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MONMOUTHSHIRE COUNTY COUNCIL.



**ANNUAL REPORT**  
OF THE  
**COUNTY MEDICAL OFFICER OF HEALTH.**  
FOR THE YEAR 1953.

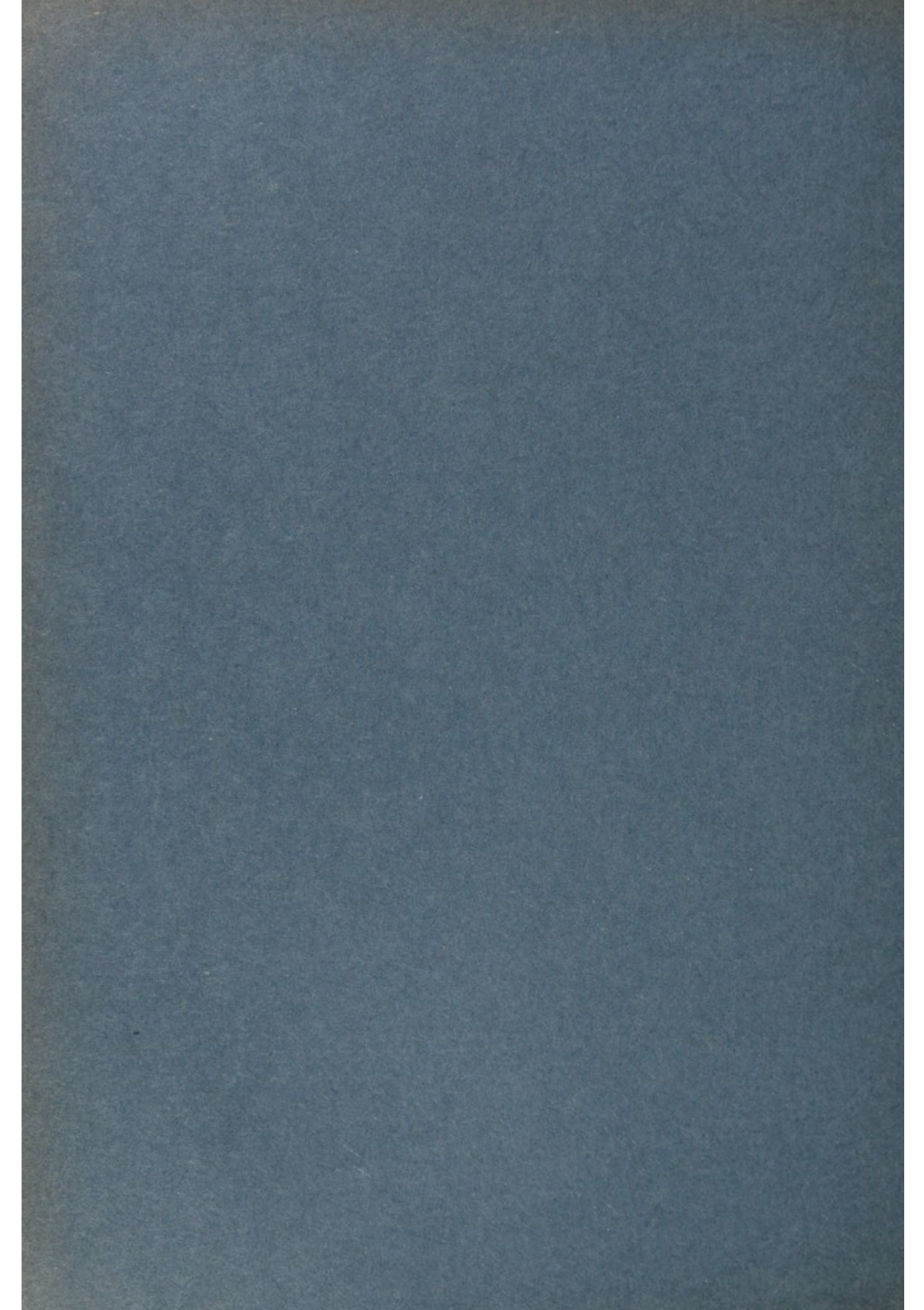


**GWYN ROCYN JONES,**

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

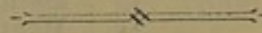
County Medical Officer.

COUNTY HALL,  
NEWPORT, MON.





MONMOUTHSHIRE COUNTY COUNCIL.

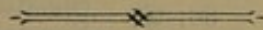


# ANNUAL REPORT

OF THE

**COUNTY MEDICAL OFFICER OF HEALTH.**

FOR THE YEAR 1953.



**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 to present my Annual Report upon the Health and Preventive Medical Services of the County of Monmouth for the year 1953.

The live birth rate per 1,000 population showed a decrease of 0.4 on the previous year, the rate being 16.8 as compared with 17.2.

The death rate for 1953 was 11.6 per 1,000 population, compared with 11.5 for the previous year, an increase of 0.1.

Infant mortality showed an improvement of 1.3 per 1,000 births on the year 1952, the rate for 1953 being 32.6 as compared with 33.9 for the previous year.

The health conditions of the County continue to be generally satisfactory, no serious epidemics of infectious diseases having occurred during the year. The notification rate and death rate for acute poliomyelitis were half of those returned for last year. Whooping cough, although still prevalent, was appreciably less so than in last year, and the number of notifications was only about half of that for the year 1951.

Notification rates for both pulmonary and non-pulmonary tuberculosis show a reduction on the previous year, and both figures are lower than for any year since at least 1938. The pulmonary death-rate is also lower than for any year since 1938. The non-pulmonary tuberculosis death rate equals that of the year 1952, which was the lowest since 1938.

The Domestic Help Service continued to be most useful, and it provided a valuable service to the chronic sick. The lack of hospital accommodation for the latter still causes anxiety, but this Authority gives such help in the home as is possible by means of the Domestic Help Service, the Home Nursing Service and by the small domiciliary Physiotherapy Service which is included in the Geriatric Service.

In general the services of the County Council continue to work well with those of the National Health Service.

I should like to record my indebtedness to the Health Committee for their help, encouragement and support, and would also like to thank the

Specialists and Staffs of the Hospitals, who have shown such willing co-operation in the work of the prevention and cure of disease. In conclusion I would also thank the members of the Health Department Staff for their loyal co-operation and assistance at all times.

I have the honour to be,

Your Obedient Servant,

G. ROCYN JONES.

County Hall,

Newport, Mon.

## 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	Thomas Stephens, M.C., B.Sc., M.R.C.S., L.R.C.P. (Commenced 1-10-53).
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.		
Abergavenny U.D.C.	} Area No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.
Abergavenny R.D.C.		
Usk U.D.C., Pontypool R.D.C.		
*District Medical Officer of Health only.		A. Joyce Thomas, M.D., M.R.C.S., L.R.C.P., C.P.H. Area Medical Officer for No. 1 Area from 1-10-53.



**SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH :**

- J. Newcombe, M.B., B.S., D.P.M. (Mental Health).  
 L. Anne Knowlson, B.Sc., M.D., Ch.B., D.P.H. (Maternity and Child Welfare).  
 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.  
 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. (Resigned 27-4-53).  
 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.  
 A. Joyce Thomas, M.D., M.R.C.S., L.R.C.P., C.P.H. (Area M.O. for No. 4 Area until 30-9-53. Area Medical Officer for No. 1 Area from 1-10-53).  
 Marion E. Cox, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. (Resigned 28-2-53).  
 Mary Stewart, B.Sc., M.B., B.Ch.  
 Mary Ll. Williams, M.B., B.Ch.  
 Betty Howarth, M.D., M.R.C.P. (Resigned 30-9-53).  
 Margaret E. Cochrane-Dyet, M.B., Ch.B. (Commenced 1-1-53).  
 Ciceley Waters, M.D., B.Sc., D.P.H., R.C.P.S. (Commenced 1-1-53).  
 Lilian J. Cunningham, M.B., B.Ch., B.Sc. (Commenced 5-10-53).  
 Mary Wells Jenkins, B.Sc., M.B., B.Ch., D.P.H. (Commenced 2-11-53).

**SENIOR DENTAL OFFICER :**

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

**ASSISTANT DENTAL OFFICERS :**

- D. B. Porter, L.D.S. (Deceased 26-12-53).  
 J. C. Morley, L.D.S.  
 Greta McHarg, L.D.S.  
 Miss Elizabeth K. Drew, L.D.S. (Resigned 31-10-53).  
 Miss Barbara Haines, L.D.S. (Resigned 30-6-53).  
 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. (Retired Nov., 1953).

Miss O. Griffiths, S.C.M.

**SUPERVISOR OF HEALTH VISITORS :**

Miss E. Morgan, S.R.N., S.C.M., H.V.

**SUPERVISOR OF DISTRICT NURSES :**

Miss A. R. Collins, S.R.N., S.C.M., H.V.

**SUPERVISOR OF DOMESTIC HELPS :**

Mrs. M. V. Hughes (Commenced 1-6-53).

**WELFARE OFFICER (Illegitimate Children) :**

Miss G. A. Knight, S.R.N., S.C.M.

**SPEECH THERAPISTS :**

Miss Susan M. Green, L.C.S.T. (R.M.A.). (Resigned 12-5-53).

Miss Mary Knight, L.C.S.T. (R.M.A.) (Commenced 1-9-53).

Miss M. Watkins, L.C.S.T. (R.M.A.) (Commenced 12-10-53). Part-time.

**ORTHOPTIST :**

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

**MENTAL HEALTH WORKERS :**

Mrs. E. F. Udell.

Miss Alwyn Fuller.

Miss Sheila Readman.

Mr. Brynley Price.

**LADY HEALTH VISITORS :**

Baldwin, M.

Bevan, J. I.

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.

(Retired 5-11-53).

James, E. N.

Jones, A.

Jones, I.

Jones, B.

King, P. M. R.

Lewis, M.

(Commenced 1-2-53)

Lewis, R.

Lloyd, C. M.

Meyrick, J.

Morgan, C.

Parker, G.

Phillips, C. M.

Prosser, I.

Pulsford, M.

Redwood, N.

Reynolds, M. V.

Roberts, E.

Rowlands, L. M.

Sainsbury, M.

Simms, C. D.

Smith, H. M.

(Commenced 7-1-53)

Sparkes, E. I.

(Resigned 8-10-53)

Stevens, S. L.

Stinchcombe, N. G.

Tristram, L.

Walters, M.

Webb, E.

Williams, A. M.

Williams, F.

Wilmot, E. G.

Wixey, N. A.

ORTHOPAEDIC SISTER:  
Pugh, Miss M. M.

SCHOOL NURSE:  
Edwards, M.

ORAL HYGIENIST:  
Miss P. Haines.

DENTAL ATTENDANTS:

Mrs. O. Church (Resigned 4-11-53).

Miss Carol Jones, S.R.N.

Miss E. M. Theobald (Resigned 31-8-53).

Miss O. J. Annetts, B.E.M. (Commenced 6-11-53).

Miss Barbara Davies.

Miss J. Jones.

Miss B. Wynn.

DOMICILIARY PHYSIOTHERAPISTS:

Mr. E. Stratford-Leach, C.S.P. (Commenced 14-7-53).

Mr. R. J. Holley.

