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MONMOUTHSHIRE COUNTY COUNCIL.



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER OF HEALTH.
FOR THE YEAR 1949.



GWYN ROCYN JONES,

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

County Medical Officer.

COUNTY HALL,
NEWPORT, MON.

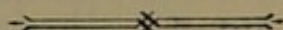
OCTOBER, 1950





T.O. MARKS & CO.
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MONMOUTHSHIRE COUNTY COUNCIL.



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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE:

MR. CHAIRMAN, LADIES AND GENTLEMEN,

At a time when Public Health is considered to have reached the nadir of its fortunes, the outstanding Health event of 1949 has been the almost complete closure of the Infectious Diseases Hospital System. 100 years ago, the Government of that day, allocated to the early Public Health Service the task of eliminating Infectious Disease as a large scale menace. A century later it was for an extraneous body, the Regional Hospital Boards, to pass judgment upon the manner in which Public Health had carried out its task. It has been the unanimous opinion of all Regional Hospital Boards that that task has been completed, and completed successfully; the management and control of Infectious Disease is no longer a serious problem. The elimination of Infectious Diseases as a major medical and economic problem is an accomplished feat. The treatment of individual cases remains on a comparatively small scale; and uncertainty alone remains regarding Infantile Paralysis.

To those who live and work within the traditions of Public Health and Preventive Medicine, this unsought judgment of a dispassionate Authority is significant; it gives faith in the past and confidence in the future. It belies the supposition that Public Health is without pride of ancestry or hope of posterity.

The closure of the Isolation Hospital System also closes a century in Public Health endeavour. An era in which the community, through the applications of Public Health principles, has obtained mastery over the General Infectious Disease; of safe water supplies; of safe sewage disposal and of diphtheria; which has been accompanied by prolongation of the span of life to an unexpected degree; an era which has established on solid foundations the Public Health and Preventive Medicine method of approach to large scale medical problems.

The first question to be answered in 1949 after contemplating 18 months working of the National Health Service, is not what is the state of Public Health, but what is the state of the Public Health Service. Is the service capable of adjusting itself to changed conditions; are there fresh fields to conquer; has it contributed new ideas to the progress of organised medicine?

As I turn to review this period of the operation of the National Health Service Act, 1946, in relation to Local Health Authorities, I feel that I

should recapitulate one of the last paragraphs of the 1948 report and examine the statement.

“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.”

Health Education has made substantial progress. Large numbers of the public have attended Health Education lectures. It can be inferred that many people are prepared to listen to advice upon their personal health, although it cannot yet be said that they have absorbed and applied the teaching. To have gained a wide and willing audience is a foundation stone upon which to build. Here is material for investigation: what topics commend themselves most to the Public; what sections of the community attempt to apply these lessons in their daily lives; what methods of teaching are most easily absorbed? The first obstacle appears to have been surmounted.

The Mental Health Service has now achieved its fundamental objective, that of separating from the Mental Hospital the early case which can be restored to health within his domiciliary environment. Statistics now show that 90% of these early cases need not be remitted to the Psychiatric Out-patients of Mental Institutions; a great saving of hospital bed space, and a great comfort to the patient. One feature of the work has been unexpected and pleasurable; there has been a decreasing demand for clinic sessions with a corresponding increasing demand by patients for domiciliary consultations by the Mental Health Medical Officer. Thus early in the new era has the lesson been learnt that the potentially sick person values the opportunity to discuss his personal ailment in the privacy of his home not only with his family doctor, but also with the expert? He is correspondingly less reluctant to seek treatment. Much remains to be done in other fields.

During the year the Domiciliary Nursing Service has become compact, efficient and comprehensive; and sufficiently elastic to meet the increasing

demands by the early evacuation of hospital cases. This present success must give great pleasure to the Monmouthshire Nursing Association which during forty years initiated, organised, and built up a District Nursing Service, reaching into every hamlet in Monmouthshire.

The size, scope and beneficence of this pioneer work is respected by those to whom it has become a legacy.

To the original District Nursing Service has been added a Night Nursing Service, small in scope but adequate for the extreme emergencies of acute illness. Integration with the Domestic Help Service has also been accomplished by means of a County Nursing Superintendent combining the supervision of the three services. Frequently it is no longer a demand for a District Nurse, but for an allocation of attendance from both the District Nurse, Home Help and Night Nursing Orderly to tend the individual household over its acute emergency.

An innovation of outstanding importance is the recruitment of separate staff of part-time District Nurses, available for occasional daily or weekly duty during rush periods, sickness of staff, and off duty. It is this cushion which has made the Domiciliary Nursing Service resilient and able to meet the fluctuations in hospital discharges. Of less import to the patient, but of greater social consequence is that this part-time scheme absorbs the energies of those with a gift and yearning for nursing, while also utilising skilled labour to the utmost.

It is pleasing to record that the District Nursing Service is attractive to fully qualified nurses, and that there is a surplus of such applicants for the work. The standard of domiciliary work is accordingly high.

The Medical welfare of the domiciliary patient is rounded off by the provision of a residential convalescent scheme at Porthcawl, initiated in the present year, and made effective and adequate by a close and mutual understanding between the County Council and the Management Committee of the Porthcawl Medical Aid Convalescent Home.

To those whose task it is to watch upon the course of events, to ponder upon their significance, and to foresee the trends of evolution, it is evident that organised medicine is moving towards a Pre-hospital System. Whereas the system of preventing the occurrence of disease, and the system of Domiciliary Nursing have, until recently, grown up independently, one could not have foreseen the result of their fusion brought about by the National Health Service Act. What was intended to be no doubt an administrative convenience, has turned out to be a unification.

Prevention of disease by clinic and similar measures has been in the past what is meant to be the preventing of persons acquiring disease. The fusion has inevitably now carried prevention into the homes on a large scale. It has now become capable of further interpretation, *i.e.*, "Prevention of disease extending beyond its earliest stage; prevention of disease extending beyond the stage where it cannot be managed in the home by the Domiciliary Nursing arrangements, and the family doctor; and such facilities as the Local Authority can provide." This new outlook is clearly apparent in the Mental Health Service; the first question which confronts the Preventive Medical Officer at the clinic is whether the patient's mental conflict can be arrested with domiciliary measures; or is institutional treatment required forthwith. Since the illness of 90% of patients attending these clinics is in fact arrested in their own homes, it is now evident that a new system of treatment of disease has come into being on a substantial scale, a system whereby the general practitioners, the domiciliary services, and the Preventive Medical Officer of the Local Authority combine to arrest the deterioration of the patient's illness before it progresses to the intractable stage for which hospital skill is essential. The foundation of this scheme is undoubtedly the Preventive Medical Officer in his treble capacity—clinical judgment, intimate knowledge of the day to day organisation and capacity of the Domiciliary Nursing Services, and an intimate knowledge of the patient's environmental conditions and how far they permit of domiciliary management of the case.

What has been gained in one direction can, and no doubt will, be extended in other directions. A pre-hospital system, with a Preventive Medical Officer expert in combating the early stage of disease within the domiciliary environment, has proved effective, acceptable and economical in the Mental Health field; the broadening of this scope to other medical problems requires close investigation. Out of the ashes of the former Local Health Authority Hospital system, there arises unforeseen and unexpected, a new approach to medical management requiring for success, not only technical skill, but also fundamental knowledge of the capacity of the domiciliary nursing service and of the home environment itself.

Tuberculosis remains the principal health problem apart from housing and possibly Infantile Paralysis. Progress is now almost stationary after forty years of brilliant achievement in the sanatorium and the dispensary. The limit has probably been reached by which present methods of organisation and management are able to reduce the incidence of tuberculosis, though not of course to reduce the severity of the individual attack. A new approach towards the problem of eliminating tuberculosis is now needed; and that new approach lies entirely within the scope of the Local Health Authorities. It is a proper criticism of the Local Health Authorities' outlook

upon tuberculosis, that tuberculosis is regarded as an ordinary clinical disease and not as an infectious disease; that the eradication of tuberculosis is to be sought in the hospital and dispensary and not in the field. Little attention is given to those fundamental principles of preventive medicine which are applied automatically, energetically and relentlessly in the cases of smallpox and typhoid fever. In these diseases, the investigation of contact is the time consuming and all important factor, who must be safeguarded and protected lest he also transmit the disease widely. This well-established Public Health practice has, through constant and unremitting application, reduced smallpox and typhoid to negligible proportions.

Where preventive measures have succeeded against typhoid fever and smallpox, why should they not succeed against tuberculosis? This is the outlook which must be accepted as the next stage in the attack upon tuberculosis; it is this attitude which regards the contact in tuberculosis as the all important factor, wherein lies the final conquest of tuberculosis; and it is only when a proportion of highly skilled physicians in tuberculosis are prepared to turn their backs upon clinics and hospitals, and to devote all their skill, energy, and intellect solely to the problems of prevention, that the end of tuberculosis will be in sight.

Public Health is the study of methods by which the number of healthy persons in a community can be increased. Its results are judged by this standard, and the vast administrative machinery exists for this objective. As yet the number of healthy persons cannot be calculated. It is too early to do this; and the machinery for obtaining these positive figures has not yet been established. Statistics must sooner or later turn to this aspect, instead of calculating the number of diseased persons.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES,

County Medical Officer of Health.

THE STAFF OF THE MONMOUTHSHIRE COUNTY COUNCIL HEALTH DEPARTMENT.

COUNTY MEDICAL OFFICER OF HEALTH:

G. Rocyn Jones, M.A., M.D., B.Chir., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH:

William Panes, M.R.C.S., L.R.C.P., D.P.H.

CONSULTANT MEDICAL STAFF:

J. T. Rice Edwards, F.R.C.S., M.R.C.S., L.R.C.P. (Surgical).
 G. W. Hoare, M.A., M.B., F.R.C.S., M.R.C.S., L.R.C.P. (Ophthalmic).
 E. G. Grahame Jones, M.B., B.S., M.R.C.S., M.R.C.P. (Medical).
 D N. Rocyn Jones, M.A., M.D., F.R.C.S. (Orthopaedic).
 D. B. Sutton, F.R.C.S., M.R.C.S., L.R.C.P. (Ear, Nose and Throat).
 R. Vaughan-Jones, M.B., Ch.B., D.O.M.S., F.R.C.S. (Ophthalmic).
 Professor A. G. Watkins, M.D., M.R.C.S., F.R.C.P.
 (Heart and Rheumatic).
 R. Wyburn Mason, M.A., M.D., M.R.C.S., M.R.C.P. (Neurological).

AREA MEDICAL OFFICERS OF HEALTH:

Rhymney U.D.C.	}	Area No. 1	K. P. Giles, M.B., Ch.B. (1-1-49 to 13-4-49).
Tredegar U.D.C.			Margaret M. McDowall, M.B., D.T.M. & H., D.P.H., M.R.C.O.G. (Commenced 14-11-49).
Bedwellty U.D.C.	}	Area No. 2	R. A. Hoey, M.R.C.S., L.R.C.P., D.P.H.
Abercarn U.D.C.		Area No. 3	F. S. A. Forbes, M.B., Ch.B., D.P.H. (1-2-49 to 30-6-49).
Mynyddislwyn U.D.C.	}		
Ebbw Vale U.D.C.	}	Area No. 4	F. M. Fonseca, F.R.C.S., D.P.H.
Nantyglo & Blaina U.D.C.		Area No. 5	T. Baillie Smith, M.B., Ch.B., D.P.H.
Abertillery U.D.C.	}		
Magor & St. Mellons R.D.C.	}	Area No. 6	R. A. N. Hitchins, M.B., B.Ch. (Resigned 15-4-49)
Bedwas & Machen U.D.C.			K. P. Giles, M.B., Ch.B. Commenced 15-4-49)
Risca U.D.C.			
Pontypool U.D.C.	}	Area No. 7	F. S. Hallinan, M.B., B.Ch., D.P.H.
Blaenavon U.D.C.			}
Cwmbran U.D.C.	}	Area No. 8	Evelyn D. Owen, M.B., M.R.C.S., L.R.C.P., D.P.H.
Caerleon U.D.C.			}
Chepstow U.D.C.	}	Area No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Chepstow R.D.C.			
Monmouth U.D.C.			
Monmouth R.D.C.			
Abergavenny U.D.C.	}	Area No. 10	F. C. R. Harvey, B.A., B.Sc., M.D., D.P.H.
Abergavenny R.D.C.			
Usk U.D.C., Pontypool R.D.C.			

SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH :

Mary Scott, M.B., B.S., D.P.H. (Maternity and Child Welfare).
J. Newcombe, M.B., B.S. (Mental Health).

ASSISTANT MEDICAL OFFICERS :

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Teresa M. O'Riordan, B.A., M.B., B.Ch., D.P.H.
Alice M. S. Dewar, M.B., Ch.B., D.P.H.
H. V. M. Jones, M.B., B.S., D.P.H.
Winifred Evelyn Probert, M.R.C.S., L.R.C.P., D.P.H.
Mary Rose MacQuillan, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
J. Walters Bowen, M.B., B.Ch.
Iris M. Burge, M.R.C.S., L.R.C.P. (Part-time).
Sian E. Williams, B.Sc., M.B., B.Ch.
G. Eisner-Kissman, M.D. (Prague), D.C.H.
Mary Lawrence, B.Sc., M.B., B.Ch.
Ida C. McFall, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M.
(Commenced 7-3-49).
E. M. L. Evans, B.Sc., M.B., B.Ch. (Commenced 24-10-49).

