZA.

	1948	1947	1946	1945	1944
No. of deaths ...	19	37	41	31	84

PNEUMONIA.

The notification of this disease is not satisfactory, and the number of notifications does not seem to bear relation to the actual number of cases occurring. Medical Practitioners are reminded of their duty to notify.

	1948	1947	1946	1945	1944
No. of cases notified ...	193	201	236	319	297
No. of Deaths ...	141	168	170	162	153

GENERAL CLEANLINESS.

The Health Visitors on the Staff perform splendid service in the way in which they help to provide a good standard of general cleanliness and in habits in the home. Their help in combating infestation of children with head-lice is invaluable. They have been assisted in this work by the availability of the new preparations containing D.D.T., etc., which have proved very effective, the degree of freedom being noticeably raised.

Homes are visited periodically until children attain the age of 5 years and subsequently as found necessary at School Inspections, and Health Visitors are thus able to carry on the individual work of advising and assisting parents in respect of children of all ages.

The Nursery Schools in the County also play an important part in the educative work of teaching clean habits to the toddlers.

CANCER.

The number of deaths from this scourge during 1948 was 557, whilst in 1947 there were 532. In 1946 there were 503; in 1945 there were 499 and in 1944 467.

As in previous years the great majority of the deaths occurred in persons of 45 years of age and upwards.

VENEREAL DISEASES.

The Treatment Centre for the whole of the Administrative County is situated at the Royal Gwent Hospital, Newport, where the days and hours of sessions are as follows:—

MALES.

Monday	...	...	...	...	10. 0 a.m.
Wednesday	...	...	...	...	2. 0 p.m.
Thursday	...	...	...	...	5. 0 p.m.
Friday	...	...	...	...	5.30 p.m.

FEMALES.

Monday	...	...	...	...	2. 0 p.m.
Tuesday (Special cases only)	...	...	...	...	2. 0 p.m.
Tuesday	...	...	...	...	5.30 p.m.
Thursday	...	...	10. 0 a.m.	and	2. 0 p.m.

The Clinic maintained a high standard of service, being well equipped and enjoying a full staff of Medical Officers, a Health Visitor, Nurses and Male Orderlies.

The appended table gives details of the cases attending and treated from 1st January to 5th July, 1948, at which latter date the responsibility for this service passed to the Regional Hospital Board.

In recent years the advent of sulphonamide and penicillin therapy has revolutionised the course of venereal disease, Gonorrhoea showing remarkable response. In the case of Syphilis, results are promising when penicillin is used with other drugs, but final judgment should be a little delayed until further information is available as to results.

The work accomplished during the year by the Lady Enquiry Officer, Nurse E. M. Walters, was as follows:—

NUMBER OF VISITS PAID IN THE ADMINISTRATIVE COUNTY.

	1947	1948
To new cases which came to her knowledge and which had not undergone treatment	242	218
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1,174	715
To Members of Voluntary Agencies	53	43
To Doctors and Midwives	118	64

1.—TREATMENT CENTRE.

(ROYAL GWENT HOSPITAL, NEWPORT.)

Returns of the Medical Officer of Centre to the Medical Officer of Health relating to persons residing in the Administrative County of Monmouth.

	1st Jan. to 5th July, 1948		
	Males.	Females.	Total
1.—Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be:—			
Suffering from Syphilis ...	46	23	69
" " Soft Chancre ...	4	—	4
" " Gonorrhœa ...	67	28	95
Not suffering from venereal disease ...	52	66	118
Totals ...	169	117	286
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—			
Syphilis ...	19	17	36
Soft Chancre ...	—	—	—
Gonorrhœa ...	39	12	51
Not suffering from venereal disease ...	78	76	154
Totals ...	136	105	241
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—			
Syphilis ...	24	34	58
Soft Chancre ...	3	—	3
Gonorrhœa ...	35	14	49
Totals ...	62	48	110
4.—Total attendances of all persons at the Out-patient Clinic who were:—			
Suffering from Syphilis ...	944	854	1798
" " Soft Chancre ...	11	—	11
" " Gonorrhœa ...	562	198	760
Not suffering from venereal disease ...	124	195	319
Totals ...	1641	1247	2888