## MATERNITY AND CHILD WELFARE.

### Work of the Health Visitors.

There were at the end of the year 42 full-time Health Visitors on the Council's Staff undertaking Maternity and Child Welfare and School Health Service work. The apportionment of time during 1953 to Maternity and Child Welfare was approximately that of 36.5 Health Visitors.

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

1953.	1952.	1951.	1950.	1949.
65,975	68,959	57,587	48,623	53,960

Of the 65,975 visits paid in 1953, 5,335 were in respect of new babies.

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

1953.	1952.	1951.	1950.	1949.	1948.
47.6	49.8	48.5	52.2	51.9	56.4

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

1953.	1952.	1951.	1950.	1949.
7	9	7	6	12

These notifications for 1953, together with other cases of eye trouble reported by Midwives, making a total of 38, 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:—

	1953.	1952.	1951.	1950.	1949.
New Cases ... ..	3,033	2,966	3,434	3,860	4,073
Re-visits ... ..	12,529	13,196	15,002	15,578	16,959
Total Attendances ...	15,562	16,162	18,436	19,438	21,032

There are no General Medical Practitioners undertaking Clinic Sessions for the Local Health Authority. A number of General Practitioners have now established 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 300 half-day sessions were held per month. The Medical Officers consisted of 9 Area Medical Officers of Health, and Assistant Medical Officers as stated on pages 1 and 2.

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

The attendances at the Centres during 1953 and 4 previous years were:—

	1953.	1952.	1951.	1950.	1949.
No of Infants, who attended Child Welfare Centres during 1953 ... ..	11,913	11,430	11,240	11,127	12,042
No. of new cases, under 1 year	7,036	4,735	4,909	4,917	5,107
No. of attendances, under 1 yr.	59,601	60,335	62,149	63,973	69,227
No. of attendances, 1 to 5 yrs.	29,194	24,511	24,343	23,072	23,266
Total No. of attendances ...	88,795	84,846	86,492	87,045	92,493

The Travelling Maternity and Child Welfare Clinic visited many rural areas of the County, bringing the service to those situated in spots which are rather remote from the fixed Clinics. In most cases the visits were monthly, and many nursing mothers and infants were attended to who would otherwise not have enjoyed the amenities of a Clinic. The Mobile Clinic was particularly useful at Penygarn, where, so far, it had not been possible to establish a fixed Clinic. In the latter instance the visits were made fortnightly.

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

The Post-Natal Clinic at the Central Clinic at Newport was held weekly and 553 cases were examined during the year, 307 of which were new cases. 368 post-natal cases were also examined at Ante-Natal Clinics, 271 of which were new cases. The total attendance at the Newport Post-Natal Clinic was 789, and post-natal cases at the Ante-Natal Clinics 422.

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 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 frequently 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 £16,660/15/11d.

Welfare foods under the scheme of the Ministry of Food were 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 1953 was 432, of which 169 took place at home. This was 85.5 per 1,000 of all live births, and 78.4 per 1,000 of all live and still births. There were 70 premature still births, 15 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 Speech Therapist were available to the Council, dealing with speech impediments. Speech Therapy Clinics had to be suspended, however, between May and September, 1953, as one Speech Therapist resigned and it was 3½ months before a new officer took up duties. 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 65 cases were dealt with; a total of 889 visits being paid. 4 girls were admitted to Northlands Salvation Army Home for Unmarried Mothers, Cardiff; 8 to Mount Hope Salvation Army Home for Unmarried Mothers, Bristol, at the County Council's expense.

Of the 65 cases, 5 girls were later married to the putative fathers, 12 were married women, 43 were single, 1 was a divorced woman, and 4 were widows.

27 children were placed in homes with a view to adoption; 3 girls were accompanied to a Solicitor's Office and were successful in obtaining affiliation orders; 8 children were boarded out.

Miss G. A. Knight, Welfare Officer, attended a two-week post-graduate course at Sheffield University during the year.

### **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.

### **Children's Homes.**

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

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

The large majority of the time of the Dental Staff was devoted to the School Dental Service, and with the limited Dental Staff available it was not possible to carry out routine dental inspections of the patients in the category of Maternity and Child Welfare. 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. Nursing mothers and children attending the Infant Welfare Centres were also dentally supervised in a similar manner, the mother being particularly examined three months after the confinement. Not all cases accepted the treatment offered, and some made their own private arrangements for treatment.

The services of an Oral Hygienist were available, but most of her time was spent on the treatment of school children.

Expectant mothers, nursing mothers and children under five years of age were given priority and treated promptly, with very satisfactory results. The treatment consisted of fillings, extractions, etc., and dentures, where necessary, were provided free of cost to the patient. The patients were treated at up-to-date School Clinic premises conveniently situated in different parts of the County, and the dentures were made by County dental technicians.



Mothers were encouraged to bring their children to the Infant Welfare Centres frequently for dental examination, and this continued until the children reached school age, when they were taken over by the School Dental Service.

The demand for provision of dentures and for orthodontic treatment had so increased that in spite of the small Dental Staff it became necessary to commence another orthodontic clinic at Newport, giving two sessions per month. The other orthodontic clinics at Chepstow, Blackwood and Pontypool had been working to capacity, and expectant and nursing mothers had been given priority in long waiting lists.

Details of numbers dentally treated and nature of treatment are given on page 56.

Information regarding the School Dental Service are to be found in my report as Principal School Medical Officer for 1953.

### **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 March 5th, 1953, the Infant Welfare and Ante-Natal Clinics at the Baptist Church, Abercarn, were discontinued, but on the same date similar Clinics were commenced at the Council's new premises at 68, Newport Road, Cwmcarn.

#### **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.**

It will be seen that this year again an increased use has been made of the Home Nursing Service. The number of patients attended was 11,431, involving a total of 300,450 visits. In 1952 10,279 patients were attended

and 283,614 visits made, which shows that the work this year increased by 1,162 patients and 16,836 visits. It is interesting to note that of the 300,450 visits made, 149,170, i.e., 46% were on account of patients over 65 years.

At the end of the year there were 56 full-time District Nurses and 10 District Nurse/Midwives. Part-time Relief District Nurses are used to help the full-time nurses on days when they would otherwise be overloaded with work and for off duty periods and holidays.

Thirteen District Nurses are using motor-cars for their work and have been granted car allowances. The policy of making nurses "mobile" is a good one as: (1) It is in the interest of the patients as it brings a quicker nursing service and the nurse can attend first to those whose need is most urgent. (2) It contributes to the convenience and health of the nurse, especially in bad weather. (3) It is an economy inasmuch as mobility saves the nurse's time and energy and enables her to perform more work.

Owing to Post Office technical difficulties, there are still nine District Nurses who are not yet on the telephone.

At the beginning of the year a Standing Committee to the Ministry of Health considered the problem of nurses (and others) becoming sensitive to the Antibiotic Drugs, *e.g.*, to Penicillin and Streptomycin. The Ministry has advised that a certain technique shall be employed when handling these drugs. The information and instructions have been sent to each of our nurses, and it is hoped that there will now be less risk of nurses acquiring sensitivity to these drugs.

### GERIATRIC SERVICE.

During 1953 the Geriatric Service in the County has considerably developed, and an effort was made to cope adequately with the growing demands made upon it. It is certain that had it been possible to enlarge the staff of the domiciliary physiotherapy unit very much more work could have been profitably undertaken.

Regular visits were paid by the responsible Assistant Medical Officer to the Homes for the Aged, and examinations carried out of all new admissions in addition to re-examinations of old inmates. Records were kept at the Homes, and where necessary the old people were referred to the appropriate medical practitioner for treatment. A new arrangement was commenced, whereby the Homes were visited by a chiropodist and treated after a preliminary examination by the Medical Officer. The treatment was carried

out under the supervision of the Matron of each Home. The mobile physiotherapist also visited some of the cases in the Homes to give treatment where it had been recommended and the patient was too incapacitated to attend Hospital as an out-patient.

Domiciliary visits were made to several cases in urgent need of hospitalisation, and reports were made. Invariably their plight was desperate, and it was thought that it would have been more in keeping with the real state of affairs had they been admitted as acute emergencies, rather than put on a waiting list for admission as chronic sick cases simply because of the possibility of their becoming so. In the first seven months of the year, out of 10 such cases only 1 was admitted to hospital, 2 died within a few days of notification of the Assistant Medical Officer and were dead when she reached their homes, and 7 were left in great need. 3 of the latter died within three months of the date of notification to this Department, the deaths occurring in the most unhappy circumstances.

In July, 1953, Mr. E. Stratford-Leach was appointed in the capacity of Chief Physiotherapist to the Mobile Physiotherapy Unit. His task was not an easy one, for it entailed constantly having to travel very long distances and long hours being undertaken in order to keep abreast of the ever-increasing demands upon the service. Mr. Stratford-Leach has been ably assisted by Mr. R. J. Holley, who has continued on a part-time basis. It is felt that more help will have to be obtained with the domiciliary physiotherapy if the service is to continue even at its present level.

A review was made of the numbers and types of cases treated by domiciliary physiotherapy and an assessment made of the value of the service as a means of prevention of crippling disabilities of the aged, such as one might expect in cases of fracture, arthritis or hemiplegia associated with "stroke." It is reasonably claimed that crippling is prevented in many cases, especially in those of hemiplegia and fracture, and that by assisting these persons to become active once more there is a decrease in the demand on the district nursing, and to a lesser degree, on domestic help services. The rate and extent of recovery of these patients can be shown to be in direct relation to the time when they are first taken ill and the time when they first receive physiotherapy. It is therefore of the utmost importance that treatment should be started early.

Following the recommendation of the Assistant Medical Officer each case is given a minimum of one course of twelve treatments, of at least one treatment per week, or a maximum of three courses of twelve treatments. At the end of the recommended period of treatment the case is again seen by the Medical Officer in order to determine the necessity for further courses.

The numbers of visits to Homes for the Aged by the Assistant Medical Officer during 1953 are as follows:—

Maesruddud, Blackwood	...	...	...	...	9
Cwmbran House	...	...	...	...	11
Nantyderry	...	...	...	...	7
Goytre	...	...	...	...	8
Monmouth	...	...	...	...	9
Mardy Park	...	...	...	...	13
Crick	...	...	...	...	9

Further details are given on page 63.

### **Night Nursing Service.**

This Service was originally intended to supply the need for persons to sit at night with patients who were seriously ill and for whom help was not available from relatives or neighbours. Requests for Night Nursing Orderlies were usually made by District Nurses, who were then given authority to make the necessary local arrangements. In such cases, the need was not generally prolonged. However, with the passage of time, it has been observed that there has been a greatly increased number of calls on the Service in respect of the aged and chronic sick. In a large proportion of these cases it has not been possible to meet the demand, partly on account of the expense involved.

### **DOMESTIC HELP SERVICE.**

This is the fourth year in which the Domestic Help Service has been under decentralised management. The County Medical Officer formerly exercised direct supervision over, and guidance of, the local administrative officers, but the Area Medical Officers and Health Committees now undertake the administration of the Service, and it is operating smoothly. The County Medical Officer, however, still exercises supervision on behalf of the Central Health Committee in all long-term and difficult cases.

The Domestic Help Service continued to expand during 1953, the cost having risen from £57,000 in 1949 to £81,000 in 1953. During this period the wages of the Domestic Helps have been increased by approximately 33½%.

In order to assist the Area Help Committees in the administration of the Service, a Domestic Help Supervisor was appointed on June 1st, 1953.