SENIOR DENTAL OFFICER :

J. K. Noot, L.D.S., R.C.S. ...

ASSISTANT DENTAL OFFICERS :

E. F. J. Sumner, L.D.S., R.C.S.
D. B. Porter, L.D.S.
J. C. Morley, L.D.S.
Greta McHarg, L.D.S.
W. S. Hazell, L.D.S., R.C.S. (Part-time).

COUNTY SANITARY INSPECTOR :

J. Jenkin Evans, M.R.S.I., F.S.I.A., Inspector of Meat and other Foods.

ASSISTANT COUNTY SANITARY INSPECTOR :

H. C. Bird, M.S.I.A.

COUNTY AMBULANCE OFFICER :

H. Price.

COUNTY HEALTH EDUCATION OFFICER :

H. D. Bowden.

MEDICAL COMFORTS OFFICER :

J. Gibbs.

SUPERVISORS OF MIDWIVES :

C. Davies.

O. Griffiths.

K. M. Walters.

SUPERVISOR OF DISTRICT NURSES :

A. M. Spencer.

WELFARE OFFICERS :

E. M. Walters (Venereal Diseases).

G. A. Knight (Illegitimate Children).

SPEECH THERAPIST :

Miss R. M. Bennett, L.C.S.T. (R.M.A.).

ORTHOPTIST :

Miss H. M. Davies, D.B.O. (Resigned April, 1949).

PSYCHIATRIC SOCIAL WORKER :

Miss Rae Morgan, B.Sc.

MENTAL DEFICIENCY ENQUIRY OFFICER :

Mrs. E. F. Udell.

LADY HEALTH VISITORS :

Allan, T. M.
 Beacham, D. L.
 Carpenter, W.
 Cleverley, M.
 Collins, A. R.
 Davies, M. R.
 Davies, M. J.
 Davies, C.
 Elias, M.
 Golding, G. I.
 Harris, E. M.
 Hopkins, A. W.
 James, E. N.

Jones, I.
 Jones, B.
 Lewis, R.
 Lloyd, C. M.
 Meyrick, J.
 Morgan, C.
 Morgan, E.
 Morgan, H. A.
 Phillips, C. M.
 Pulsford, M.
 Pugh, M. M.
 Redwood, N.

Reynolds, M. V.
 Roberts, E.
 Rymer, P. M.
 Sainsbury, M.
 Stinchcombe, M. G.
 Tristram, L.
 Walters, M.
 Webb, E.
 Williams, A. M.
 Williams, F.
 Wilmot, E. G.
 Wixey, N. A.

SCHOOL NURSE :

Edwards, M.

DENTAL ATTENDANTS :

Miss O. Davies.
 Miss P. Haines.

Miss B. Wynn.
 Miss J. Jones.

NATIONAL HEALTH SERVICE ACT, 1946.

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.

For details of Organization and Decentralized Medical Services see page 50

MATERNITY AND CHILD WELFARE.

Work of the Health Visitors.

There were at the end of the year 37 full-time Health Visitors on the Council's Staff undertaking Maternity and Child Welfare and School Health

Service work. The apportionment of time to Maternity and Child Welfare was approximately that of 30 Health Visitors.

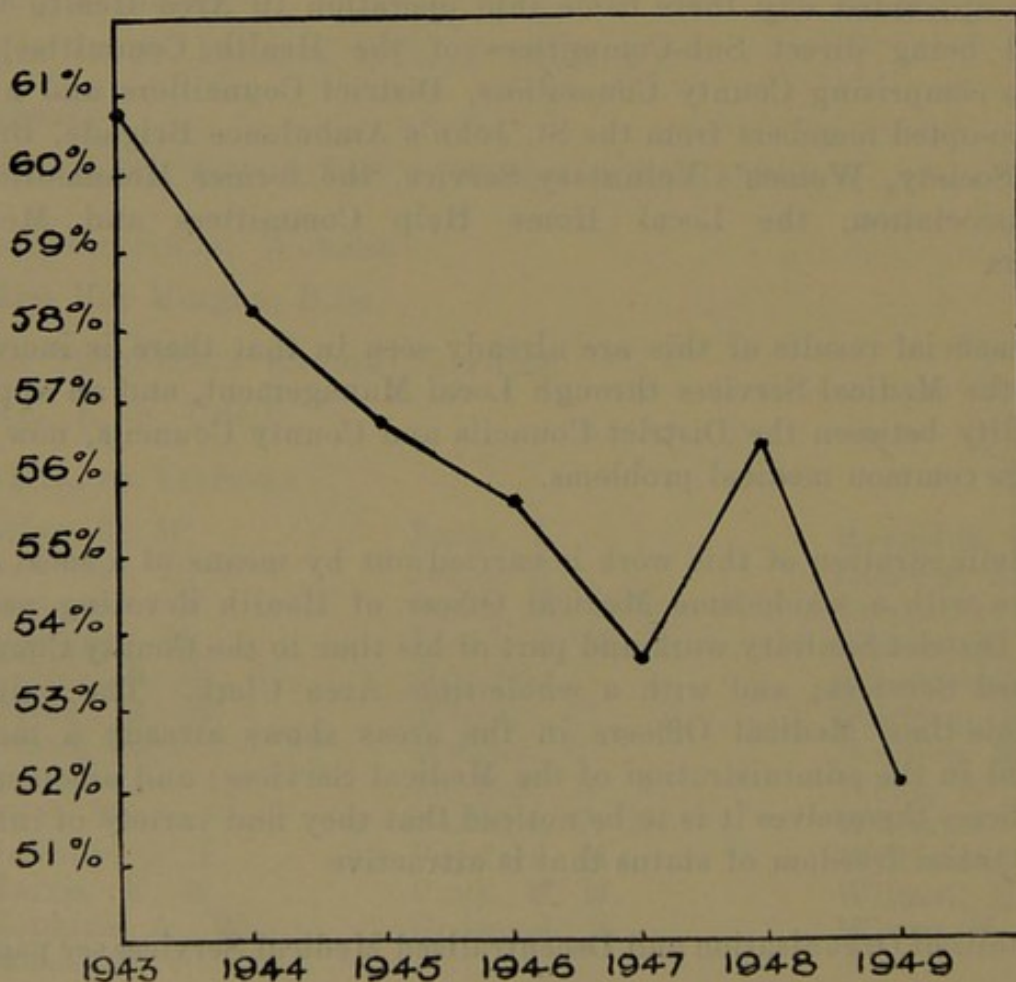
The number of visits paid to homes by Health Visitors during the last 5 years were:—

1949.	1948.	1947.	1946.	1945.
53,960	59,088	60,363	54,209	50,627

Of the 53,960 visits paid in 1949, 5,504 were in respect of new babies.

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

1949.	1948.	1947.	1946.	1945.
51.9	56.4	53.5	55.6	56.6



GRAPH SHOWING DECLINE OF PERCENTAGE OF BABIES FOUND ON FIRST VISIT TO BE BREAST FED.

In 1918 the percentage was as high as 88.3; in 1928 it was 82.5, and in 1938, 72.0.

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

1949.	1948	1947.	1946.	1945.
12	17	20	15	14

These notifications for 1949, together with other cases of eye trouble reported by Midwives, making a total of 85, were followed up by the Health Visitors, who paid 141 visits to them. All cases cleared up satisfactorily.

Ante-Natal Clinics.

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

	1949.	1948.	1947.	1946.	1945.
New Cases	4,073	4,646	4,728	5,080	3,959
Re-visits	16,959	18,990	17,289	16,074	12,322
Total Visits	21,032	23,636	22,017	21,154	16,281
Average attendances at each Session ...	25.9	28.7	34.4	37.7	30.0

Maternity and Child Welfare Clinics.

The number of Maternity and Child Welfare Clinics was 46. The Medical Officers consisted of 8 Assistant Medical Officers on the County Council Staff, and 9 Medical Officers of Health.

The Centres were attended by the Council's Health Visitors. One lady clerk was employed to assist Health Visitors with clerical work, which is a large part of Centre routine.

The attendances at the Centres during 1949 and 4 previous years were:—

Infants.

	1949.	1948.	1947.	1946.	1945.
Infants on Registers at end of year	12,042	12,454	12,254	11,643	11,347
New cases under 1 year ...	5,107	5,680	5,802	5,510	5,174
New Cases, 1—5 years ...	408	376	396	455	351
Re-visits under 1 year ...	64,120	70,389	57,469	65,669	67,113
Re-visits 1—5 years ...	22,858	22,721	17,151	22,805	20,890
Total No. of Visits	92,493	99,166	80,814	94,439	93,528
Average attendance for session	45.5	49.5	47.2	52.2	50.7

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 £16,380 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.

Care of Premature Infants.

The number of premature babies notified during 1949 was 36. This was 6.3% of all live births and 6.1% of all live and still births.

In view of the important bearing of this matter on the problem of Pre-natal Mortality, the Council has endeavoured to carry out as far as possible the various recommendations of the Ministry of Health with regard to the care and treatment of premature babies. All babies whose birth weight was 5½lbs. or under were cared for as premature babies and treated by the Midwives and Health Visitors as such.

If Hospital treatment was required for these infants, facilities were available at Llanfrechfa Grange Maternity Hospital.

Speech Therapy.

The services of a Speech Therapist are available to the Council, dealing with speech impediments. Children who have been operated upon for the repair of cleft palate and hare-lip are a special class of patients receiving treatment, but other speech defects are also dealt with.

Care of Illegitimate Children.

A Female Welfare Officer has charge of this work, the object being to co-operate with and reinforce the work of existing voluntary moral welfare associations. This Officer's time was divided between this work and Infant Protection Visits under the supervision of the Children's Officer.

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 89 cases were dealt with; a total of 914 visits being paid. 6 girls were admitted to Northlands, Cardiff, 1 to Sapsworth House Special Home, London, 2 to Mount Hope, Bristol, all these Homes being Salvation Army Homes, at the County Council's expense.

Of the 89 cases, 5 girls were later married to the putative fathers, 2 were living with the men, 4 were widows, 12 were married women and 66 were single.

29 of the illegitimate children born during the year were adopted; 2 girls were helped with applications to solicitors regarding affiliation orders; 2 girls placed in employment with their children, and applications were made to Dr. Barnado's Home for admission of 2 children, one of whom was coloured.

The Welfare Officer gave instruction to a Social Science student for one term's practical work.

Infant Protection.

There is a separate Children's Department of the County Council, set up under the provisions of the Children's Act, 1948, to which has been transferred the care of deprived children. This was formerly under the management of the Health Department. The County Medical Officer of Health, however, acts as Medical Adviser to the Children's Committee and undertakes the management of medical matters relating thereto.

The quarterly medical examinations of children in the Children's Homes, and control of infectious diseases, are undertaken by the respective Area Medical Officers of Health.

Regent House, Chepstow.

Regent House Hospital, Chepstow, is administered by the County Council as a Hospital for the aged sick, but 4 beds are reserved for maternity cases where the women are suffering from venereal disease.

During 1949, 6 confinements took place there.

Report of Senior Dental Officer on Dental Treatment for Expectant and Nursing Mothers and Children Under Five Years.

It was not found possible, owing to shortage of Dental Staff, to undertake routine inspections of the above categories at Ante-Natal and Maternity and Child Welfare Clinics. Treatment was therefore carried out at School Dental Clinics, and consisted of fillings, extractions, and the provision of dentures where necessary.

Details of numbers provided with dental care and forms of dental treatment provided are in tabular form in the Appendix on page 51.

HEALTH CENTRES.

These are defined as premises where both General Practitioners' and County Clinic services are conducted in the same building.

The Local Health Authority is now in possession of such premises (formerly used in Medical Aid Schemes) at Rhymney, Tredegar, Ebbw Vale and Blaenavon. Although it is unlikely that they will be suitable as permanent Health Centres, yet 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 depot, 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 problems therefore of combining General Practitioners' Services 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 favourable to this new arrangement, while they would welcome the provision of minor surgery facilities as an adjunct to their work. Moreover, this type of dispensary attracts a 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 to retain Health Centres of approximately the existing size easily accessible to local populations, is a matter for study. How far such Health Centres will compete in providing ancillary facilities already available at nearby hospitals, *e.g.*, laboratories, physiotherapy and radiology have yet to be settled.

Clinics.

The Local Health Authority's clinics are defined as premises which exclude accommodation for a general medical practitioner and the dispensary.

There is now a need for discontinuing, as opportunity arises, the hiring of accommodation for the holding of clinics. This system restricts the scope

and variety of facilities which can be provided; and a demand for clinic premises in daily use for one purpose or another has become widespread. To meet this new position substantially, premises have been acquired in Blackwood, Chepstow, Abergavenny, Pontypool and Cwmfelinfach; and long term leases obtained on premises in Usk and Cwmbran. It will be necessary to provide accommodation of good variety, *i.e.*, complete dental units; ante-natal; child welfare; speech therapy; orthoptics; minor surgeries; and specialists' clinics. In some cases, office accommodation for the Area Medical Officer, Area Clerk and Welfare Officer must be found; and in some of the less central premises residential accommodation for Nursing Staff will be found.