		1st Jan. to 5th July, 1948.		
		Males.	Females	Total
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—				
Syphilis	... ..	97	56	153
Soft Chancre	... ..	—	—	—
Gonorrhoea	... ..	10	133	143
Not suffering from Venereal disease	... ..	—	6	6
Totals		107	195	302
6.—Number of persons treated with Salvarsan substitutes				
		41	57	98
7.—Number of doses of Salvarsan substitutes given:—				
Name of Drugs—Novarsenobillon				
Stabilarsan				
Kharsulphan				
Sulphostab				
Arseno Argenticum				
dose	.05 ...	—	10	10
dose	.1 ...	5	35	40
dose	.15 ...	—	4	4
dose	.2 ...	100	100	200
dose	.25 ...	152	161	313
dose	.3 ...	65	—	65
dose	.45 ...	1	—	1
dose	.6 ...	—	—	—
dose	.75 ...	—	—	—
Bismuth—dose	.2 gm. ...	469	384	853
Totals		792	694	1486
8.—Examination of Pathological material:—				
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—				
For Kahn Test	... ..	264	253	517
For detection of spirochaetes	... ..	19	3	22
" " gonococci	... ..	68	320	388
For Wassermann reaction	... ..	266	257	523
Complement Fixation Test (Gon)	... ..	19	81	100
Cerebro Spinal Fluid	... ..	6	4	10
Others	... ..	—	49	49
Totals		642	967	1609

2.—COUNTY LABORATORY, COUNTY HALL.
RETURN OF SPECIMENS EXAMINED.

From 1st January, 1948, to 5th July, 1948.

	For detection of Spirochaetes.		For detection of Gonococci.		Complement Fixation Test (Gonorrhoea)		For Wassermann reaction (Syphilis).		Kahn Test		Other Examinations.		TOTAL.
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	
From County of Monmouth—													
Treatment Centre Practitioners ...	19	3	68	620	19	81	266	257	264	253	6	53	1909
	1	—	16	59	10	17	147	132	140	126	14	12	674
From County Borough of Newport—													
Treatment Centre Practitioners ...	16	1	75	86	16	17	172	121	170	117	4	30	825
	—	—	8	8	6	5	32	24	30	22	—	—	135
From other Districts—													
Glamorgan:													
Treatment Centre Brecon:	—	—	—	—	—	—	3	1	3	1	—	—	8
Treatment Centre Cardiff:	2	—	3	1	1	1	11	1	11	1	—	1	33
Treatment Centre Denbigh:	—	—	1	—	—	—	1	—	1	—	—	—	3
Treatment Centre	—	—	1	—	—	—	1	—	1	—	—	—	3
Totals ...	38	4	172	774	52	121	633	536	620	520	24	96	3590

Number of substitutes for Salvarsan supplied to Medical Practitioners:—
1948.

Novarsenobillon	·6 grm. =	...	...	—
„	·45 „ =	...	...	—
„	·3 „ =	...	...	—
Stabilarsan (Boots)	·6 grm. =	...	...	10
„	·45 „ =	...	...	—
Sulphostab (Boots)	·6 grm. =	...	...	—

Totals ... **10**

LABORATORY FACILITIES.

The accompanying table gives details of the work carried out in the County Laboratory until 5th July. After that date the Laboratory was transferred to the control of the Medical Research Council. The Laboratory continued to carry out any examinations required in the interests of public health. Until the appointment of a Bacteriologist by the Medical Research Council, Dr. W. Panes, the County Bacteriologist, continued to exercise supervision of the work.

**TABLE SHOWING TOTAL EXAMINATIONS CARRIED OUT IN THE
PUBLIC HEALTH LABORATORY SERVICE, NEWPORT.**

From 5-7-48—31-12-48.

