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MONMOUTHSHIRE COUNTY COUNCIL.



# ANNUAL REPORT

OF THE

**COUNTY MEDICAL OFFICER OF HEALTH.**

FOR THE YEAR 1952.



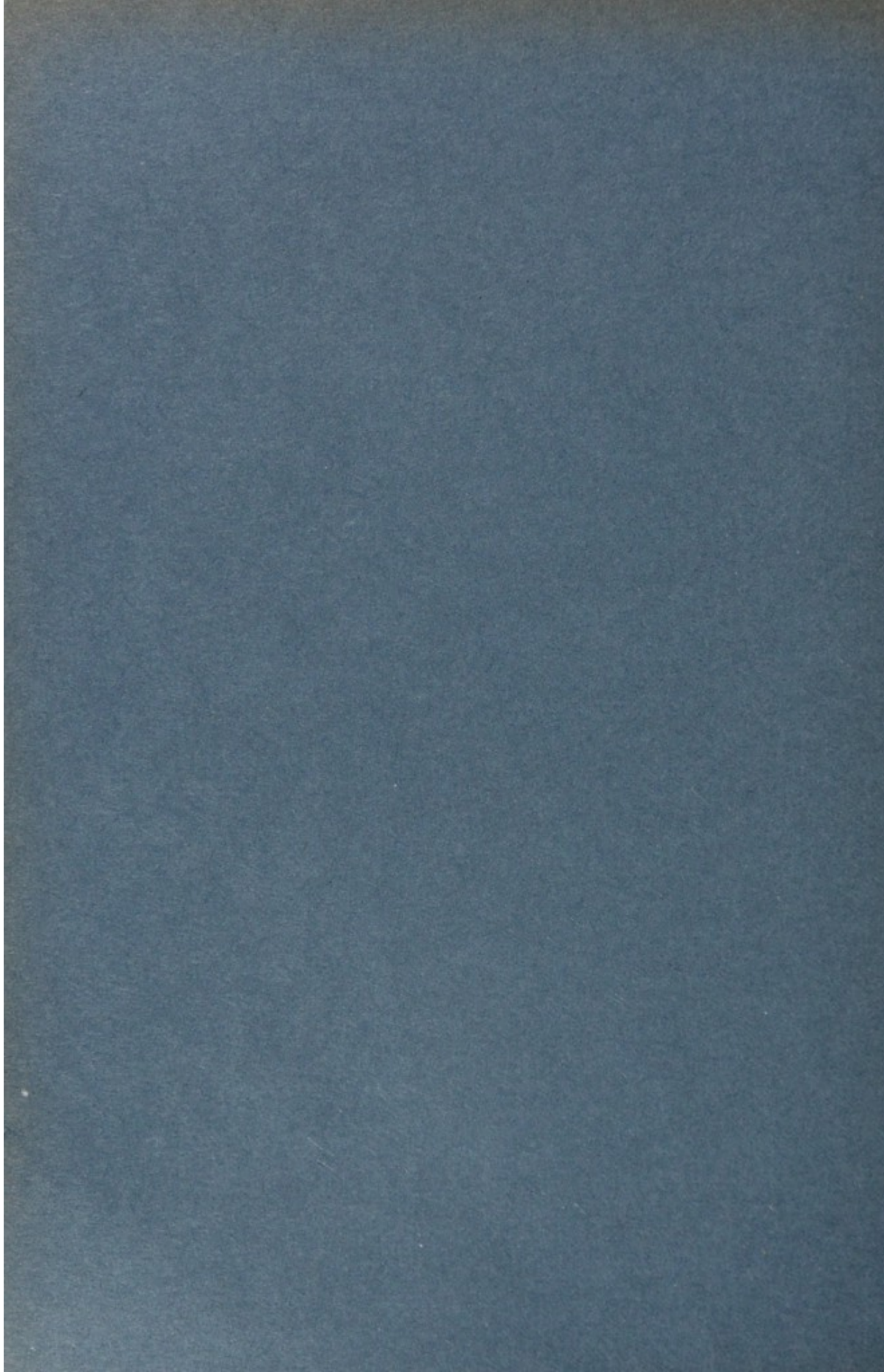
**GWYN ROCYN JONES,**

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

County Medical Officer.

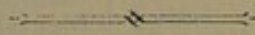
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MONMOUTHSHIRE COUNTY COUNCIL.

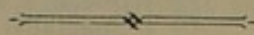


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**COUNTY MEDICAL OFFICER OF HEALTH.**

FOR THE YEAR 1952.



**GWYN ROCYN JONES,**

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

County Medical Officer.

COUNTY HALL,  
NEWPORT, MON.



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## PREFACE.

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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE:

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting my Annual Report upon the Health of the County of Monmouth for the year 1952.

The health conditions of the County during the year have been generally satisfactory, and there have not been any serious epidemics of infectious diseases. There was however a slight increase in the incidence of acute poliomyelitis.

The live birth rate per 1,000 population showed an increase of 0·7 on the previous year, the rate being 17·2 as compared with 16·5.

The general death rate, at 11·5 per 1,000, was 1·88 lower than for 1951, when it was 13·38. Infantile mortality in the County improved from 42·9 per 1,000 births to 33·9.

With regard to Tuberculosis the notification rates of both respiratory and non-respiratory diseases are lower than for 1951, and it is very pleasing to note that the death rates for both types of the disease are lower than for any time since at least 1938.

Broadly speaking the work of the Regional Hospital Board and of the Local Health Authority abut upon such problems as infectious diseases, chronic sick, tuberculosis, mental health, maternity, school medical service and discharge of acute surgical and medical cases from hospital.

The settlement of these problems has not been unsatisfactory, with the exception of Chronic Sick. No difficulty has arisen with regard to infectious diseases. With regard to Tuberculosis, both the Chest Physicians and the Mobile X-ray Units have been very helpful, but there are definite differences of opinion which cannot be settled within the existing machinery. The inadequate hospitalisation of the chronically infected Tuberculosis cases is one, and the desirability of Chest Physicians having a sessional agreement with the Local Health Authority to visit special tuberculosis cases in their homes and to participate in Clinics for the follow-up of positive and negative reactors is another. In Mental Health, the hospital service is within reach of meeting all the requirements of the Local Authority as regards Mental Defectives, but this is only because the Local Health Authority has diminished the demand on hospital beds by providing for Mental Defectives, Day Handicraft Centres, Domiciliary Handicraft Teaching and Boarding-out defectives for holiday purposes.

The Specialist services for school-children can be considered as satisfactory, provided no alteration is made in the existing arrangements by the transfer of Clinics to Hospital Out-Patients or the cutting-down of Specialist Sessions in Local Health Authority Clinics.



Monmouthshire is well provided with maternity beds and no difficulty has come to the notice of the Medical Department in admission to Maternity Hospitals. So satisfactory is the bed position that it has not yet been necessary for the Local Health Authority to implement, fully, the scheme for selection of maternity priorities by the Health Visitors; and this arrangement is only in operation in the Caerphilly, Ebbw Vale and Abergavenny areas. It would, however, be desirable in the interest of domiciliary midwifery, that maternity cases should be kept in hospital for fourteen days.

The early discharge of acute hospital cases to their homes is being adequately and harmoniously met by the Council's District Nursing Service but there is sometimes delay in bringing the District Nurse to the home of the case returning from hospital, owing to the fact that hospitals communicate direct with the family doctor and not the district nurse and this problem might well be investigated.

With regard to the hospitalisation of the Chronic Sick, the position is far worse now than before the appointed day of the National Health Service Act and it is desirable that there should be some return to the former position by which an Authority is compelled to make institutional provision for these cases.

The hardship now suffered by the chronic sick is well-nigh appalling. An attempt is being made to deal with the long term problem in the Rhymney Valley where the Hospital Authority and the County Council have laid the foundations of a scheme which might, eventually, solve this problem. In this area, the services of the same Geriatric Specialist are employed, separately, by the Management Committee and the County Council; and the Specialist has the responsibility on behalf of the Local Health Authority of selecting those domiciliary cases which should be admitted to hospital and also has the responsibility on behalf of the hospitals of selecting those cases which are admitted to hospital. The Specialist is, moreover, authorised by the Local Health Authority, to make the domiciliary arrangements for any geriatric case which is leaving hospital. The domiciliary facilities comprise Home Help Service, District Nursing and a small domiciliary Physiotherapy Service.

I wish to express my thanks to the Health Committee for their support, encouragement and sympathetic administration, and also to the Specialists and Staffs of the Hospitals who have so willingly helped to weld together the services of prevention and cure of disease.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES.

County Hall,  
Newport, Mon.  
October, 1953.



## 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).

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).

T. A. Brand, M.D., B.Ch., D.C.H. (Paediatric).

M. L. Insley, M.B., Ch.B. (Geriatric).

### DISTRICT AND AREA MEDICAL OFFICERS OF HEALTH:

Rhymney U.D.C.	Area No. 1	*I. L. Evans, M.B., B.Ch. (Temporary).
Tredegar U.D.C.	Area No. 1	E. T. H. Davies, M.D., M.S., F.R.C.S., (Temporary).
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	H. V. M. Jones, M.B., B.S., D.P.H.
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	J. Walters Bowen, M.B., B.Ch., D.P.H.
Abertillery U.D.C.		
Magor & St. Mellons R.D.C.	} Area No. 6	K. P. Giles, M.B., Ch.B., D.P.H.
Bedwas & Machen U.D.C.		
Risca U.D.C.		
Pontypool U.D.C.	} Area No. 7	F. J. Hallinan, M.B.E., M.B., B.Ch., B.A.O., D.P.H.
Blaenavon U.D.C.		
Cwmbran U.D.C.	} Area No. 8	Evelyn D. Owen, M.B., B.S., 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.	} Area No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.
Abergavenny U.D.C.		
Abergavenny R.D.C.		
Usk U.D.C., Pontypool R.D.C.		

\*District Medical Officer of Health only.

†Resigned as Area Medical Officer on 30-9-52. A. Joyce Thomas, M.R.C.S., L.R.C.P.,  
Area Medical Officer from 1-10-52.



**SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH :**

- J. Newcombe, M.B., B.S., D.P.M. (Mental Health).  
 Gladys M. Herbert, M.R.C.S., L.R.C.P., D.P.H. (Maternity and Child Welfare). (Resigned 19-4-52).  
 L. Anne Knowlson, B.Sc., M.D., Ch.B., D.P.H. (Maternity and Child Welfare). (From 20-4-52).  
 Alice M. S. Dewar, M.B., Ch.B., D.P.H.

**ASSISTANT MEDICAL OFFICERS :**

- Teresa M. O'Riordan, B.A., M.B., B.Ch., D.P.H.  
 R. G. Davies, M.R.C.S., L.R.C.P. (Resigned 31-5-52).  
 M. R. Venning, B.M., B.Ch. (Resigned 31-12-52).  
 Mary Rose MacQuillan, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.  
 Sian E. Williams, B.Sc., M.B., B.Ch.  
 G. Eisner-Kissman, M.D. (Prague), D.C.H.  
 A. Joan Lewis, M.R.C.S., L.R.C.P.  
 Anna Gregory, M.R.C.S., L.R.C.P.  
 Margaret C. Jenkins, M.R.C.S., L.R.C.P.  
 Mary C. Griffiths, M.B., B.Ch., M.R.C.S., L.R.C.P., C.P.H. (Resigned 31-12-52).  
 A. Joyce Thomas, M.R.C.S., L.R.C.P. (Until 30-9-52. Area M.O. for No. 4 Area from 1-10-52).  
 Ida C. McFall-Burn, L.R.C.P. & L.M., L.R.C.S.I. & M. (Resigned 31-8-52).  
 Marion E. Cox, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. (Commenced 21-4-52).  
 Mary Stewart, B.Sc., M.B., B.Ch. (Commenced 25-8-52).  
 Mary Ll. Williams, M.B., B.Ch. (Commenced 1-12-52).  
 Betty Howarth, M.D., M.R.C.P. (Commenced 1-9-52).

**SENIOR DENTAL OFFICER :**

- E. F. J. Sumner, L.D.S., R.C.S.

**ASSISTANT DENTAL OFFICERS :**

- D. B. Porter, L.D.S.  
 J. C. Morley, L.D.S.  
 Greta McHarg, L.D.S.  
 Miss Elizabeth K. Drew, L.D.S. (Commenced 1-2-52).  
 Miss Barbara Haines, L.D.S. (Commenced 21-4-52).  
 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.



**MEDICAL COMFORTS OFFICER AND EQUIPMENT OFFICER :**

G. Padfield.

**SUPERVISORS OF MIDWIVES :**

Miss C. Davies, S.R.N., S.C.M.

Miss O. Griffiths, S.C.M.

Miss K. M. Walters, S.R.N., S.C.M. (Resigned 8-11-52).

**SUPERVISOR OF DISTRICT NURSES AND HEALTH VISITORS :**

Miss A. M. Spencer. (Deceased 20-5-52).

**SUPERVISOR OF HEALTH VISITORS :**

Miss E. Morgan, S.R.N., S.C.M., H.V. (From 3-11-52).

**SUPERVISOR OF DISTRICT NURSES :**

Miss A. R. Collins, S.R.N., S.C.M., H.V. (From 3-11-52).

**WELFARE OFFICER :**

Miss G. A. Knight, S.R.N., S.C.M. (Illegitimate Children).

**SPEECH THERAPISTS :**

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

Miss Noreen Watt, L.C.S.T., (R.M.A.) (Resigned 31-9-52).

Miss Susan M. Green, L.C.S.T., (R.M.A.) (Commenced 15-10-52).

**ORTHOPTIST :**

Mrs. H. M. Gregory, D.B.O.

**MENTAL HEALTH WORKERS :**

Miss Rae Morgan, B.Sc. (Resigned 30-9-52).

Mrs. E. F. Udell.

Miss Alwyn Fuller.

Miss Sheila Readman.

Mr. Brynley Price (Commenced 4-12-52).

**LADY HEALTH VISITORS :**

Baldwin, M.

Bevan, J. I.

Bowen, A. M.

(Resigned 20-11-52)

Cleverley, M.

Cooper, M. S.

Davies, M. R.

Davies, M. J.

Elias, M.

Fraser, E.

Gilford, M.

Golding, G. I.

Harris, E. M.

Harvey, B.

Hopkins, A. W.

James, E. N.

Jones, A.

Jones, I.

Jones, B.

Lewis, R.

Lloyd, C. M.

McCarthy, P. M. R.

Meyrick, J.

Morgan, C.

Morgan, H. A.

(Resigned 31-3-52)

Parker, G.

(Commenced 5-6-52)

Phillips, C. M.

Prosser, I.

Pulsford, M.

Pugh, M. M.

Redwood, N.

Reynolds, M. V.

Roberts, E.

Rowlands, L. M.

Sainsbury, M.

Simms, C. D.

Sparkes, E. I.

Stinchcombe, N. G.

Tristram, L.

Walters, M.

Webb, E.

Williams, A. M.

Williams, F.

Wilmot, E. G.

Wixey, N. A.



**SCHOOL NURSE :**

Edwards, M. Stevens, S. L.

**ORAL HYGIENIST :**

Miss P. Haines.

**DENTAL ATTENDANTS :**

Mrs. O. Church. Miss J. Jones. Miss B. Wynn.

Miss Carol Jones, S.R.N.

Miss E. M. Theobald. (Commenced 1-9-52).

Miss Barbara Davies. (Commenced 1-5-52).

**DOMICILIARY PHYSIOTHERAPIST :**

Mr. R. J. Holley. (Commenced 29-5-52).

**MATERNITY AND CHILD WELFARE.****Work of the Health Visitors.**

There were at the end of the year 43 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 34.4 Health Visitors.

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

1952	1951	1950	1949	1948
68,959	57,587	48,623	53,960	59,088

Of the 68,959 visits paid in 1952, 5,650 were in respect of new babies.