The Council has, moreover, decided upon its long term policy thereon. These clinics are to become centres of interest upon which it is hoped to build a true Health Education Scheme.

Specialist Services.

Clinics are regularly held at which the services of the Consultant Specialists listed on page 6 are available. These are all held at the Central Clinic at Stanley Road, Newport, with the exception of the Orthopaedic Clinic, which is held at various Clinics in the County. There is also available an Out-Patient Plastic Surgery Department, held by Mr. Emlyn Lewis, F.R.C.S., at the County Hospital, Griffithstown, and appropriate cases can be referred there.

THE HOME NURSING SERVICE.

The General Management is under the direction of a County Nursing Organiser, but there is close co-operation with the Area Committees and Area Staffs.

On December 31st, 1949, there were 53 whole-time District Nurses employed by the County Council, 28 of whom were S.R.N., 10 were S.E.A.N., and 2 unqualified, in addition to 13 District Nurse Midwives.

There is in addition a separate staff of part-time District Nurses engaged on a pro-rata basis for relief work on the occasion of sickness, off-duty, holidays and "rush periods," and so a system has been arranged whereby the full-time staff are now able to take their regular weekly off-duty periods, annual holidays, etc., without disrupting the efficiency of the service. This system has proved an effective cushion against the increasing use of early discharge of patients from Hospital.

The Council has brought about improved conditions of service for the relief nurses, and has also provided uniforms for the full-time staff.

The value of the service in the home is now being fully appreciated by the community, and is functioning smoothly and satisfactorily with the co-operation of all concerned.

The number of patients attended during the year was 13,511, involving a total of 214,702 visits to homes.

Night Nursing Service.

The organisation and management of the Night Nursing Service comprises a panel of nursing orderlies who have qualifications and experience less than that of a trained nurse. Their duties deal with the care of the acutely ill at night-time, such as providing light meals, attending to the bed and washing the patient, etc. These orderlies are directly responsible to the District Nurse, from whom they receive their instructions; and they are part of the comprehensive domiciliary nursing service.

HOME HELP SERVICE.

This is the first year in which the Home Help Service has been under decentralised management. The County Medical Officer has formerly exercised direct supervision over, and guidance of, the local administrative officers, but with a wider experience of the service the Area Medical Officers and Health Committees are now undertaking the administration of the service, and it is operating smoothly.

The County Medical Officer still exercises supervision on behalf of the Central Health Committee in all long term and difficult cases.

The major part of the applications for Home Help come from the aged and chronic sick, to whom a few hours are allocated each day. In this way the homes are kept reasonably clean, and the essential needs attended to. There is an ever-growing demand from this type of patient, and the provision of help is becoming a problem. It is to be expected that recovery will be slow, if it actually does occur, in the health of such patients, and consequently when the Authority does place a Help in the house, it becomes a permanent liability on the Authority. Already there are many instances where the circumstances in a household have remained unchanged for three years, and continuous service of a Home Help granted.

Cases of Tuberculosis and Cancer have been accorded Home Help, but in all instances the person doing the Home Help work has been a volunteer, as usually it is found that Helps decline to accept these cases. In exceptional instances the Committee has allowed a relative to take over Home Help duties when other means have failed.

Details of numbers of Home Helps supplied are to be found on page 51.

MEDICAL APPLIANCES SCHEME.

The organisation and management of this scheme comprises a Medical Appliances Officer on the Council's Staff, together with a Central Dépôt of appliances. Scattered throughout the administrative County are about 70 Medical Appliance Dépôts, situated in those places formerly provided by the St. John Ambulance Brigade and the British Red Cross Society. Whereas the appliances have now been purchased by the County Council, and whereas replacements are met at the expense of the County Council, the staffing of almost all these numerous dépôts is still carried out on a voluntary basis by the St. John Ambulance Brigade and Red Cross Organisation as formerly.

Provision appears to be adequate to demands. Central management arranges to transfer all appliances from one township to another to meet occasional unusual demands; while in addition there is a central stores for the supply of these appliances.

Articles supplied under this scheme, include air-beds, air-rings, bed-pans, bed-rests, crutches, invalid folding-chairs, mackintosh sheets, and urinals, which have been issued and re-issued.

CONVALESCENT TREATMENT.

In July, 1949, the County Council exercised its powers under Section 28 of the National Health Service Act, 1946 (Prevention of Illness, Care and After-care), and established a scheme whereby adult males and females were able to obtain convalescent treatment at the "Rest" Convalescent Homes, Porthcawl. The County Council made a subscription to the "Rest" Homes Authority, in return for which admission notes were supplied, as soon as vacancies occurred, for the patients recommended.

Patients eligible are those who are not in need of medical treatment and who are ambulant and able to attend to simple needs for themselves. Applications are received either direct from patients, supported by a medical certificate, or from medical practitioners. Applicants are then examined by a Medical Officer of the County Council and the cases are presented to the Health Committee for approval or otherwise. It is a condition of acceptance that applicants shall be assessed in accordance with the Council's scale of income.

From July until November, 1949, when the "Rest" Homes closed down for the season, 16 Monmouthshire cases (3 males and 13 females) were admitted for convalescent treatment. Of this number, 13 were free cases. One case did not accept the vacancy offered.

MIDWIFERY SERVICE.

At the end of 1949, the number of whole-time County Midwives was 63. In addition, there were 2 part-time Midwives. 4 of the 63 whole-time mid-

wives acted as Relief Midwives for week-end leave, for holiday relief, for relief in cases of illness, and for relief where suspension of a midwife was necessary to prevent spread of infection. In addition there were 14 District-Nurse-Midwives and 7 Independent Midwives. 6 of the independent midwives did no midwifery work during the year.

With 59 midwives engaged at hospitals and maternity homes, the total number of midwives on the County Register at the end of 1949 was 145.

The births (live and still-births) notified during the year 1949, with figures for four preceding years, were as follows:—

<i>Notified by</i>	1949.	1948.	1947.	1946.	1945.
County Midwives	2,653	2,946	3,493	3,728	3,237
Independent Midwives	173	134	252	270	277
Monmouthshire Nursing Association Midwives	*	140	447	412	446
Maternity Hospitals, Maternity Homes and other Institutions	2,824	2,670	2,039	1,503	1,620
Totals	5,650	5,890	6,231	5,913	5,580

*Now included in County Midwives' Total.

Particulars of County Midwives in respect of Gas and Air Analgesia at the end of 1949.

Number with Gas and Air Certificates	69
Number in Training	2
Number of Midwives unable to Train owing to age	2
Percentage of Midwives Trained and Administering Gas and Air	89.8%
do. do. do. do. in 1948	66.2%

Mobility of Midwives.

An increasing number midwives are now fully mobile under the Council's Motor-car Scheme. It is anticipated that at some future date there will be an establishment of 33 mobile district midwives.

Midwives Acts, 1902—1936.

Report upon Domiciliary Midwifery in the County.

Number of Births attended	2,938
Number of Miscarriages attended	175

Midwives made the usual minimum of 17 visits to every case of confinement, and about 10 in cases of miscarriage. Additional visits were made after the regulation period of 14 days where births were premature.

Ante-natal visits to homes were carried out to such an extent as to comprise a large portion of the Midwives' duties.

Special visits were paid by the District Supervisors of Midwives to all reported cases of conditions such as puerperal pyrexia, pemphigus or any other infection. Appropriate and immediate measures were taken to prevent spread of infection. In addition, three-monthly routine visits to Midwives were paid by the Supervisors for the purpose of inspection with regard to cleanliness, which attained a high standard. The equipment bags were generally found to be clean and well fitted for the work.

Particulars of County Midwives in respect of Gas and Air Analgesia are shown under the heading of Midwifery Services. Gas and air analgesia is now administered in all suitable cases requiring it.

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.

General Organisation.

The Council's Scheme in its approved form, indicated that 28—30 ambulances with the necessary personnel are 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 permit.

Full 24 hours cover is not provided from each station, but for organisational purposes ambulance stations are 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, are manned for 24 hours, while cover from other stations is consistent only between the hours of 7 a.m. and 3 p.m. daily. In view of this it is 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. calls will 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 are instructed to contact Ambulance Control between 3 p.m. and 7 a.m.

Accommodation.

Ambulance accommodation presents 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, agency arrangements were completed with the Order of St. John, who undertook to provide seven ambulances in the County. 24 other ambulances are provided by the County Council itself, stationed in different parts, with two reserve ambulances at the Control Station, Caerleon.

Staff.

Including men transferred from other Ambulance Services and those newly appointed, the operation staff comprises 47 drivers, under the direct supervision of the County Ambulance Officer.

Joint User and Mutual Aid Arrangements.

Joint user arrangements are made with the County Borough of Newport, who agree 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 provides mutual aid for the Breconshire County Council in the Brynmawr Urban District and the Darenfelen Area adjoining the northern border of Monmouthshire.

Operation.

The scheme has proved to be generally adequate to meet the new demand and no major breakdown has occurred, though with experience, various readjustments in the operation of the service were found necessary from time to time.

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

In May, 1949, a complete revision was made of the Sitting-case Car Service. This service had hitherto been carried out for the County Council by private contractors. Experience had shown that the existing scheme had been subject to abuse, and it was necessary to adjust the administration so as to

remove the burden of unnecessary costs. From May 2nd, 1949, all Hospitals, Doctors and other Authorising Officers were instructed that all future requests for conveyance of sitting-cases were to be made direct to the Ambulance Control. This enabled the Ambulance Control Staff to co-ordinate conveyance of cases either by Ambulances or the Council's own sitting-case cars, or where necessary by those car hirers already contracting to the Authority.

It became obvious that, in order to deal with the whole of the work by means of the Council's own transport, additional cars would have to be acquired, and during the year the necessary steps were taken to fulfil the requirements of the Scheme, *i.e.*, to provide 8 sitting-case cars.

By means of the new system, a considerable saving was effected, and this without adverse result on the welfare of the patients to be conveyed.

HEALTH EDUCATION.

It is difficult to assess the degree of success achieved by our efforts to teach people the elementary precautions necessary to prevent disease and maintain sound health. It can be safely assumed, however, that the majority of men and women are really interested in health education. The attendance and enthusiasm displayed at the one hundred and twenty-one health lectures, the twelve cinema shows, the civic services exhibitions, etc., held in various parts of the county during the past twelve months is proof positive of an innate desire to support every effort to safeguard health and prevent disease.

Clean Food Guilds.

Perhaps the most noteworthy, commendable and practical event during the past year was the formation of "CLEAN FOOD GUILDS" by the Blaenavon and Pontypool Urban District Councils. The Health Departments and members of the various trades discussed and agreed upon a code of practice. The code for each trade required only that those responsible shall do what they can reasonably be expected to do under present difficulties, though Dr. Hallinan remarks that often the traders, when they understood what was aimed at, offered to go further than was required of them.

Any trader who joins the Guild and does what is required of his trade, receives a certificate of membership which he can frame and display in his shop. It is renewable annually, so that he has every reason for keeping up to the standard.

The result of all this is that the public can see at a glance which traders are ready and willing to work in the public interest.

It is hoped that other areas will follow this lead.

Annual Conference.

An outstanding event of the year was the Annual County Health Conference, at which the principal speaker was Robert Sutherland, Esq., M.D., D.P.H., Medical Adviser and Secretary to the Central Council for Health Education. Dr. Sutherland's inspiring address to a large and representative audience will long be remembered.

We express sincere thanks to Dr. Sutherland, to the Central Council for Health Education, to the Central Council for Information, to the Welsh Board of Health, to the Press, the B.B.C., and all who have assisted us in our efforts to further the cause of Health Education.

MENTAL HEALTH SERVICE.

(1) Administration.

(a) *Constitution and Meetings 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.*

During the current year no arrangements were made for the training of Mental Health Workers.

(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.

Here, at these clinics, are seen patients suffering from early nervous strain 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 two years that the vast majority of patients have been restored to normal health at 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 con-

sidered 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 Section 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, 1949, there were 108 males and 131 females, totalling 239, who were in Certified Institutions for Mental Defectives. On the same date, there were 66 mental defectives urgently awaiting institutional treatment. The names of these 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, 1949, there were 8 cases under guardianship, 27 cases on licence and 3 in places of safety.

At the same time the number of cases under supervision was 736, made up of 355 males, and 381 females.

These figures do not include defectives who are in Certified Institutions or under licence or under guardianship, but it includes 45 males and 48 females who are detained in Pen-y-Val 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.

PREVENTION OF BLINDNESS AND CARE OF BLIND PERSONS.

Arising out of the National Assistance Act, 1948, the welfare of blind persons has been transferred to the Council's Welfare Committee. Nevertheless, the certification of blindness still remains in the Medical Department.

Spectacles, when prescribed by the Consultant Ophthalmic Surgeon, were provided under the National Health Service. Where necessary, surgical operational treatment in hospital was resorted to.

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

On 31st March, 1949, there were 664 blind persons on the County Register, of whom 314 were male and 350 female.