VENEREAL DISEASES—total examinations made	...	...	2,022
SPUTUM. From tuberculosis physicians for tubercle bacilli	...	...	967
From general practitioners for tubercle bacilli	...	...	119
SWABS for bacteriological examination	...	...	438
CEREBRO-SPINAL FLUIDS	...	...	35
BLOOD WIDAL EXAMINATIONS	...	...	38
HAIR FOR RINGWORM	...	...	12
URINE (bacteriological and chemical examinations)	...	...	508
PUS	...	...	52
BODY FLUIDS	...	...	13
VACCINES	...	...	5
BLOOD CULTURES	...	...	3
FAECES	...	...	45
MISCELLANEOUS BACTERIOLOGICAL EXAMINATIONS	...	...	187
BLOOD COUNTS	...	...	776
TISSUE FOR HISTOLOGICAL EXAMINATION	...	...	128
BLOOD SUGAR estimations	...	...	102
BLOOD UREA estimations	...	...	96
URINE SUGAR estimations	...	...	88
TEST MEALS	...	...	53
WATER for bacteriological examination (including some chemical analyses)	...	...	165
MILKS.			
Ungraded samples for cleanliness	...	...	275
Graded samples for Statutory Tests	...	...	297
Miscellaneous milk samples	...	...	18
BIOLOGICAL TESTS.			
Ministry of Agriculture—Biological tests on milk	...	...	100
Informal Biological tests on milk	...	...	319
Biological tests on human material	...	...	40

**STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE
COUNTY.**

There were no alterations to the boundaries of the Administrative County during the year.

Area	...	340,110 acres
Population in 1931 Census	...	345,755
Population in 1948	...	316,200
Population in 1947	...	310,730
Rateable Value, 1948	...	£1,182,677
Sum represented by a penny rate, 1948	...	£4,601

SOCIAL CONDITIONS.

The County of Monmouth is partly industrial and partly agricultural. The Rhymney, Sirhowy, Western and Eastern Valleys are thickly populated coal-mining districts, in which are also iron, steel and tinplate works. In addition, there are coal by-products plants in some of the districts. The Eastern and Southern portions of the County are practically agricultural communities.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1948 compiled by the Registrar-General are as in the sub-joined table. The Monmouthshire figures are given for purposes of comparison.

	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	Live Births	Still Births	Live Births	Still Births	1948	(1947)	1948	(1947)
ENGLAND & WALES ...	1948 17.9	1948 0.42	(1947) (20.5)	(1947) (0.50)	1948 10.8	(1947) (12.0)	1948 34.0	(1947) (41.0)
126 County Boroughs and Great Towns, including London	20.0	0.52	(23.3)	(0.62)	11.6	(13.0)	39.0	(47.0)
148 Smaller Towns (Estimated resident population 25,000 to 50,000 at census 1931) ...	19.2	0.43	(22.2)	(0.54)	10.7	(11.9)	32.0	(36.0)
London	20.1	0.39	(22.7)	(0.49)	11.6	(12.8)	31.0	(37.0)
MONMOUTHSHIRE ...	19.2	0.51	(21.3)	(0.59)	11.1	(12.3)	43.7	(44.9)

In all cases the estimated populations as supplied by the Registrar-General have been used for the purpose of this table.

VITAL STATISTICS FOR THE YEAR 1948.