The lack of hospital accommodation for the chronic sick continues to give rise to great concern. While every effort is made to provide adequate assistance in these cases, it is impossible to cover all their needs by Domestic Helps alone, as they require care and attention at all times. The care of the

aged is a similar problem, as the aged person who is allowed a Domestic Help is likely to remain a liability for a considerable time. Further, it has been found that whereas in the past members of families and also neighbours had rendered assistance of their own accord, this was no longer undertaken when Domestic Help could be obtained on application.

Only 19 persons more than last year took advantage of this Service during confinement, whereas an additional 260 chronic sick and others were granted Domestic Help.

In most cases Domestic Help is provided free to chronic sick and aged persons, but this does not apply to the average maternity case.

Details of numbers of Domestic Helps supplied are to be found on page 56.

### **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 at the end of 1953 had a central depôt of equipment and 61 local depôts.

Most of the Medical Comforts Depôts are housed in premises belonging to the St. John Ambulance Brigade or the British Red Cross Society. The Monmouthshire County Council provided the medical appliances and the members of the above organisations undertook the issue of these comforts where necessary and also saw to the return of the articles to their depôts when they were no longer required by the patients. For these services the Monmouthshire County Council paid a small sum to each depôt as rental, according to the size of the depôt.

Provision of the Service appeared to be equal to all demands, and considerable economy of equipment was effected by arrangements made centrally for transfer of appliances from one depôt to another as unusual demands occurred in various areas.

Articles supplied under this scheme, included 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., and were issued and re-issued on receipt of a medical certificate, which must be renewed if the illness is prolonged. Provision was 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 1953.

No. of Depots at end of 1953.	No. of Patients.	No. of Articles issued.	Length of Period in use.	Articles damaged and unfit for further use.
61	3,273	9,837	95 % 1 month. 5 % longer period	211

#### 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, 1953, to October, 1953, 50 Monmouthshire cases (13 males and 37 females) were admitted for convalescent treatment. 77 applications were received; 4 were rejected, and 4 did not accept vacancies (2 due to ill-health); 1 for domestic reasons; 4 were able to obtain treatment through another source, 2 were admitted to hospital, 11 on account of age, and 1 application was withdrawn.

On October 31st, 1953, the "Rest" Homes closed down for the winter.

### MIDWIFERY SERVICE.

At the end of 1953, the number of whole-time County Midwives was 58. In addition there were 2 part-time Midwives, 10 District-Nurse-Midwives, 2 part-time District-Nurse-Midwives, and 2 Independent Midwives. The Independent Midwives attended 5 cases during the year.

With 39 midwives engaged in hospitals and maternity homes, the total number of midwives on the County Register at the end of 1953 was 111.

The births (live and still births) notified during the year 1953, with figures for four preceding years, were as follows:—

<i>Notified by</i>	1953.	1952.	1951.	1950.	1949.
County Midwives ... ..	2,143	2,073	2,117	2,719	2,653
Independent Midwives ... ..	5	11	9	42	173
Maternity Hospitals and Maternity Homes ... ..	3,252	3,138	3,166	2,578	2,824
Totals ... ..	5,400	5,222	5,292	5,339	5,650

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 ... ..	239
(ii) Others ... ..	223
Total ... ..	462

(b) For Cases in Institutions ... .. 361

### Particulars of Midwives in respect of Gas and Air Analgesia at the end of 1953.

There were 38 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, also 69 Domiciliary Midwives, and 1 Domiciliary Midwife in private practice. There were 69 sets of gas and air analgesia apparatus in use and they were used in 1,414 cases where the administrator in domiciliary practice was acting as a midwife, and 172 when acting as a maternity nurse.

Gas and air analgesia was administered in 73.5% of the domiciliary births.

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year when acting as a midwife was 607, and when acting as a maternity nurse was 119.

There was a part-time district-nurse-midwife 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, 21 now using motor-cars. It is anticipated that at some future date all district midwives will be fully mobile.

### **Midwives Acts, 1902—1936.**

#### **Report upon Domiciliary Midwifery in the County.**

Number of Ante-Natal Visits ... ..	12,875
Number of Live Births attended ... ..	2,094
Number of Still Births attended ... ..	49
Number of Miscarriages attended ... ..	116
Number of Daily Nursing Visits ... ..	26,890
Number of Hospital Post-Natal Nursing Visits ...	6,264
Number of Hospital Post-Natal Cases Visited ...	2,088

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.



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. A high standard of work was maintained by the midwives. The medical profession's use of antibiotics resulted in rapid control of the cases notified.

3 County Midwives attended a residential refresher course for two weeks at London in July, 1953. The course was found to be very instructive.

In November, 1953, Miss C. Davies, one of the two County Supervisors of Midwives, retired from duty, leaving one supervisor, Miss O. Griffiths, to take over the supervision of Midwives for the whole County. This necessitated the re-allocation of certain other duties that Miss Griffiths had hitherto been performing.

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. All nine pupils who received training during 1953 were successful in obtaining the Certificate of the Central Midwives' Board.

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.

### HEALTH EDUCATION.

The Council has no Health Education Officer, and is still experimenting with the use of the Supervisor of Health Visitors assisting the County Medical Officer in the work of Health Education.

During the year, lectures were given regularly at a number of Maternity and Child Welfare Clinics, and covered a wide field of Health Education. They were given by Health Visitors and included such subjects as prevention of tuberculosis, prevention of diphtheria, the importance of vaccination against smallpox, prevention of spread of disease, etc. In the Ante-Natal Clinics lectures on anatomy were given and explanations of processes of pregnancy, labour and delivery were also included. The Health Visitors made good use of "Flannel-graphs," many of which prepared and painted by themselves. Talks were also given by Health Visitors to evening meetings of such organisations as Women's Institutes, Mothers' Unions, etc.

A two-day course for Medical Officers, Health Visitors, School Nurses, District Nurses, Midwives, etc., was held at the County Hall, Newport, in co-operation with the Central Council for Health Education. The Course was held on Tuesday and Wednesday, March 24th and 25th respectively. The following lectures were given:—

"Content of Health Education"	A. J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H., Deputy Medical Director, The Central Council for Health Education.
"The Programme—Its Organisation and Method" ... ..	W. Emrys Davies, B.A., B.Sc., M.Ed., Ph.D., Education Officer, Central Council for Health Education.
"The Tree of Life" ... ..	} A. J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H.
"The Family as a Social Organism" ... ..	
"The Family and the School" ...	W. Emrys Davies, B.A., B.Sc., M.Ed., Ph.D.

Dr. A. J. Dalzell-Ward made an interesting observation, after referring to the fact that heart, circulatory and respiratory diseases were the main causes of severe disease in men, due to persistent economic strain. He said that on the man rests the responsibility of supporting his family and continually endeavouring to improve their living standards, but during the past ten decades or so, while much effort has been expended on the welfare of women and children, nothing seems to have been done for men.

## 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 and qualifications (Dr. J. Newcombe) in charge of routine matters.

During the year the only change of staff was the appointment of Miss L. Bissett in March as Home Teacher for Mental Defectives. There are three Mental Health Workers, Mrs. Udell, Miss Readman and Mr. Price. The staff at the Occupation Centre, Garndiffaith, were unchanged during the year.

Finally, there were eleven Authorised Officers, who directed 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 Health 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 patients' condition to the Superintendents of the Institutions concerned.

*Mental Hospitals.*

There are no similar arrangements in force with the Superintendents of Mental Hospitals and in fact the overlap in duties between the Mental Health Workers employed by the Monmouthshire County Council and those employed by the Mental Hospitals, represents an unsatisfactory feature of the Mental Health Services.

(d) DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.

During the year no such duties were delegated to Voluntary Associations.

(e) TRAINING OF MENTAL HEALTH WORKERS.

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

## (2) Account of Work Undertaken in the Community.

(a) Adult Guidance Clinics were held as required at Newport, Tredegar, Blaina, Pontypool and Abergavenny. In attendance at these clinics were the Senior Assistant Medical Officer, Dr. J. Newcombe, and a Mental Health Worker.

In addition to the above-mentioned clinics, a large proportion of all cases were seen by Dr. Newcombe at their own homes; this allowed a more accurate assessment to be made of the effect of home conditions on the mental health of the patient.

The following indicates the number of examinations carried out by Dr. Newcombe at the clinics and in the patients' own homes:—

## MENTAL DEFECTIVES :

	1951	1953	1951	1953	1951	1953
	<i>At Clinic.</i>		<i>At Home.</i>		<i>Total.</i>	
Men ...	60	32	108	46	168	78
Women ...	86	36	106	38	192	74
Children ...	114	54	232	110	346	164
	260	122	446	194	706	316

## ADULT &amp; CHILD

## GUIDANCE CLINICS :

Men ...	64	28	128	36	192	64
Women ...	82	36	148	42	230	78
Children ...	85	120	147	110	232	230
	231	184	423	188	654	372

## AFTER-CARE CLINICS :

Men ...	82	21	112	36	194	57
Women ...	113	32	116	28	229	60
	195	53	228	64	423	117

Total of all Cases	686	359	1,097	446	1,783	805
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For the above no comparable figures are available for 1952 owing to the absence of Dr. Newcombe on study leave for the first six months of that year.

*Child Guidance Clinics.*

During the course of the year, Dr. Newcombe examined 230 children at the Child Guidance Clinics. However, owing to the fact that Mrs. Fry, the Psychiatric Social Worker, was away during the year it was not possible to organise these clinics on classical lines, the result being that Dr. Cox and Dr. Newcombe ran their clinics more or less independently with a possible overlap in the work.

*Visits made by Duly Authorised Officers.*

The Medical Superintendent of Pen-y-val Hospital, Abergavenny, sent the department a letter at the beginning of the year stating that the Hospital wished to carry out its own After-Care Service. As a result of this letter practically no visits were made during the year by Duly Authorised Officers to patients who had been discharged from Mental Hospitals.

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

The eighteen cases mentioned below were sent to the following places:—

Mrs. M. E. Roberts, Porthkerry ... ..	17
Ely Hospital, Ely, Cardiff ... ..	1
	—
	18
	—

In the case of defectives admitted to Mrs. Roberts, the County Council bears the cost; 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, 1953:—

*Admitted.*

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	230	242	69	71
Caerleon ...	24	30	1	1
Whitchurch ...	3	2		
Swansea ...	1	—		
Bridgend ...	—	1		
	—	—	—	—
	258	275	70	72
	—	—	—	—
Total ...	533		142	



No. of cases under Statutory	1952.			1953.			
	M.	F.	T.	M.	F.	T.	
Supervision on 31st Dec.	278	305	583	...	269	309	578
Total number under supervision on 31-12-52	...			583			
Add cases ascertained during 1953	...			49			
				<hr/>			
				632			
<i>Deduct:</i>							
Ceased to be under care during 1953	...			5			
Died, removed or lost sight of	...			8			
Admitted to Certified Institutions	...			36			
Admitted under the Mental Treatment Acts	...			5			
				<hr/>			
				54			
Total number under supervision on 31-12-53	...			578			

The above figures do not include 9 adults in Regent House, Chepstow, and 3 children in the Children's Homes who are considered to be certifiable under the Mental Deficiency Acts.