During the whole of 1949, 212 cases were referred to this Department for examination under the Blind Persons Acts. The results of these examinations led to the certification of 106 persons as blind and 106 not blind. Operations for cataract were performed at the County Hospital, Griffithstown.

Dr. Evelyn D. Owen made 34 domiciliary visits to examine people who were unable to travel to Newport. 17 cases were found to be blind and 17 not blind.

MEDICAL EXAMINATIONS OF STAFF, ETC.

All staff are examined by Assistant Medical Officers prior to permanent appointment. The number examined during 1949 was 76.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Cancer.

The number of deaths from this dread affliction during 1949 was 563. In 1948 there were 557; in 1947, 532; in 1946, 503; in 1945, 499, and 1944, 467.

The figure shows a slight increase over last year, and on looking back as far as 1925, in that year it is noted that there were 320 deaths in this category. During the years since 1924 the number of deaths has fluctuated somewhat from year to year, but over the whole period it has shown a relentless tendency to rise. This may be in part due to improved methods of diagnosis, and also in part to the increasing number of people surviving to a greater age than heretofore, but these explanations do not appear to account for the whole of the increase.

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

The graph on page 53 shows the rising trend.

Tuberculosis.

Under the Tuberculosis Regulations, 1930, in the year 1949, there were 378 primary cases of Pulmonary Tuberculosis notified and 157 deaths were registered. Of other forms of Tuberculosis 48 cases were notified and 24 deaths registered. The total number of primary notifications of all forms of Tuberculosis was therefore 426, and the number of deaths from all forms of Tuberculosis was 181. In 1948, 383 cases of Pulmonary Tuberculosis were notified and of other forms 71 cases. In this latter year 166 deaths from the pulmonary form and 29 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 1949 is slightly lower than for 1948 in the case of Pulmonary Tuberculosis. The notification rate for other forms is the lowest since 1938.

As regards the death rate per 1,000 of population, both in the pulmonary and non-pulmonary forms, the figure is the lowest since 1938, with the exception of the year 1946, when the rates were similar to 1949.

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
1949	1·19	·15	·49	·08

Summary of notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1930, during the year 1949, 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—	1	—	—	—	1	0—	—	—	—	—	—
1—	1	—	2	4	7						
2—	—	7	—	1	8	1—	—	1	3	3	7
5—	1	9	5	3	18						
10—	5	6	6	3	20	5—	—	1	1	1	3
15—	29	35	1	1	66						
20—	25	38	1	6	70						
25—	49	43	1	1	94	15—	40	53	3	4	100
35—	23	22	3	4	52						
45—	31	12	2	—	45	45—	34	17	3	2	56
55—	23	6	1	1	31						
65—	11	1	1	1	14	65—	7	4	3	1	15
75 and Upwards--	—	—	—	—	—						
	199	179	23	25	426		81	76	13	11	181

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1949, to 31st December, 1949, 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	1	2	5	1	1	12
Pulmonary Females	—	—	—	—	—	1	1	—	1	2	1	2	—	8
Non-Pulmonary Males	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Non-Pulmonary Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars ...	20	1
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 21 non-notified deaths from Tuberculosis were discovered through examination of the Death Returns received from the Registrar.

Prevention and After-care of Tuberculosis remain the responsibility of the County Council, and the Health Department continued to work in close co-operation with the Chest Physicians.

Health Visitors visited domiciliary cases of tuberculosis to ensure that prescribed treatment was carried out. They also attended Chest Clinics in their areas from time to time.

The housing problem with regard to tuberculosis is continually under review, and every possible step taken with the District Councils to avoid overcrowding and disrepair.

Financial allowances to tuberculosis patients is the responsibility of the National Assistance Board.

No arrangements have actually been made so far with regard to the provision of workshops, settlements, hostels, etc., but should the need arise, this Authority will, subject to the approval of the Minister, provide what is necessary, or will make joint arrangements with other Local Authorities or voluntary bodies for this purpose.

Details of notifications of cases of tuberculosis from the various parts of the County are given on page 54.

TUBERCULOSIS CLINIC TIME TABLES.

NEWPORT AND EAST MONMOUTHSHIRE AREA.

Dr. A. CARVETH JOHNSON, Chest Physician. (Deceased 28-6-49).

Dr. H. JAMES, *Acting Chest Physician*. (28-6-49—31-12-49).

NEWPORT (Chief Clinic).

129, STOW HILL, NEWPORT ...

Mondays:

9.30 a.m., Men only.

1.30 p.m., Women only.

Tuesday:

10.0 a.m., A.P. Clinic.

2.0 p.m., Contacts.

2nd Tuesday:

2.0 p.m., Non-respiratory Clinic.

4th Tuesday:

2.0 p.m., Thoracic Surgery.

Consultation Clinic.

Wednesday:

9.30 a.m., Men only.

2.0 p.m., Children only.

Thursday:

9.30 a.m., Contacts.

1.30 p.m., Women only.

Friday :

10.0 a.m., A.P. Clinic.

2.0 p.m., Appointments only.

Saturday :

Appointments only.

PONTYPOOL :

Park Buildings

Tuesday :

10.30 a.m., New and old patients.

ABERGAVENNY :

Maindiff Court Hospital ...

Thursday :

11.0 a.m., New and old patients
(by appointment).

MONMOUTH :

Cottage Hospital
(Out-Patients' Department) ...

1st and 3rd Friday :

11.30 a.m., New and old patients.

CHEPSTOW :

Memorial Annexe,
Ministry of Pensions Hospital

Tuesday :

2.0 p.m., New and old patients
(by appointment).

WEST MONMOUTHSHIRE AREA.

Dr. T. F. JARMAN, Chest Physician.

PONTLLANFRAITH (Chief Clinic) :

"Ennisclare," Llanarth Road,

Pontllanfraith

*Monday :

10. 0 a.m., Old and new patients.

2.30 p.m., A.P. Clinic.

*3rd Tuesday :

2.30 p.m., Non-pulmonary,
Consultation Clinic.

*Wednesday :

10.0 a.m., Old and new patients
(for Abertillery patients).

*Wednesday :

2.30 p.m., Contacts.

*Friday :

10.0 a.m., Old and new patients.

*By Appointment only.

EBBW VALE :

Workmen's Hall

Tuesday & Thursday :

11.0 a.m., Old and new patients.

NANTYGLO :

Blaina & District Hospital ...

Tuesday :

11.0 a.m., Old and new patients
(for Brynmawr patients).

TREDEGAR :

Central Surgery

Thursday :

1.0 p.m., Old and new patients.

RHYMNEY AND SIRHOWY VALLEY AREA.

Dr. F. W. GODBEY, Chest Physician.

CAERPHILLY (Chief Clinic):

"Heathfield," St. Martin's Rd.,

Caerphilly

... ..

Monday:

9.30 a.m., Children, old patients.

2. 0 p.m., New patients.

Tuesday:

9.30 a.m., A.P. Refills.

4th Tuesday:

2.30 p.m., Non-pulmonary
Consultation Clinic.

Wednesday:

9.30 a.m., New patients.

2. 0 p.m., Old patients.

Thursday:

9.30 a.m., Children and
new patients.

2. 0 p.m., Old patients.

Friday:

9.30 a.m., Old patients.

RHYMNEY:

Redwood Memorial Hospital

...

2nd and 4th Mondays:

2.0 p.m., New and old patients.

Isolation Hospitals.

These are now under the control of the Regional Hospital Board and are the responsibility of the Hospital Management Committees.

Infectious Diseases.

The seven principal diseases included under the heading of Zymotic Diseases are Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Enteric Group of Fevers, and Diarrhoea under 2 years of age.

These diseases caused 31 deaths during the year 1949 and gave a Zymotic Death Rate of 0.095, compared with 0.12 for 1948, 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 details for the year 1949:—

Disease.	No. of Deaths.	Death Rate per 1,000 of Population.	No. of notifications.	Attack Rate per 1,000 of population.
Small Pox	Nil	—	Nil	—
Measles	2	·006	1,730	5·43
Scarlet Fever	Nil	—	458	1·44
Diphtheria	Nil	—	13	0·03
Whooping Cough	3	·009	542	1·70
Enteric Group of Fevers ...	Nil	—	Nil	—
Diarrhoea (under 2 years)	26	·08	Not notifiable	—
Totals	31	·095	2,743	8·61

Vaccination.

Vaccination of infants against Smallpox is not compulsory, but the administration of the arrangements for its performance is carried out by this Department.

Vaccinations were carried out by the Area Medical Officers and other Assistant Medical Officers of the County Council, with the assistance of General Practitioners taking part in the scheme.

Particulars for 1949 are shown:—

	Under				
	1 yr.	1-4	5-14	15 and	
	of age	yrs.	yrs.	over	Total
No. of Vaccinations ...	410	171	41	83	705
No. of Re-Vaccinations ...	7	8	8	36	59

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 in the County during 1949.

Scarlet Fever.

The number of notifications of Scarlet Fever is smaller than it was for any of the previous five years, the figure being 458. It was 543 in 1948, 497 in 1947, 523 in 1946, 789 in 1945, 654 in 1944 and 614 in 1943.

There were no deaths from this disease in 1949, whereas there were 3 in 1948. There were no deaths in 1947, 1946, 1944 and 1943, but in 1945 there was 1 death.

Diphtheria.

During the year under review, there were 13 notifications of cases of Diphtheria, but no death recorded.

The number of notifications of this disease continues to decrease, a trend which has been obvious for a number of years. This is undoubtedly due to the beneficial effects of active immunisation.

	1949	1948	1947	1946	1945	1943	1942
Number of Notifications ...	13	23	44	120	118	272	305
Number of Deaths ...	—	3	2	5	2	7	8

The importance of immunisation of children against Diphtheria cannot be over-emphasised, and every effort is made to impress this upon parents. The Health Visitors work untiringly to make the immunisation scheme a success, and no doubt a large proportion of the children who are so protected is due to their efforts.

District Medical Officers of Health and Assistant Medical Officers carry out the necessary injections at Infant Welfare Clinics. Medical Practitioners also take part in the arrangements made by this Authority. Immunisation is also carried out at schools. Health Visitors receive the applications and send out the notifications of appointment to the consenting parents.

As a result of propaganda at the Infant Welfare Centres, many mothers show great interest in the arrangements and ask for "boosting" doses later.

During 1949, 3,128 children under the age of 5 years were immunised, and 450 children between the ages of 5 and 14 years. Secondary or "booster" doses were given to 1,508 children.

Puerperal and Post-Abortion Sepsis.

This is referred to later on page 49 under the heading of Maternal Mortality.

Infantile Diarrhoea.

This was not a notifiable disease, and although the Health Visitors visited the homes of all cases which came to their knowledge, it is apparent that many cases are undiscovered. 26 deaths were registered in children under 2 years of age, as compared with 21 in 1948 and 37 in 1947.

Encephalitis Lethargica.

There were no notifications of this disease during the year. There was one case, which resulted in death, in 1948.

Ophthalmia Neonatorum.

This has been referred to earlier on page 11 under the heading of Maternity and Child Welfare.

Cerebro-Spinal Fever, Acute Poliomyelitis and Acute Polioencephalitis.

	1949	1948	1947	1946
No. of cases notified, Cerebro-Spinal Fever	5	9	12	9
No. of Deaths	3	5	5	6
No. of cases notified, Acute Poliomyelitis and Polioencephalitis	32	1	27	12
No. of Deaths	6	1	1	1

Chicken Pox.

This disease was not compulsorily notifiable.

Measles.

	1949	1948	1947	1946	1945
No. of Cases Notified ...	1730	2063	3032	382	4764
No. of Deaths	2	3	5	—	17

Whooping Cough.

	1949	1948	1947	1946	1945
No. of Cases Notified ...	542	781	246	367	533
No. of Deaths	3	7	4	6	12

Influenza.

	1949	1948	1947	1946	1945
No. of Deaths	38	19	37	41	31

Pneumonia.

The notification of this disease has not been satisfactory in previous years, and much is still the case. The number of notifications does not seem to bear relation with the actual number of cases occurring. Medical practitioners are reminded of their duty to notify.

	1949	1948	1947	1946	1945
No. of Cases Notified ...	212	193	201	236	319
No. of deaths	147	141	168	170	162

Food Poisoning.

At the beginning of the year this disease became notifiable, and 9 cases were notified. It would seem that many cases notified, although perhaps having as the causative organism one of the *Shigella* group, and accordingly placed under the heading of Dysentery, should really be notified as Food Poisoning.

During 1949, in the Monmouth Urban District, 4 cases of Food Poisoning were notified. One death occurred from this and the *Salmonella Typhimurium* was identified as the causative organism.

In the Pontypool Urban District 5 cases were notified, and the following is the report of Dr. F. J. Hallinan, the District Medical Officer of Health:—

“There was only one small outbreak of food poisoning in the Pontypool Area during 1949, but it is considered that this occurrence in no way gives a true picture of the food poisoning problem in this Area, and this view holds good for any other part of the County too. Small groups of the community and individual families get affected but the fact never comes to light, either because no General Practitioner is called in, or if called in, he so often fails in his statutory duty under Section 17 of the Food and Drugs Act, 1938, or leaves notification so late as to be of no value to anyone investigating the outbreak.