District	Estimated Population	LIVE BIRTHS						STILL BIRTHS						DEATHS			INFANTILE MORTALITY.				Deaths under 1 year of age per 1000 of pop.	Zymotic Deaths per 1000 of pop.	Yearly Deaths per 1000 of pop. (excluding zymotic diseases)	Deaths of estimated population.	Medical Officer of Health					
		LEGITIMATE		ILLEGITIMATE		TOTAL		LEGITIMATE		ILLEGITIMATE		TOTAL		Male	Female	Total	Deaths under 1 year of age		Leg	Illegitimate						Total				
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female				Rate per 1000 of population	Rate per 1000 of population												
URBAN.																														
Abercarn	18390	154	177	4	2	188	179	267	19.95	10	5	1	—	11	5	16	0.87	111	79	190	10.3	14	—	14	38.1	16	1.14	1.73	J. Dunlop, M.B., Ch.B., F.R.C.S., Abercarn	
Abergavenny	8532	63	75	4	4	67	79	146	17.11	—	2	2	—	2	2	4	0.47	69	69	138	16.2	5	1	6	41.1	12	2.3	1.88	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny	
Aberthulley	28020	256	263	4	7	260	270	530	18.92	13	6	—	—	13	6	19	0.68	180	138	318	11.3	29	—	29	54.9	10	2.7	1.64	T. Baillie Smith, M.B., Ch.B., D.P.M., Aberthulley	
Bedwas and Machen	8488	92	79	4	3	96	82	178	20.97	—	3	—	—	3	3	3	0.33	65	47	112	13.2	6	1	7	36.4	12	2.4	1.65	C. E. P. Davies, M.B.S.A., Machen	
Bedwely	28580	342	336	11	94	353	350	703	24.51	4	6	—	—	4	6	10	0.35	107	158	265	11.3	46	2	48	68.1	31	7.7	1.84	S. R. MacMillan, M.B., D.Ch., New Tredegar	
Blaenavon	9922	76	92	2	3	78	95	173	17.44	2	2	—	—	2	2	4	0.40	67	49	116	11.7	8	—	8	46.5	10	2.1	1.61	J. J. Crowe, L.A.S., Blaenavon	
Caerleon	4752	50	40	—	1	50	41	91	19.15	—	—	—	—	—	—	—	—	19	17	36	7.6	3	—	3	32.9	—	—	—	W. H. Reynolds, M.R.C.S., L.R.C.P., Caerleon	
Chepstow	5740	34	52	2	4	36	56	92	18.55	2	1	—	—	2	1	3	0.60	19	20	39	7.7	5	—	5	34.5	—	—	—	F. N. Dowell, M.R.C.S., L.R.C.P., D.P.M.	
Cwmbran	12960	124	120	3	4	127	124	251	19.07	5	3	—	—	5	3	8	0.63	63	57	120	9.5	4	1	5	19.9	23	—	—	J. Fleming, M.B., Ch.B., Cwmbran	
Ebbw Vale	29430	299	263	9	3	308	266	574	19.51	6	7	—	—	6	7	13	0.44	171	133	304	10.3	25	2	27	47.9	24	—	—	F. M. Fountis, F.R.C.S., D.P.M., Ebbw Vale	
Monmouth	8532	35	46	6	3	41	43	84	15.72	2	1	—	—	2	1	3	0.56	49	32	81	12.2	3	—	3	35.5	—	—	—	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.M.	
Myndodwys	12840	144	147	6	4	150	151	301	21.52	4	4	—	—	4	4	8	0.58	78	74	152	11.0	13	—	13	43.2	29	1.45	—	C. G. Mackay, M.B., Ch.B., Blackwood	
Nantyglo and Blaiza	11410	114	114	3	2	117	116	233	20.42	5	1	—	—	5	2	7	0.61	79	70	149	13.1	12	—	12	51.5	18	—	—	F. M. Wallen-Gunn, M.R.C.S., L.R.C.P., Blaiza	
Pontypool	42360	372	352	8	12	380	364	744	17.56	15	10	1	—	16	10	26	0.61	284	194	478	11.3	25	—	25	31.9	02	—	—	T. J. McAllen, M.B., Ch.B., Pontypool	
Rhaynes	9038	89	84	9	3	98	87	185	20.42	2	1	—	—	2	1	3	0.33	26	29	55	12.7	11	1	12	64.5	35	—	—	I. Evans, M.B., Ch.B., Rhaynes	
Risca	12230	147	122	—	2	147	124	271	17.81	3	4	—	—	1	3	5	0.23	71	63	134	8.8	5	—	5	18.5	—	—	—	A. W. Parson, M.A., M.D., Ch.B., Risca	
Tredegar	19930	194	190	6	2	200	192	392	19.66	1	2	—	—	1	2	3	0.45	126	105	231	11.6	16	—	16	40.3	—	—	—	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.	
Usk	1660	12	21	—	—	12	21	33	19.88	—	2	—	—	—	2	2	0.12	9	12	21	12.7	1	—	1	30.3	—	—	—	J. C. H. Bird, M.B., Ch.B., Usk [Tredegar]	
RURAL.																														
Abergavenny	8698	46	50	2	1	48	51	99	11.39	—	1	—	—	1	1	1	0.11	51	44	95	10.9	3	—	3	30.1	23	—	—	—	O. G. Griffiths, M.B., Ch.B., Abergavenny
Chepstow	10290	89	89	4	5	93	85	178	17.31	4	—	1	—	5	—	5	0.48	51	44	95	9.2	5	—	5	28.9	—	—	—	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.M.	
Magor & St. Mellons	12700	136	108	10	4	146	112	258	20.31	4	3	—	—	4	3	7	0.55	64	59	123	12.1	10	1	11	42.4	—	—	—	Hayes Nichol, M.A., M.B., Ch.B., D.P.M., Newport	
Monmouth	6123	48	47	6	3	54	50	104	16.97	—	1	—	—	1	1	1	0.16	38	32	70	11.4	2	—	2	19.4	—	—	—	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.M.	
Pontypool	5660	41	51	2	1	43	52	95	16.73	1	1	—	—	1	2	2	0.35	34	22	56	9.9	5	—	5	52.4	18	—	—	—	J. C. H. Bird, M.B., Ch.B., Usk
Grand Totals, 1948	316200	2987	2893	105	97	3092	2990	6082	19.23	89	66	5	2	94	68	162	0.51	1941	1587	3528	11.1	257	9	266	43.7	12	6.2	1.38		
Totals for Year 1947	219730	2316	2207	121	96	2437	2293	4730	21.5	94	78	4	1	103	81	184	0.49	2178	2067	4245	12.1	241	27	268	44.9	15	—	—	—	