*Cases in Certified Institutions.*

No. of Cases in Certified Institutions for Mental Defectives on 31st Dec.	1952.			1953.		
	M.	F.	T.	M.	F.	T.
Admitted during 1953	27	9	36			
	<hr/>					
	150	173	323			
	M. F. T.					
Died during 1953	3	2	5			
Discharged during 1953	3	—	3			
	<hr/>					
	6	2	8			
	<hr/>					
Total in institutions 31-12-53	144	171	315			
	<hr/>					

*Mental Defectives awaiting Institutional Accommodation.*

The position on the 31st December, 1953, was as follows:—

	M.	F.	T.
Total number waiting ... ..	11	17	28 (53 in 1952)
Number considered urgent ... ..	8	17	25 (35 in 1952)

*Licence Cases.*

	M.	F.	T.
On licence with farmers on 31-12-52 ...	2	—	2
On licence with parents on 31-12-52 ...	4	6	10
	<hr/>	<hr/>	<hr/>
	6	6	12
Licensed to farmers during 1953 ...	2	—	2
	<hr/>	<hr/>	<hr/>
	8	6	14
Discharged from Order during 1953 ...	3	—	3
	<hr/>	<hr/>	<hr/>
	5	6	11
Returned to Colony during 1953 from parents ... ..	1	3	4
	<hr/>	<hr/>	<hr/>
Number on licence on 31-12-53 ...	4	3	7

*Guardianship.*

On 31st December, 1953, there were six low grade defectives with ages ranging from nine to thirteen years, who were under guardianship with Mrs. M. E. Roberts, The Old Rectory, Porthkerry, Barry.

*Occupational 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.

Types (a) and (c) were carried out regularly during 1953, and it is hoped that type (b) will be commenced in 1954.

*(a) A Home Teaching Service.*

This service was discontinued in November, 1952, when Miss Fuller took over the post of Supervisor of the Occupation Centre at



Garndiffaith. On the 1st April, 1953, Miss L. Bissett was appointed to the post of Home Teacher, and during the remainder of the year 26 pupils were receiving Home Teaching.

(c) *Training at an Occupation Centre.*

The Occupation Centre at Neville House, Garndiffaith, operated during the year and was considered an outstanding success by all who came in contact with it.

There was a certain amount of congestion in the classrooms which it is hoped will be relieved when the first floor will be ready for use during 1954.

The staff of the Occupation Centre remained the same during the year with the exception of two sick reliefs for the period of a few weeks.

At the end of the year there were 29 pupils attending the Centre.

*Total Incidence of Mental Deficiency in the County.*

	1952.			1953.		
	M.	F.	T.	M.	F.	T.
Cases under Statutory Supervision	278	305	583	269	309	578
Cases in Certified Institutions ...	123	164	287	144	171	315
Cases under Guardianship ...	5	2	7	4	2	6
Cases in Pen-y-val Hospital, Abergavenny ... ..	51	49	100	51	49	100
Cases in County Welfare Institu- tions ... ..	3	9	12	2	7	9
Cases in Children's Homes ...	—	3	3	—	3	3
Cases in Place of Safety ...	—	—	—	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	460	532	992	470	541	1011
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Spastics.**

There were known to my Department 75 cases of cerebral palsy in the County during 1953, 60 of whom were school children, 10 were adults and 5 were children of school age but in attendance at the Garndiffaith Occupational Centre. All cases of school age were referred to Mr. D. Nathan Rocyn Jones, F.R.C.S., Consultant Orthopaedic Surgeon for examination at his School Clinics, and where treatment was recommended it was arranged at a convenient centre. In the case of school children, those falling into the category of Handicapped Pupils were recommended for admission to Special Schools.

### **Epileptics.**

During the year 1953 Dr. R. Wyburn Mason held clinics at the Central Clinic, Stanley Road, Newport, at which all cases of epilepsy notified to the Department were offered examination. 85 children of school age in the County were recorded as epileptic in addition to 38 adults. For cases attending Dr. Wyburn Mason's Clinic he prescribed treatment in co-operation with the patients' medical practitioners, and follow-up examinations were also arranged. Suitable cases were recommended for admission to special schools or institutions.

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

The Welfare of blind persons remained the responsibility of the Council's Welfare Department, and was provided for by the National Assistance Act, 1948. The certification of blindness still remained the duty of the Health Department.

Local Welfare Officers referred to the patients' Medical Practitioners any cases of blindness or partial-sightedness coming to their notice. The practitioners then referred suitable cases to the County Medical Officer for the necessary ophthalmic investigation. Cases were also referred to the Health Department by local offices of the National Assistance Board.

When the patients were fit to travel, appointments were given for examination by Mr. G. W. Hoare, F.R.C.S., at his Newport Clinic, but where necessary, domiciliary visits were made by Dr. Evelyn D. Owen. The patients were then certified as Blind, Partially Sighted, Not Blind, and/or recommended for re-examination at a fixed period. The latter recommendation was for detection of possible deterioration. Recommendations for treatment were made where required and arrangements made for this to be carried out.

After certification as blind or partially sighted, the case papers were forwarded to the County's Director of Welfare for his attention.

On December 31st, 1953, there were 728 blind or partially sighted persons on the County Register, of whom 356 were male and 372 female.

During the whole of 1953, 168 cases were referred to this Department for examination. The results of these examinations led to the certification of 45 persons as blind, 42 as partially sighted, and 5 not blind. Of the total of 168, 59 were re-examinations, and 21 did not keep the appointments made for them. There were 4 inward transfers of blind persons from other

Authorities. Five operations for cataract were carried out at the County Hospital, Griffithstown, as a result of recommendations made at the time of the examinations. The majority of aged persons refused to have surgical treatment although recommended.

Dr. Evelyn D. Owen made 31 domiciliary visits to examine persons who were unable to travel to Newport. 40 cases were found to be blind, 18 were partially sighted, 16 were not blind within the meaning of the Act, 2 were too ill for the examination, 4 were not at home, and 3 were deceased. 1 case was found to be not now blind, and 1 was referred for further examination by Mr. G. W. Heare.

#### Follow Up of Registered Blind and Partially Sighted Persons.

	CAUSE OF DISABILITY.			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during 1953 in respect of which para. 7 (c) of Form BDS recommends:				
(a) No treatment ...	32	5	—	80
(b) Treatment (medical, surgical or optical)...	22	10	—	—

#### Ophthalmia Neonatorum.

(i) Total number of cases notified during 1953 ... ..	7
(ii) Number of cases in which:—	
(a) Vision was lost ... ..	—
(b) Vision was impaired ...	—
(c) Treatment was continuing at the end of the year ...	—

## MEDICAL EXAMINATIONS OF STAFF, ETC.

All staff are examined by Assistant Medical Officers prior to permanent appointment. The number examined during 1953 was 93.

## PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

### Cancer.

The number of deaths from this dread affliction during 1953 was 624. In 1952 it was 569; in 1951 it was 569; 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 Public Health (Tuberculosis) Regulations, 1952, in the year 1953 there were 289 primary cases of Pulmonary Tuberculosis notified and 61 deaths were registered. Of other forms of Tuberculosis 32 cases were notified and 10 deaths registered. The total number of primary notifications of all forms of Tuberculosis was therefore 321, and the number of deaths from all forms of Tuberculosis was 71. In 1952, 347 cases of Pulmonary Tuberculosis were notified and of other forms 48 cases. In this latter year 78 deaths from the pulmonary form and 10 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, 1952.

It will be observed from the accompanying table that the notification rate for 1953 was lower than for 1952 in the case of Pulmonary and other Tuberculosis. The death rate for pulmonary tuberculosis was the lowest since at least 1938. The death rate for non-pulmonary tuberculosis was the same as for 1952, but the rates for these respective years were also the lowest since 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
1953 ... ..	0.91	.10	.19	.03

Summary of notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1952, during the year 1953, with the number of deaths notified by the Registrar-General is shown herewith:—

Age Periods.	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Respiratory		Non-Respiratory		Total.		Respiratory		Non-Respiratory		Total.
	Males	Females	Males	Females			Males	Females	Males	Females	
0—	—	1	—	—	1	0—	—	—	—	—	—
1—	1	1	—	—	2	1—	—	—	—	1	1
2—	3	6	1	1	11	2—	—	—	—	—	—
5—	12	5	—	4	21	5—	—	1	1	—	2
10—	2	11	1	1	15	10—	—	—	—	—	—
15—	13	28	1	1	43	15—	3	3	—	—	6
20—	15	31	1	5	52	20—	—	—	—	—	—
25—	24	35	3	3	65	25—	11	9	—	1	21
35—	18	14	4	2	38	35—	—	—	—	—	—
45—	24	9	—	1	33	45—	19	2	3	2	26
55—	16	5	—	2	23	55—	—	—	—	—	—
65—	10	5	1	—	16	65—	6	2	—	1	9
75 and Upwards	—	—	—	—	—	75—	4	1	1	—	6
	138	151	12	20	321		43	18	5	5	71

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1953, to 31st December, 1953, otherwise than by formal notification.

Source of Information.		Number of cases in age Groups.												TOTAL		
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—		75—	
Death Returns from Local Registrars	Respiratory	M	...	...	...	...	...	...	..	1	...	2	2	...	5	(A)
		F	...	...	...	...	...	...	2	...	...	1	...	...	3	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	1	...	...	...	...	1	(D)
Death Returns from Registrar General (transferable deaths)	Respiratory	M	...	...	...	...	...	...	...	...	...	...	1	...	1	(A)
		F	...	...	...	...	...	...	...	...	...	1	..	...	1	(B)
	Non-Respiratory	M	...	...	...	...	..	..	1	...	...	1	...	...	2	(C)
		F	...	..	1	...	...	...	...	...	...	...	...	...	1	(D)
Posthumous Notifications	Respiratory	M	...	..	...	...	...	1	1	...	...	...	...	...	2	(A)
		F	...	...	...	...	...	...	...	...	...	...	...	...	—	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	...	...	...	1	...	1	(D)

Totals: (A) ... 8  
 (B) ... 4  
 (C) ... 2  
 (D) ... 3

From the previous table, it will be seen that 9 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 5.

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.

Arrangements were not completed for the operation of a scheme for domiciliary Occupational Therapy for tuberculosis patients.

### **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 Area Medical Officer to visit each case and report thereon; he, subsequently, acts as the Area Administrative Officer for Tuberculosis. Upon receipt of information from the Area Medical Officer, 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. All contacts of diagnosed cases are asked to attend the Chest Physician for examination, and approximately 60% of them do so.

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, until a positive re-action is obtained. Positive reactions are followed up, and attempts made to find the infecting agent. In schools, all entrants are skin tested in their first year of attendance and positive re-actors referred to the Chest Physician or for examination by the Mass Radiography Service. Leavers are similarly investigated, and, in fact, all leavers as far as practically possible are offered examination under the Mass Radiography Scheme, as most parents appear to welcome this, irrespective of the result of the skin test, and also as the propaganda value is good. It is hoped at a future date to include pupils of the ages of 8 years and 12 years, respectively, in the investigations as a routine.

Children who, upon Medical Inspection at school, are suspected to be suffering from tuberculosis are referred to the Chest Physician.

Where a case of respiratory tuberculosis is discovered at school in a pupil, teacher, canteen worker, etc., a special investigation is carried out by the Chest Physician of all persons in the school.

The follow-up of contacts of patients who die from respiratory tuberculosis which was not diagnosed before death is carried out by the Chest Physician, as a result of notification of the names of such patients to him by either the Registrar-General or the Local Health Authority *via* the Welsh Board of Health.