In an effort to correct this state of affairs a memorandum was sent to all general practitioners in the Urban Districts of Pontypool and Blaenavon, together with a supply of the necessary notification-forms during 1949, pointing out the problems surrounding food poisoning and urging the need for prompt notification if the source of infection was to be discovered and eliminated. It was recommended that a telephone message of a suspected outbreak to the Health Department by the practitioner was all that was required and his formal notification could follow in due course.

The one outbreak in the Panteg District occurred on 3rd August, 1949, and 5 cases were notified. Investigation ascertained 21 people who were affected, though the total at risk was in the region of 50.

The source of the trouble was a batch of fish-cakes prepared in a fish and chip shop and taken home by local residents and re-heated. The cleanliness of the fish and chip shop, which was recently opened, was up to a high standard and the personal cleanliness of those working in it was apparently good. Vomiting and diarrhoea followed within 8 hours of ingestion of these fish-cakes and lasted from 6—12 hours. There were no deaths and all those affected recovered quickly.

Samples of the fish-cakes and cooking fat used in their preparation were submitted for bacteriological examination and a heavy mixed growth of

coliform organisms, enterococci and staphylococcus albus was obtained. No sample of faeces or vomit was available as those affected had all recovered.

The probable origin of the infection was the cooking fat associated with the fact that the fish-cakes were made from previously cooked fish and potatoes, and only re-heated at a temperature insufficient to destroy all organisms present."

25 cases of Dysentery were notified in the Rhymney Urban District, and it is reported that following a locally held luncheon, out of a total of 53 local persons who had attended, 22 were taken ill, and subsequently the illness was diagnosed as Sonne Dysentery. Out of a total of 56 visitors from a town about a hundred miles away, it was reported that 31 had been infected. Catering had been carried out by a private firm, and upon examination of faeces samples taken from employees it was discovered that two were carriers of Sonne Dysentery organisms.

In the Bedwellty Area, following a wedding party, at which tongue, corned beef, tinned peaches and wine were consumed, 11 of the guests were stricken two hours later with abdominal pains and sickness. Bacteriological examinations of faeces and vomit failed to show the presence of any causative organism. All the patients recovered.

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 were 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.

Responsibility for the treatment at this Centre is that of the Welsh Regional Hospital Board. Accordingly no figures for attendance and treatment are published here.

A Lady Enquiry Officer employed by this Council attends each Female Session, and also carries out confidential enquiries and follow-up in the County

Area. The following shows the number of visits paid by her in the Administrative County:—

	1949	1948
To new cases which came to her knowledge and which had not undergone treatment	176	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 ...	1,126	715
To Members of Voluntary Agencies	57	43
To Doctors and Midwives	118	64

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.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Details of the main sources of supplies to the County have been given in previous reports, and the report for the year 1948 included details of the main suppliers.

Generally speaking, the Urban Areas of the County are well supplied with piped supplies of treated water, and all except about 0.8% of houses (*i.e.*, less than one house in each hundred) are connected. The difficulties in supplying the remaining 500 or so houses in the urban areas are similar to those in supplying the rural areas, where some 6,000 houses (*i.e.*, over a half of the total houses in the rural areas) are dependent upon wells, springs, boreholes, etc., which are all very prone to pollution, and carry the risk of conveying disease.

Inaccessibility due to (i) the general isolation of single houses or small groups of houses, requiring long lengths of trenching and piping, and (ii) the siting of houses on higher levels, thereby losing the advantage of supply by gravitation, make the provision of a safe, sufficient piped supply of water to such houses an economic problem which can only be surmounted slowly, despite legislation which is specially designed to assist. New housing sites are invariably supplied with a piped supply of water. Even if these and very old houses are ignored, and taking into consideration a possible reduction in population, there still remains in the rural localities of the County a large number of substantially built houses in fairly sound condition which, for want of alternative accommodation, will have to be used for many years, and which, *inter-alia*, require a piped water supply (with improvements in methods of sewage disposal as an inevitable sequence) in order somewhat to align the amenities of the inhabitants of these houses with the general standard of the population, and to decrease the incidence of endemic and epidemic disease.

As reported last year, despite the incentive of provisions of the Rural Water Supplies and Sewerage Act, 1944 (which was reviewed in the report for the year 1948) and the fact that with limited resources the Rural District Councils are approaching the matter in a realistic manner, progress is laboriously slow when measured against the size of the whole problem. Every effort must be made to continue to extend piped water supplies to rural areas.

The following is a brief summary of the position of water supply schemes which have been launched:—

IN ABERGAVENNY RURAL DISTRICT a comprehensive scheme known as the "Llanover Water Scheme" to supply nearly a dozen villages and numerous hamlets has received final approval, contracts have been let, and it is antici-

pated that the work will begin almost immediately. Work on a scheme to extend water supplies in the Maerdy Area is also expected to begin shortly.

In CHEPSTOW RURAL DISTRICT progress has been difficult. Schemes for the supply of water to Tintern and Common-y-coed have been prepared and are under consideration. At one time a scheme was considered for Shirenewton.

In the MAGOR AND ST. MELLONS RURAL DISTRICT a scheme to supply water to Bettws has been completed, and schemes to supply Henllys, Michaelstone-y-vedw and Graig are well on the way to completion.

MONMOUTH RURAL DISTRICT is particularly ill-served with water. Much is being done to correct this position with comprehensive major schemes to supply large areas around Trelleck and Raglan. The work of laying the pipes has not yet begun however. A smaller scheme to supply water to Narth has been completed.

In PONTYPOOL RURAL DISTRICT, the works to provide water to areas around Goytre, Chain Bridge, Kemys Commander and Llancayo are well under way. Progress is being made with a suggested scheme for Glascoed.

Generally the piped supplies of the County have been satisfactory as regards the quantity and quality, the latter being constantly subject to vigilant supervision and bacteriological sampling by the District Sanitary Inspectors. Several supplies are known to be liable to plumbo-solvent action, and galvanised iron service pipes only are used. High altitude areas in Pontypool Urban District are now benefiting by an additional supply which is being pumped from Glyn Pit, but further extensions are required. Supplies were curtailed during periods of drought in Blaenavon, Pontypool, Risca, Usk and the piped supply areas of the Chepstow and Pontypool Rural Districts.

The Medical Officer of Health for Blaenavon Urban District reports:—
“This district requires the provision of a supply which is adequately treated by sand filtration and chlorination.” It is anticipated that a new supply to higher levels will improve matters in the Risca Area.

See page 60 for details of water analyses carried out.

Sewerage.

The Rhymney and Western Valleys of the County are served by two main trunk sewers, each of which discharges into the sea. Rapid strides are being made in the laying of the new main trunk sewer for the Eastern Valley. Several smaller sewerage schemes are in operation in the rural areas and townships.

As piped water supplies are made available in rural areas, the need for satisfactory arrangements for disposal of sewage becomes a natural sequence. Several such schemes have been prepared and submitted for grant under the Rural Water Supplies and Sewerage Act, 1944. In Abergavenny Rural District, the construction of a sewer to serve part of Llanfoist is well under way. A scheme has been prepared to serve Devauden in Chepstow Rural District. In the Magor and St. Mellons Rural District a sewer has been provided for part of High Cross, the new housing estate at Rogerstone, and the factories on the Wern Trading Estate. Monmouth Rural District have prepared sewage disposal schemes for the Trelleck and Raglan Areas. Pontypool Rural District Council have completed a scheme of sewage disposal at Little Mill, while the construction of another sewer at Ponthir, linking with the major Eastern Valley Sewer is well advanced.

Many other schemes of water supply and sewage disposal are constantly under review and are contemplated in these rural areas.

Other Sanitary Conditions.

Among other multifarious duties of the District Councils are those in connection with the abatement of nuisances, conversion to water closets, collection and disposal of refuse, swimming baths and the improvement of conditions in shops, factories and work places. The day to day work connected with these duties, together with the care and supervision of food and water supplies and work under the various Housing Acts combine to make the lot of the District Sanitary Inspector a busy and an onerous one.

Schools.

Life in many village schools continues to have many aspects which can only be described as primitive, and it appears that in many instances the comments made in the report for the year 1948 and previous years will be true for some considerable time. Hopes of great improvements visualised as a result of the issue of Building Regulations for Schools following the Education Act, 1944, have had serious setbacks. It is a sad fact that many defects in schools reported as long ago as 1919 still exist.

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 repairs, continues to be a matter for grave concern.

Many people living in older types of substantially built houses are now looking for the provision, at reasonable additions to rents, of some of the amenities provided in council houses. The Housing Act, 1949, gives power to local authorities to make loans and grants for the repair and re-conditioning of houses, but present-day high building costs and the stringent conditions imposed by the Act have been responsible for curtailing the numbers of applications for such assistance.

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.

Tabular information regarding District Housing is printed on pages 61 and 62.

FOOD AND DRUGS ACT, 1938.

During the year 1,169 samples of all kinds were submitted to the Public Analyst.

These consisted of 798 milks taken whilst in the course of sale to the public; 40 "Appeal to the Cow" samples; 251 other foodstuffs; 56 ice creams, and 24 pharmaceutical products.

The analyst certified 1,096 of the samples to be in accordance with the varying standards required, and 68 milks; 4 ice creams and 1 limeade to be "Not up to the standards." The percentage of samples certified to be "Not up to the standard" is 6.6%.

The average composition of the milks was:—

Fat, 3.45%; Solids not Fat, 8.72%. Total 12.17%.

The 251 other foods consisted of the rationed foods, tinned goods, etc., and all were certified to be of good quality and free from deleterious materials.

Of the 56 ice cream samples submitted, only 4 were found to contain less than the 2½% fat content which was required by the Ministry of Food. Generally the remainder were of good quality.

The 24 pharmaceutical products were found to be in accord with the standards required by the British Pharmacopoeia.

Legal proceedings were instituted against 8 vendors, 3 producers and 3 vendor-producers. In addition, cautions were administered to 19 vendors and producers where legal action could not be sustained.

Fines and costs amounting to £43/6/0 were inflicted by the Magistrates.

Milk.

On the 1st October, 1949, the Food and Drugs (Milk and Dairies) Act, 1944, the Milk (Special Designations) Act, 1949, and ancillary Regulations came into operation.

The former Act provided for the transfer of all functions in connection with the production and sale of milk at and from farms (as distinct from other retail) from the Minister of Health, County Councils and Local Authorities to the Minister of Agriculture. This included the licensing of producers of Tuberculin Tested and Accredited Milk, which hitherto was carried out by County Councils and County Borough Councils. In Monmouthshire, at the date of transfer of functions, the following licences were in operation:—

Tuberculin Tested Milk:

To produce only	...	...	...	188
To produce and bottle	...	...	...	25

Accredited Milk:

To produce only	...	...	...	106
To produce and bottle	...	...	...	1

Total licences	320
----------------	-----	-----	-----	-----

It is to be noted that only three such licences were in operation prior to 1935. Thus, the initial work of bringing the 320 dairy farms in the County to a reasonably hygienic standard had been accomplished by the County staffs. One cannot but regret that the day-to-day control of this important work has passed to a Central Department. Taking the long view, this transfer, creating an artificial distinction between the care of milk as by producers on the one hand and by other members of the milk trade on the other hand, and divorcing the important aspect of securing structural improvements in dairy farms buildings from close liaison with certain services which are being rapidly extended by local authorities (*e.g.*, the provision of piped water supplies and sewers), may not result in the gain to the general public which would have been effected with a concentration of the methods used successfully in past years.

The Milk (Special Designations) Act, 1949, empowers the Minister of Food, after consultation with organisations representing interests concerned, by order, to specify areas in which it becomes an offence to sell milk for human consumption unless a special designation is lawfully used in relation to the milk. When areas are specified, all such milk sold for human consumption therein will be required to be Pasteurized, Sterilized, Tuberculin Tested or Accredited. The use of the designation "Accredited" in a specified area is restricted to milk from a single herd and is only permissible until 30th September, 1954.

On the 1st October, 1949, there also came into operation :—

- (a) The Milk and Dairies Regulations, 1949.
- (b) The Milk (Special Designation) (Raw Milk) Regulations, 1949.
- (c) The Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949.

These Regulations generally superseded :—

- (i) The Milk and Dairies Order, 1926.
- (ii) The Milk (Special Designations) Regulations, 1936-48.

The Milk and Dairies Regulations, 1949, govern the general conditions relating to dairy farms, dairies and the distribution of milk. The Milk (Special Designation) (Raw Milk) Regulations, 1949, prescribe the conditions relative to Tuberculin Tested and Accredited Milk in production and in retail, and are chiefly the concern of the Ministry of Agriculture and the local authorities.

Under the Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949, County Councils, for the areas for which they are Food and Drugs Authorities, become the licensing authorities for processing establishments of Pasteurized and Sterilized Milk. In the area for which the Monmouthshire County Council are the licensing authority there were seven such establishments already licensed by the local authorities (*i.e.*, at Tredegar, Abertillery, Crosskeys, Marshfield, Chepstow, Trethomas and Caldicot) which were handed over for supervision by the County Council. These establishments pasteurize about 100,000 gallons milk weekly. Vigorous supervision of the plants and frequent sampling is therefore essential in the public interest. Owing to present trends, the numbers of pasteurizing establishments in the County, and the quantities of milk pasteurized are already increasing.