LIVE BIRDS		DEAD BIRDS		TOTAL		PERCENTAGE		SPECIES	
Male	Female	Male	Female	Male	Female	Male	Female	Urban	Rural
170	185	9	41	179	226	100	137	100	100
19	27	4	4	23	31	13	13	13	13
270	260	7	47	277	307	127	164	127	164
25	30	5	4	30	34	12	11	12	11
200	242	21	171	221	393	109	298	109	298
20	28	3	5	23	33	11	13	11	13
41	50	1	1	42	51	15	18	15	18
20	25	1	8	21	33	8	25	8	25
124	137	1	8	125	145	46	57	46	57
200	208	1	61	201	269	74	108	74	108
43	51	3	5	46	56	17	21	17	21
101	100	4	3	105	103	39	36	39	36
110	117	8	3	118	120	44	43	44	43
200	200	101	5	301	205	111	70	111	70
23	20	2	3	25	23	9	9	9	9
121	120	3	3	124	123	46	46	46	46
200	201	5	5	205	206	76	77	76	77
21	19	1	1	22	20	8	8	8	8
24	24	1	2	25	26	9	10	9	10
20	20	2	2	22	22	8	8	8	8
121	120	1	1	122	121	46	46	46	46
20	20	1	2	21	22	8	9	8	9
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
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200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
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200	200	1	1	201	201	74	74	74	74
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200	200	1	1	201	201	74	74	74	74
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200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
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20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1	1	201	201	74	74	74	74
20	20	1	1	21	21	8	8	8	8
200	200	1							

LIVE BIRTHS.

The number of live births assigned to the Administrative County for 1948 was 6,082, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M.	F.	M.	F.	
Urban Districts ...	2627	2557	81	83	2708	2640	5348
Rural Districts ...	360	336	24	14	384	350	734
Total	2987	2893	105	97	3092	2990	6082

There were 6,082 live births registered during 1948, a decrease of 548 upon the number for 1947, which was 6,630.

The birth rate per 1,000 population for the year under review and the preceding five years is as follows, comparative figures being given for England and Wales:

	1948	1947	1946	1945	1944	1943
Monmouthshire ...	19.2	21.3	19.9	18.2	19.8	18.6
England & Wales ...	17.9	20.5	19.1	16.1	17.6	16.5

The number of registered stillbirths was 162, which works out at 25 per 1,000 live births, a decrease of two compared with the figure for 1947, which was 27 per 1,000 live births. The year's rate is equal to 0.51 per 1,000 of population. It continues to be higher than the rate for England and Wales, which for 1948 was 0.42 per 1,000 of the civilian population.