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

1952	1951	1950	1949	1948	1947
49.8	48.5	52.2	51.9	56.4	53.5

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

1952	1951	1950	1949	1948
9	7	6	12	17

These notifications for 1952, together with other cases of eye trouble reported by Midwives, making a total of 66, were followed up by the Health Visitors. All cases cleared up satisfactorily without any impairment of vision.

**Ante-Natal Clinics.**

The number of Ante-Natal Clinics in the County at the end of the year was 27 and there were held 134 half-day sessions per month. The attendances for the whole of the Clinics were :—



	1952.	1951.	1950.	1949.	1948.
New Cases ... ..	2,966	3,434	3,860	4,073	4,646
Re-visits ... ..	13,196	15,002	15,578	16,959	18,990
Total Attendances ...	16,162	18,436	19,438	21,032	23,636

A new weekly whole-day Ante-Natal Clinic was commenced at Beaumont House, Blackwood, on October 1st, 1952.

There are no General Medical Practitioners undertaking Clinic Sessions for the Local Health Authority. General Practitioners are beginning to establish their own Ante-Natal Clinics but, up until now, this has made no great inroads into the County Council's Services, for as a rule the General Practitioners prefer that their own Clinics should work in partnership with those of the County Council.

Arrangements have been made for ascertaining blood groups and W.R. and G.C.F.T. reactions at all Ante-Natal Clinics. Those patients who book a bed in hospital are investigated at the hospital during their first visit. The Ante-Natal Clinic is, therefore, responsible for arranging the blood-test of those who are being confined at home.

### Maternity and Child Welfare Clinics.

The number of Maternity and Child Welfare Clinics at the end of the year was 48, and 298 half-day sessions were held per month. The Medical Officers consisted of 9 Medical Officers of Health, and Assistant Medical Officers as stated on pages 3 and 4.

A new half-day fortnightly Infant Welfare Clinic was opened at Mount Pleasant English Baptist Church, Maescwmmmer, on February 9th, 1952.

The Centres were attended by the Council's Health Visitors.

The attendances at the Centres during 1952 and 4 previous years were:—

	1952.	1951.	1950.	1949.	1948.
Number of Infants who attended Child Welfare Centres during 1952 ...	11,430	11,240	11,127	12,042	12,454
New cases under 1 year ...	4,735	4,909	4,917	5,107	5,680
New Cases, 1—5 years ...	628	418	451	408	376
Re-visits under 1 year ...	55,600	57,240	59,056	64,120	70,389
Re-visits 1—5 years ...	23,883	23,925	22,621	22,858	22,721
Total No. of Visits ... ..	84,846	86,492	87,045	92,493	99,166
Infants on Registers at end of year, under 1 year ...	4,079				
Infants on Registers at end of year, 1—5 years ...	6,801				



### **Post-Natal Clinic.**

The Post-Natal Clinic at the Central Clinic at Newport was held weekly and 449 cases were examined during the year, 343 of which were new cases. 325 post-natal cases were also examined at Ante-Natal Clinics, 240 of which were new cases. The total attendance at the Newport Post-Natal Clinic was 542, and post-natal cases at the Ante-Natal Clinics 336.

Certain Medical Officers, on their own initiative, are encouraging the District Midwives to bring those of their patients who have not been examined by their family doctor to the Ante-Natal Clinics for the statutory examination six weeks after confinement, irrespective of whether they have attended during pregnancy or not. Should any abnormality be found at the examination, the patient is referred to Dr. Keevil for further advice.

All cases of sterility coming to the Ante-Natal Clinics are referred to the Post-Natal Clinic, where Dr. Nora Keevil is in charge.

### **Birth Control Clinics.**

These Clinics are held periodically at four centres in the County. The patients who attend these clinics are those who are recommended for this advice on medical and not social grounds.

### **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 milk, malt extracts and other infant foods were supplied during the year at a total cost to the mothers of £16,815/10/10d.

Welfare foods under the scheme of the Ministry of Food are being sold or distributed at certain of the Infant Welfare Centres in the County.

### **Care of Premature Infants.**

The number of premature live births (infants of 5½ lbs. or less, irrespective of the period of gestation) in the County during 1952 was 446, of which 139 took place at home. This was 81.7 per 1,000 of all live births, and 79.3 per 1,000 of all live and still births. There were 66 premature still births, 21 of which were at home. There were no premature live or still births in private nursing homes.

In view of the important bearing of this matter on the problem of neo-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.



### Scheme for the Care of Premature Infants.

Transport to hospital.

Arrangements have been made for transference, as quickly as possible, to hospital of:—

- (a) All babies weighing  $3\frac{1}{4}$  lbs. and less.
- (b) Those over  $3\frac{1}{4}$  lbs. if very immature.
- (c) Those with unsatisfactory conditions for nursing at home.

Arrangements have been made with the Ambulance Service to provide an ambulance and a suit-case with equipment.

The Midwife sends a Medical Aid form to the Family Doctor, who authorises the removal of the child. The midwives have been instructed as to how to obtain the ambulance and cot.

Two cots are kept at Caerleon Depot and one each at Chepstow, Monmouth, Pontypool and Blackwood.

Each cot contains one sorbo rubber mattress, one mackintosh sheet, three blankets, three hot water bottles, one thermometer, one mucus extractor and one Belcroy feeder.

If possible the mothers go to hospital with the infants. If a midwife cannot leave the patient, a relative or neighbour travels with the infant.

### Domiciliary Care.

A Karicot stand and equipment is available on the authority of a midwife for use at home for a period of 6 weeks or less, the parents being responsible for the return of the cot in good condition. A signed declaration to this effect is required before the cot is issued.

Each folding cot has a hood and stand, 1 mackintosh sheet, 1 cot blanket, 1 small hot water bottle, 1 thermometer, 1 Belcroy feeder, 1 measure.

There are six of these cots available at present, one each being kept by the following midwives, who have undertaken to keep them under observation when not in use:—

- |  |  |
|--|--|
| (1) Mrs. O. Griffiths,<br>10, Greenfield,<br>Newbridge, Mon.                 | (4) Miss G. C. Morgan,<br>The Clinic, Market Street,<br>Tredegar, Mon. |
| (2) Mrs. C. M. Cason,<br>Clarence Villa,<br>Osborne Road,<br>Pontypool, Mon. | (5) Mrs. L. E. Burnett,<br>Hillsborough,<br>Monmouth.                  |
| (3) Mrs. S. Hobbs,<br>1, Sannan Street,<br>Aberbargoed, Mon.                 | (6) Miss E. Phillips,<br>34, Mathern Road,<br>Bulwark, Chepstow, Mon.  |



The appropriate midwives have been instructed where the cots are kept and how to obtain them and to obtain a receipt for their loan from the parents.

Arrangements have been made with the County Hospital, Griffithstown, to receive premature infants; special cases may be sent to St. David's Hospital, Cardiff. St. James' Hospital, Tredegar, and St. Woolos Hospital, Newport, have also admitted a few premature infants.

The General Practitioner is called in through the Medical Aid Scheme by the Midwife to authorise the removal of the infant.

No Midwives or Health Visitors are specially trained in the care of the premature infant.

### **Speech Therapy.**

The services of one full-time and one part-time Speech Therapist were available to the Council, dealing with speech impediments. Children who have been operated upon for 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 had 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.

The County Council has an arrangement with the Salvation Army Hostels at Cardiff and Bristol for the admission of expectant unmarried mothers, the County Council undertaking to pay for the maintenance of these patients, less any National Health Insurance Benefits to which the patient may be entitled.

During the year 74 cases were dealt with; a total of 861 visits being paid. 10 girls were admitted to Northlands Salvation Army Home for Unmarried Mothers, Cardiff; 5 to Mount Hope Salvation Army Home for Unmarried Mothers, Bristol, and 1 to the Baptist Unmarried Mothers' Home, at the County Council's expense.



Of the 74 cases, 1 girl was later married to the putative father, 4 were living with the men, 15 were married women, 50 were single, 3 were divorced women, and 1 was a widow.

25 children were placed in homes with a view to adoption; 4 girls were accompanied to a Solicitor's Office and were successful in obtaining affiliation orders; 2 children were boarded out.

### **Infant Protection.**

There is a separate Children's Department of the County Council, set up under the provisions of the Children's Act, 1948. This is responsible for care of deprived children. 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.

There was one Residential Nursery under the Children's Act, with 25 approved places. The number of children on the register at the end of the year was 25, and the average daily attendance during the year was 25.

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

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

With the available Dental Staff, it was not found possible to carry out routine dental inspections of the above categories, as the large majority of their time was devoted to the School Dental Service. However, each new expectant mother attending an Ante-Natal Clinic was examined by the Medical Officer in charge with regard to dental sepsis, etc., and necessary cases were referred for treatment. Dental treatment was carried out at up-to-date School Clinic premises, and consisted of fillings, extractions, etc., and where necessary dentures were provided free of cost to the patient. Further dental examination was carried out three months after confinement and any necessary treatment arranged. It was found that not all cases accepted the appointments offered, but made their own private arrangements for treatment.

An Oral Hygienist is on the Dental Staff, but most of her cases were school children.

Expectant mothers, nursing mothers and children under five years of age were given priority and treated promptly, with very satisfactory results. Mothers were encouraged to bring their children to clinics frequently for



dental examination and this continued until the children became of school age, when their cases were taken over by the School Dental Service.

Details of numbers dentally treated and also the nature of treatment are given on page —

### **HEALTH CENTRES.**

The Health Centres at Tredegar, Rhymney, Ebbw Vale and Blaenavon have given very satisfactory service during the year, enjoying the full co-operation of the general medical practitioners, dentists, pharmacists, etc.

#### **Clinics.**

On February 2nd, 1952, a new Infant Welfare Centre was commenced at Maesycwmmmer, and was held at the English Baptist Church, Maesycwmmmer. On October 1st, 1952, an Ante-Natal Clinic was started at Beaumont House, Blackwood.

#### **Specialist Services.**

Clinics were regularly held at which the services of the Consultant Specialists listed on page 3 were available. These were all held at the Central Clinic at Stanley Road, Newport, with the exception of the Orthopædic Clinic, which was held at various Clinics in the County. There was also available an Out-Patient Plastic Surgery Clinic held by Mr. Emlyn Lewis, F.R.C.S., at the St. Lawrence Hospital, Chepstow, where he carried out his surgery. Patients could also be seen at the Plastic Surgery Out-Patients Department of the Royal Gwent Hospital, Newport.

### **THE HOME NURSING SERVICE.**

The general management of this Service is under the direction of a Supervisor of Home Nursing, and there is close co-operation with the Area Committees and Staffs.

The Home Nursing Service continues to develop and expand. The number of patients attended during the year was 10,279, involving a total of 283,614 visits, which shows an increase of 12,643 over the previous year's visits.

The establishment of full-time District Nurses has remained at 55, with 11 District Nurse Midwives, but greater use has been made of the Relief District Nurses for assisting the full-time Nurses who would otherwise have been overworked.



During November, 1952, a representative month, 80.2% of all cases visited were medical and 19.8% were surgical. 3.0% of the cases were tuberculosis ones and 52.2% were cases of cancer.

There are now 12 District Nurses using motor-cars for their work, and being paid a mileage allowance for the use of same. This improved means of transport is a great boon to a District Nurse and greatly increases her efficiency.

Now that Penicillin and other drugs have become an important part of medical treatment, the pattern of the work of District Nursing has altered. Although the general nursing care of the aged and chronic sick remains the same, a great deal of other medical treatment is carried out by the District Nurses in the giving of drugs by injection. This partly accounts for the increase in the number of visits paid by the nurses. In three instances, District Nurses reported that they were suffering from soreness of the eyes and slight rash on the hands and neck. It was suspected that the irritation may **have been due to acquired sensitivity to antibiotics**, with which they had been in prolonged contact.

At the beginning of the year, the Service suffered a loss in the death of its Supervisor of District Nurses, the late Miss A. Spencer. Miss K. M. Walters acted as Supervisor until her retirement from the staff in November, when Miss A. R. Collins was appointed to the post.

### **Geriatric Service.**

A scheme for the prevention of the disabilities that come with increasing age is being built up slowly. The Council employed the services of a Geriatric Specialist for two sessions per month; and an Assistant Medical Officer devoted one day per week or more to this work under the supervision of the Geriatric Specialist; one part-time Domiciliary Physiotherapist was employed.

Provisional observations of the existing work indicate a substantial need for this service and substantial opportunities for finding the answer to the problem of these disabilities by concentrating the service on early cases.

General Medical Practitioners speak highly of the cases which have received domiciliary massage; and considerable improvement is obtained in half of the long-standing chronic cases.

(1) Routine visits were made by an Assistant Medical Officer to the Welfare Homes for the Aged and a general medical inspection carried out on all new admissions. Medical reports were entered in books kept for that purpose at the Homes, advice being given to the Matrons where necessary or cases referred to the visiting General Medical Practitioner for treatment.



Cwmbran House	...	...	...	9 visits
Goytre House	...	...	...	11 "
Drybridge House	...	...	...	7 "
Nantyderry House	...	...	...	12 "
Mardy House	...	...	...	11 "
Blackwood	...	...	...	8 "

(2) Area Clerks referred 87 cases receiving Home Help whom they thought might be suitable for Domiciliary Physiotherapy.

AREA 1—28 cases visited	...	3 suitable for treatment
" 2—1 " "	...	0 " " "
" 3—8 " "	...	1 " " "
" 4—9 " "	...	(Has its own Domiciliary Service)
" 5—11 " "	...	1 suitable for treatment
" 6—1 " "	...	0 " " "
" 7—9 " "	...	1 " " "
" 8—7 " "	...	0 " " "
" 9—9 " "	...	3 " " "
" 10—4 " "	...	0 " " "

(3) Domiciliary Physiotherapy commenced in June, 1952, with the appointment of Mr. Holley.

Cases which had been waiting for treatment since April, 1951 (when the Geriatric Service commenced) were re-visited to ascertain if treatment was still required. New cases referred by General Practitioners were visited and added to the list and in the 7 months (June to December) 22 cases were treated.

AREA 1—3 cases treated	...	76 visits by Mr. Holley
" 2—1 " "	...	4 " " " "
" 3—4 " "	...	65 " " " "
" 4—0 " "	...	0 " " " "
" 5—3 " "	...	46 " " " "
" 6—0 " "	...	0 " " " "
" 7—10 " "	...	193 " " " "
" 8—0 " "	...	0 " " " "
" 9—0 " "	...	0 " " " "
" 10—1 " "	...	24 " " " "

Patients were visited by Dr. A. J. Lewis at the beginning of the treatment, at approximately monthly intervals during treatment and at the end of treatment. One (12 visits) course, two, or a maximum of three courses are recommended as necessary.



Of the cases treated:—

- 1 became out-patient at Ebbw Vale Hospital after 2 visits.
- 2 died after 9 visits.
- 2 ceased treatment after 5 visits as they did not feel well enough to carry on.
- 11 showed marked improvement.
- 6 showed no improvement (long standing cases).

It must be remembered in looking at these figures that the majority of cases are bedridden and have been waiting many years for treatment.

With more recent cases, results are much better, although at present they still have to wait 2—3 months before time is available to treat them.

(4) Dr. M. Insley has had about 10 consultations during this period.

### **Night Nursing Service.**

During the year it was not possible to constitute a regular panel of Night Nursing Orderlies, but such orderlies were obtained as required and where possible. Requests were usually made by District Nurses, who were then given authority to make the necessary local arrangements. Persons were obtained who acted as "sitters-in" with patients who were seriously ill, and the need was generally not a prolonged one. They were paid at similar rates to Domestic Helps.

In actual fact, the call on the Service was light.

### **DOMESTIC HELP SERVICE.**

This is the third year in which the Domestic 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.

With the development of the Scheme, it has become increasingly evident that the Care of the Aged is a big problem and that the substantial increase in the cost of the Service is, in the main, due to this type of case. The aged person allowed Domestic Help becomes a liability for some considerable time and there has been a danger of the service becoming overburdened.



It was also found that, whereas in the past families had given assistance of their own accord, this was no longer undertaken, in view of the fact that Domestic Help could be obtained on application to the County Council. It has also been observed that, owing to lack of accommodation in hospital for old people, the Local Authority is bearing the brunt of caring for a great number of these persons.