Agriculture Act, 1937.

Attestation Certificates were in operation in respect of 195 herds in the County on the 31st December, 1949. The figure at the end of 1948 was 150.

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

Laboratory Facilities.

The Laboratory, which is housed at the County Hall, is under the direction of the Medical Research Council and also has a M.R.C. Bacteriologist. The Laboratory carried out any examinations required in the interests of Public Health and continued to work in these matters in co-operation with the County Authorities.

On page 63 is a table, kindly supplied by the Bacteriologist, showing the work carried out in the Laboratory during the year.

STATISTICAL DATA

STATISTICAL DATA

STATISTICAL 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 1949	...	...	...	...	318,510
Rateable Value, 1949	...	...	...	...	£1,217,323
Sum represented by a penny rate, 1949	...	...	...	...	£4,454

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. Of late years there have been additions in the way of an important aluminium works, nylon-yarn works and numerous smaller factories.

The Vital Statistics for England and Wales for the year 1949 compiled by the Registrar-General are as in the sub-joined table.

The Monmouthshire figures are given for comparison.

	Birth Rate per 1,000 of civilian population				Death Rate per 1,000 Civilian population living		Deaths under one year of age per 1,000 births.	
	Live Births	Live Births	Still Births	Still Births				
ENGLAND & WALES ...	1949 16.7 (a)	1948 17.9 (a)	1949 0.39 (a)	1948 0.42 (a)	1949 11.7 (a)	1948 10.8 (a)	1949 32.0 (b)	1948 34.0 (b)
126 County Boroughs and Great Towns, including London ...	18.7	20.0	0.47	0.52	12.5	11.6	37.0	39.0
148 Smaller Towns (estimated resident population 25,000 to 50,000 at 1931 Census) ...	18.0	19.2	0.40	0.43	11.6	10.7	30.0	32.0
London Administrative County	18.5	20.1	0.37	0.39	12.2	11.6	29.0	31.0
MONMOUTHSHIRE ...	18.3	19.2	0.58	0.51	12.1	11.1	42.8	43.7

(a) Rates per 1,000 total population.

(b) Per 1,000 related live births.

In all cases in the above table, the estimated populations as supplied by the Registrar-General have been used in the compilation.

Live Births.

The number of live births assigned to the Administrative County for 1949 was 5,823, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M.	F.	M.	F.	
Urban Districts ...	2522	2412	80	82	2602	2494	5096
Rural Districts ...	378	324	9	16	387	340	727
Total ...	2900	2736	89	98	2989	2834	5823

The number of registered live births showed a decrease of 259 compared with the year 1948.

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

	1949	1948	1947	1946	1945	1944
Monmouthshire ...	18.3	19.2	21.3	19.9	18.2	19.8
England & Wales ...	16.7	17.9	20.5	19.1	16.1	17.6

The number of registered stillbirths was 185, giving a rate of 0.58 per 1,000 population. It continues to be higher than the rate for England and Wales, which for 1949 was 0.39 per 1,000 of the civilian population. The registered still births number works out at 31.8 per 1,000 live births—an increase upon the 1948 figure, which was 25.

Live births of illegitimate children for 1949, and the previous five years, together with the rates per 1,000 live births, are as follows:—

	1949	1948	1947	1946	1945	1944
Illegitimate Live Births ...	187	202	217	308	359	259
Rate per 1,000 Live Births ...	32.1	33	32	49	64	64

Details of illegitimate still-births are as follows:—

1949	1948	1947	1946	1945	1944
10	7	8	10	29	6

Deaths.

The total number of deaths registered in the Administrative County, as shown by the Registrar-General's table was 3,869, compared with 3,528 for 1948, 3,840 for 1947, 3,647 for 1946, 3,737 for 1945, and 3,506 for 1944.

The general death rate, calculated upon the estimate of population submitted by the Registrar-General (318,510), is 12.15 per 1,000 living. In 1948 the rate was 11.1; in 1947 it was 12.4; in 1946 it was 11.7; in 1945 it was 12.2, and in 1944 11.29.

The County death rate of 12.15 per 1,000 population shows an increase of 1.05 on 1948, and is still slightly higher than that for the whole of England and Wales (11.7).

The District Medical Officers' figures of the ages at death of children under one year of age show that during the year 100 infants died within one week of birth, and 29 children died between the end of the first week of life and the end of the fourth week. A further 112 infants died between the ages of one month and one year. With the figure of 185 stillbirths, there was a total of 426 lives lost to the community.

However, the foregoing paragraph's figures did not agree with those furnished by the Registrar-General, which show the number of infant deaths under one year to be 249, of which 230 were in the Urban Areas and 19 in the Rural Areas.

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

		1949	1948	1947	1946	1945	1944
Monmouthshire	...	42.8	43.7	44.9	47.6	56.6	52.3
England & Wales	...	32	34	41	43	46	46

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

1949	1948	1947	1946	1945	1944
8	17	17	19	31	31

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

1949	1948	1947	1946	1945	1944
1.4	2.7	2.4	3.1	5.5	5.0

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

1949	1948	1947	1946	1945	1944
42.8	85.9	78.3	61.6	86.3	129.7

Maternal Mortality.

The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 9 from puerperal sepsis and 8 from other causes. This is equal to a rate of 1.54 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 1.49 per 1,000.

The rate for England and Wales was 0.98 per 1,000 total births.

The County rates per 1,000 live and still-births for the present and previous five years are shown:—

1949	...	...	...	...	1.54
1948	...	...	...	...	1.92
1947	...	...	...	...	1.17
1946	...	...	...	...	2.0
1945	...	...	...	...	3.4
1944	...	...	...	...	2.34

During the year 1949 there were 28 cases of puerperal pyrexia which were notifiable according to the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations. In 1948 there were 24 notifications, in 1947 there were 29, and in 1946, 34.

The Organisation of Decentralised Medical Services.

Area No.	Constitution of Area Sub-Committees.			District Nurses		District Nurse - Midwives	District Midwives		Home Helps		Medical Appliance Depôts	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—Rhymney U.D., Tredegar U.D.	8	5	2	6	3	—	7	—	3	62	2	2	3
2—Bedwellty U.D.	8	4	3	5	4	—	10	1	4	20	6	2	5
3—Abercarn U.D., Mynyddislwyn U.D....	8	4	3	7	3	—	11	1	7	26	6	5	6
4—Ebbw Vale U.D.	8	4	3	5	3	—	7	—	6	20	4	2	3
5—Nantyglo & Blaina U.D., Abertillery U.D.	18	7	3	8	4	—	10	—	10	44	5	3	5
6—Magor & St. Mellons R.D., Bedwas U.D., Risca U.D.	9	6	2	7	3	4	4	—	7	39	11	3	6
7—Blaenavon U.D., Pontypool U.D.	15	7	3	6	4	—	9	—	3	64	8	4	8
8—Cwmbran U.D., Caerleon U.D.	7	4	2	3	2	—	4	—	1	11	3	1	3
9—Chepstow U.D., Chepstow R.D., Monmouth U.D., Monmouth R.D.	7	4	2	4	1	5	4	—	1	19	5	2	4
10—Abergavenny U.D., Abergavenny R.D., Usk U.D., Pontypool R.D.	7	4	2	2	1	4	2	—	—	30	8	2	3
Total	95	49	25	53	28	13	68	2	42	329	58	26	46

DENTAL SERVICE.

	Examined by A.M.O.'s Dentists, etc.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	734	734	441	420
Children under 5 ..	366	366	208	208

	Extractions	Anaes.		Fillings	Sealings or Sealing and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	1527	—	415	24	10	—	5	—	28	11
Children under 5 ..	586	—	277	—	—	—	—	—	—	—

HOME HELP SERVICE.

Area Health Sub- Committee	Home Helps Supplied.					Helps Employed.		
	Maternity Cases	Tubercu- losis Cases	Cancer Cases	Aged People and Others	Total	Whole-time	Part-time	Total
No. 1 ..	22	3	4	147	176	3	62	65
No. 2 ..	16	6	—	138	160	4	20	24
No. 3 ..	56	5	—	128	189	7	26	33
No. 4 ..	19	1	—	110	130	6	20	26
No. 5 ..	16	3	1	293	313	10	44	54
No. 6 ..	33	6	—	128	167	7	33	40
No. 7 ..	34	3	—	234	271	3	64	67
No. 8 ..	7	—	—	47	54	1	11	12
No. 9 ..	33	—	—	44	77	1	19	20
No. 10 ..	22	1	—	73	96	—	30	30
Total ..	258	28	5	1,342	1,633	42	329	371

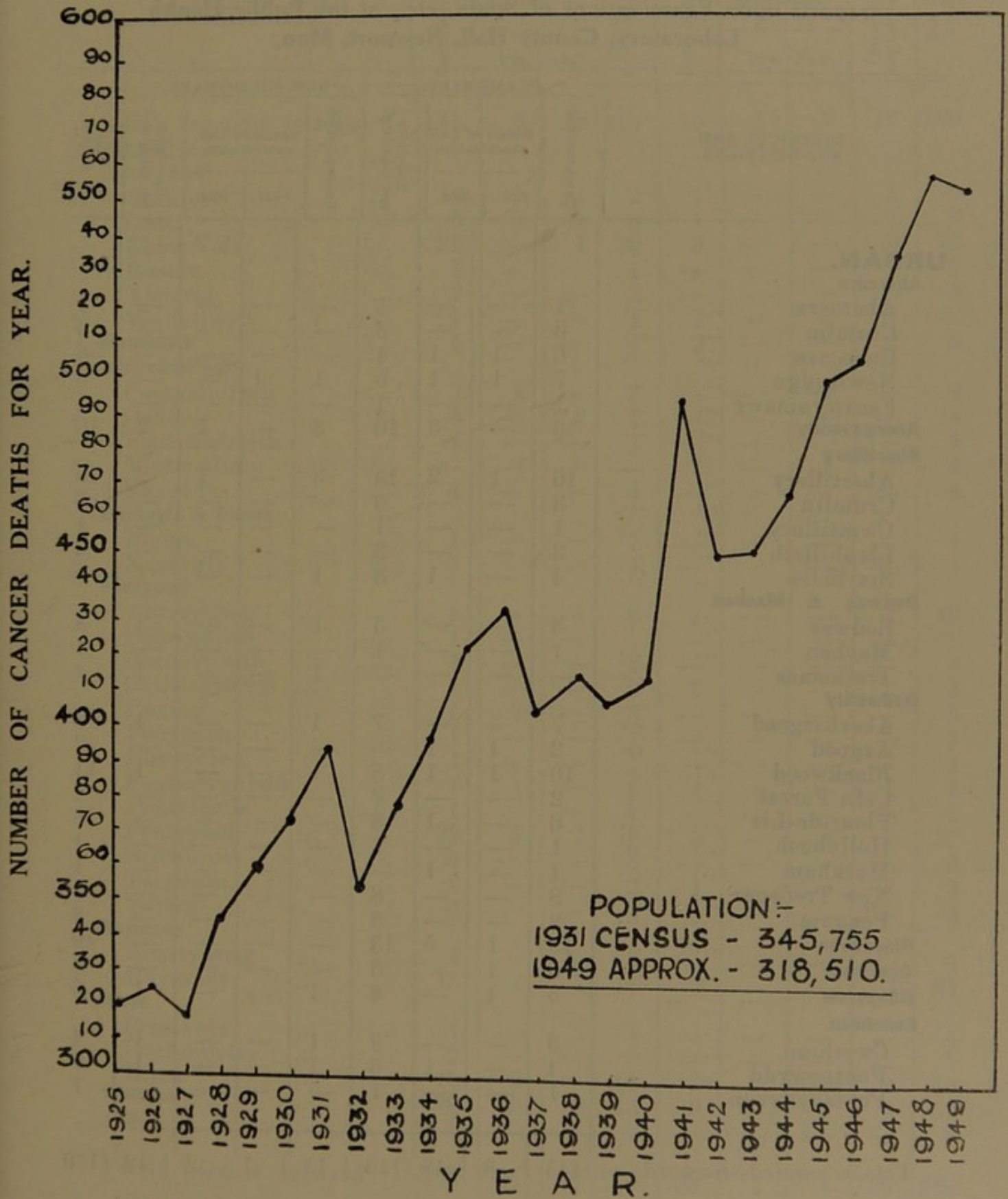
AMBULANCE SERVICES PROVIDED IN 1949.

(1)		No. of Vehicles on 31st Dec., 1949. (2)	No. of Journeys made. (3)	No. of Patients carried. (4)	No. of Accident and Other Emergency Journeys (included in Col. 3). (5)	Mileage. (6)	No. of Paid Whole-time Staff on 31st December, 1949.
DIRECTLY PROVIDED SERVICE	Ambulances	20	13,933	27,536	443	312,001	42 Ambulance Drivers (inc. 1 Driver-Mech.)
	Cars ...	5	1,423	2,731	1	72,532	5 Car Drivers
AGENCY SERVICES (St. John's Ambulance)	Ambulances	7	4,272	7,187	880	137,197	12 Ambulance Drivers
	Cars ...	—	—	—	—	—	—
SUPPLEMENTARY SERVICES (Indirectly Controlled Hired Cars) from May 2nd, 1949, to Dec. 31st, 1949.	Ambulances	—	—	—	—	—	—
	Cars ...	—	—	430	—	7,790	—

INDIRECTLY CONTROLLED SITTING CASE CAR SERVICE.
From Jan. 1st, 1949, to May 1st, 1949.