Live births of illegitimate children for 1948 and the five previous years, together with the rates per 1,000 live births, are as follows:—

	1948	1947	1946	1945	1944	1943
Illegitimate Live Births ...	202	217	308	359	259	239
Rate per 1,000 Live Births	33	32	49	64	64	41

Details of numbers of illegitimate stillbirths are as follows:—

	1948	1947	1946	1945	1944	1943
	7	8	10	29	6	16

DEATHS.

The total number of deaths registered in the Administrative County, as shown by the Registrar-General's table was 3,528, compared with 3,840 for 1947, 3,647 in 1946, 3,737 in 1945, 3,506 in 1944, and 3,547 in 1943.

The general death rate calculated upon the estimate of population submitted by the Registrar-General (316,200) works out at 11.1 per 1,000 living. In 1947 the rate was 12.4; in 1946 it was 11.7; in 1945, 12.2; in 1944, 11.29, and in 1943, 11.49.

The County death rate of 11.1 per 1,000 population shows a decrease of 1.3 on 1947, but is still slightly higher than that for England and Wales (10.8).

The District Medical Officers figures of the ages at death of children under one year of age show that during the year 108 infants died within one week of birth, 32 died between the end of the first week of life and the end of the fourth week. A further 108 infants died between the ages of 1 month and 1 year. With the figure of 162 stillbirths, there was a total of 410 lives lost to the community.

However, the foregoing paragraph's figures do not agree with those furnished by the Registrar-General, which shows the number of infant deaths under one year of age to be 266, of which 240 were in the Urban Areas and 26 in the Rural Areas. The following table gives further information.

The Infant Mortality Rates per 1,000 births for Monmouthshire and also for England and Wales for the past six years are as follows:—

	1948	1947	1946	1945	1944	1943
Monmouthshire ...	43.7	44.9	47.6	56.6	52.33	44.95
England & Wales ...	34	41	43	46	46	49

The number of deaths of illegitimate children under 1 year of age was:—

1948	1947	1946	1945	1944	1943
17	17	19	31	31	11

The number of deaths of illegitimate children under one year of age per 1,000 of all live births was:—

1948	1947	1946	1945	1944	1943
2.7	2.4	3.07	5.5	5.0	1.9

The number of deaths of illegitimate children under one year of age per 1,000 illegitimate live births was:—

1948	1947	1946	1945	1944	1943
85.9	78.3	61.6	86.3	129.7	45.9

INFANT DEATHS UNDER ONE YEAR.

(Figures taken from Registrar-General's Return.)

Area.	Legitimate.			Illegitimate.			Totals.		
	Within 1 Week	2nd—4th Week	Total under 1 Year	Within 1 Week	2nd—4th Week	Total under 1 Year	Within 1 Week	2nd—4th Week	Under 1 Year
Urban Areas.									
Abercarn	2	4	14	—	—	—	2	4	14
Abergavenny	1	2	5	—	—	1	1	2	6
Abertillery	16	18	29	—	—	—	16	18	29
Bedwas & Machen	2	1	6	—	—	1	2	1	7
Bedwellty	18	6	46	—	—	2	18	6	48
Blaenavon	6	—	8	—	—	—	6	—	8
Caerleon	—	3	3	—	—	—	—	3	3
Chepstow	3	1	5	—	—	—	3	1	5
Cwmbran	1	1	4	1	—	1	2	1	5
Ebbw Vale	10	4	25	2	—	2	12	4	27
Monmouth	2	—	3	—	—	—	2	—	3
Mynyddislwyn	3	2	13	—	—	—	3	2	13
Nantyglo & Blaina	4	3	12	—	—	—	4	3	12
Pontypool	13	2	26	—	—	—	13	2	26
Rhymney	4	3	11	1	—	1	5	3	12
Risca	3	—	5	—	—	—	3	—	5
Tredegar	7	2	16	—	—	—	7	2	16
Usk	1	—	1	—	—	—	1	—	1
Total Urban Areas ...	96	52	232	4	—	8	100	52	240
Rural Areas.									
Abergavenny	2	1	3	—	—	—	2	1	3
Chepstow	5	—	5	—	—	—	5	—	5
Magor & St. Mellons	1	4	10	1	—	1	2	4	11
Monmouth	2	—	2	—	—	—	2	—	2
Pontypool	4	1	5	—	—	—	4	1	5
Total Rural Areas ...	14	6	25	1	—	1	15	6	26
Grand Totals ...	110	58	257	5	—	9	115	58	266