Details of numbers of Domestic Helps supplied are to be found on page 58.

### MEDICAL COMFORTS APPLIANCES SCHEME.

This Authority employs a Medical Appliances Officer, and the organisation of the Medical Comforts Appliances Scheme is in his hands. The Council has a central depot of equipment and 63 local depots.

Most of the Medical Comforts Depots are housed in premises belonging to the St. John Ambulance Brigade or the British Red Cross Society. The Monmouthshire County Council provides the medical appliances and the members of the above organisations undertake the issue of these comforts where necessary and also see to the return of the articles to their depots when they are no longer required by the patients. For these services the Monmouthshire County Council pays a small sum to each depot as rental, according to the size of the depot.

Provision of the Service appears to be equal to all demands, and considerable economy of equipment is effected by arrangements made centrally for transfer of appliances from one depot to another as unusual demands occur in various areas.

Articles supplied under this scheme, include air-beds, air-rings, bed-pans, bed-rests, bed-tables, bed-cradles, crutches, feeding-cups, invalid folding chairs, mackintosh sheets, spinal carriages, and urinals, etc., etc., which have been issued and re-issued on receipt of a medical certificate, which must be renewed if the illness is prolonged. Provision is also made to supply Nursing equipment for Paraplegics. These patients will have had many months, often several years, of highly specialised medical and nursing treatment before their rehabilitation is regarded as complete enough to enable them to be resettled in the community, and it has been the responsibility of the special paraplegic centres to recommend the County Medical Officer of Health to obtain necessary Nursing equipment under the provision of Section 28 of the National Health Service Act, *e.g.*, hospital-type bed, dunlopillo mattress, and bed pulleys.



## MEDICAL APPLIANCES PROVIDED IN 1952.

No. of Depots.	No. of Patients.	No. of Articles issued.	Length of Period in use.	Articles damaged and unfit for further use.
63	3,252	9,756	95 % 1 month. 5 % longer period	200

**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 May 19th, 1952, to October 31st, 1952, 49 Monmouthshire cases (14 males and 35 females) were admitted for convalescent treatment. 66 applications were received, 9 were rejected, and 8 did not accept vacancies (2 due to ill-health; 2 for domestic reasons, and 4 were able to obtain treatment through another source).

On October 31st, 1952, the "Rest" Homes closed down for the winter.

**MIDWIFERY SERVICE.**

At the end of 1952, the number of whole-time County Midwives was 56. In addition there were 3 part-time Midwives, 11 District-Nurse-Midwives and 8 Independent Midwives. The Independent Midwives attended 11 cases during the year.

With 54 midwives engaged at hospitals and maternity homes, the total number of midwives on the County Register at the end of 1952 was 132.



The births (live and still births) notified during the year 1952, with figures for four preceding years, were as follows:—

<i>Notified by</i>	1952.	1951.	1950.	1949.	1948.
County Midwives ... ..	2,073	2,117	2,719	2,653	2,946
Independent Midwives ... ..	11	9	42	173	134
Maternity Hospitals and Maternity Homes ... ..	3,138	3,166	2,578	2,824	2,670
Totals ... ..	5,222	5,292	5,339	5,650	5,890

The above figures are before adjustment for any transferred notifications.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives' Act, 1951, by a Midwife:—

(a) For Domiciliary Cases:

(i) Where Medical Practitioner had arranged to provide the patient with Maternity Medical service under the National Health Service ... ..	414
(ii) Others ... ..	97
Total ... ..	511

(b) For cases in Institutions ... .. 1

### **Particulars of Midwives in respect of Gas and Air Analgesia at the end of 1952.**

There were 34 Institutional Midwives in the area at the end of the year who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board, and 69 Domiciliary Midwives. There were 69 sets of gas and air analgesia apparatus in use and they were used in 1,389 cases where the administrator in domiciliary practice was acting as a midwife, and 73 when acting as a maternity nurse.

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year when acting as a midwife was 461, and when acting as a maternity nurse was 77.

There were 2 midwives unable to train for gas and air analgesia owing to age.

### **Mobility of Midwives.**

An increasing number of midwives are now fully mobile under the Council's Motor-Car Scheme, 14 now using motor-cars. 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 Ante-Natal Visits	...	...	...	13,730
Number of Births attended	...	...	...	2,073
Number of Miscarriages attended	...	...	...	109
Number of Daily Nursing Visits	...	...	...	36,656
Number of Hospital Post-Natal Nursing Visits	...	...	...	5,277
Number of Hospital Post-Natal Cases Visited	...	...	...	2,045

Midwives made the usual minimum of 17 visits to every case of confinement, and about 10 in cases of miscarriage.

The discharge of maternity patients from Hospitals on the 10th day after confinement continued, involving increased work for midwives and supervisors. Notifications of discharges were received every morning, and the midwives were contacted either by letter or telephone, and instructions given to continue the daily nursings of the discharged patients for the regulation period of 14 days after birth.

Special care was taken with premature babies, and removal to Hospital was carried out where necessary. The new equipment provided for the nursing of the premature baby in the home is in considerable demand and is greatly assisting the midwives and those in attendance and caring for these babies.

In addition to Gas Analgesia administered by the midwives, the administration of Pethidine was practised as approved by the Central Midwives Board, but subject to special safeguards and precautions with regard to its supply and use.

During the year an outbreak of scarlet fever occurred in one Maternity Home. 22 patients who had been booked for admission were found alternative accommodation or arrangements were made for their confinements in their own homes under the care of County Midwives.

Routine inspections of midwives by the supervisors were carried out quarterly, or more often if circumstances warranted it. Their methods of practice, attention to patients, records of cases and cleanliness were in nearly all cases found to be very satisfactory.

Special visits were made by the supervisors to cases where rise of temperature and pulse had been notified. All cases of infection or likely sources of infection in mother or baby were dealt with immediately in order to prevent the spread of infection. The high standard of work maintained by the midwives coupled with the medical profession's use of antibiotics has resulted in a marked decrease in the number of such cases notified.



3 County Midwives attended a residential refresher course for two weeks at Bristol in July, 1952. The course was found to be very instructive.

In November, Miss K. M. Walters, Supervisor of Midwives for the Rhymney and Sirhowy Valleys, retired from duty, so that the County was divided between the other two supervisors, Miss O. Griffiths and Miss C. Davies, who carried on the work between them.

Maternity Outfits were supplied in every domiciliary confinement. The County Midwife notified this office of the name and address immediately she was booked to attend the case, and arrangements were then made for a Sterile Outfit to be posted direct to the expectant mother, so that the outfit would be in her possession well before the date of confinement. In addition, two outfits were held by each County Midwife for use in emergency.

St. James' Hospital, Tredegar, is a recognised training school for Pupil Midwives for preparation of Part II only of the C.M.B. Certificate.

Training includes part time on the district under the supervision of County Midwives, who are approved teachers.

Maternity Homes were inspected every six months by the Medical Supervisor, and all cases of outbreak of infection were investigated by her.

### **AMBULANCE SERVICE.**

The Ambulance Service was now being developed in accordance with the Council's proposals for a modified scheme under Section 20 (4) of the National Health Service Act, 1946; the necessary amendments having previously been approved by the Minister of Health, ambulances were to be re-grouped to a few large Zone Stations, each such station to have local administration and to provide direct and continuous ambulance service within its own Zone.

In the light of subsequent developments it was perhaps fortunate that good progress had been made with this re-casting of the service, as it became evident during the year that demands upon the ambulances had not yet reached peak. The Main Control at Caerleon from which all the County Ambulances had been directed since the inception of the service, was now becoming overloaded.

Hitherto, the Main Control had dealt with all calls and the co-ordination of ambulance journeys for the whole of the County, but under the increasing pressure, this arrangement was proving unwieldy and some measure of de-centralisation was now essential to maintain the efficiency of the service.



It was the more highly industrialised western half of the county that presented the greatest problems, but the advantages of the Council's long-term planning were now evident and large stations had been established for some time at Blackwood and Pontypool.

At Tredegar a spacious garage building had been acquired, which was now in the hands of the County Architect for the necessary adaptations to render the premises suitable for use as an Ambulance Zone Station to serve the Rhymney, Tredegar and Ebbw Vale Urban areas.

A splendid site had become available at Bassaleg adjoining Messrs. Whitehead's Sports Grounds and it was here that the Council proposed to erect a large station to serve the Abercarn Urban, the Bedwas and Machen Urban, the Risca Urban and the Magor and St. Mellons Rural areas, as soon as the sanction of the Welsh Board of Health had been obtained and certain formalities carried out.

The Council had not been successful in obtaining suitable premises or a site for a Zone Station at Aberbeeg or Abertillery, and Ambulance Service for the Abertillery Urban and the Blaina and Nantyglo Urban areas continued to be provided from the Council's existing premises at Nantyglo and Aberbeeg.

The Maesruddud Station at Blackwood commenced operating as a fully Zonal Station on the 1st October, 1952, a Station Leader and a Deputy having been appointed to deal with the calls and co-ordination of all journeys for the zonal area comprising the Bedwellty and Mynyddislwyn Urban areas and Maesycwmmmer. It was planned to provide Ambulance Service for a zone comprising Blaenavon, Pontypool and Cwmbran Urban areas from the Council's Station at Ashgrove. It now remained for the necessary staff to be appointed.

Under the modified scheme the Ambulance Fleet was established as 33 to 35 ambulances and dual-purpose vehicles, and 6 to 8 sitting-case cars, but application was made to the Welsh Board of Health who agreed this should be amended to 44 ambulances and dual-purpose vehicles and 1 sitting-case car. This provided an overall addition of 2 vehicles to increase the reserves held against breakdowns and servicing, etc., and substituted the more generally useful dual-purpose vehicles for cars.

### **HEALTH EDUCATION.**

The Council has met with unexpected difficulties in its endeavours to organise an appropriate Health Education Scheme, even though a Health Education Officer was appointed in 1948; and the Council is still studying the problem as to the best way to find a solution.



It is still to be ascertained whether the officer-in-charge, possessing purely lay knowledge, can produce the results as satisfactorily as those of an officer-in-charge with technical knowledge, *i.e.*, a Nursing Officer.

The Council discontinued the system of a Lay Health Education Officer upon the retirement of the existing Officer; and is now experimenting with the Supervisor of Health Visitors assisting the County Medical Officer in this matter.

Lectures were continued throughout the County during the year and arrangements are being made for special clinics to be held at which health visitors will give advice on Mothercraft and kindred subjects. It is hoped to cover the whole area by means of such work.

A two-day Course for Medical Officers, Health Visitors, School Nurses, District Nurses, Midwives, etc., was held at the County Hall, Newport, in conjunction with the Central Council for Health Education. This was held on Tuesday and Wednesday, February 19th and 20th respectively. The following lectures were given:—

“ Infancy to Adolescence ”	A. J. Dalzell Ward, M.R.C.S., L.R.C.P., D.P.H., Director, Central Council for Health Education.
“ Adolescence to Maturity ”	ditto
“ Maturity to Old Age ” ...	John Burton, M.R.C.S., L.R.C.P., D.P.H., Medical Director, Central Council for Health Education.
“ Mental Health and the Family ” ... ..	Mrs. I. M. Stirling, M.A., Educational Psychologist, The National Associ- ation for Mental Health.

## **MENTAL HEALTH.**

### **(1) Administration.**

#### **(a) CONSTITUTION AND MEETINGS OF MENTAL HEALTH SUB-COMMITTEE.**

The Mental Health Sub-Committee, which had previously dealt with Mental Health matters, was abolished on the 18th June, 1952, and its duties were taken over by No. 2 Standing Sub-Committee.

The No. 2 Standing Sub-Committee meets monthly.



(b) NUMBER AND QUALIFICATIONS OF STAFF EMPLOYED IN  
THE MENTAL HEALTH SERVICES.

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.

At the commencement of the year there were three Mental Health Workers, Mrs. Udell, Miss Readman and Miss Fuller, who were working full-time for the Department. During March, Miss Fuller discontinued her work as a Mental Health Worker and devoted all her time to the Home Teaching Scheme for Mental Defectives, which was commenced during that month; she continued this work until October, when she took on her duties as the Supervisor of the Occupation Centre for Mental Defectives, which was opened that month at Neville House, Garndiffaith. In October it was decided to advertise for an Occupation Therapist to carry on Miss Fuller's duties in the Home Teaching Scheme.

On June 30th, Miss Rae Morgan re-commenced duties in the Department as a Psychiatric Social Worker, after returning from two years' study leave in the United States; she left, however, on September 6th, to get married and has taken up residence in the United States. In October a Mental Health Worker, Mr. B. Price of Abertillery, was appointed to take her place.

During September a number of appointments were made of staff for Neville House, Garndiffaith. These included two Assistant Supervisors, Miss Allen and Miss Richards, one Cook, Miss James, and one Caretaker/Gardener, Mr. Rattle.

Finally, there were eleven Authorised Officers, who devoted 50% of their time to Mental Health Services.

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND  
HOSPITAL MANAGEMENT COMMITTEES.

By arrangement with Institutions for Mental Defectives, the Department's Mental Workers supervise patients on trial or on licence from such Institutions; when necessary the Department sends reports on home conditions together with Medical Reports on the patient's condition to the Superintendent of the Institution concerned.

*Mental Hospitals.*

There are no similar arrangements in force with the Superintendents of Mental Hospitals and in fact the over-lap in duties between the Mental







Adult Guidance  
Clinics :

Men	...	55	64	...	88	128	...	143	192
Women	...	67	82	...	101	148	...	168	230
Children	...	79	85	...	96	147	...	175	232
		<hr/>	<hr/>		<hr/>	<hr/>		<hr/>	<hr/>
		201	231		285	423		486	654
		<hr/>	<hr/>		<hr/>	<hr/>		<hr/>	<hr/>

After-Care Clinics :

Men	..	82	82	...	132	112	...	214	194
Women	...	121	113	...	96	116	...	217	229
		<hr/>	<hr/>		<hr/>	<hr/>		<hr/>	<hr/>
		203	195		228	228		431	423
		<hr/>	<hr/>		<hr/>	<hr/>		<hr/>	<hr/>
Total of All Cases		594	686	...	803	1097	...	1397	1783

*Child Guidance Clinics.*

During the last four years Dr. Newcombe has seen at his clinics in the region of 1,000 maladjusted children. In the majority of these cases the child's home had been previously visited by a psychiatric social worker who prepared a report on the home situation with all its implications. At the clinics the diagnosis and treatment of these maladjusted children were carried out.

Three years ago an Education Psychologist, Dr. Cox, was appointed by the Education Department, and for the last three years Dr. Cox has independently carried out examinations and treatment of children who are either educationally sub-normal or maladjusted.

In October, after a series of meetings between Dr. Cox, Dr. Newcombe and Mrs. Fry, a qualified psychiatric social worker, who was appointed in October by the Education Department, it was decided to establish a number of Child Guidance Clinics in the County where suitable Health Centres were already available on certain days of the week. The first of these Health Centres to be used was Ashgrove House, Pontypool, and it was decided to hold a Child Guidance Clinic at these premises every Friday.

These Child Guidance Clinics are to be run on the recognised formal pattern, with a Psychiatrist, Dr. Newcombe, an Education Psychologist, Dr. Cox, and a Psychiatric Social Worker, Mrs. Fry.



One of the chief advantages of this scheme is that Dr. Cox and Dr. Newcombe will be working together instead of as at present running their clinics independently with the resultant over-lap of work.

*Visits made by Duly Authorised Officers.*

During the year 242 visits were made by Duly Authorised Officers to patients who had been discharged from Mental Hospitals. The patients were given advice chiefly on such matters as general welfare and financial grants. In addition written reports on the patient's mental condition were sent to Dr. Newcombe.