No. of Cases conveyed ...	8,563	Mileage ...	153,868
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TABLE SHOWING RISING NUMBER OF CANCER DEATHS PER YEAR OVER LAST 24 YEARS.



Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1930, during the year ended 31st December, 1949, with reports upon Examinations of Sputa, etc., at the Public Health Laboratory, County Hall, Newport, Mon.

DISTRICTS AND SUB-DISTRICTS.				PULMONARY.			NON-PULMONARY.			Total notified.		
				Cases notified.	Result of Lab examination		Specimen not submitted.	Cases notified.	Result of Lab. examination.		Specimen not submitted	
					Pos.	Neg.			Pos.			Neg.
URBAN.												
Abercarn												
Abercarn	...	...	1	—	—	1	—	—	—	1
Crumlin	...	...	3	—	—	3	—	—	—	3
Cwmcarn	...	...	6	1	1	4	—	—	—	6
Newbridge	...	...	7	1	1	5	1	1	—	8
Pentwynmawr	...	...	1	—	—	1	—	—	—	1
Abergavenny	...	...	13	—	3	10	3	—	1	16
Abertillery												
Abertillery	...	...	16	1	2	13	3	—	1	19
Crumlin	...	...	3	—	—	3	—	—	—	3
Cwmtillery	...	...	1	—	—	1	—	—	—	1
Llanhilleth	...	...	3	—	—	3	—	—	—	3
Six Bells	...	...	4	—	1	3	1	—	—	5
Bedwas & Machen												
Bedwas	...	...	3	—	—	3	1	—	—	4
Machen	...	...	1	—	—	1	—	—	—	1
Trethomas	...	...	—	—	—	—	1	—	—	1
Bedwellty												
Aberbargoed	...	...	7	—	—	7	1	—	—	8
Argoed	...	...	2	1	1	—	—	—	—	2
Blackwood	...	...	10	1	1	8	1	—	—	11
Cefn Forest	...	...	2	—	—	2	—	—	—	2
Fleur-de-Lis	...	...	6	—	1	5	—	—	—	6
Hollybush	...	...	1	—	—	1	—	—	—	1
Markham	...	...	1	—	1	—	—	—	—	1
New Tredegar	...	...	8	—	—	8	—	—	—	8
Pengam	...	...	8	—	—	8	—	—	—	8
Rlaenavon	...	...	19	1	5	13	—	—	—	19
Caerleon.	...	...	6	1	—	5	—	—	—	6
Chepstow	..	...	5	1	—	4	1	—	—	6
Cwmbran												
Cwmbran	...	...	3	—	—	3	1	—	—	4
Pontnewydd	...	...	4	—	1	3	1	—	—	5
Pontrhydyrun	...	...	1	—	—	1	—	—	—	1
Totals carried forward				145	8	18	119	15	1	2	12	160

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				NON-PULMONARY.				Total notified.
	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	145	8	18	119	15	1	2	12	160
URBAN (cont.)									
Ebbw Vale									
Beaufort	4	1	1	2	1	—	—	1	5
Cwm	8	3	—	5	1	—	—	1	9
Ebbw Vale	21	—	1	20	3	—	—	3	24
Rassau	1	—	—	1	—	—	—	—	1
Victoria	2	—	—	2	—	—	—	—	2
Waunllwyd	1	—	—	1	1	—	—	1	2
Monmouth	4	—	—	4	2	—	—	2	6
Mynyddislwyn.									
Cwmfelinfach	3	1	—	2	—	—	—	—	3
Oakdale	4	—	2	2	—	—	—	—	4
Pontllanfraith	4	—	—	4	—	—	—	—	4
Wattsville	—	—	—	—	1	—	—	1	1
Ynysddu	4	—	—	4	—	—	—	—	4
Nantyglo & Elaina									
Blaina	1	—	—	1	—	—	—	—	1
Nantyglo	1	—	—	1	—	—	—	—	1
Pontypool									
Abersychan	9	—	1	8	1	—	—	1	10
Cefn-y-Crib	1	—	—	1	—	—	—	—	1
Garndiffaith	4	—	—	4	—	—	—	—	4
Griffithstown	2	—	—	2	2	—	—	2	4
Panteg	5	2	—	3	—	—	—	—	5
Penygarn	1	—	—	1	—	—	—	—	1
Plaesycoed	1	—	—	1	—	—	—	—	1
Pontnewynydd	7	1	—	6	1	—	—	1	8
Pontymoile	1	—	—	1	—	—	—	—	1
Pontypool	22	5	1	16	5	—	3	2	27
Sebastopol	3	—	—	3	—	—	—	—	3
Talywain	2	—	—	2	1	—	—	1	3
Varteg	3	—	—	3	—	—	—	—	3
Rhymney									
Abertysswg	3	—	—	3	—	—	—	—	3
Rhymney	18	1	1	16	3	—	—	3	21
Risca									
Crosskeys	4	—	1	3	—	—	—	—	4
Pontymister	2	—	—	2	—	—	—	—	2
Risca	13	2	—	11	2	—	—	2	15
Tredegar.	22	5	4	13	9	—	1	8	31
Usk.	2	—	—	2	—	—	—	—	2
Totals carried forward	183	21	12	150	33	1	4	29	216

DISTRICTS AND SUB-DISTRICTS.				PULMONARY.			NON-PULMONARY.			Total notified.		
				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				183	21	12	150	33	1	4	29	216
RURAL.												
Abergavenny ...				17	—	1	16	1	—	—	1	18
Chepstow												
Caldicot ...				2	—	—	2	—	—	—	—	2
Portskewett ...				1	—	—	1	—	—	—	—	1
Pwllmeyric ...				1	—	1	—	—	—	—	—	1
Rogiet ...				2	1	—	1	—	—	—	—	2
Sudbrook ...				1	—	—	1	—	—	—	—	1
Magor and St. Mellons.												
Castleton ...				2	2	—	—	—	—	—	—	2
Goldcliffe ...				1	—	—	1	—	—	—	—	1
Henllys ...				1	—	—	1	—	—	—	—	1
Rogerstone ...				6	—	1	5	1	—	—	1	7
St. Brides Wentlooge ...				2	—	—	2	—	—	—	—	2
Monmouth				11	—	—	11	1	—	—	1	12
Pontypool.				—	—	—	—	—	—	—	—	—
Totals . . .				375	32	33	310	51	1	6	44	426

The following is a summary of the quarterly notifications of infectious diseases received during the year from the Local Medical Officers of Health :

DISTRICTS	Estimated Population, 1948	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Krysipelas.	Rhcephalitis. Lethargica.	Ophthalmia Neonatorum.	Puerperal Pyrexia	Acute Polio- myelitis	Cerebro Spinal Fever	Whooping Cough	Malaria	Dysentery	Measles	Acute Polio- Rncephalitis	Food Poisoning
URBAN.																	
Abercarn	18,620	10	.. 2	..	20	4	..	4	1	..	..	25	..	3	77	..	..
Abergavenny	8,597	16	.. 2	..	1	2	..	..	..	..	..	2	..	3	21	..	..
Abertillery	28,070	37	.. 1	..	2	1	..	..	..	1	..	2	..	5	219	1	..
Bedwas and Machen	8,581	5	.. 1	..	8	3	..	..	..	1	..	49	..	..	10	..	..
Bedwellty	28,910	33	.. 2	..	7	7	..	6	..	11	1	72	..	..	104	..	..
Blaenavon	9,975	30	.. 1	..	2	3	..	..	1	6	1	49	..	..	..	1	..
Caerleon	4,760	12	.. ..	..	2	1	..	..	12	..	..	20	..	..	40	..	..
Chepstow	5,020	8	.. ..	..	..	..	..	1	..	..	..	..	..	..	2	..	..
Cwmbran	12,950	46	.. 1	..	20	..	..	..	..	..	..	64	..	..	120	..	..
Ebbw Vale	29,440	30	.. 1	..	79	17	..	1	1	2	..	30	..	..	146	..	..
Monmouth	5,360	1	.. ..	..	5	2	..	..	..	..	..	18	..	..	24	..	4
Mynyddislwyn	14,400	23	.. ..	..	1	4	..	..	..	3	1	7	..	..	189	..	..
Nantyglo and Blaina	11,490	28	.. ..	..	5	1	..	..	..	..	..	4	..	..	186	..	..
Pontypool	42,650	88	.. 3	..	3	5	..	..	3	1	..	36	..	1	115	..	5
Rhynney	9,137	3	.. ..	..	..	..	..	..	1	..	..	1	..	25	130	..	..
Risca	15,270	20	.. ..	..	50	4	..	2	..	1	..	93	..	..	162	..	..
Tredeggar	20,090	1	.. ..	..	..	1	..	..	..	..	..	..	..	..	15	..	..
Usk	1,717	2	.. 1	..	..	1	..	..	..	..	..	7	..	..	14	..	..
Totals, Urban	275,037	393	11	..	205	56	..	14	19	26	3	479	..	37	1574	2	9
RURAL.																	
Abergavenny	8,693	14	.. ..	..	1	..	..	..	1	2	1	7	..	2	19	..	..
Chepstow	10,020	6	.. 1	..	..	..	..	..	..	..	..	4	..	..	24	..	..
Magor & St. Mellons	13,000	27	.. ..	..	4	1	..	..	..	3	1	7	..	..	34	..	..
Monmouth	6,060	10	.. 1	..	1	1	..	1	..	..	..	14	..	..	29	..	..
Pontypool	5,700	8	.. ..	..	1	..	..	..	..	1	..	31	..	..	50	..	..
Totals, Rural	43,473	65	2	..	7	2	..	1	1	6	2	63	..	2	156	..	..
Grand Totals	318,510	458	13	..	212	58	..	15	20	32	5	542	..	39	1730	2	9

The number of cases 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	Encephalitis Lethargica	Puerperal Pyrexia	Dysentery	Measles	Polio-Encephalitis	Infective Hepatitis	Food Poisoning
Urban—																		
Abercarn
Abergavenny	2	1	13	...	...	...	...	...	...	3	...	...	...	1	...	...	...
Abertillery	14	...	...	...	1	...	...	...	...	...	2	1	1	...	...
Bedwas and Machen	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Bedwellty	2	...	4	...	...	...	10	...	...	1	...	...	...	...	...	...	...
Blaenavon	1	...	2	...	...	1	6	...	...	1	...	1	...	...	1	...	...
Caerleon	8	...	...	...	...	...	...	1	...	12	...	...	...	...	...
Chepstow	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Cwmbran	1	...	4	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Ebbw Vale	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Monmouth	1
Mynyddislwyn	11	...	...	1	3	...	...	...	...	...	...	...	...	...	...
Nantyglo and Blaina	2	...	...	...	...	...	...	...	...
Pontypool	3	...	8	...	...	...	1	...	1	1	...	1	1	...	...	...	...
Rhymney	1	...	...	...	...	...
Risca...	2	...	...	...	...	1	...	2	...	...	...	...	...	...	...
Tredegarr
Usk	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rural—																		
Abergavenny	13	...	...	...	2	...	...	...	...	1	...	...	...	...	...
Chepstow	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor & St. Mellons	10	...	...	1	3	...	...	1	...	...	...	...	...	...	...
Monmouth	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Totals	13	1	104	...	...	3	29	1	2	11	4	16	3	2	2	1	1

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

Table showing analysis of total cases and Deaths from Infectious Diseases according to Age Groups.

CASES NOTIFIED.															DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Disease	AGE GROUPS.											Total all ages over 65	45-65	35-45	20-35	15-20	10-15	5-10	4-5	3-4	2-3	1-2	Under 1 year	AGE GROUPS.											Total all ages over 65	45-65	35-45	20-35	15-20	10-15	5-10	4-5	3-4	2-3	1-2	Under 1 year	Total all ages																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Diphtheria	1	6	2	1	2	1	1	13

Table compiled from District M.O.H.'s returns.

Table showing details of Water Analyses.