**CAUSES OF INFANT DEATHS UNDER ONE YEAR OF AGE IN
COMPARISON WITH RECENT YEARS.**

Causes,	1948	1947	1946	1945	1944	1943	1942	1941
All Causes	266	298	295	316	322	259	309	380
Measles	1	2	—	10	—	—	1	2
Diphtheria	—	—	—	—	—	1	1	1
Whooping Cough	5	3	3	4	—	3	2	14
Influenza	1	—	1	3	2	2	3	5
Cerebro-Spinal Fever	2	2	3	—	—	2	2	1
Cancer (Malignant Disease)	1	—	—	—	—	—	—	—
Syphilis	—	1	—	1	1	1	3	1
Tubercular Disease	2	4	—	6	2	—	—	2
Bronchitis	13	9	6	13	16	15	17	36
Pneumonia (all forms)	50	51	45	58	46	33	41	58
Other Respiratory Diseases	—	4	1	2	1	2	—	2
Diarrhoea (under two years)	19	35	29	29	22	25	25	25
Congenital Debility, } Premature Birth, etc. }	143	161	179	165	192	145	184	180
Digestive Diseases	2	2	5	5	6	5	8	7
Violence	13	12	6	6	1	1	6	13
Other Defined Diseases	14	12	17	14	19	24	16	33

**CAUSES OF INFANT DEATHS UNDER ONE YEAR OF AGE.
In Urban and Rural Districts.**

Cause of Death.	Urban Districts	Rural Districts	Total	Rate per 1,000 Births
Measles	—	1	1	·16
Diphtheria	—	—	—	—
Whooping Cough	5	—	5	·82
Influenza	1	—	1	·16
Cerebro-Spinal Fever	2	—	2	·33
Cancer	1	—	1	·16
Syphilis	—	—	—	—
Tuberculosis	2	—	2	·33
Bronchitis	13	—	13	2·14
Pneumonia	45	5	50	8·22
Other Respiratory Diseases	—	—	—	—
Diarrhoea	18	1	19	3·12
Congenital Debility	51	7	58	9·54
Premature Births	74	11	85	14·02
Digestive Diseases	2	—	2	·33
Violence	12	1	13	2·14
All Other Causes	14	—	14	2·30
Totals	240	26	266	43·41

The number of deaths in the Administrative County from the following diseases was :—

Measles—all ages	...	...	...	...	3
Whooping Cough—all ages	...	...	...	...	7
Diarrhoea—under 2 years of age	...	...	...	...	21

10
 CAUSES OF DEATH UNDER ONE YEAR OF AGE
 IN THE DISTRICT OF COLUMBIA
 COMPARED WITH NEW YORK CITY
 (The number of deaths in the Administrative County from the following
 diseases was: -)

Disease	District of Columbia	New York City
Measles—all ages	4	14
Whooping Cough—all ages	7	11
Diphtheria—under 2 years of age	18	25
Scarlet Fever		1
Epidemic Typhus		1
Smallpox		1
Polio-myelitis		1
Brain Meningitis		1
Spinal Meningitis		1
Septicæmia		1
Septicæmia (pneumonia)		1
Septicæmia (peritonitis)		1
Septicæmia (other)		1
Septicæmia (total)		4
Pneumonia		1
Pneumonia (total)		1
Other		2
Total	33	49

CAUSES OF DEATH UNDER ONE YEAR OF AGE
 IN THE DISTRICT OF COLUMBIA

Year	Total	Male	Female
1901	108	68	40
1902	104	64	40
1903	102	62	40
1904	100	60	40
1905	98	58	40
1906	96	56	40
1907	94	54	40
1908	92	52	40
1909	90	50	40
1910	88	48	40
1911	86	46	40
1912	84	44	40
1913	82	42	40
1914	80	40	40
1915	78	38	40
1916	76	36	40
1917	74	34	40
1918	72	32	40
1919	70	30	40
1920	68	28	40
Total	1400	860	540