*Short-term Care of Mental Defectives in Cases of Urgency.*

The situation frequently arises in many families where it is urgently necessary that a mentally defective person should be cared for elsewhere than at home for the time being. Examples of this: the illness of a member of the family, usually the mother; the mother being in urgent need of a holiday or the defective being in urgent need of treatment which, because of his mental defectiveness, cannot be conveniently given at home or in a General Hospital.

The Council have power under the National Health Service Act to make such temporary arrangements for the care of persons suffering from mental defects and on the 30th August, 1951, the Mental Health Sub-Committee decided to implement such a Scheme in April, 1952; permission was given, however, to board out an occasional case before that date, and in fact such cases were boarded out during the remainder of the year 1951.

As a matter of interest, the Ministry of Health issued a Circular No. 5/52 on the 21st January, 1952, suggesting a Short-term Care Scheme almost identical with a scheme adopted by the County's Mental Health Committee six months previously. Up to December 31st, 1952, twenty defectives had been sent away for Short-term Care. These defectives remained under short-term care for periods ranging from one week to eight weeks. The amount payable per week by the parents of these defectives was in proportion to their financial resources; the maximum amount payable was 30/- per week and in some cases no charge was made at all.

The twenty cases mentioned above were sent to the following places:—

Mrs. M. E. Roberts, Brynheulog, Hengoed (a Licensed House) ... ..	16
Hensol Castle, Pontyclun, Glam. ... ..	2
Ely Hospital, Ely, Cardiff ... ..	2
	—
	20
	—



In the case of defectives admitted to Mrs. Roberts the County Council bears the cost, which is 3½ guineas per week; in the case, however, of the defectives who are sent to hospitals under the Short-term Care Scheme, the cost is borne by the Regional Hospital Board.

(b) WORK UNDERTAKEN UNDER THE LUNACY AND MENTAL TREATMENT ACT, 1890-1931 BY DULY AUTHORISED OFFICERS.

The following table gives details of patients who were admitted to and discharged from Mental Hospitals from 1st January to 31st December, 1952:—

*Admitted.*

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	130	173	69	73
Caerleon ...	20	21		
Whitchurch ...	1	3		
Bridgend ...	1	—		
	<hr/>	<hr/>	<hr/>	<hr/>
	152	197	69	73
Total ...	<hr/>	<hr/>	<hr/>	<hr/>
	349		142	

*Discharges.*

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	125	170	25	36
Whitchurch ...	1	4		
Caerleon ...	12	21		1
	<hr/>	<hr/>	<hr/>	<hr/>
	138	195	25	37
Total ...	<hr/>	<hr/>	<hr/>	<hr/>
	333		62	

*Deaths in Hospital.*

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	8	3	41	34
Whitchurch ...	—	1	1	1
	<hr/>	<hr/>	<hr/>	<hr/>
	8	4	43	35
Total ...	<hr/>	<hr/>	<hr/>	<hr/>
	12		78	



It will be seen from the Table above that during 1952 there were 491 admissions to Mental Hospitals, of which number, 349 or 71% were voluntary patients.

(c) WORK UNDERTAKEN UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938

(i) Arrangements for ascertaining and supervising mental defectives :  
*Visits carried out by Mental Health Workers.*

	1951.	1952.
Mental Defectives ...	2,610	2,560
Adult Guidance Cases ...	262	228
Child Guidance Cases ...	212	118
	<hr/>	<hr/>
	3,084	2,906
	<hr/>	<hr/>

NOTE.—During the last three months of 1952 Mrs. Fry, a psychiatric social worker, employed by the Education Committee, carried out 52 visits to Child Guidance Cases on behalf of the Mental Health Department.

Number of new cases ascertained :—

	1951.			1952.		
	M.	F.	T.	M.	F.	T.
<b>Under the Education Act, 1944 :</b>						
(i) Under Section 57 (3)	7	7	14	13	11	24
(ii) Under Section 57 (5)	6	4	10	5	5	10
From all other sources ...	9	5	14	8	6	14
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	22	16	38	26	22	48
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

	1951.			1952.		
	M.	F.	T.	M.	F.	T.
<b>No. of cases under Statutory</b>						
Supervision on 31st Dec.	296	284	580	278	305	583
Total number under supervision on 31-12-51 ...					580	
Add cases ascertained during 1952 ...					48	
					<hr/>	
					628	



*Deduct—*

Ceased to be under care during 1952 ... ..	6
Died, removed or lost sight of ... ..	8
Admitted to certified institutions ... ..	27
Admitted under the Mental Treatment Acts ...	4
	— 45
Total number under supervision on 31-12-52 ...	583

The above figures do not include 13 adults in Regent House, Chepstow, and 3 children in Children's Homes who are considered to be certifiable under the Mental Deficiency Acts.

*Cases in Certified Institutions.*

	1951.			1952.		
	M.	F.	T.	M.	F.	T.
<b>No. of Cases in Certified Institutions for Mental Defectives on 31st Dec.</b>	118	155	273	123	164	287
Admitted during 1952 ...	15	12	27			
	—————					
	133	167	300			
	M. F. T.					
Died during 1952 ...	1	1	2			
Discharged during 1952 ...	9	2	11			
	—————					
	10	3	13			
	—————					
<b>Total in institutions 31-12-52 ... ..</b>	123	164	287			

*Mental Defectives awaiting Institutional Accommodation.*

The position on the 31st December, 1952, was as follows:—

	M.	F.	T.	
Total number waiting ...	35	18	53	64 in 1951
Number considered urgent	22	13	35	41 in 1951



*Licence Cases.*

	M.	F.	T.
On licence with farmers on 31-12-51 ...	6	0	6
On licence with parents on 31-12-51 ...	4	1	5
	<hr/>	<hr/>	<hr/>
	10	1	11
Licensed to parents during 1952 ...	0	6	6
	<hr/>	<hr/>	<hr/>
	10	7	17
Discharged from Order during 1952 ...	4	1	5
	<hr/>	<hr/>	<hr/>
Number on licence on 31-12-52 ...	6	6	12

The four male defectives who were discharged during 1952 were at the time working on farms; the female defective discharged was living at home with her parents.

*Guardianship.*

On 31st December, 1952, there were six low grade defectives with ages ranging from eight to twelve years who are under guardianship with Mrs. M. E. Roberts, Brynheulog, Hengoed. During the year one adult male defective on guardianship on a Monmouthshire farm was returned to a Mental Defective Colony.

*Occupation Training.*

There are three types of Occupational Training which can be carried out by the Mental Health Department; they are as follows:—

- (a) A Home Teaching Service.
- (b) A system of Group Teaching.
- (c) Training at an Occupation Centre.

Type (a) and (c) were actually commenced during 1952, and it is hoped that type (b) will be commenced early in 1953.

These types can now be described in more detail.

*(a) A Home Teaching Service.*

This Service was commenced by Miss Fuller in March, 1952, and at the end of the year there were 26 mental defectives who had received home teaching. These defectives were visited by the Home Teacher about every 7 days, the Home Teacher brought to the home sufficient materials for one week's work and gave instructions for the following week's work; she would then call again in about one week's time to correct the work and to give instructions for the following



week's work. The most popular subjects for Home Teaching were stool making, rug making and embroidery.

The pupils who were receiving home teaching were those who were living too far away from the Occupation Centre at Garndiffaith for daily transport to be a practicable proposition.

This new Service was eagerly welcomed by both the defectives and their parents. It has meant that those defectives who previously had nothing to occupy themselves with all day were given useful and interesting tasks to carry out. Not only was there a marked improvement in the behaviour of the defectives concerned but the high quality of their finished work was a source of surprise to all those who inspected the finished articles.

*(b) A System of Group Teaching.*

Under this system, groups consisting of six to ten high grade, stable defectives meet for one afternoon a week in a large room which is suitable for the purpose. The defectives make their own transport arrangements, and the instruction given by the Home Teacher includes stool making, rug making and embroidery. It is hoped to start this system of Home Teaching early in 1953.

*(c) Training at an Occupation Centre.*

In a sufficiently populated area, this is the ideal method of training mental defectives. In November, 1952, an Occupation Centre for mental defectives was opened at Neville House, Garn-diffaith. This was a large private house which had been purchased and converted into a suitable Occupation Centre. When it first opened in November there were 26 pupils who were attending daily for 5 days a week; the hours of working and holidays were the same as in the case of the Primary Schools.

The pupils were transported to and from the Centre from a point near their homes in large cars, each of the three cars concerned having a member of the staff in charge. Some pupils, however, made use of public transport to attend the Centre. In all cases the cost of the transport was borne by the County Council.

The staff of the Occupation Centre consisted of a Supervisor, two Assistant Supervisors, a Cook and Caretaker.

A wide variety of subjects were taught at the Centre; these included woodwork, stool making, rug making and embroidery. In addition to the teaching of handicrafts, every effort was made to improve the behaviour and social habits of untrained or unstable defectives.



The news of the opening of an Occupation Centre was enthusiastically received by the parents and defectives themselves and there were over 100 applications for the 26 places available at the Centre. There was great disappointment experienced by the defectives who were not chosen to fill the first 26 places. It is hoped, however, that in the early part of 1953 it will be possible to use the first floor of the building, which will mean an additional 10 pupils, making 36 in all, can be trained at the Centre.

It is hoped that in the not too distant future, it will be possible to open two further Occupation Centres, one in the Tredegar area and the other in the Crumlin area.

It was the experience of the Mental Health Department in 1952 that the commencement of Occupation Training in its three forms, together with the Short-term Care Scheme, went a long way towards solving the problem of the Mental Defective in the Community, and in fact during the last few months of 1952, in the case of 15 mental defectives, the parents withdrew their application for Institutional Accommodation and stated they would rather keep their defective children at home. This means that in future there will be a reduction of the heavy demand for hospital beds, with the result that there will be more beds available for low grade and difficult Mental Defectives who are more suitably cared for in Certified Institutions.

*Total Incidence of Mental Deficiency in the County.*

	1951.			1952.		
	M.	F.	T.	M.	F.	T.
Cases under Statutory Supervision	296	284	580	278	305	583
Cases in Certified Institutions ...	118	155	273	123	164	287
Cases under Guardianship ...	6	2	8	5	2	7
Cases in Pen-y-val Hospital, Abergavenny ... ..	47	45	92	51	49	100
Cases in County Welfare Institu- tions ... ..	3	9	12	3	9	12
Cases in Children's Homes ...	—	3	3	—	3	3
Cases in Place of Safety ...	—	—	—	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	470	498	968	460	532	992
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Taking the population of Monmouthshire as 318,000, this gives the incidence of mental deficiency in the County as 3.1 in 1,000. This approximates very closely to the average figure of all the other local authorities in Wales.



## **PREVENTION OF BLINDNESS AND CARE OF BLIND PERSONS.**

Under the National Assistance Act, 1948, the welfare of blind persons was the responsibility of 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 the 31st March, 1952, there were 741 blind persons on the County Register, of whom 353 were male and 388 female.

During the whole of 1952, 149 cases were referred to this Department for examination. The results of these examinations led to the certification of 56 persons as blind, 48 as partially sighted, and 9 were not blind. Of the total of 149, 36 were re-examinations, and 35 did not keep the appointments made for them. 5 operations for cataract were performed at the County Hospital, Griffithstown. Two cases were too ill to accept operation treatment.

Dr. Evelyn D. Owen made 65 domiciliary visits to examine people who were unable to travel to Newport. 36 cases were found to be blind, 7 were partially sighted, 15 not blind, 1 was too ill for examination, 2 were deceased and 4 were not at home.

## **MEDICAL EXAMINATIONS OF STAFF, ETC.**

All staff are examined by Assistant Medical Officers prior to permanent appointment. The number examined during 1952 was 140.

## **PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.**

### **Cancer.**

The number of deaths from this dread affliction during 1952 was 569. In 1951 the number was the same; in 1950 it was 537; in 1949 it was 563; in 1948 there were 557; in 1947, 532; in 1946, 503; in 1945, 499, and 1944, 467.

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



### Tuberculosis.

Under the Tuberculosis Regulations, 1930, in the year 1952, there were 347 primary cases of Pulmonary Tuberculosis notified and 78 deaths were registered. Of other forms of Tuberculosis 48 cases were notified and 10 deaths registered. The total number of primary notifications of all forms of Tuberculosis was therefore 395, and the number of deaths from all forms of Tuberculosis was 88. In 1951, 347 cases of Pulmonary Tuberculosis were notified and of other forms 58 cases. In this latter year 85 deaths from the pulmonary form and 15 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 1952 was lower than for 1951 in the case of Pulmonary and other Tuberculosis. The death rates for both pulmonary and non-pulmonary tuberculosis were the lowest since at least 1938.

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

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
1950 ... ..	1.06	.21	.30	.06
1951 ... ..	1.14	.18	.27	.05
1952 ... ..	1.09	.15	.25	.03



Summary of notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1930, during the year 1952, with the number of deaths notified by the Registrar-General is shown herewith:—

Primary Notifications on Form A						DEATHS.					
Age Periods.	Respiratory		Non-Respiratory		Total.	Age Periods.	Respiratory		Non-Respiratory		Total.
	Males	Females	Males	Females			Males	Females	Males	Females	
0—	1	1	1	1	4	0—	—	—	—	1	1
1—	—	1	1	1	3	1—	1	2	—	1	4
2—	7	—	3	2	12						
5—	6	7	4	3	20	5—	—	—	—	—	—
10—	7	12	4	2	25						
15—	16	20	3	5	44	15—	2	1	1	1	5
20—	20	37	2	2	61						
25—	45	46	5	—	96	25—	10	8	1	1	20
35—	22	20	1	4	47						
45—	23	13	1	1	37	45—	29	9	3	1	42
55—	20	8	1	1	30						
65—	7	3	1	—	11	65—	11	3	—	—	14
75 and Upwards	3	2	—	—	5	75—	2	—	—	—	2
	177	170	27	21	395		55	23	5	5	88

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1952, to 31st December, 1952, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930:—

Age Periods.	0 to 1	1	2	5	10	15	20	25	35	45	55	65	75 and upwards	Total Cases
Pulmonary Males	—	—	1	—	—	—	2	12	4	6	4	1	—	30
Pulmonary Females	1	—	—	—	—	—	1	5	5	2	2	2	—	18
Non-Pulmonary Males	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Non-Pulmonary Females	—	1	2	—	—	—	—	—	—	—	—	—	—	3

Source of above Information.	No. of Cases			
	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
Death Returns { from local Registrars ... ..	7	4	—	—
Posthumous notifications { transferable deaths from Registrar-General ... ..	1	5	1	1
"Transfers" from other areas (other than transferable deaths) ... ..	2	1	—	1
Other Sources if any ... ..	16	8	—	1
	4	—	—	—



From the previous table, it will be seen that 11 non-notified deaths from Tuberculosis were discovered through examination of the Death Returns received from local Registrars, and transferable death returns from the Registrar General showed 8.

**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 are the responsibility of the National Assistance Board.

A scheme for domiciliary Occupational Therapy for Tuberculosis patients will shortly be inaugurated and it is proposed to utilise the services of the British Red Cross Society's Diversional Therapy Officers for this scheme and for which the British Red Cross Society will be reimbursed.

### **Prevention, Care and After-Care.**

The prevention of Tuberculosis is under the direct management of the Local Health Authority, matters of policy being determined by the Health Committee and day-to-day management being directed by the Medical Department. Moreover, the Area Health Sub-Committees receive, monthly, a statement of the new cases of Tuberculosis in their areas, with the action taken by the Medical Department and they then discuss the implications thereof.

Upon receipt of notification of new cases of Tuberculosis from the Chest Physician, an instruction is issued to the appropriate Medical Officer to visit each case and report thereon; he, subsequently, acts as the Area Administrative Officer for Tuberculosis. At the same time, the Health Visitor is notified of each new case of Tuberculosis in order that she may visit and advise on hygienic methods to be adopted in the home, both to prevent the patient spreading the disease and to safeguard other members of the household; and she follows up with subsequent visits to attempt to attain a high standard of domiciliary hygiene.



A substantial amount of Preventive Tuberculosis work is now dealt with in a routine manner. The entire staff of Assistant Medical Officers and also Health Visitors have had training in methods of skin-testing, etc., and are engaged in Preventive work.