With regard to employment of patients suffering from respiratory tuberculosis, there is close liaison between the Chest Physician in charge of the case and the local office of the Ministry of Labour concerning the nature of the occupation and the number of hours to be worked, etc.

### 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.	
	Dr. T. L. Hilliard.	
Clinic Sisters ... ..	1.	

##### CHIEF CLINIC.

129, Stow Hill, Newport. Tel. No. : Newport 66781.

##### TIME TABLE.

<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>	
Newport. 129, Stow Hill.	Monday	9.15 a.m. Men only.	
		2. 0 p.m. Refills.	
	to	2. 0 p.m. G.P. X-ray Clinic	
		4. 0 p.m. (men and boys).	
	Tuesday	9.15 a.m. Women only.	
	2nd Tuesday	2. 0 p.m. Non-respiratory Clinic.	
	4th Tuesday	2. 0 p.m. Thoracic Surgery Consultation Clinic.	
	New and old cases, by appointments only.	Wednesday	9.15 a.m. Children only.
			2. 0 p.m. Contacts.
		to	5.30 p.m. Evening Clinic.
7. 0 p.m.			
Thursday	9.15 a.m. Men only.		



		2. 0 p.m.	Refills.
		2. 0 p.m.	G.P. X-ray Clinic.
		to 4. 0 p.m.	(women and girls).
	Friday	9.15 a.m.	Women only.
		2. 0 p.m.	B.C.G. Clinic.
	Saturday	9.15 a.m.	Appointments only.
	Tuesday	10. 0 a.m.	Men only.
		2. 0 p.m.	Women and Children.
	Thursday	9.30 a.m.	G.P. X-ray Clinic.
		to 11. 0 a.m.	(men).
		11. 0 a.m.	G.P. X-ray Clinic.
		to 12.30 p.m.	(women).
		2. 0 p.m.	By appointment only.
	Thursday	10.30 a.m.	New and old patients (by appointment only)
Pontypool. Park Buildings. Tel. No. 480.			
Abergavenny. Maindiff Court. Tel. Abergavenny 226.			
Monmouth. Cottage Hospital (Out-patients' Dept.). Tel. Monmouth 35.	1st & 3rd Friday	10.30 a.m.	New and old patients.
Chepstow. Memorial Wards M.O.P. Hospital. Tel. Chepstow 332.	Tuesday	2. 0 p.m.	New and old patients (by appointment).

### RHYMNEY AND SIRHOWY VALLEY AREA.

#### PERSONNEL :

Chest Physician.	Dr. F. W. Godbey.	<b>Private Tel. No. :</b> Caerphilly 3167.
Asst. Chest Physician.	Dr. N. C. Norman.	
	Dr. J. E. G. Brieger.	
	Dr. M. C. McCabe.	
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.
	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.
	Saturday, 9.30 a.m.	Special Appointments.

<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>
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.
	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 1953 are shown:—

	Under				Total
	1 yr. of age	1-4 yrs.	5-14 yrs.	15 and over	
No. of Vaccinations ...	991	341	76	168	1,576
No. of Re-vaccinations ..	—	13	26	309	348

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 1953.

### Scarlet Fever.

The number of notifications of Scarlet Fever was 224. It was 312 in 1952.

### Diphtheria.

During the year under review, there were no notifications of cases of Diphtheria—there were 8 last year.

	1953	1952	1951	1950	1949	1948	1947
No. of Notifications ...	Nil	8	10	9	13	23	44
No. of Deaths ...	Nil	2	Nil	Nil	Nil	3	2

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 1953, 2,108 children under the age of 5 years had immunisation completed, and 994 children between the ages of 5 and 14 years. Secondary or "booster" doses were given to 1,651 children.

Further details are on page 62.

There was again suspension of immunisation injections during the summer months owing to the fear of complications by acute poliomyelitis. From June 5th to September 18th, 1953, the suspension operated throughout the whole County of Monmouth, and from September 30th to November 2nd, 1953, it was suspended in the areas of the Bedwellty and Mynyddislwyn Urban District Councils.

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

This is referred to later on page 55 under the heading of Maternal Mortality.

#### **Ophthalmia Neonatorum.**

This has been referred to earlier on page 4 under the heading of Maternity and Child Welfare.

#### **Meningococcal Infection.**

	1953	1952	1951	1950	1949	1948
No. of cases notified ...	4	6	14	5	5	9
No. of deaths ...	3	2	2	2	3	5

#### **Acute Poliomyelitis.**

	1953	1952	1951	1950	1949	1948
No. of cases notified ...	9	18	7	24	32	1
No. of deaths ...	1	2	Nil	2	6	1

#### **Chicken Pox.**

This disease was not compulsorily notifiable.

#### **Measles.**

	1953	1952	1951	1950	1949	1948
No. of cases notified ...	3,556	1,648	5,542	936	1,730	2,063
No. of deaths ...	3	1	7	4	2	3

#### **Whooping Cough.**

	1953	1952	1951	1950	1949	1948
No. of cases notified ...	556	667	1,087	574	542	781
No. of deaths ...	2	3	5	6	3	7

#### **Influenza.**

	1953	1952	1951	1950	1949	1948
No. of deaths ...	3	10	144	28	38	19

**Pneumonia.**

	1953	1952	1951	1950	1949	1948
No. of deaths ... ..	127	110	138	128	147	141
No. of cases notified ...	275	215	401	220	212	193

**Venereal Diseases.**

The Treatment Centre for the whole of the Administrative County was until October 19th, 1953, situated at the Royal Gwent Hospital, Newport, but after that date it was temporarily transferred to St. Woolos Hospital, Newport. 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 1953, but arrangements were made for confidential enquiries to be carried out by certain health visitors on request from the Treatment Centre. 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 1953:—

	Syphilis	Gonorrhoea	Other Conditions
St. Woolos, Newport ... ..	31	29	111
County Hospital, Hereford ... ..	3	—	1
Seamen's Dispensary, Liverpool ... ..	—	—	1
Cardiff Royal Infirmary ... ..	1	2	15

**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.

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 1953:—

	First Visits	Total Visits
To Expectant Mothers ... ..	263	438
To Children under 1 year of age ... ..	5,335	20,032
To Children between 1 and 5 years of age ... ..	—	39,572
In other cases ... ..	—	5,008

During the summer, three Health Visitors attended a two-week Refresher Course at Cambridge.

### AMBULANCE SERVICE.

The Council had continued to develop the Ambulance Service in accordance with the amended scheme which had been formally approved by the Minister of Health.

The revised scheme outlined the Council's long-term policy and envisaged an Ambulance Service based upon a number of large, locally-controlled Zone Stations situated at Tredegar, Blackwood, Aberbeeg, Pontypool and Bassaleg. It was intended that the existing Central Control at Caerleon should function as the Main or Parent Control, co-ordinating the service between Zone Stations and advising Control Officers on operational and administrative matters.

The Caerleon Control telephone number, Caerleon 283, would remain as the **emergency** number exhibited at all telephone exchanges in the County and all "999" and similar calls would be relayed to the appropriate stations.

No major alteration to the present arrangements for Ambulance Service in the Eastern half of the County was contemplated and all requests from this area would continue to be received at the Caerleon Station from which ambulances based at satellite stations located at Monmouth, Chepstow and Abergavenny could be directed.

Under the amended scheme, the Zone Stations would deal directly with requests for ambulances within their allotted areas of operation and the measure of decentralisation effected, would relieve the mounting pressure upon the Central Control and at the same time afford greater flexibility to the scheme.

Excellent progress had been made with this recasting of the Service and at the commencement of the year, the Council's Ambulance Station at "Maesruddud," Blackwood, was already operating on a full Zonal scale, providing service for the Bedwellty and Mynyddislwyn Urban Areas and Maesycwmmmer.

Arrangements to establish a Zone Station at the existing temporary premises at "Ashgrove," Pontypool, were completed by the end of January, and after formal notice to Local Authorities, persons authorised to call ambulances and others concerned, a direct and continuous service for the Blaenavon Pontypool and Cwmbran Urban Areas, was commenced from this Station on February 16th.

After suitable adaptation by the County Architect, the spacious garage premises at Vale Terrace, Tredegar, which the Council had acquired as a Zone Ambulance Station for the Rhymney, Tredegar and Ebbw Vale Urban Areas, became available and after appointment of the necessary Control Officers Zonal Ambulance Service was officially introduced in the above-mentioned areas on 1st October.

At the Council's site adjoining Messrs. Whitehead's Sports Grounds, Bassaleg, construction of a prototype Ambulance Station to the County Architect's own plans was well advanced and when completed, would function as a Zone Station for the Bedwas & Machen, Abercarn and the Risca Urban Districts and the Magor & St. Mellons Rural District (West of Newport only).

In spite of exhaustive enquiries in the Aberbeeg/Abertillery area, neither suitable premises nor a site for a Zone Ambulance Station had been discovered. and pro tem., Ambulance Service for the Blaina & Nantyglo and Abertillery Urban Areas continued to be provided from the existing Ambulance Stations at Nantyglo and Aberbeeg.

In April, after prolonged negotiation with the G.P.O. and with the Royal Gwent Hospital Authority's permission, a private telephone line was provided between the Hospital and the Ambulance Control. This was proving of great advantage and Ambulance Drivers were now enabled to report arrival at the Hospital and to maintain contact whilst waiting, much confusion and waste mileage thus being avoided.

The large out-patient attendances at this Hospital were creating new transport problems and frequent complaints were being received of delays in returning patients to their homes. Investigation revealed that in most instances, the delays resulted from chaos among the patients and might have been avoided had there been an orderly marshalling of those requiring transport.

Half empty ambulances were often leaving the Hospital, the drivers unaware that patients still awaited transport at the various departments.

There was an obvious need of a liaison officer to whom patients who required transport could report and who could arrange for their conveyance in the first convenient ambulance. Discussion took place between the Hospital Management Committee and the County Health Committee, and it was agreed to appoint an Officer to be stationed at the Hospital to co-ordinate transport.

The appointment would be a joint appointment between the Hospital Authority and the County Council and would be effective as from 1st January, 1954.

With regard to the transport of patients over long distances, the Council took full advantage of the excellent facilities provided by British Railways and received the fullest co-operation of their staff in the many journeys undertaken.



The first of these... (faint text)

There was an... (faint text)

The... (faint text)

With regard to... (faint text)

It is... (faint text)

... (faint text)

... (faint text)

## SANITARY CIRCUMSTANCES OF THE AREA.

The year 1953 was a year of steady progress in sanitary administration of the County. No serious hindrance was encountered in the gradual development of the various post-war improvement schemes, which are bound eventually to improve the outlook and health of the people. Some anomalies in these schemes which were not so apparent in the immediate post-war upheaval period are now thrown into more prominent relief, particularly in milk supply administration, water and sewerage schemes and housing administration. These matters can be very irritating, provoke a great deal of agitation, and tend to distract attention from the over-all health benefits of improved modern amenities and environments. The anomalies themselves often prove difficult of rectification without upsetting the whole system which is built around them.

Despite the generally improved conditions under which many people are living their ordinary daily lives the utmost vigilance is necessary in all fields of public health preventive work not only to maintain the standards attained but because vigilance is the keyword in the continued success of such work. Some aspects which particularly call for attention are mentioned in the following paragraphs.