TABLE I. District.				Bacteriological examinations of raw water			Bacteriological examinations of treated water			Chemical Analyses		
				No. of samples taken	No. of samples satisfactory	No. of samples unsatisfactory	No. of samples taken	No. of samples satisfactory	No. of samples unsatisfactory	No. of samples taken	No. of samples satisfactory	No. of samples unsatisfactory
Urban.												
Abercarn	...	...	...	2	1	1	2	2	—	—	—	—
Abergavenny	...	...	...	—	—	—	10	5	5	—	—	—
Abertillery	...	...	...	4	1	3	3	3	—	1	1	—
Bedwas & Machen	...	...	...	6	6	—	—	—	—	—	—	—
Bedwellty	...	...	...	2	1	1	5	4	1	7	5	2
Blaenavon	...	...	...	9	6	3	9	9	—	—	—	—
Caerleon	...	...	...	—	—	—	—	—	—	—	—	—
Chepstow	...	...	...	—	—	—	8	8	—	—	—	—
Cwmbran	...	...	...	3	3	—	3	3	—	3	3	—
Ebbw Vale	...	...	...	4	1	3	19	17	2	4	4	—
Monmouth	...	...	...	9	2	7	23	17	6	—	—	—
Mynyddislwyn	...	...	...	—	—	—	8	8	—	—	—	—
Nantyglo & Blaina	...	...	...	—	—	—	18	15	3	2	1	1
Pontypool	...	...	...	4	2	2	32	19	13	—	—	—
Rhymney	...	...	...	1	1	—	8	8	—	4	4	—
Risca	...	...	...	2	1	1	—	—	—	—	—	—
Tredegar	...	...	...	—	—	—	6	6	—	—	—	—
Usk	...	...	...	—	—	—	6	6	—	—	—	—
Rural.												
Abergavenny	...	...	...	9	4	5	—	—	—	—	—	—
Chepstow	...	...	...	6	1	5	6	2	4	—	—	—
Magor & St. Mellons	..	...	...	7	5	2	13	10	3	4	4	—
Monmouth	...	...	...	14	9	5	—	—	—	—	—	—
Pontypool	...	...	...	12	6	6	13	11	2	—	—	—
Totals	...	...	...	94	50	44	192	153	39	25	22	3

**Number of Houses completed during 1949 by
Local Authorities and Private Enterprise.**

District	By Local Authority				By Private Enterprise	Grand Total	No. of Houses under construction by Private Enterprise but not completed on 31-12-49
	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses	Total			
Urban.							
Abercarn	—	38	14	52	4	56	2
Abergavenny	—	—	25	25	19	44	—
Abertillery	—	—	18	18	2	20	4
Bedwas & Machen	—	—	46	46	1	47	3
Bedwellty	—	—	72	72	—	72	2
Blaenavon	—	—	8	8	1	9	5
Caerleon	—	—	10	10	5	15	1
Chepstow	—	—	18	18	1	19	4
Cwmbran	—	—	24	24	2	26	8
Ebbw Vale	—	—	78	78	3	81	4
Monmouth	—	—	—	—	4	4	7
Mynyddislwyn	—	100	—	100	4	104	6
Nantyglo & Blaina	—	—	30	30	1	31	—
Pontypool	—	200	12	212	2	214	—
Rhymney	—	—	30	30	—	30	—
Risca	—	—	14	14	—	14	—
Tredegar	—	150	39	189	—	189	—
Usk	—	—	12	12	—	12	—
Rural.							
Abergavenny	—	14	14	28	6	34	4
Chepstow	—	—	54	54	3	57	6
Magor & St. Mellons	—	44	31	75	11	86	9
Monmouth	—	—	24	24	2	26	2
Pontypool	—	—	14	14	5	19	7
Totals	—	546	587	1133	76	1209	74

HOUSING.

District	No. of Houses owned by Local Authority 31-12-49			No. of Houses in course of erection by Local Authorities on 31/12/49.			No. of Houses for which sanction has been given but not commenced on 31-12-49		
	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses	Temp. Pre-fab.	Perm. Pre-fab.	Traditional Houses
Urban.									
Abercarn	50	200	391	—	—	26	—	100	26
Abergavenny	50	—	268	—	—	66	—	44	—
Abertillery	100	74	240	—	—	86	—	146	—
Bedwas & Machen	50	73	432	—	—	110	—	—	—
Bedwellty	100	62	986	—	—	24	—	—	24
Blaenavon	50	50	248	—	—	20	—	—	16
Caerleon	30	20	76	—	—	20	—	58	—
Chepstow	—	—	98	—	26	—	—	80	—
Cwmbran	200	100	532	—	—	24	—	—	36
Ebbw Vale	—	154	856	—	—	70	—	—	122
Monmouth	50	18	206	—	56	—	—	—	—
Mynyddislwyn	100	250	364	—	—	130	—	—	44
Nantyglo & Blaina	50	100	341	—	—	—	—	—	—
Pontypool	300	208	1982	—	—	146	—	—	—
Rhymney	50	52	120	—	—	50	—	—	20
Risca	46	82	827	—	—	16	—	—	62
Tredegar	88	150	584	—	22	52	—	28	—
Usk	—	—	12	—	—	18	—	—	—
Rural.									
Abergavenny	—	14	129	—	—	22	—	46	24
Chepstow	—	—	170	—	—	44	—	—	38
Magor & St. Mellons	50	158	312	—	6	30	—	130	—
Monmouth	—	—	91	—	—	4	—	—	12
Pontypool	—	—	77	—	—	24	—	—	22
Totals ...	1364	1765	9342	—	110	982	—	632	446

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

Year Ended 31st December, 1949.

VENEREAL DISEASES—total examinations made	...	...	...	...	6,245
SPUTUM: From tuberculosis physicians	...	...	...	...	1,881
From general practitioners	...	...	...	...	277
SWABS for bacteriological examination	...	...	...	...	2,425
CEREBRO-SPINAL FLUIDS	...	...	...	...	177
BLOOD WIDAL EXAMINATIONS	...	...	...	...	45
HAIR FOR RINGWORM	...	...	...	...	23
URINE (bacteriological and chemical examinations)	...	...	...	...	645
PUS	...	...	...	...	51
BODY FLUIDS	...	...	...	...	21
VACCINES	...	...	...	...	8
BLOOD CULTURE	...	...	...	...	9
FAECES	...	...	...	...	556
MISCELLANEOUS BACTERIOLOGICAL EXAMINATIONS	...	...	...	...	207
BLOOD COUNTS	...	...	...	...	1,099
BLOOD SUGAR estimations	...	...	...	...	200
BLOOD UREA estimations	...	...	...	...	94
URINE SUGAR estimations	...	...	...	...	164
TEST MEALS	...	...	...	...	12
WATER for bacteriological examination	...	...	...	...	467
ICE CREAM examinations	...	...	...	...	849
MILKS:					
Ungraded samples for cleanliness	...	...	...	...	654
Graded milks for statutory tests	...	...	...	...	999
Miscellaneous milk samples	...	...	...	...	19
BIOLOGICAL TESTS:					
Ministry of Agriculture biological tests on milk	...	...	...	...	193
Informal biological tests on milk	...	...	...	...	860
Biological tests on human material	...	...	...	...	94

CAUSES OF DEATH IN THREE AGE GROUPS OF INFANTS UNDER ONE YEAR OF AGE.

In Urban and Rural Districts.

Cause of Death.	Urban Districts			Rural Districts			Total Deaths	Death Rate per 1,000 Births
	Age 0-1 week	Age 1-4 weeks	Age 4 weeks to 1 year	Age 0-1 week	Age 1-4 weeks	Age 4 weeks to 1 year		
Measles	—	—	1	—	—	—	1	0.17
Diphtheria	—	—	—	—	—	—	—	—
Whooping Cough	—	—	3	—	—	1	4	0.69
Influenza	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—
Cancer	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—
Bronchitis	1	1	7	—	—	—	9	1.55
Pneumonia	2	5	32	1	—	2	42	7.21
Other Respiratory Diseases	1	—	1	—	—	—	2	0.34
Diarrhoea	—	2	14	—	—	—	16	2.58
Congenital Debility	12	9	10	2	—	—	33	5.67
Premature Births	56	4	2	3	—	—	65	11.16
Digestive Diseases	—	—	2	—	—	—	2	0.34
Violence	1	2	1	—	—	—	4	0.69
Food Poisoning	—	—	1	—	—	—	1	0.17
Other Causes	20	4	29	1	2	6	62	10.65
Totals	93	27	103	7	2	9	241	41.22

The above figures were obtained from the returns of
District Medical Officers of Health.

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

Causes.	1949	1948	1947	1946	1945	1944	1943	1942	1941
All Causes	241	266	298	295	316	322	259	309	380
Measles	1	1	2	—	10	—	—	1	2
Diphtheria	—	—	—	—	—	—	1	1	1
Whooping Cough	4	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	—	1	—	—	—	—	—	—	—
Syphilis	—	—	1	—	1	1	1	3	1
Tubercular Disease	—	2	4	—	6	2	—	—	2
Bronchitis	9	13	9	6	13	16	15	17	36
Pneumonia (all forms)	42	50	51	45	58	46	33	41	58
Other Respiratory Diseases	2	—	4	1	2	1	2	—	2
Diarrhoea	16	19	35	29	29	22	25	25	25
Congenital Debility, } Premature Birth, etc. }	98	143	161	179	165	192	145	184	180
Digestive Diseases	2	2	2	5	5	6	5	8	7
Violence	4	13	12	6	6	1	1	6	13
Food Poisoning	1	—	—	—	—	—	—	—	—
Other Defined Diseases	62	14	12	17	14	19	24	16	33

INFANT DEATHS UNDER ONE YEAR.

(Figures taken from Returns of District Medical Officers of Health.)

Area.	Legitimate.			Illegitimate.			Totals.		
	0-1 week	1-4 weeks	4 weeks to 1 year	0-1 week	1-4 weeks	4 weeks to 1 year	0-1 week	1-4 weeks	4 weeks to 1 year
Urban Areas.									
Abercarn	3	3	5	1	—	—	4	3	5
Abergavenny	2	—	1	—	—	1	2	—	2
Abertillery	9	3	15	1	—	—	10	3	15
Bedwas & Machen	1	—	3	—	—	—	1	—	3
Bedwellty	12	2	24	—	—	—	12	2	24
Blaenavon	4	—	4	—	—	—	4	—	4
Caerleon	—	—	2	—	—	—	—	—	2
Chepstow	—	—	1	—	—	—	—	—	1
Cwmbran	4	1	5	—	—	—	4	1	5
Ebbw Vale	15	8	12	1	—	1	16	8	13
Monmouth	2	—	2	—	—	—	2	—	2
Mynyddislwyn	6	—	1	—	—	—	6	—	1
Nantyglo & Blaina	6	1	4	1	—	—	7	1	4
Pontypool	11	7	9	1	—	—	12	7	9
Rhymney	6	—	2	—	—	—	6	—	2
Risca	1	1	5	—	—	—	1	1	5
Tredegar	5	1	6	1	—	—	6	1	6
Usk	—	—	—	—	—	—	—	—	—
Total Urban Areas ...	87	27	101	6	—	2	93	27	103
Rural Areas.									
Abergavenny	1	—	1	—	—	—	1	—	1
Chepstow	3	—	3	—	—	—	3	—	3
Magor & St. Mellons	1	—	3	—	—	—	1	—	3
Monmouth	1	1	1	—	—	—	1	1	1
Pontypool	1	1	1	—	—	—	1	1	1
Total Rural Areas ...	7	2	9	—	—	—	7	2	9
Grand Totals ...	94	29	110	6	—	2	100	29	112

REPORT DEATHS UNDER ONE YEAR.

Report made from the records of the Bureau of Health.

Age	Sex	Cause of Death												Total
		1	2	3	4	5	6	7	8	9	10	11	12	
Infants	Male	1	2	3	4	5	6	7	8	9	10	11	12	13
Infants	Female	1	2	3	4	5	6	7	8	9	10	11	12	14
Children	Male	1	2	3	4	5	6	7	8	9	10	11	12	15
Children	Female	1	2	3	4	5	6	7	8	9	10	11	12	16
Adults	Male	1	2	3	4	5	6	7	8	9	10	11	12	17
Adults	Female	1	2	3	4	5	6	7	8	9	10	11	12	18
Total	Male	1	2	3	4	5	6	7	8	9	10	11	12	19
Total	Female	1	2	3	4	5	6	7	8	9	10	11	12	20
Total	Both	1	2	3	4	5	6	7	8	9	10	11	12	39

VITAL STATISTICS FOR THE YEAR 1949.

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District	Estimated Population	LIVE BIRTHS						STILL BIRTHS						DEATHS			INFANTILE MORTALITY				AREA	Medical Officer of Health at End of 1949																																																																																																																																																																																																																																																																																																						
		LEGITIMATE		ILLEGITIMATE		TOTAL		LEGITIMATE		ILLEGITIMATE		TOTAL		Grand Total	Rate per 1000 of population	Male	Female	Total	Deaths under 1 year of age																																																																																																																																																																																																																																																																																																									
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Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	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REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1949.

67

District.	Population.	Typhoid and Paratyphoid		Cerebro-spinal Fever	Scarlet Fever	Whooping Cough	Diphtheria	Tuberculosis of Respiratory System		Other Forms of Tuberculosis	Syphilis Diseases		Influenza	Measles	Acute Poliomyelitis and Polio Encephalitis	Cancer of Bone: Cerv. and Ovary (M), Uterus (F)		Cancer of Stomach and Duodenum	Cancer of Breast	Cancer of all Other Sites		Diabetes	Intermittent Venereal Lesions	Heart Diseases	Other Diseases of Circ. System		Bronchitis	Pneumonia	Other Respiratory Diseases		Ulcer of Stomach or Duodenum	Diarrhoea under 3 Years	Appendicitis	Other Digestive Diseases		Nephritis	Puerperal and Post-Abort. Sepsis	Other Maternal Causes		Premature Births	Cen. Mal. Birth Inj. Infant Dis.	Suicide	Road Traffic Accidents	Other Violent Causes	All Other Causes	All Causes																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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