At all Infant Welfare Centres, annual skin-testing of the babies is conducted as a routine. In schools, all entrants and leavers are skin-tested annually, the Mobile X-ray Unit also attending to X-ray school leavers. It is proposed to amplify this work in future by including additional pupils of the age of 8 and 12 years in the scheme. Where a case of Tuberculosis is found in a school, either in a teacher, canteen worker or pupil, there is routine examination of all persons, including skin-testing, X-ray and reference to Chest Physicians.

Annual X-rays are now offered to all expectant mothers attending Ante-Natal Clinics as far as possible and to nursing mothers bringing their babies to the Child Welfare Clinics. Some Pilot Contact Clinics have been conducted to follow-up school leavers up to the age of 20. Domiciliary cases of Tuberculosis receive the help of District Nurses and Home Helps, the latter receiving special supervision by means of regular X-rays and protective overalls.

The Chest Clinics, in addition to this routine work of identifying new cases of Tuberculosis receive a substantial number of cases referred by the Medical Department where positive reactors, found in clinics and schools, should receive further investigation.

A complete understanding and correlation of work now exists between the Health Department and the Mobile X-ray Unit, with the result that the preventive work of the Mobile X-ray Unit is being substantially increased.

### **TUBERCULOSIS CLINIC TIME TABLES.**

#### **NEWPORT AND EAST MONMOUTHSHIRE AREA.**

##### **PERSONNEL :**

Chest Physician.	Dr. M. I. Jackson.	Private Tel. No. 5623.
Asst. Chest Physicians.	Dr. H. James.	
	Dr. H. Pick.	
Clinic Sisters.	1.	

##### **CHIEF CLINIC :**

129, Stow Hill, Newport. Tel. No. : Newport 3748.



## TIME TABLE:

<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>
Newport. 129, Stow Hill.  (New and old cases, by appointment only).	Monday, 9.15 a.m.	Men only.
	1.45 p.m.	Women only.
	Tuesday, 10. 0 a.m.	A.P. Clinic.
	2nd Tuesday, 2. 0 p.m.	Non-respiratory Clinic
	4th Tuesday, 2. 0 p.m.	Thoracic Surgery Consultation Clinic
	Wednesday, 9.15 a.m.	Men only.
	1.45 p.m.	Children only.
	Thursday, 9.15 a.m.	Contacts.
	1.45 p.m.	Women only.
	Friday, 10. 0 a.m.	A.P. Clinic.
2. 0 p.m.	B.C.G.	
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, M.O.P. Hospital	Tuesday, 2. 0 p.m.	New and old patients (by appointment).

## RHYMNEY AND SIRHOWY VALLEY AREA.

## PERSONNEL:

Chest Physician.	Dr. F. W. Godbey.	Private Tel. No.:
Asst. Chest Physician.	Dr. N. C. Norman.	Caerphilly 3167
	Dr. J. W. Jordan.	
	Dr. J. E. G. Brieger.	
Clinic Sisters.	3 (1 half-time).	

## CHIEF CLINIC:

"Heathfield," St. Martin's Road, Caerphilly.

Tel. No.: Caerphilly 2333 & 2334.

## TIME TABLE:

<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>
Caerphilly.	Monday, 9.30 a.m.	Children.
"Heathfield,"	" 2. 0 p.m.	New patients.
St. Martin's Road.	Tuesday, 9.30 a.m.	New patients.
4th Tuesday, alternate months	2.30 p.m.	Surgical Tuberculosis Clinic.
	Wednesday, 9.30 a.m.	A.P. Clinic.
	" 2. 0 p.m.	Old patients.



<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>
	Thursday, 9.30 a.m.	New patients.
	" 2. 0 p.m.	Old patients.
	Friday, 9.30 a.m.	Old patients.
	" 2. 0 p.m.	Contact and B.C.G. Clinic.
1st Friday, alternate months	2.30 p.m.	Pulmonary Surgery Clinic.
	Saturday, 9.30 a.m.	Special Appointments.
Pontllanfraith.	Monday, 10. 0 a.m.	New and old patients.
Llanarth Road.	" 2.30 p.m.	A.P. Clinic.
Tel. No.	Tuesday, 10. 0 a.m.	Tomography Clinic.
Blackwood 3281.	" 2.30 p.m.	Tomography Clinic.
4th Tuesday, alternate months	2.30 p.m.	Surgical Tuberculosis Clinic.
	Wednesday, 10. 0 a.m.	New and old patients (For Abertillery patients).
	" 2.30 p.m.	Old patients—bed cases.
	" 2.30 p.m.	Contact and B.C.G. Clinic.
	Thursday, 10. 0 a.m.	Special X-ray appointments.
	" 2.30 p.m.	Special X-ray appointments.
	Friday, 10. 0 a.m.	New and old patients.
	" 2.30 p.m.	Surgical cases.
1st Friday, alternate months	2.30 p.m.	Pulmonary Surgery Clinic.
	Saturday, 10.0 a.m.	Special appointments.
Ebbw Vale Workmen's Hall.	Thursday, 11. 0 a.m.	New and old patients.
Nantyglo. Blaina & District Hospital.	Tuesday, 11. 0 a.m.	New and old patients. (Also for Brynmawr patients)
Rhymney. Redwood Memorial Hospital.	Monday, 2.30 p.m.	New and old patients. (2nd & 4th Mondays in month)
Tredegar. Tredegar General Hospital, O.P. Department, Market Street.	Thursday, 2. 0 p.m.	New and old patients.

### Isolation Hospitals.

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



### 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 1952 are shown:—

	Under 1 yr. of age	1-4 yrs.	5-14 yrs.	15 and over	Total
No. of Vaccinations ...	738	265	48	322	1,373
No. of Re-vaccinations ..	10	7	16	610	643

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 1952.

### Scarlet Fever.

The number of notifications of Scarlet Fever was 312. It was 344 in 1951.

### Diphtheria.

During the year under review, there were 8 notifications of cases of Diphtheria—two less than last year. Two deaths were recorded.

	1952	1951	1950	1949	1948	1947	1946
No. of Notifications ...	8	10	9	13	23	44	120
No. of Deaths ...	2	Nil	Nil	Nil	3	2	5

One of the deaths from Diphtheria was in the 5—15 year age group and the other in the 45—65 year age group. These are the first of such deaths reported since 1948 in the County.

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 1952, 2,714 children under the age of 5 years were immunised, and 1,180 children between the ages of 5 and 14 years. Secondary or "booster" doses were given to 3,722 children. There was again suspension of immunisation injections during the summer months owing to the fear of complications by acute poliomyelitis.

#### **Puerperal and Post-Abortion Sepsis.**

This is referred to later on page 57 under the heading of Maternal Mortality.

#### **Ophthalmia Neonatorum.**

This has been referred to earlier on page 6 under the heading of Maternity and Child Welfare.

#### **Meningococcal Infection.**

	1952	1951	1950	1949	1948	1947
No. of cases notified ...	6	14	5	5	9	12
No. of deaths ...	2	2	2	3	5	5

#### **Acute Poliomyelitis.**

	1952	1951	1950	1949	1948	1947
No. of cases notified ...	18	7	24	32	1	27
No. of Deaths ...	2	Nil	2	6	1	1

#### **Chicken Pox.**

This disease was not compulsorily notifiable.



**Measles.**

	1952	1951	1950	1949	1948	1947
No. of Cases notified ...	1648	5542	936	1730	2063	3032
No. of Deaths ... ..	1	7	4	2	3	5

**Whooping Cough.**

	1952	1951	1950	1949	1948	1947
No. of Cases Notified ...	667	1087	574	542	781	246
No. of Deaths ... ..	3	5	6	3	7	4

**Influenza.**

	1952	1951	1950	1949	1948	1947
No. of Deaths ... ..	10	144	28	38	19	37

**Pneumonia.**

The notification of this disease has not been satisfactory in previous years, and such is still the case. The number of notifications does not seem to bear relation with the actual number of cases occurring.

	1952	1951	1950	1949	1948	1947
No. of Deaths ... ..	110	138	128	147	141	168
No. of Cases Notified ...	215	401	220	212	193	201

**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.**

Tuesday ... ..	9. 0 a.m.
Wednesday ... ..	2. 0 p.m. and 5. 0 p.m.
Friday ... ..	6. 0 p.m.

**FEMALES.**

Monday ... ..	2. 0 p.m.
Tuesday ... ..	2. 0 p.m. and 5.30 p.m.
Thursday ... ..	2. 0 p.m.

Responsibility for the treatment at this Centre is that of the Welsh Regional Hospital Board.

This Council did not employ a Lady Enquiry Officer during 1952, but pending further consideration arrangements were made for confidential



enquiries to be carried out by certain health visitors on request from the Treatment Centre at the Royal Gwent Hospital, Newport. Co-operation was thus afforded between this Authority and the Treatment Centre as required by the National Health Service Act, 1946, Section 28.

Notification was received from the Medical Officers in charge of Clinics that the following numbers of Monmouthshire patients had been treated at their Clinics during 1952:—

	Syphilis	Gonorrhoea	Other Conditions
Royal Gwent Hospital, Newport ...	26	33	137

### 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.

Number of Visits paid by Health Visitors during 1952:—

	First Visits	Total Visits
To Expectant Mothers ... ..	227	342
To Children under 1 year of age ... ..	5,650	22,738
To Children between 1 and 5 years of age ... ..	91	39,243
In other cases ... ..	6,146	6,636

During the summer, three Health Visitors attended a Refresher Course.



The first of the three is the... the second is the... the third is the...

The first of the three is the... the second is the... the third is the...

The first of the three is the... the second is the... the third is the...

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The first of the three is the... the second is the... the third is the...



## SANITARY CIRCUMSTANCES OF THE AREA.



During the summer of 1952 an epidemic of a mild form of Para-typhoid occurred throughout South Wales, and Monmouthshire suffered in proportion to the adjacent areas. Similar outbreaks have occasionally occurred in other parts of the country throughout the past fifteen years, the nearest hitherto to Monmouthshire being at Bristol in 1941. In common with all the previously recorded similar outbreaks the origin of the South Wales epidemic eluded all efforts at tracing—and this despite what has probably been one of the greatest concerted efforts by sanitarians in the area of all time. The cause remained a mystery. Beyond the fact that it sometimes had some obscure connection with bakehouses, the epidemic did not appear to follow any customary or logical lines. Monmouthshire suffered one particular explosive outbreak in connection with a bakehouse and its proportionate share of sporadic cases.

A mass of detail was collected and sifted during the prolonged investigation into the cause, and a great deal of useful information remains permanently on record. Perhaps one of the biggest items on the credit side of the account is the fact that the Public Health Services of South Wales, and of Monmouthshire in particular, had a thorough spring clean. So keen was everyone concerned to find the clue which would eventually lead to a solution of the mystery that every avenue and theory was explored to the very end—indeed one might even say on times, almost to absurd lengths—in an all out effort to find the elusive answer to the problem; and in so doing many possible sources of future diseases were discovered and eliminated.

### **Water Supply.**

The routine work of checking the County's water supplies were continued efficiently and even more carefully than usual during the summer. From the table showing details of Water Analyses it will be seen that the number of water samples taken for examination during the year was greater than in 1951—and this in spite of the fact that the intensive search by local authorities in recent years for sites for new houses and satisfactory water supplies to serve them has somewhat abated, many of the initial stages of development **having been completed**, and the emphasis now being concentrated upon building on sites found suitable.

The large number of examinations of untreated water shewn under the heading "Public Supplies" is due to the proximity of some of the gathering grounds of the county to large centres of population, and the strictest watch has to be maintained over the condition of the raw water. In some areas a reliably pure treated water supply can only be maintained with the maximum amount of chlorination which can reasonably be permitted.

The samples of untreated water taken from other supplies are generally from the wells, springs, streams and boreholes which form the supplies to half



the rural population of the county and to isolated cottages and farms on the edges of the populous areas. The high proportion of these samples included under the heading "Unsatisfactory" gives some indication of the generally poor standard of water upon which the people of these areas depend. A more detailed examination of the 42 unsatisfactory samples would show many to be grossly polluted. Even the 55 samples shown as satisfactory are not so categorized on the same high standard as that applied to treated mains supplies. Sanitary Inspectors have a heart-breaking task in trying to secure temporary improvements to wells and other similar supplies in rural districts and rural localities situated in the urban districts.

The high proportion of satisfactory samples taken from public mains treated supplies shews that the purity of these supplies is well maintained, and supervision constant. A very strict standard is applied in testing these supplies, and the highest quality water is required before samples are passed as satisfactory.

The number of samples of water submitted for chemical analysis is comparatively small, but it is not necessary from a public health point of view, to submit water supplies to frequent examination for their chemical composition. Appropriate action is, however, taken where supplies are liable to plumbosolvent action.

Summarizing, therefore, the public mains treated supplies of the county are maintained in satisfactory bacteriological condition and are generally adequate where they have been provided. Any deviation from this generality is mentioned later in observations on individual districts. A second Newport Corporation mains supply from Talybont Reservoir to Newport is improving supplies in the areas around Abergavenny and Cwmbran.

Water supplies in rural areas, however, still remain a great problem, chiefly owing to the high costs of initial distribution networks. Indeed, there is some evidence that the activity of rural district councils in recent years in extending their piped water supplies under inducements offered by the Rural Water Supplies and Sewerage Acts, 1944 and 1951, is diminishing. This tendency must again be immediately replaced by a more positive approach. Despite the efforts of several years past the over-all proportion of the rural population receiving piped water supplies has only slightly improved. A lifetime of intensive effort is required to give the people concerned this elementary amenity which they have a right to expect from the community at large. It is well to remember that many of the areas affected contain dairy farms producing under adverse circumstances large quantities of milk for general consumption, and if the requisite care is not taken of this highly perishable commodity during all its stages from cow to consumer it is the general public who suffer most.



The following is a brief summary of the position of the post-war mains water supply schemes launched in each of the Rural Areas:—

**ABERGAVENNY.**—The comprehensive Llanover scheme has been completed, together with a number of subsidiary schemes in the nature of extensions of the original major scheme. A small by-pass scheme at Llantilio Pertholey, reported last year as being badly needed for the School, is under way.

**CHEPSTOW.**—No further developments have taken place in the scheme to supply Tintern. A Public Enquiry has been held in connection with the scheme to supply Shirenewton and Mynyddbach.

**MAGOR & ST. MELLONS.**—The small Began Lane scheme has been completed, together with all other mains supply schemes at present envisaged by this district.

**MONMOUTH.**—Approval has been received for the comprehensive Trelleck scheme. A branch of the Abergavenny Rural District Llanover Scheme is being continued along the Abergavenny—Raglan Road to serve Raglan. It is intended to continue a Pontypool Rural District Council scheme from Gwehelog to Llandenny Walks. No further steps have been taken in connection with the scheme for Newcastle and Llangattock-vibon-avel.

**PONTYPOOL.**—A scheme serving the main Usk—Raglan Road as far as Gwehelog is under way.

The following observations are called for on existing supplies in the county:—

It is difficult to maintain supplies to high altitudes in the Abercarn, Bedwas & Machen, Nantyglo & Blaina and Risca Urban Districts. A scheme to obtain water from the Llanover Pit should improve the position in the Abercarn and Risca areas, and also improve the supply to parts of the Mynyddislwyn areas. At Nantyglo and Blaina it is necessary to cut off supplies daily from one part of the district to enable water to reach another part for a few hours. A new main is being laid to improve the position here. Shortage during drought periods is complained of at Blaenavon, Usk and in the Monmouth and Pontypool Rural Districts.

**BEDWELLY URBAN.**—High Level mains supplies occasionally give some trouble.

**BLAENAVON URBAN.**—Some supplies are not chlorinated and the bacteriological standard cannot be relied upon.



CWMBRAN URBAN.—It has been necessary to make arrangements for increased supplies owing to the demands of industry and intensive new house building programmes of the Cwmbran Urban District Council and the Cwmbran Development Corporation.