### **Water Supply.**

The County is fortunate in having most of its sources of supply conveniently near at hand. This facilitates the tasks of the Joint Boards and other statutory water undertakers supplying the areas with concentrated populations, but certain factors somewhat offset this initial advantage. (a) At source these are due chiefly to the nature of the gathering grounds—usually mountain water-sheds and disused coalmines—and animal and other pollutions due to the very proximity of the sources to the distribution areas which are of such convenience in supply. In some instances, in addition to rigid routine examination of treated supplies at consumer points, great care is needed in the supervision of the raw water in order to regulate treatment plants, and in particular to ensure that they are not over-loaded and allow polluted water to escape into supply.

In some areas of the County where chlorination of raw water is already at a high rate, it has been found necessary again to increase the dosage. (b) In distribution, difficulties encountered are usually due to subsidence and the high levels at which supplies are sometimes required.

It is often difficult to estimate the effect of new housing schemes upon supplies to existing sites at high levels. Already projects to assist high level supplies have been launched in the Abercarn, Mynyddislwyn, Nantyglo & Blaina, and Risca Urban Districts, but it is by no means certain that even when these schemes are completed all supply problems will have been over-

come, especially in the Bedwas & Machen and Blaenavon Areas. Every effort is being made to satisfy all needs as they arise, however, and the people of the urban areas of Monmouthshire are in a much happier position as regards the adequacy of their water supplies than most of the country.

In the rural areas improvements continue steadily. Owing to the scattered situations of a large percentage of existing houses the overall position does not justly reflect the efforts which have been made in operating schemes for water supply under the Rural Water Supplies and Sewerage Acts 1944 and 1951, nor the effect that these schemes are having in improving the amenities of the countryside and gradually changing the lives of the people who live there. It will, of necessity, be many years before all the isolated parts of the rural areas can be served with piped water supplies, and in the meanwhile great care is needed in supervising wells, bore-holes, springs, etc., which are the sources of supply in these areas.

The Table showing details of water analyses, and particularly the columns dealing with treated public supplies illustrate the care taken by most of the local authorities in ensuring that safe water is supplied to the people in their areas. This table is to be found on page 59.

The following observations are made on existing supplies:—

Renewal of faulty supply pipes eliminated pollution in several cases in Abercarn Urban District. Some supplies are untreated in the Blaenavon Urban District, which also suffers shortage in drought periods. Action was necessary in respect of small untreated supplies in the Monmouth Borough and Mynyddielwyn and Pontypool Urban Districts. Some parts of Risca Urban District have insufficient water during dry weather. Housing development at Caldicot in Chepstow Rural District necessitated the village of Rogiet being supplied from Magor & St. Mellons Rural District Council mains in order to improve pressure at Caldicot. Almost all water used in the Monmouth Rural District is untreated, and most supplies soon become inadequate during dry weather.

The following brief summaries are given on the position of water supply schemes in the Rural Districts:—

**ABERGAVENNY.**—The link scheme to serve Llantilio Pertholey in the vicinity of the school has been completed. One scheme from Triley Bridge Springs to serve other portions of Llantilio Pertholey, Pantygelli, Brynygwennin and Llanvetherine, is under active consideration, and another to serve Grosmont.

**CHEPSTOW.**—The Tintern scheme is being re-considered. Good progress is being made in the Shirenewton and Mynyddbach schemes.

MAGOR & ST. MELLONS.—All schemes contemplated have been completed.

MONMOUTH.—Good progress is being made on the comprehensive Trelleck Water Scheme. When completed, this scheme will have a marked effect on the conditions of people living in a large part of this extensive district. A small scheme to serve Raglan has been completed. Difficulties still hold up schemes for Llandenny Walks and Newcastle.

PONTYPOOL.—The Gwehelog scheme has encountered difficulties, but is progressing. The scheme for Llanbadoc is also again under consideration.

### Sewerage.

The completion of the Eastern Valley Joint Sewer, with its vast treatment works at Ponthir, will mark the end of a campaign lasting over half a century to secure the effective sewerage of the great industrial valleys of Monmouthshire.

Schemes to serve the Rhymney, Sirhowy and Ebbw Valleys were originally broached in the same decade as that to serve the Afon Llwyd (or Eastern) Valley. At the time when the Eastern Valley scheme is nearing completion, the Trunk Sewers of the Rhymney and Western Valleys are showing serious signs of their longevity. The constant war against the effects of subsidence is intensifying, and new housing schemes are challenging the adequacy of the sewers. Thus, while the local authorities in the Eastern Valley are now committed to increased expense in connection with their new project, those of the other industrial valleys will shortly be faced with heavy maintenance and schemes for new subsidiary sewers.

In the rural areas, schemes projected under the Rural Water Supplies and Sewerage Acts, 1944 and 1951 are summarized as follows:—

ABERGAVENNY RURAL DISTRICT.—Govilon is being sewerage in three stages. The first two stages have been completed and consideration is being given to the third stage. The scheme for Llanfair Kilgeddin has been completed. Consideration of the scheme for Pandy is continuing. A scheme is being considered for Grosmont in conjunction with the scheme to supply water to the village.

CHEPSTOW RURAL DISTRICT.—The scheme to sewer Devauden is held up on financial grounds.

MAGOR & ST. MELLONS RURAL DISTRICT.—No new projects are under consideration.

MONMOUTH RURAL DISTRICT.—The scheme to serve Raglan is well under way.

PONTYPOOL RURAL DISTRICT.—No new projects are under consideration.

The scheme to serve Usk has encountered numerous difficulties but is still proceeding.

### **Schools.**

The standard of the buildings and public health service provided for schools vary considerably throughout the country. The new modern schools are spacious buildings, with excellent services, and generally conforming with the highest ideals. On the other hand, many rural schools in particular are badly planned, have no water supply, primitive lavatory accommodation and facilities for disposing of sewage; inadequate washing facilities and cloak-rooms; are draughty and badly heated and lighted; and in winter have only a muddy surround for recreational purposes. Some grammar schools and larger primary schools are also lacking in health amenities. These matters have been commented upon in this report for many years, and every effort should be made to restore a fair balance as between one school and another. To this end the survey recommended in last year's report should be put in hand without delay.

### **Housing.**

The lack of balance mentioned above in respect of schools is even more in evidence in surveying the housing situation, due to the failure to co-ordinate building programmes since the war. Despite the intensive new building drives throughout the post-war years it is questionable whether the general position is any better than in 1939 or 1945. It appears at last that, as the waiting lists of local authorities for new houses are being exhausted, a move is being made to demolish unfit houses and clear slum areas. Nevertheless, the re-housing of the tenants of these houses in future allocations of new council houses, although desirable, may prove a financial embarrassment to these people as it is suspected that, on a basis of need, most of them would have already qualified for council houses had they been willing, or able, to pay the increased rent. In any case, it is to be hoped that the operation of slum clearances schemes will not repeat the errors of the past few years and be to the detriment of the renovation, improvement and repair of those substantially built houses which are to remain in occupation. These houses need decent pedestal water closets, hot water systems, fixed baths and suitable wash basins, as well as satisfactory food stores, food preparation and cooking facilities and washing facilities, from among the amenities which have become every-day realities to the council house dweller. If such houses

are neglected now they will rapidly become the slums of a few years hence, and thus continuously add to the housing burdens. Schemes under the Housing (Rural Workers) Acts 1926 and the Housing Act, 1949, have done little to arrest the decay of these houses, and it is feared that the proposed new legislation will meet with but little more success. These have all been palliative measures, and a far bolder approach is needed to solve what is the real housing problem of the decade.

Details of loans and grants made by the local authorities under the Housing Act, 1949, and details which show the general activity of new house building are given in the appendices to this Report.

### **Milk.**

During the year, two pasteurising plants licensed by the County Council ceased to function. In each case the pasteurising of milk supplied to the people of Monmouthshire was transferred to plants a little outside the County boundary. The effect of the vigilant supervision exercised by this authority over the pasteurising plants for which it is responsible, will be somewhat negatived if, as a result of such changes, the milk supplied to the areas affected is not rigorously controlled. The supervision of pasteurised milk in retail to householders, as distinct from the supervision of pasteurising plants is normally the work of the local authorities. A Table of Milk Samples examined, which has been supplied by the courtesy of the Public Health Laboratory Service, shows that of 1,457 samples of milk submitted to the Newport Laboratory during the year 1953, 787 were submitted by the County Council's staff, as compared with 670 from all the other 23 authorities in the county. Four local authorities failed to submit any samples at all for examination, and another nine authorities failed to reach double figures. It would appear, therefore, that some authorities do not pay sufficient attention to the bacteriological quality of milk supplied in retail.

County Councils have always undertaken very seriously their responsibilities in connection with milk supplies, and have taken a prominent part in improving those aspects with which various legislations have entrusted them during the last 20 years. They have gained an unparalleled experience in caring for milk supplied to the public and might well be entrusted again with the public health aspects of milk production at farms which were their concern until 1949.

### **Ice Cream.**

The bacteriological control of ice cream is exercised by local authorities by virtue of the Ice Cream (Heat Treatment, etc.) Regulations, 1947 to 1952. They are handicapped in their work by the absence of a legal bacteriological

standard, but it would appear that some authorities do not take full advantage of available facilities for sampling and testing in order to supplement their legal obligations by operating a useful advisory service.

**Samples of Milk Submitted to the Public Health Laboratory Service during 1953 for Bacteriological Examination.**

MONMOUTHSHIRE COUNTY COUNCIL	...	...	...	...	...	...	...	787
URBAN DISTRICTS :								
Abercarn	...	...	...	...	...	...	...	7
Abergavenny	...	...	...	...	...	...	...	6
Abertillery	...	...	...	...	...	...	...	5
Bedwas & Machen	...	...	...	...	...	...	...	—
Bedwellty	...	...	...	...	...	...	...	22
Blaenavon	...	...	...	...	...	...	...	38
Caerleon	...	...	...	...	...	...	...	—
Chepstow	...	...	...	...	...	...	...	9
Cwmbran	...	...	...	...	...	...	...	—
Ebbw Vale	...	...	...	...	...	...	...	120
Monmouth	...	...	...	...	...	...	...	14
Mynyddislwyn	...	...	...	...	...	...	...	5
Nantyglo & Blaina	...	...	...	...	...	...	...	24
Pontypool	...	...	...	...	...	...	...	145
Rhydney	...	...	...	...	...	...	...	102
Risca	...	...	...	...	...	...	...	20
Tredegar	...	...	...	...	...	...	...	80
Usk	...	...	...	...	...	...	...	2
RURAL DISTRICTS :								
Abergavenny	...	...	...	...	...	...	...	1
Chepstow	...	...	...	...	...	...	...	9
Magor & St. Mellons	...	...	...	...	...	...	...	56
Monmouth	...	...	...	...	...	...	...	—
Pontypool	...	...	...	...	...	...	...	4
								1,457

**FOOD AND DRUGS ACTS, 1938-1950.**

During the year 1,183 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 841 Milks taken whilst in course of sale to the public; 25 "Appeal to Cow" samples of milk; 240 other foods; 26 Beers; 39 Ice Creams and 11 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 813 Milks, 251 other foods, 26 Beers, 38 Ice Creams and all the pharmaceutical goods to be in accord with the various standards required.