MONMOUTH RURAL.—No piped supplies are treated, and despite regular inspection and protection of gathering grounds they cannot be considered to constitute a first-class supply.

### Sewerage.

The Rhymney and Western Valley main trunk sewers have always been subject to a great deal of subsidence. Repair work has accordingly always been heavy and sometimes changing levels in the vicinity of the sewers have impaired their efficiency. It would appear that added troubles are beginning to press upon the respective Joint Boards. Since the sewers were originally laid a great number of new houses with the modern amenities of water closets and baths have been erected in the areas which these sewers serve. It is doubtful whether the sewers are now always large enough to deal with the quantities of sewage which flow down the valleys; it is proving difficult to keep out storm water; and flooding is persistent in at least one area. It is possible that in the near future major expense will be necessary to maintain these services in a satisfactory state.

The major sewerage scheme for the Eastern Valley, providing a trunk sewer to a treatment plant at Ponthir is nearing completion.

Usk is proceeding with disposal plant to deal with sewage from the village.

Various economy measures appear to have retarded progress in the much-needed network of minor sewerage schemes for the rural areas.

In Abergavenny Rural District, however, the two schemes to serve Llanfoist have now been completed. Govilon is now to be sewered in three stages to spread the work over a longer period. The first stage has been started. Good progress has been made with a small direct labour scheme for Llanfair Kilgeddin. There has been no progress with a scheme for Pandy which was prepared some years ago.

No progress has been made in the scheme for Devauden in the Chepstow Rural District.

In Monmouth Rural District an Enquiry has been held into the scheme for Raglan.



### Schools.

The number of light, airy modern schools in the County is steadily increasing. This, however, only accentuates the problems of many older schools where amenities and conditions, as strongly criticized in this Report for many years, are of a very low standard and have often been described as appalling. The continuation of such conditions while carrying out within their very walls a programme of wider education in accordance with the conceptions of the second half of this century is a direct contradiction. It is now time that a survey was carried out of those schools which are to be retained in accordance with the County's plan approved under the Education Act, 1944.

### Housing.

While the building of new houses by local authorities and the Cwmbran Development Corporation is commendably proceeding apace, another year has passed without any material improvement in the over-all position of older houses. The general inactivity in dealing with repairs and improvements for the last fourteen years has resulted in a lag in the provision of what have become recognised as ordinary amenities; depreciation of the condition of properties; and a lowering of the standards by which old houses are judged. The Housing Act, 1949, was introduced to arrest this malignant trend, but a glance at the relative table in the Appendix will show how complete has been the failure of this measure. The 337 properties in respect of which loans and grants have been made by virtue of this Act is only a very small fraction of the number which need quite substantial attention. A more detailed analysis of the properties included in this figure would shew that the majority were in respect of loans for the *purchase* of property, and that the number for the *improvement* of property was very small.

Thus we find that owing to (i) the very restricted use of the Housing Act, 1936, for repair work on account of the "reasonable cost" provisions, (ii) the virtual failure of the Housing Act, 1949, and (iii) the restricting effects of the Rent and Mortgage Interest Restrictions Acts, local authorities have been forced to rely upon the nuisance provisions of the Public Health Act, 1936, in extreme cases only, in lieu of more positive measures for the improvement of living conditions, which should be available. It should be remembered that dwellings erected before 1914 still house the larger part of the population of the country, and as many of them will still be required to perform their original function for at least a further 60 years, the treatment of these houses might well provide the greatest internal problem of this half-century. Fundamental issues are involved, and realistic measures are urgently required in the interests of the people.



## FOOD AND DRUGS ACT, 1938.

During the year 1,160 samples of all kinds of foods were submitted to the Public Analyst. These samples were procured from all parts of the County, excluding the area covered by Pontypool Urban District Council and that of the Newport Borough Council.

The samples consisted of 815 Milks taken whilst in course of sale to the public; 13 "Appeal to Cow" samples of milk; 247 other foods; 37 Beers; 48 Ice Creams, and 17 pharmaceutical products. The "Other Foods" were of the main rationed foods as well as all kinds of tin, jar and packet varieties.

The Analyst certified 778 Milks, 245 other foods, 37 Beers, 41 Ice Creams and all the pharmaceutical goods to be in accord with the various standards required.

Of the remaining samples, 50 Milks and 7 Ice Creams were not in accordance with the standards required and 2 "other foods," samples of Patum Perperium, had decomposed due to being in stock for a long time.

Seven producers were prosecuted for selling to the Milk Marketing Board milk to which water had been added, and five vendors were summoned for selling ice cream which was deficient in fat.

Altogether 37 informations were upheld and the Magistrates inflicted fines to the amount of £46/10/0d. and costs of £20/16/0d.

The average composition of the milk was certified by the Public Analyst to be:—

Fat ...	...	...	...	3.57%
Solids not Fat ...	...	...	...	8.75%
				12.32%

The percentage of samples "Not up to the Standard" amounted to 4.30.

### **Milk.**

A close supervision of the nine pasteurising establishments licensed by the County Council was maintained during 1952—at Tredegar, Crosskeys, Nantyglo, Abertillery, Abergavenny, Cwmbran, Marshfield, Trethomas and Chepstow. Pasteurisation of milk is a colossal business, and nine establishments which the Monmouthshire County Council supervise handle over 10,000,000 gallons annually. It is, nevertheless, a precision process, and



its supervision, including the tracing and correcting of slight faults which occur from time to time, is a matter requiring a high degree of technical skill. Dairies, both large and small, generally co-operate to secure good results. Additional plant and machinery is frequently installed to increase efficiency, speed the various processes, and to reduce "carry over" milk to the ultimate benefit of the consuming public. It is a requirement of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, that from 1st October, 1954, pasteurised milk be delivered to the retail consumer in bottles which must be filled at the pasteurising establishment. The dairymen are engaged in gearing up their business to be able to comply with this requirement in good time.

Confusion is beginning to arise in the case of raw milk. By virtue of the provisions of the Food and Drugs (Milk and Dairies) Act, 1944, which came into operation on the 1st October, 1949, all functions in connection with the production and sale of milk at and from farms (as distinct from other retail) were transferred from the Minister of Health, County Councils and Local Authorities to the Minister of Agriculture. One of the improvements expected from this transfer of administration of producer aspects of milk to the Minister of Agriculture, was a more uniform administration than was possible under the former numerous authorities. It is doubtful, however, whether any improved bacteriological quality of the milk has accrued. In fact the production of undesignated raw milk, either for retail or for pasteurisation would appear to be receiving but very scant attention from the new Authority.

The central authorities had also anticipated that by this time practically the whole country would have been covered by "specified areas" and all milk retailed would have been Pasteurised, Sterilised, Tuberculin Tested or Accredited. As forecast in this report for 1951, this is proving a much longer process than was intended. This position accentuates the lack of attention which is being paid to the production of undesignated raw milk.

When milk production control was in the hands of the former authorities, the effectiveness of administration was frequently brought before the public gaze for examination. The time is now opportune for some public searchlight to be focussed on the results of the new organization.

During 1952, the declaration of the Ebbw Vale area, including the urban areas in the Rhymney, Sirhowy and Ebbw Valleys, and Blaenavon and Pontypool in the Eastern Valley of Monmouthshire, as a "specified area" was postponed. It is to be hoped that when this declaration does take place it will include an even larger part of the County.



STATISTICAL AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

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
Population in 1950	...	...	...	...	...	...	319,640
Population in 1951	...	...	...	...	...	...	317,900
Population in 1952	...	...	...	...	...	...	318,600
Rateable Value, 1952	...	...	...	...	...	...	£1,295,356
Sum represented by a penny rate, 1952	...	...	...	...	...	...	£4,881

### 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. There are also important aluminium works, nylon-yarn works and numerous smaller factories. A large electrical power station is in an advanced state of construction.

The Vital Statistics for England and Wales for the year 1952 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 home population				Death Rate per 1,000 Home population		Deaths under one year of age per 1,000 births.	
	Live Births	Live Births	Still Births	Still Births				
<b>ENGLAND &amp; WALES</b> ...	1952 <b>15.3</b>	1951 <i>15.5</i>	1952 <b>0.35</b>	1951 <i>0.36</i>	1952 <b>11.3</b>	1951 <i>12.5</i>	1952 <b>27.6</b>	1951 <i>29.6</i>
160 County Boroughs and Great Towns, including London ...	16.9	<i>17.3</i>	0.43	<i>0.45</i>	12.1	<i>13.4</i>	31.2	<i>33.9</i>
160 Smaller Towns (estimated resident population 25,000 to 50,000 at 1951 Census) ...	15.5	<i>16.7</i>	0.36	<i>0.38</i>	11.2	<i>12.5</i>	25.8	<i>27.6</i>
London Administrative County	17.6	<i>17.8</i>	0.34	<i>0.37</i>	12.6	<i>13.1</i>	23.8	<i>26.4</i>
<b>MONMOUTHSHIRE</b> ...	<b>17.2</b>	<i>16.5</i>	<b>0.47</b>	<i>0.5</i>	<b>11.5</b>	<i>13.38</i>	<b>33.9</b>	<i>42.9</i>

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



**Births.**

During 1952 there were, according to the Registrar-General's returns, 5,461 live births in the Administrative County and 149 still-births. Further details are as follows:—

	Legitimate		Illegitimate		Totals.	Comparability Factor.
	M.	F.	M.	F.		
<b>URBAN DISTRICTS:</b>						
Live Births ...	2,327	2,282	75	72	4,756	1.06
Still Births ...	75	57	2	—	134	
<b>RURAL DISTRICTS:</b>						
Live Births ...	338	341	14	12	705	1.11
Still Births ...	7	7	1	—	15	
<b>Totals ...</b>	<b>2,747</b>	<b>2,687</b>	<b>92</b>	<b>84</b>	<b>5,610</b>	<b>1.06</b>

The number of registered live births showed an increase of 211 compared with the year 1951, but is 112 less than for 1950.

The crude live birth 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:—

	1952.	1951.	1950.	1949.	1948.	1947.
Monmouthshire ...	17.2	16.5	17.4	18.3	19.2	21.3
England & Wales ...	15.3	15.5	15.8	16.7	17.9	20.5

The number of births in the County during 1952 was 5,461, giving a rate of 17.2 per 1,000 population. The figure for population, which is used in the calculation, is estimated by the Registrar-General and includes persons of all ages. It, of course, includes many persons who obviously have no effect on the reproductive process and a large proportion of such persons would cause a lowering of the birth rate per 1,000 of population, the converse being the case where there is a small proportion. If it is possible to remove the effect of these varying proportions, then a truer rate per 1,000 of population may be obtained and to this end the Registrar-General issues a "comparability factor." By multiplying the crude rate per 1,000 of population of an area by the comparability factor, comparison may be made with the rate for any other



area similarly adjusted, or with the crude rate for England and Wales. By multiplying the crude birth rate per 1,000 of population for the County by the comparability factor, 1.06, we get an adjusted rate of 18.2, compared with 15.3 for the whole of England and Wales.

The number of still-births was 149, giving a crude rate of 0.47 per 1,000 population. If this rate is adjusted by the comparability factor, the adjusted rate per 1,000 population is 0.50. This is higher than the rate for England and Wales, which for 1952 was 0.35 per 1,000 civilian population. The number of registered still-births works out at 26.56 per 1,000 live and still-births.

### Deaths.

The total number of deaths registered in the Administrative County in 1952, as shown by the Registrar-General's table was 3,665, compared with 4,256 for 1951, 3,948 for 1950, 3,869 for 1949, 3,528 for 1948, 3,840 for 1947, and 3,647 for 1946.

The crude general death rate, calculated upon the estimate of population submitted by the Registrar-General (318,000), is 11.5 per 1,000 living. In 1951 the rate was 13.4; in 1950 it was 12.4; in 1949 it was 12.15; in 1948 it was 11.1; in 1947 it was 12.4, and in 1946 it was 11.7.

The crude County death rate of 11.5 per 1,000 population shows a decrease of 1.88 on 1951, but is slightly higher than that for the whole of England and Wales(11.3).

A comparability factor is issued by the Registrar-General for adjustment of the crude death rate per 1,000 of population in a similar manner to that for the birthrate. In this case, however, the factor which has to be removed is the difference in constitution of population by sex or age, etc. Thus the crude death rate per 1,000 of population for the County for 1952 (11.5), when adjusted by the comparability factor of 1.04 gives an adjusted rate of 12.0 compared with the crude rate of 11.3 for the whole of England and Wales.

The District Medical Officer's figures of the ages at death of children under one year of age show that during the year 97 infants died within one week of birth, and 14 children died between the end of the first week of life and the end of the fourth week. A further 64 infants died between the ages of one month and one year. With the figure of 149 still-births, there was a total of 324 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 185, of which 161 were in the Urban Areas and 24 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:—

	1952.	1951.	1950.	1949.	1948.	1947.
Monmouthshire ...	33.9	42.9	39.8	42.8	43.7	44.9
England & Wales ...	27.6	29.6	29.8	32	34	41

### Maternal Mortality.

There were 4 deaths registered during the year from accidents and diseases of pregnancy and parturition, but none from puerperal sepsis. This is equal to a rate of 0.73 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 0.71 per 1,000.

The rate for England and Wales was 0.72 per 1,000 total births.

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

1952 ...	0.71
1951 ...	1.48
1950 ...	1.73
1949 ...	2.83
1948 ...	1.92
1947 ...	1.17
1946 ...	2.0

During the year 1952 there were 17 cases of puerperal pyrexia which were notifiable according to the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations, 15 of which were in domiciliary confinements and 2 institutional. In 1951 there were 14 notifications, in 1950 there were 13, and in 1949, 28.



## DENTAL SERVICE.

	Examined by A.M.O.'s Dentists, etc.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	3,394	428	225	223
Children under 5 ..	391	391	299	299

	Extractions	Anaes.		Fillings	Scalings or Scalings and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	469	—	212	7	2	—	7	20	15	71
Children under 5 ..	565	—	299	—	—	—	—	—	—	—

## DOMESTIC HELP SERVICE.

Area Health Sub- Committee	Domestic Helps Supplied during 1952.					Helps Employed at end of 1952			Total Hours Worked.
	Maternity Cases	Tubercu- losis Cases	Cancer Cases	Aged People and Others	Total	Whole-time	Part-time	Total	
No. 1 ..	23	5	4	199	227	—	57	57	62,800
No. 2 ..	14	5	—	118	137	1	31	32	40,141
No. 3 ..	10	6	7	95	111	2	26	28	39,561
No. 4 ..	3	4	1	120	127	3	34	37	49,534
No. 5 ..	4	1	1	198	203	4	32	36	64,179
No. 6 ..	14	5	12	112	131	4	36	40	49,972
No. 7 ..	21	9	1	254	284	3	86	89	106,444
No. 8 ..	15	1	—	69	85	—	32	32	31,041
No. 9 ..	20	5	2	59	84	—	24	24	20,446
No. 10 ..	9	—	6	91	100	—	45	45	34,924
Total ..	133	41	34	1,315	1,489	17	403	420	499,042



SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES FOR 1952

DISTRICTS	Estimated Mid-1952 Population	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles (excluding Rubella)	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid Fever	Paratyphoid Fevers	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria
				Paralytic	Non-Paralytic						Infective	Post-Infectious								
<b>URBAN.</b>																				
Abercarn	18,630	20	36	...	...	109	1	56	5	...	...	1	...	4	...	...	30	...	...	...
Abergavenny	9,058	7	48	...	...	1	...	1	...	...	...	...	...	2	...	...	...	...	...	...
Abertillery	27,320	60	41	1	...	97	...	4	...	...	...	...	...	2	...	...	2	...	...	...
Bedwas and Machen	8,765	...	...	...	...	14	...	...	2	...	...	...	...	1	...	...	1	...	...	...
Bedwellty	28,560	22	21	...	...	113	3	4	2	...	...	...	21	1	...	...	...	3	1	...
Blaenavon	9,628	1	15	...	...	35	...	2	...	...	...	...	1	5	...	...	...	...	...	...
Caerleon	4,887	10	15	...	...	10	...	4	2	...	...	...	...	...	...	...	...	...	...	...
Chepstow	5,473	8	1	...	...	26	...	1	2	...	...	...	...	...	...	...	...	...	...	...
Cwmbran	13,460	3	91	...	...	140	...	7	...	...	...	...	...	...	...	...	...	...	...	...
Ebbw Vale	28,690	51	79	3	...	317	1	81	7	...	...	...	4	15	...	...	...	3	2	...
Monmouth	5,748	4	8	...	...	57	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn	14,600	4	10	...	...	7	2	2	8	...	...	...	1	27	...	...	...	...	...	...
Nantyglo and Blaina	11,290	14	9	...	...	282	...	8	...	...	...	...	...	3	...	...	...	...	...	...
Pontypool	42,420	57	165	4	...	99	...	5	...	...	...	1	...	1	...	...	3	...	...	...
Rhymney	9,006	...	3	...	...	2	...	...	...	...	...	...	6	...	...	...	2	...	...	...
Risca	15,020	13	58	...	...	82	...	40	2	...	...	...	...	7	...	...	...	...	...	...
Tredegar	20,310	4	...	2	...	7	...	...	...	...	...	...	...	...	...	...	...	13	3	1
Usk	1,635	...	1	...	...	55	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Totals, Urban	274,500	278	601	10	2	1453	7	196	26	...	4	2	6	123	35	6	36	29	8	1
<b>RURAL.</b>																				
Abergavenny	8,344	3	10	...	...	2	...	3	1	...	...	...	...	...	...	...	...	...	...	...
Chepstow	10,020	7	7	1	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor & St. Mellons	13,560	19	10	...	...	61	...	12	...	...	...	...	...	1	...	...	1	...	...	...
Monmouth	5,743	1	13	1	...	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	5,833	4	26	4	...	77	1	4	...	...	...	...	...	11	1	...	...	...	1	...
Totals, Rural	43,500	34	66	6	—	195	1	19	1	—	—	—	—	12	1	—	1	1	1	—
Grand Totals	318,000	312	667	16	2	1648	8	215	27	..	4	2	6	135	36	6	37	30	9	1



# ANALYSIS OF NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN AGE GROUPS, 1952.

## Age Groups.

NATURE OF DISEASE.	Under 1 Year		1-2 Years		3-4 Years		5-9 Years		10-14 Years		15-24 Years		25 Years and Over		Age Unknown		Total (All Ages)												
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.											
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total										
Scarlet Fever ...	1	—	16	9	25	34	68	87	163	13	23	36	6	10	16	2	1	3	2	1	3	2	1	2	1	159	153	312	
Whooping Cough ...	37	35	64	96	160	105	296	91	167	7	8	15	2	2	4	6	3	9	2	2	4	3	6	3	314	353	667		
Acute Poliomyelitis:																													
Paralytic ...	—	—	3	1	4	2	3	2	4	2	—	2	1	—	1	—	1	2	—	—	—	—	—	—	—	11	5	16	
Non-Paralytic ...	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	
Measles (excluding Rubella) ...	22	28	138	141	279	236	461	427	787	21	29	50	4	3	7	4	6	10	2	2	4	7	4	6	10	854	794	1648	
Diphtheria ...	—	—	—	—	—	—	—	2	2	1	1	2	—	1	1	1	2	3	—	—	—	—	—	—	—	2	6	8	

## Age Groups.

NATURE OF DISEASE.	Under 5 Years		5-14 Years		15-44 Years		45-64 Years		65 Years and Over		Age Unknown		Total (All Ages)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Acute Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis:														
Infective ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post-Infectious ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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



## HOUSING.

District.	No. of Houses owned by Local Authority on 31-12-52.		No. of Houses completed during 1952.			No. of Local Authority Houses for which sanction has been given but not commenced on 31-12-52.
	Temp. Prefab.	Permanent.	By Local Authority.	By Private Enterprise.	Total.	
<b>Urban.</b>						
Abercarn	50	785	44	19	63	422
Abergavenny	50	562	114	16	130	—
Abertillery	100	549	113	6	119	88
Bedwas & Machen	50	717	56	3	59	110
Bedwellty	100	1,121	34	3	37	—
Blaenavon	50	342	8	—	8	40
Caerleon	50	154	10	4	14	16
Chepstow	—	230	—	11	11	—
Cwmbran	200	881	68	43	111	142
Ebbw Vale	—	1,301	126	9	135	60
Monmouth	50	297	—	4	4	18
Mynyddislwyn	99	915	56	7	63	—
Nantyglo & Blaina	49	492	48	—	48	—
Pontypool	300	2,408	153	13	166	40
Rhymney	50	223	—	—	—	50
Risca	46	1,043	36	3	39	24
Tredeggar	88	894	58	4	62	56
Usk	—	52	12	6	18	—
<b>Rural.</b>						
Abergavenny	10	282	71	9	80	—
Chepstow	—	265	29	10	39	230
Magor & St. Mellons	121	706	108	12	120	6
Monmouth	—	121	22	2	24	40
Pontypool	—	139	5	30	35	6
<b>Totals</b>	1,463	14,579	1,171	214	1,385	1,288

In addition to the above, the Cwmbran Development Corporation completed 210 houses during the year, and these were under construction on December 31st, 1952:—

2-Bedroom Flats	...	8
2-Bedroom Houses	...	106
3-Bedroom Houses	...	179
4-Bedroom Houses	...	26



## HOUSING ACT, 1949.

### Details of Loans and Grants.

DISTRICT.	Number of Grants 1952.	Amount of Grants 1952. £	Number of Loans 1952.	Amount of Loans 1952. £	Total number of Grants under Act 1949-1952.	Total amount of Grants under Act 1949-52. £	Total number of Loans under Act 1949-52.	Total amount of Loans 1949-52. £
<b>Urban.</b>								
Abercarn ...	2	368	—	—	2	368	—	—
Abergavenny ...	—	—	4	4,900	—	—	4	4,900
Abertillery ...	—	—	17	5,100	—	—	46	10,346
Bedwas & Machen ...	—	—	—	—	—	—	—	—
Bedwellty ...	—	—	—	—	—	—	—	—
Blaenavon ...	—	—	—	—	—	—	—	—
Caerleon ...	—	—	5	5,070	—	—	5	5,070
Chepstow ...	—	—	—	—	—	—	—	—
Cwmbran ...	—	—	2	520	—	—	6	1,870
Ebbw Vale ...	—	—	71	22,584	—	—	173	77,798
Monmouth ...	—	—	1	1,755	—	—	1	1,755
Mynyddislwyn ...	—	—	—	—	—	—	—	—
Nantyglo & Blaina ...	—	—	27	5,908	—	—	39	9,508
Pontypool ...	—	—	—	—	—	—	—	—
Rhymney ...	—	—	—	—	—	—	—	—
Risca ...	—	—	2	540	—	—	8	4,670
Tredegarr ...	—	—	32	16,215	—	—	55	80,670
Usk ...	—	—	—	—	—	—	—	—
<b>Rural.</b>								
Abergavenny ...	4	600	—	—	4	600	—	—
Chepstow ...	1	280	—	—	1	280	—	—
Magor & St. Mellons ...	1	199	—	—	1	199	—	—
Monmouth ...	—	—	—	—	—	—	—	—
Pontypool ...	—	—	—	—	—	—	—	—
Totals ...	8	1,447	161	62,592	8	1,447	337	146,587



TABLE SHOWING DETAILS OF WATER ANALYSES.

DISTRICT.	Bacteriological Examination of Untreated Water.			Bacteriological Examination of Treated Water.				Chemical Analysis.			
	Public Supplies.	Other Supplies.		Public Supplies.		Other Supplies.		Public Supplies.		Other Supplies.	
	No of Samples taken	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory
<b>Urban.</b>											
Abercarn ... ..	—	4	1	12	—	—	—	—	—	—	—
Abergavenny ... ..	1	—	3	—	—	—	—	—	—	—	—
Abertillery ... ..	—	—	—	—	—	—	—	—	—	—	—
Bedwas & Machen ... ..	—	4	—	6	—	—	—	—	—	—	—
Bedwellty ... ..	—	—	—	17	—	—	—	—	—	—	—
Blaenavon ... ..	1	—	—	5	—	—	—	—	—	—	—
Caerleon ... ..	—	—	—	2	—	—	—	—	—	—	—
Chepstow ... ..	—	—	—	4	4	—	—	—	—	—	—
Cwmbran ... ..	1	—	—	5	—	—	—	—	—	—	—
Ebbw Vale ... ..	6	2	1	13	1	1	—	5	—	—	—
Monmouth ... ..	5	—	—	16	—	—	—	—	—	—	—
Mynyddislwyn ... ..	—	—	2	1	—	—	—	—	—	—	—
Nantyglo & Blaina ... ..	—	—	1	14	—	—	—	1	—	—	—
Pontypool ... ..	—	1	4	70	7	—	—	1	—	—	—
Rhymney ... ..	26	—	—	39	1	—	—	—	—	—	—
Risca ... ..	—	—	—	—	—	—	—	—	—	—	—
Tredegar ... ..	89	—	—	41	2	—	—	—	—	—	—
Usk ... ..	—	—	—	2	—	—	—	—	—	—	—
<b>Rural.</b>											
Abergavenny ... ..	1	2	3	8	—	—	—	5	—	—	—
Chepstow ... ..	15	26	4	31	—	—	—	1	—	—	—
Magor & St. Mellons ... ..	—	12	13	23	2	—	—	—	—	—	—
Monmouth ... ..	11	4	3	—	—	—	—	2	—	2	—
Pontypool ... ..	—	—	7	4	1	—	—	—	—	—	—
Totals ... ..	156	55	42	313	18	1	—	15	—	2	—



**RETURN OF WORK DONE BY THE AUTHORITY UNDER:—**

**1. Nurseries and Child-Minders Regulation Act, 1948.**

	Number registered at end of year	Number of children provided for
Premises ...		
(a) Factory	—	—
(b) Other nurseries	1	8
Daily Minders	—	—

**2. Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).**

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during year	—	—	—	—
Homes on the register at end of year	—	—	—	—

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.



## PREMATURE BIRTHS, 1952.

All the items in this section refer to notified births **after correction for transfers.**

(1) Premature infants (*i.e.*, 5½ lb. or less at birth, irrespective of period of gestation):—

(a) Total number of premature live births in the area ... ..	446
(b) Number of premature live births at home ... ..	139
(c) Number of premature live births in private nursing homes ( <i>see</i> Note 1) ... ..	—

(2) Premature stillbirths (*i.e.*, 5½ lb. or less, irrespective of period of gestation):—

(a) Total number of premature stillbirths in the area ... ..	66
(b) Number of premature stillbirths at home ... ..	21
(c) Number of premature stillbirths in private nursing homes ... ..	—

## Births at home.

## Births in private nursing homes.

Premature Still-births	Premature live births.						Birth weight ( <i>see</i> Note 2)	Premature Still-births	Premature live births.					
	Nursed entirely at home					Transferred to Hospital			Nursed entirely in nursing homes.					Transferred to Hospital
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total				Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
21	8	1	—	—	9	3	2 lb. 3 oz. or less (1,000 gms. or less)	—	—	—	—	—	—	—
—	—	2	—	—	2	3	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,000-1,500 gms.)	—	—	—	—	—	—	—
—	1	2	—	8	11	9	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	—	—	—	—	—	—	—
—	—	—	—	12	12	4	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	—	—	—	—	—	—	—
—	—	1	—	83	84	2	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	—	—	—	—	—	—	—
21	9	6	—	103	118	21	TOTALS	—	—	—	—	—	—	—

NOTES: 1. "Private Nursing home" includes nursing homes and maternity homes not in the National Health Service, and Mother and Baby Homes where the women are confined in the Home.

2. The weight divisions in the table are those recommended by the Joint Standing Committee on Prematurity to make British statistics internationally comparable.



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

**Year Ended 31st December, 1952.**

VENEREAL DISEASES	...	...	...	...	...	...	...	8,210
FAECES: For Pathogenic Bacteria	...	...	...	...	...	...	...	5,637
URINES: General and Bacteriological Tests	...	...	...	...	...	...	...	1,219
SPUTUM: For Tuberculosis and other Organisms	...	...	...	...	...	...	...	3,732
SWABS: For Diphtheria and other Organisms	...	...	...	...	...	...	...	1,788
BLOOD COUNTS: For Diagnosis	...	...	...	...	...	...	...	1,415
WATERS: Bacteriological Tests	...	...	...	...	...	...	...	1,383
MILKS: Designated and Non-designated Examinations	...	...	...	...	...	...	...	1,817
ICE-CREAMS: Bacteriological Tests	...	...	...	...	...	...	...	790
MISCELLANEOUS: Bacteriological and Bio-Chemical Tests	...	...	...	...	...	...	...	2,604
								28,595
								28,595



**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 Live 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	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—
Whooping Cough	—	—	1	—	—	—	1	0.18
Influenza	—	—	—	—	—	—	—	—
Meningococcal Infections	1	—	2	—	—	—	3	0.55
Cancer	—	—	—	—	—	—	—	—
Syphilis	—	—	2	—	—	—	2	0.36
Tuberculosis (Respiratory)	—	—	—	—	—	—	—	—
Tuberculosis (Other)	—	—	1	—	—	—	1	0.18
Bronchitis	—	—	2	—	—	—	2	0.36
Pneumonia (all forms)	4	2	18	1	1	2	28	5.12
Other Respiratory Diseases	2	1	—	—	—	—	3	0.55
Gastritis, Enteritis and Diarrhoea	—	1	4	—	—	1	6	1.09
Congenital Malformations	2	—	9	2	—	—	13	2.38
Premature Births	54	1	—	5	—	—	60	11.0
Acute Poliomyelitis	—	—	—	—	—	—	—	—
Leukaemia	—	—	—	—	—	—	—	—
Heart Disease	4	3	3	—	—	2	12	—
Violence	—	1	1	—	—	—	2	0.36
Food Poisoning	—	—	—	—	—	—	—	—
Other Causes	19	1	13	3	3	3	42	7.69
Totals	86	10	56	11	4	8	175	32.0

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

Causes.	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Measles	3	1	1	1	2	—	10	—	—	1	2
Diphtheria	—	—	—	—	—	—	—	—	1	1	1
Whooping Cough	3	4	4	5	3	3	4	—	3	2	14
Influenza	—	1	—	1	—	1	3	2	2	3	5
Meningococcal Infections	—	2	—	2	2	3	—	—	2	2	1
Cancer	—	—	—	1	—	—	—	—	—	—	—
Syphilis	1	—	—	—	1	—	—	—	—	—	—
Tuberculosis	—	—	—	2	4	—	6	2	—	—	2
Bronchitis	9	5	9	13	9	6	13	16	15	17	36
Pneumonia (all forms)	26	45	42	50	51	45	58	46	33	41	58
Other Respiratory Diseases	10	10	2	—	4	1	2	1	2	—	2
Diarrhoea	—	9	16	19	35	29	29	22	25	25	25
Congenital Debility, Premature Birth, etc.	102	73	98	143	161	179	165	192	145	184	180
Digestive Diseases	5	8	2	2	2	5	5	6	5	8	7
Violence	4	4	4	13	12	6	6	1	1	6	13
Food Poisoning	2	—	1	—	—	—	—	—	—	—	—
Other Defined Diseases	64	52	62	14	12	17	14	19	24	16	33
Totals	229	214	241	266	298	295	316	322	259	309	380

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



**AMBULANCE SERVICE As on December 31st, 1952.**

<i>Place.</i>	<i>No. of Vehicles.</i>	<i>Situation of Ambulance Station.</i>	<i>Telephone No.</i>	<i>Area Normally Served.</i>
CAERLEON ... (County Ambulance Telephone Control) (24-hour service).	4	Cambria House, Mill Street.	Caerleon 283/4/5.	Caerleon Urban. Magor & St. Mellons Rural.
RHYMNEY ...	1	Redwood Memorial Hospital.	Rhydney 314.	Rhydney Urban.
TREDEGAR ...	2	St. James' Hospital.	Tredeggar 241.	Tredeggar Urban.
EBBW VALE ... (24-hour service).	2	Ebbw Vale U.D. Council Yard.	Ebbw Vale 2321.	Ebbw Vale Urban.
BLAINA ...	2	Blaina & District Hospital.	Blaina 210.	Blaina & Nantyglo Urban.
ABERBEEG ... (24-hour service).	3	Abertillery & Dis- trict Hospital.	Aberbeeg 224.	Abertillery Urban.
BLACKWOOD ... (24-hour service).	7	"Maesruddud."	Blackwood 2333/4.	Bedwellty Urban. Mynyddislwyn Urban.
PONTYPOOL ... (24-hour service).	7	"Ashgrove," Upper George Street.	Pontypool 475/6.	Blaenavon Urban. Pontypool Urban and Rural. Cwmbran Urban. Usk Urban.
CROSS KEYS ...	1	Cross Keys Hotel Garage.	Cross Keys 44.	Risca Urban.
ABERCARN ...	1	Abercarn U.D. Council Yard.	Abercarn 18.	Abercarn Urban.
BEDWAS ...	1	Bedwas & Machen U.D. Council Yard	Bedwas 232.	Bedwas & Machen Urban.
CHEPSTOW ...	2	"The Mount," Welsh Street.	Chepstow 850.	Chepstow Urban and Rural.
MONMOUTH ... (24-hour service).	2	Drybridge House.	Monmouth 437.	Monmouth Borough and Rural.
ABERGAVENNY ... (24-hour service).	2	"Coed Glas."	Abergavenny 510.	Abergavenny Borough and Rural.

The above operational vehicles were supported by 6 reserve vehicles, stationed at the main Ambulance Control at Caerleon.

In the event of failure to obtain any of the above telephone numbers, contact Ambulance Control, Caerleon—283 as second call.

### **Emergency Arrangements**

The Ambulance Control Telephone No.—Caerleon 283—is exhibited at telephone exchanges throughout the County, and in emergency, the public may obtain service by the following procedure:—Dial "999" or "01" or "0" according to local arrangements, ask the operator for "Ambulance" and the call will be put through direct to the Ambulance Control.



**AMBULANCE SERVICE, 1952.**  
**Operational Return for the Year.**

	DIRECTLY OPERATED.			SUPPLEMENTARY SERVICE.	
	Ambulances	Sitting-Case Cars.	Total.	Hired Cars.	
<b>A. No. of Patients.</b>					
(1) Accidents & Emergencies	7,381	36	7,417	127	
(2) Others	82,570	1,207	83,777	38	
(3) Total of (1) & (2)	89,951	1,243	91,194	165	
<b>B. Journeys.</b>					
(1) Patient Carrying	26,264	503	26,767	149	
(2) Abortive and Service	1,904	79	1,983	2	
(3) Analgesia, etc.	14	—	14	—	
(4) Total of (1), (2) & (3)	28,182	582	28,764	151	
<b>C. Total Mileage</b>	749,468	33,143	782,611	2,519	
<b>D. No. of Operational Vehicles as at 31-12-52</b>	41	3	44		
<b>E. No. of Operational Staff as at 31-12-52</b>	72 Drivers, 1 Leader Driver, 1 Deputy Leader Driver. Total 74.				
<b>F. No. of Ambulance Stations as at 31-12-52</b>	14.				



# REGISTRAR-GENERAL'S RETURN OF BIRTHS AND INFANT DEATHS IN URBAN AND RURAL DISTRICTS IN 1952

District.	Estimated Mid-Year Home Population.	Live Births.						Still Births.						Deaths under 1 Year of Age.						Deaths under 4 Weeks of Age.				Comparability Factors.		
		Legit.			Illegit.			Legit.			Illegit.			Legit.			Illegit.			Legit.		Illegit.		Births.	Deaths.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		
<b>Urban.</b>																										
Abercarn	18,630	137	175	7	3	3	1	3	3	3	1	7	4	1	3	4	3	1	3	4	1	3	4	1	1.05	1.10
Abergavenny	9,058	68	78	2	6	3	—	3	3	3	—	3	1	—	3	1	—	3	1	—	1	—	—	—	1.01	0.88
Abertillery	27,370	252	219	4	12	3	3	4	3	3	3	10	2	—	2	2	—	2	2	2	1	—	—	—	1.08	1.06
Bedwas & Machen	8,765	76	88	2	3	3	2	2	3	3	1	2	1	1	2	1	—	2	2	9	1	—	—	—	1.07	1.06
Bedwellty	28,560	284	260	11	8	7	3	11	8	7	3	15	13	1	10	1	—	2	2	1	—	—	—	—	1.08	1.21
Blaenavon	9,628	66	57	3	3	2	1	3	3	2	1	2	1	—	2	1	—	—	—	1	—	—	—	—	1.10	1.03
Caerleon	4,887	48	36	1	2	2	—	2	2	2	—	—	3	—	2	3	—	—	3	1	—	—	—	1.26	1.13	
Chepstow	5,473	35	41	3	2	3	2	3	2	3	2	2	4	1	2	4	—	—	2	2	—	—	—	1.07	0.89	
Cwmbran	13,460	132	134	2	2	3	3	2	2	3	3	2	4	2	3	3	—	—	2	2	—	—	—	—	1.05	1.05
Ebbw Vale	28,690	222	238	7	5	10	11	7	5	10	11	7	5	2	7	5	—	—	5	3	2	—	—	—	1.04	1.12
Monmouth	5,748	49	46	1	2	2	1	1	2	2	1	2	1	—	2	1	—	—	1	1	—	—	—	—	0.99	1.05
Mynyddislwyn	14,600	157	152	5	2	1	4	5	2	1	4	12	5	—	7	3	—	—	7	3	—	—	—	—	1.05	0.82
Nantyglo & Blaina	11,290	102	101	4	2	7	5	4	2	7	5	7	4	—	3	3	—	—	3	3	—	—	—	—	1.10	1.21
Pontypool	42,420	340	337	11	11	14	11	11	11	14	11	9	9	1	9	9	—	—	1	4	—	—	—	—	1.04	1.06
Rhymney	9,006	65	58	—	1	2	3	1	1	2	3	1	—	—	1	—	—	—	1	—	—	—	—	—	1.06	1.06
Risca	15,020	108	109	1	2	4	2	1	2	4	2	1	—	—	1	—	—	—	1	—	—	—	—	—	1.04	1.01
Tredegar	20,310	170	142	10	6	11	5	10	6	11	5	10	6	—	10	6	—	—	4	3	—	—	—	—	1.03	1.03
Usk	1,635	16	11	1	—	—	—	—	—	—	—	1	1	—	1	—	—	—	1	—	—	—	—	—	0.95	0.95
Totals Urban Districts	274,500	2327	2282	75	72	75	57	72	72	75	57	93	61	7	57	38	4	1	57	38	4	—	—	—	1.06	1.06
<b>Rural.</b>																										
Abergavenny	8,344	51	58	4	1	3	1	3	1	3	1	2	3	—	3	2	—	—	2	2	—	—	—	—	1.33	0.82
Chepstow	10,020	82	86	5	4	2	1	2	4	2	1	4	2	—	4	2	—	—	2	3	—	—	—	—	1.04	0.97
Magor & St. Mellons	13,560	118	124	3	4	1	1	3	4	1	1	2	4	—	2	4	—	—	2	3	—	—	—	—	1.07	0.91
Monmouth	5,743	48	36	1	1	1	2	1	1	1	2	2	1	—	2	1	—	—	2	—	—	—	—	—	1.13	0.83
Pontypool	5,833	39	37	1	2	—	2	—	2	—	2	3	—	—	3	—	—	—	2	—	—	—	—	—	1.06	0.87
Totals Rural Districts	43,500	338	341	14	12	7	7	14	12	7	7	13	10	—	13	5	—	—	9	5	—	—	—	—	1.11	0.89
Grand Totals	318,000	2665	2623	89	84	82	64	89	84	82	64	106	71	7	66	43	4	1	66	43	4	1	—	—	1.06	1.04



REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1952.

District.	Popula- tion.	Causes of Death																																						
		Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Diseases	Diphtheria	Whooping Cough	Menigeococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia, Aetkaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Diseases, Angina	Hypertension, with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes		
<b>Urban Districts.</b>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
Abercarn	18,630	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abergavenny	9,058	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberthillery	27,320	10	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bedwas & Machen	8,765	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bedwellty	28,560	9	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Blaenavon	9,628	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Caerleon	4,887	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	5,473	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cwmbran	13,473	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ebbw Vale	28,690	11	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monmouth	5,748	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Myzdydialwyn	14,600	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nantyglo & Blaia	11,290	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontypool	42,420	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rhymney	9,006	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Risca	15,020	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tredegar	20,310	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Usk	1,635	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Rural Districts.</b>																																								
Abergavenny	8,344	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	10,020	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magor & St. Mellons	12,560	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monmouth	5,743	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontypool	5,833	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Total</b>	<b>318,000</b>	<b>78</b>	<b>10</b>	<b>10</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>15</b>	<b>114</b>	<b>74</b>	<b>48</b>	<b>26</b>	<b>307</b>	<b>10</b>	<b>23</b>	<b>437</b>	<b>409</b>	<b>78</b>	<b>676</b>	<b>156</b>	<b>10</b>	<b>110</b>	<b>208</b>	<b>67</b>	<b>43</b>	<b>18</b>	<b>65</b>	<b>37</b>	<b>4</b>	<b>33</b>	<b>423</b>	<b>33</b>	<b>106</b>	<b>26</b>	<b>1</b>	<b>3,665</b>			



















STATE BIRTH AND DEATH STATISTICS

Year	LIVE BIRTHS		DEATHS		Total	Rate per 1,000	Cause
	Male	Female	Male	Female			
1900	142	138	127	115	265	10.5	Urban
1901	145	140	130	118	248	10.2	Urban
1902	148	143	133	121	254	10.3	Urban
1903	151	146	136	124	260	10.4	Urban
1904	154	149	139	127	266	10.5	Urban
1905	157	152	142	130	272	10.6	Urban
1906	160	155	145	133	278	10.7	Urban
1907	163	158	148	136	284	10.8	Urban
1908	166	161	151	139	290	10.9	Urban
1909	169	164	154	142	296	11.0	Urban
1910	172	167	157	145	302	11.1	Urban
1911	175	170	160	148	308	11.2	Urban
1912	178	173	163	151	314	11.3	Urban
1913	181	176	166	154	322	11.4	Urban
1914	184	179	169	157	326	11.5	Urban
1915	187	182	172	160	332	11.6	Urban
1916	190	185	175	163	338	11.7	Urban
1917	193	188	178	166	344	11.8	Urban
1918	196	191	181	169	350	11.9	Urban
1919	199	194	184	172	356	12.0	Urban
1920	202	197	187	175	362	12.1	Urban
1921	205	200	190	178	368	12.2	Urban
1922	208	203	193	181	374	12.3	Urban
1923	211	206	196	184	380	12.4	Urban
1924	214	209	199	187	386	12.5	Urban
1925	217	212	202	190	392	12.6	Urban
1926	220	215	205	193	398	12.7	Urban
1927	223	218	208	196	404	12.8	Urban
1928	226	221	211	199	410	12.9	Urban
1929	229	224	214	202	416	13.0	Urban
1930	232	227	217	205	422	13.1	Urban
1931	235	230	220	208	428	13.2	Urban
1932	238	233	223	211	434	13.3	Urban
1933	241	236	226	214	440	13.4	Urban
1934	244	239	229	217	446	13.5	Urban
1935	247	242	232	220	452	13.6	Urban
1936	250	245	235	223	458	13.7	Urban
1937	253	248	238	226	464	13.8	Urban
1938	256	251	241	229	470	13.9	Urban
1939	259	254	244	232	476	14.0	Urban
1940	262	257	247	235	482	14.1	Urban
1941	265	260	250	238	488	14.2	Urban
1942	268	263	253	241	494	14.3	Urban
1943	271	266	256	244	500	14.4	Urban
1944	274	269	259	247	506	14.5	Urban
1945	277	272	262	250	512	14.6	Urban
1946	280	275	265	253	518	14.7	Urban
1947	283	278	268	256	524	14.8	Urban
1948	286	281	271	259	530	14.9	Urban
1949	289	284	274	262	536	15.0	Urban
1950	292	287	277	265	542	15.1	Urban
1951	295	290	280	268	548	15.2	Urban
1952	298	293	283	271	554	15.3	Urban
1953	301	296	286	274	560	15.4	Urban
1954	304	299	289	277	566	15.5	Urban
1955	307	302	292	280	572	15.6	Urban
1956	310	305	295	283	578	15.7	Urban
1957	313	308	298	286	584	15.8	Urban
1958	316	311	301	289	590	15.9	Urban
1959	319	314	304	292	596	16.0	Urban
1960	322	317	307	295	602	16.1	Urban
1961	325	320	310	298	608	16.2	Urban
1962	328	323	313	301	614	16.3	Urban
1963	331	326	316	304	620	16.4	Urban
1964	334	329	319	307	626	16.5	Urban
1965	337	332	322	310	632	16.6	Urban
1966	340	335	325	313	638	16.7	Urban
1967	343	338	328	316	644	16.8	Urban
1968	346	341	331	319	650	16.9	Urban
1969	349	344	334	322	656	17.0	Urban
1970	352	347	337	325	662	17.1	Urban
1971	355	350	340	328	668	17.2	Urban
1972	358	353	343	331	674	17.3	Urban
1973	361	356	346	334	680	17.4	Urban
1974	364	359	349	337	686	17.5	Urban
1975	367	362	352	340	692	17.6	Urban
1976	370	365	355	343	698	17.7	Urban
1977	373	368	358	346	704	17.8	Urban
1978	376	371	361	349	710	17.9	Urban
1979	379	374	364	352	716	18.0	Urban
1980	382	377	367	355	722	18.1	Urban
1981	385	380	370	358	728	18.2	Urban
1982	388	383	373	361	734	18.3	Urban
1983	391	386	376	364	740	18.4	Urban
1984	394	389	379	367	746	18.5	Urban
1985	397	392	382	370	752	18.6	Urban
1986	400	395	385	373	758	18.7	Urban
1987	403	398	388	376	764	18.8	Urban
1988	406	401	391	379	770	18.9	Urban
1989	409	404	394	382	776	19.0	Urban
1990	412	407	397	385	782	19.1	Urban
1991	415	410	400	388	788	19.2	Urban
1992	418	413	403	391	794	19.3	Urban
1993	421	416	406	394	800	19.4	Urban
1994	424	419	409	397	806	19.5	Urban
1995	427	422	412	400	812	19.6	Urban
1996	430	425	415	403	818	19.7	Urban
1997	433	428	418	406	824	19.8	Urban
1998	436	431	421	409	830	19.9	Urban
1999	439	434	424	412	836	20.0	Urban
2000	442	437	427	415	842	20.1	Urban
2001	445	440	430	418	848	20.2	Urban
2002	448	443	433	421	854	20.3	Urban
2003	451	446	436	424	860	20.4	Urban
2004	454	449	439	427	866	20.5	Urban
2005	457	452	442	430	872	20.6	Urban
2006	460	455	445	433	878	20.7	Urban
2007	463	458	448	436	884	20.8	Urban
2008	466	461	451	439	890	20.9	Urban
2009	469	464	454	442	896	21.0	Urban
2010	472	467	457	445	902	21.1	Urban
2011	475	470	460	448	908	21.2	Urban
2012	478	473	463	451	914	21.3	Urban
2013	481	476	466	454	920	21.4	Urban
2014	484	479	469	457	926	21.5	Urban
2015	487	482	472	460	932	21.6	Urban
2016	490	485	475	463	938	21.7	Urban
2017	493	488	478	466	944	21.8	Urban
2018	496	491	481	469	950	21.9	Urban
2019	499	494	484	472	956	22.0	Urban
2020	502	497	487	475	962	22.1	Urban