Of the remaining samples 53 Milks and 1 Ice Cream were not in accordance with the standards required. Included in the 53 samples of Milk are 3 samples which contained deleterious substances.

Five producers were prosecuted for selling Milk which was deficient in fat, three for selling milk containing added water and one company was summoned on three separate occasions for selling Milk containing a mouse, slug and a snail. In addition, one vendor was prosecuted for selling Ice Cream which was deficient in fat.

Altogether 16 informations were upheld and the Magistrates inflicted fines to the amount of £70 and costs of £22/1/0d.

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

Fat	...	...	...	...	3.59%
Solids not Fat	...	...	...	...	8.68%
Total Solids	..	...	...	...	12.27%

The percentage of samples "Not up to the Standard" was 4.56, and the percentage of Adulteration was 1.51.

STATISTICAL AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

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

Area	Population in 1981 Census	Population in 1976	Population in 1971	Population in 1966	Population in 1961	Population in 1956	Population in 1951
...	...	...	...	...	...	...	...

**Social Conditions**

The County of Monmouth is part of industrial and partly agricultural. The Eastern, Western, Western and Eastern Valleys are mainly populated with mining districts which are also from steel and iron works. The mining towns are well served by modern plant in some of the districts. There are also important manufacturing works, textile, paper and numerous smaller industries. A large power station is an important part of the county.

# STATISTICAL DATA

The Monmouthshire figures are given by comparison with the figures for the United Kingdom as a whole.

Year	Monmouthshire	England & Wales
1981	114	125
1976	114	125
1971	114	125
1966	114	125
1961	114	125
1956	114	125
1951	114	125

In all cases in the above table the national population as supplied by the Registrar General have been used as the comparison.

## 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	...	...	...	...	...	...	318,000
Population in 1953	...	...	...	...	...	...	318,800
Rateable Value 1953	...	...	...	...	...	...	£1,295,356
Sum represented by a penny rate, 1953	...	...	...	...	...	...	£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 1953 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	1953	1952	1953	1952
<b>ENGLAND &amp; WALES</b> ...	1953 <b>15.5</b>	1952 <i>15.3</i>	1953 <b>0.35</b>	1952 <i>0.35</i>	1953 <b>11.4</b>	1952 <i>11.3</i>	1953 <b>*26.8</b>	1952 <i>27.6</i>
160 County Boroughs and Great Towns, including London ...	17.0	<i>16.9</i>	0.43	<i>0.43</i>	12.2	<i>12.1</i>	30.8	<i>31.2</i>
160 Smaller Towns (estimated resident population 25,000 to 50,000 at 1951 Census) ...	15.7	<i>15.5</i>	0.34	<i>0.36</i>	11.3	<i>11.2</i>	24.3	<i>25.8</i>
London Administrative County	17.5	<i>17.6</i>	0.38	<i>0.34</i>	12.5	<i>12.6</i>	24.8	<i>23.8</i>
<b>MONMOUTHSHIRE</b> ...	<b>16.82</b>	<i>17.2</i>	<b>0.47</b>	<i>0.47</i>	<b>11.6</b>	<i>11.5</i>	<b>32.6</b>	<i>33.9</i>

\*Per 1,000 related live births.

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

**Births.**

During 1953 there were, according to the Registrar-General's returns, 5,363 live births in the Administrative County and 150 still-births. Further details are as follows:—

	Legitimate		Illegitimate		Totals.	Comparability Factor.
	M.	F.	M.	F.		
<b>URBAN DISTRICTS:</b>						
Live Births ...	2,285	2,208	74	64	4,631	1.06
Still Births ...	66	60	4	4	134	
<b>RURAL DISTRICTS:</b>						
Live Births ...	349	340	21	22	732	1.11
Still Births ...	9	6	1	—	16	
<b>Totals ...</b>	<b>2,709</b>	<b>2,614</b>	<b>100</b>	<b>90</b>	<b>5,513</b>	<b>1.06</b>

The number of registered live births showed a decrease of 98 compared with the year 1952, but it was 113 more than for 1951.

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:—

	1953.	1952.	1951.	1950.	1949.	1948.
Monmouthshire ...	16.8	17.2	16.5	17.4	18.3	19.2
England & Wales ...	15.5	15.3	15.5	15.8	16.7	17.9

The number of live births in the County during 1953 was 5,363, giving a rate of 16.82 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 17.82, compared with 15.5 for the whole of England and Wales.

The number of still-births was 150, giving a crude rate of 0.47 of 1,000 per 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 1953 was 0.35 per 1,000 civilian population. The number of registered still-births works out at 27.21 per 1,000 live and still-births.

### Deaths.

The total number of deaths registered in the Administrative County in 1953, as shown by the Registrar-General's table was 3,691, compared with 3,665 for 1952, 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 (318,800), is 11.6 per 1,000 living. In 1952 the rate was 11.5; 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 11.6 per 1,000 population compares with 11.5 for 1952. The figure is slightly higher than for the whole of England and Wales (11.4).

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 1953 (11.6), when adjusted by the comparability factor of 1.04 gives an adjusted rate of 12.1 compared with the crude rate of 11.4 for the whole of England and Wales.

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:—

	1953.	1952.	1951.	1950.	1949.	1948.
Monmouthshire ...	32.6	33.9	42.9	39.8	42.8	43.7
England & Wales ...	26.8	27.6	29.6	29.8	32	34

**Maternal Mortality.**

There were 6 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 1.12 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 1.09 per 1,000.

The rate for England and Wales was 0.76 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:—

1953	...	...	...	...	1.09
1952	...	...	...	...	0.71
1951	...	...	...	...	1.48
1950	...	...	...	...	1.73
1949	...	...	...	...	2.83
1948	...	...	...	...	1.92
1947	...	...	...	...	1.17

During the year 1953 there were 51 cases of puerperal pyrexia which were notifiable according to the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations. In 1952 there were 17 notifications, in 1951 there were 14, and in 1950, 13.

## DENTAL SERVICE.

	Examined by A.M.O.'s Dentists, etc.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	3,919	886	374	365
Children under 5 ..	350	350	212	212

	Extractions	Anaes.		Fillings	Sealings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	1031	—	442	35	9	—	—	26	234	59
Children under 5 ..	550	—	242	—	2	—	—	—	—	—

## DOMESTIC HELP SERVICE.

Area Health Sub- Committee	Domestic Helps Supplied during 1953.				Helps Employed at end of 1953		
	Maternity Cases	Tubercu- losis Cases	Aged People and Others	Total	Whole-time	Part-time	Total
No. 1 ..	26	4	239	269	—	69	69
No. 2 ..	8	3	147	158	—	42	42
No. 3 ..	15	5	121	141	2	33	33
No. 4 ..	7	3	154	164	3	36	36
No. 5 ..	8	2	210	220	3	37	37
No. 6 ..	17	5	106	128	3	40	40
No. 7 ..	16	10	324	350	3	110	110
No. 8 ..	24	3	101	128	—	40	40
No. 9 ..	21	8	60	89	—	29	29
No. 10 ..	10	1	110	121	—	52	52
Total ..	152	44	1,572	1,768	14	488	488

## HOUSING.

District.	No. of Houses owned by Local Authority on 31-12-53.		No. of Houses completed during 1953.			No. of Houses in course of erection on 31-12-53.	No. of Local Authority Houses for which sanction has been given but not commenced on 31-12-53.
	Tempor-ary.	Perman-ent.	By Local Authority.	By Private Enterprise.	Total.		
<b>Urban.</b>							
Abercarn	50	48	48	20	68	405	—
Abergavenny	50	644	82	14	96	52	—
Abertillery	100	564	26	4	30	80	86
Bedwas & Machen	50	739	72	68	140	174	138
Bedwellty	100	1,332	96	2	98	114	—
Blaenavon	84	284	26	—	26	—	20
Caerleon	50	154	—	10	10	—	—
Chepstow	—	390	160	5	165	82	34
Cwmbran	200	1,127	246	33	279	90	—
Ebbw Vale	—	1,368	53	12	65	246	—
Monmouth	50	308	—	8	8	—	15
Mynyddislwyn	99	992	77	153	130	—	—
Nantyglo & Blaina	49	502	40	—	40	12	—
Pontypool	300	2,580	172	15	187	146	191
Rhymney	50	253	30	—	30	86	50
Risca	46	1,072	74	—	74	84	—
Tredeggar	88	968	74	2	76	56	—
Usk	—	52	—	8	8	—	—
<b>Rural.</b>							
Abergavenny	7	309	36	10	46	38	—
Chepstow	39	310	63	10	73	194	48
Magor & St. Mellons	121	690	20	30	50	—	16
Monmouth	—	131	28	5	33	32	6
Pontypool	—	142	6	16	22	—	14
<b>Totals</b>	<b>1,533</b>	<b>14,959</b>	<b>1,399</b>	<b>425</b>	<b>1,654</b>	<b>1,891</b>	<b>618</b>

In addition to the above, the Cwmbran Development Corporation completed 198 houses and 14 flats during the year, and the following were under construction on December 31st, 1953:—

1-Bedroom Flats	...	...	3
2-Bedroom Flats	...	...	18
2-Bedroom Houses	...	...	111
3-Bedroom Houses	...	...	287
4-Bedroom Houses	...	...	33



# HOUSING ACT, 1949.

## Details of Loans and Grants.

DISTRICT.	Number of Grants 1953.	Amount of Grants 1953. £	Number of Loans 1953.	Amount of Loans 1953. £	Total number of Grants under Act 1949-53.	Total amount of Grants under Act 1949-53. £	Total number of Loans under Act 1949-53.	Total amount of Loans. 1949-53. £
<b>Urban.</b>								
Abercarn ...	2	368	—	—	2	368	—	—
Abergavenny ...	—	—	—	—	—	—	—	—
Abertillery ...	—	—	—	—	—	—	—	—
Bedwas & Machen ...	—	—	—	—	—	—	—	—
Bedwellty ...	—	—	—	—	—	—	—	—
Blaenavon ...	—	—	—	—	—	—	—	—
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Cwmbran ...	1	111	—	823	1	111	23	3,538
Ebbw Vale ...	—	—	7	—	—	—	—	—
Monmouth ...	—	—	—	—	—	—	—	—
Mynyddislwyn ...	—	—	—	—	—	—	—	—
Nantyglo & Blaina ...	—	—	33	10,147	—	—	72	19,655
Pontypool ...	—	—	—	—	—	—	—	—
Rhymney ...	—	—	—	—	—	—	—	—
Risca ...	—	—	—	—	—	—	—	—
Tredegar ...	—	—	—	—	—	—	—	—
Usk ...	—	—	—	—	—	—	—	—
<b>Rural.</b>								
Abergavenny ...	5	1,150	—	—	5	1,150	—	—
Chepstow ...	—	—	—	—	1	280	—	—
Magor & St. Mellons	—	—	—	—	1	199	—	—
Monmouth ...	—	—	—	—	—	—	—	—
Pontypool ...	—	—	—	—	—	—	—	—
Totals ...	8	1,629	40	10,970	10	2,108	95	23,193

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. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory
<b>Urban.</b>												
Abercarn ... ..	—	—	2	2	14	8	—	—	—	—	—	—
Abergavenny ... ..	—	—	—	—	1	2	—	—	—	—	—	—
Abertillery ... ..	—	—	1	4	—	—	—	—	—	—	—	—
Bedwas & Machen ... ..	1	—	—	—	8	—	—	—	—	—	—	—
Bedwellty ... ..	—	—	—	—	13	4	—	—	—	—	—	—
Blaenavon ... ..	3	3	—	—	11	—	—	—	—	—	—	—
Caerleon ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow ... ..	—	—	—	—	6	—	—	—	1	—	—	—
Cwmbran ... ..	1	—	—	—	5	—	—	—	—	—	—	—
Ebbw Vale ... ..	1	6	4	9	25	—	1	—	11	—	2	—
Monmouth ... ..	—	—	1	2	30	—	—	—	—	—	—	—
Mynyddislwyn ... ..	—	—	1	2	5	—	—	—	—	—	—	—
Nantyglo & Blaina ... ..	—	—	—	—	9	—	—	—	—	—	—	—
Pontypool ... ..	—	—	—	2	84	3	—	—	—	—	—	—
Rhymney ... ..	10	14	—	—	69	2	—	—	—	—	—	—
Risca ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Tredegar ... ..	6	28	—	—	54	12	—	—	—	—	—	—
Usk ... ..	—	—	—	—	8	—	—	—	—	—	—	—
<b>Rural.</b>												
Abergavenny ... ..	1	—	7	9	1	—	—	—	—	—	—	3
Chepstow ... ..	9	3	2	5	30	—	—	—	—	—	—	—
Magor & St. Mellons ... ..	—	—	8	13	8	6	9	10	1	—	2	—
Monmouth ... ..	5	2	1	4	—	—	—	—	1	—	2	—
Pontypool ... ..	—	—	—	4	36	—	—	—	—	—	—	—
Totals ... ..	37	56	27	56	417	37	10	10	14	—	6	3

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES FOR 1953.

DISTRICTS	Estimated Mid-1953 Population	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles (excluding Rubella)	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid Fever	Paratyphoid Fevers	Favellias	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria
				Paralytic	Non-Paralytic						Infective	Post-Infectious								
<b>URBAN.</b>																				
Abercarn	18,460	24	63	...	...	239	...	52	3	...	...	...	...	...	5	...	7	1	...	...
Abergavenny	9,070	20	...	...	...	133	...	1	...	...	...	...	...	...	2	...	2	...	...	...
Abertillery	27,150	26	9	...	...	290	...	31	...	...	...	...	...	...	1	...	1	...	...	...
Bedwas and Machen	8,788	4	12	1	...	156	...	1	...	...	...	...	...	...	9	...	9	4	...	...
Bedwellty	28,480	23	13	2	...	295	...	20	6	...	...	...	...	...	5	...	2	13	...	...
Blaenavon	9,589	...	3	...	...	58	...	3	...	...	...	...	...	...	2	...	...	...	...	...
Caerleon	4,867	7	8	...	...	65	...	2	...	...	...	...	...	...	...	...	...	11	1	...
Chepstow	5,791	1	6	1	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cwmbran	14,410	2	16	1	...	187	...	10	...	...	...	...	...	...	...	...	...	1	...	...
Ebbw Vale	28,520	49	152	...	1	218	...	86	...	...	...	...	...	...	2	...	4	5	4	...
Monmouth	5,738	2	19	...	...	39	...	...	...	...	...	...	...	...	2	...	1	...	...	...
Mynyddislwyn	14,810	7	28	...	...	65	...	1	...	...	...	...	...	...	...	...	...	7	...	...
Nantyglo and Blaina	11,240	3	...	...	...	124	...	2	...	...	...	...	...	...	...	...	1	...	...	...
Pontypool	42,320	10	50	...	...	735	...	6	...	...	1	...	...	...	4	...	3	...	...	...
Rhymney	8,980	3	13	2	1	226	...	1	...	...	...	...	...	...	...	...	1	3	...	...
Risca	14,930	3	13	...	...	215	...	46	1	...	...	...	...	...	...	...	1	...	1	...
Tredegar	20,420	2	1	...	...	121	...	2	...	...	...	...	...	...	1	...	...	2	1	...
Usk	1,637	...	43	...	...	2	...	1	...	...	...	...	...	...	1	...	...	...	...	1
Totals, Urban	275,200	186	419	7	2	3190	...	245	10	1	1	...	1	28	4	31	47	7	7	1
<b>RURAL.</b>																				
Abergavenny	8,441	14	11	...	...	55	...	3	1	...	1	...	...	...	...	1	...	...	...	...
Chepstow	10,090	3	22	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor & St. Mellons	13,610	14	35	...	...	186	...	26	...	...	...	...	...	...	...	2	...	...	...	...
Monmouth	5,738	1	7	...	...	20	...	1	...	...	...	...	...	...	...	...	...	2	...	...
Pontypool	5,721	6	32	...	...	75	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals, Rural	43,600	38	107	...	...	366	...	30	1	1	1	...	...	...	...	...	3	2	...	...
Grand Totals	318,800	224	556	7	2	3556	...	275	11	2	2	...	1	28	4	34	49	7	7	1

# ANALYSIS OF NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN AGE GROUPS, 1953.

## 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	
Scarlet Fever ...	3	3	8	10	24	29	53	62	111	14	15	29	7	2	2	1	3	101	123
Whooping Cough ...	22	29	63	64	72	94	166	102	191	5	8	13	—	2	2	3	5	254	302
Acute Poliomyelitis:																			
Paralytic ...	2	—	1	—	—	—	—	1	2	—	—	—	—	—	—	—	2	6	1
Non-Paralytic ...	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	2	—
Measles (excluding Rubella) ...	75	75	433	413	846	521	1095	712	669	26	29	55	12	3	3	9	12	1830	1726
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

## Age Groups.

	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 ...	43	24	18	12	30	39	61	18	19	22	71	44	2	2
Smallpox ...	2	—	2	3	5	1	1	—	—	—	—	1	2	—
Acute Encephalitis:														
Infective ...	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Post-Infectious ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Purpural Pyrexia ...	2	2	2	1	3	16	1	3	2	1	7	4	2	2
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	3	4	—	—	—	—	—	—	—	—	—	—	—	—

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

### DIPHTHERIA IMMUNISATION FOR YEAR 1953.

Number of Children at 31st December, 1953, who had completed a course of Immunisation at any time before that date (*i.e.*, at any time since 1st January, 1939).

Age at 31-12-53 <i>i.e.</i> , Born in Year	Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster):					
A. 1949-1953 ... ..	557	10,314	12,793	5,696	29,360
B. 1948 or earlier ...	—	—	15,169	16,754	31,923
C. Estimated mid-year child population ...	5,230	21,420	51,700		78,350
Immunity Index 100 A/C ... ..	10.65	48.10	35.76		37.46

### DIPHTHERIA IMMUNISATION FOR YEAR 1953.

	AGE							Total
	at Date of Final Injection (as regards A) or of Reinforcing Injection (as regards B).							
	Under 1	1	2	3	4	5 to 9	10 to 14	
A. Number of children who completed a full course of primary immunisation in the Authority's Area (including temporary residents) during the six months ending 30th June, 1953 ...	902	1558	422	123	103	899	95	4102
B. Number of children who received a Secondary Injection ( <i>i.e.</i> , subsequently to Primary Immunisation at an earlier age) during the six months ended 30th June, 1953 ... ..	5	4	4	6	164	1376	94	1651

## MOBILE PHYSIOTHERAPY SERVICE.

1st January, 1953—31st December, 1953. ...

Number of Cases referred by	Family Doctor	...	...	...	...	69
„ „ „ „ „	Hospitals	...	...	...	...	13
„ „ „ „ „	Newport Mobile Physiotherapy Unit	...	...	...	...	1
						—
	Total Cases	...	...	...	...	83
						—
						—

These patients can be divided into the following age groups:—

20—40 years.	40—60 years.	Over 60 years.
2	29	52

and the following medical categories:—

Hemiplegia	...	...	...	...	39
Rheumatoid Arthritis	...	...	...	...	20
Senility	...	...	...	...	7
Fractures	...	...	...	...	6
Paraplegics	...	...	...	...	2
Parkinson's Disease	...	...	...	...	5
Disseminated Sclerosis	...	...	...	...	2
P.M.A.	...	...	...	...	1
Others	...	...	...	...	1

Of the total cases referred for treatment, 72 were accepted for the following reasons:—

Too old to travel	...	...	...	27
Housebound	...	...	...	44
Domestic Reasons	...	...	...	1

11 Patients were refused treatment:—

Unsuitable	...	...	...	7
Able to attend Hospital	...	...	...	2
Permission not received from G.P.	...	...	...	2

At the end of the Prescribed Course of Treatment:—

- 44 Patients showed improvement.
- 20 Patients did not improve (either the patient was un-co-operative or the complaint was of too long standing).
- 9 Patients entered Hospital.

**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	—	—
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.**

NOTES: This section covers live births and still-births of 5½lbs. or less at birth.  
 Births in an ambulance or in the street should be listed under the place to which the case is immediately transferred.

1. NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED  
 (as adjusted by transferred Notifications):

(a) In hospital	...	...	263
(b) At home	...	...	169
(c) In private nursing homes	...	...	—

Total ... .. 432

2. NUMBER OF PREMATURE STILL-BIRTHS NOTIFIED  
 (as adjusted by transferred notifications):

(a) In hospital	...	...	55
(b) At home	...	...	15
(c) In private nursing homes	...	...	—

Total ... .. 70

\* "Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

NOTE: The totals in the table below should correspond with the appropriate figures in items 1 and 2 above, e.g., the sum of the totals in cols. (5) and (8) of the table should correspond with item 1 (b) above.

Weight at birth.	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS							
	Born in Hospital.			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	34	16	11	9	6	2	17	4	10	—	—	—	—	—	22	5	—	
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	43	8	30	10	1	8	23	3	17	—	—	—	—	—	14	1	—	
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	58	2	53	18	1	16	6	1	4	—	—	—	—	—	7	—	—	
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	128	1	122	77	1	74	9	1	8	—	—	—	—	—	12	9	—	
Totals ... ..	263	27	216	114	9	100	55	9	39	—	—	—	—	—	55	15	—	

+The group under this heading will include cases which may be born in one hospital and transferred to another.



**AMBULANCE SERVICE, 1953.**  
Operational Return for the Year.

	DIRECTLY OPERATED.			SUPPLEMENTARY SERVICE.
	<i>Ambulances.</i>	<i>Sitting-Case Cars.</i>	<i>Total.</i>	
<b>A. No. of Patients:</b>				
(1) Accidents and Emergencies ... ..	8,507	22	8,529	89
(2) Others ... ..	88,703	1,087	89,790	28
(3) Total of (1) & (2) ...	97,210	1,109	98,319	117
<b>B. Journeys:</b>				
(1) Patient Carrying ...	27,454	384	27,838	102
(2) Abortive & Service	1,201	59	1,260	2
(3) Analgesia, etc. ...	32	—	32	—
(4) Total of (1) (2) & (3)	28,687	443	29,130	104
<b>C. Total Mileage ... ..</b>	784,910	28,473	813,383	1,450
<b>D. No. of Operational Vehicles at 31-12-53.</b>	43	1	44	—
<b>E. No. of Operational Staff as at 31-12-53 ... ..</b>	67 Ambulance Drivers.	1 Car Driver.	4 Leader Drivers.	3 Deputy Leader Drivers. 3 Control Room Telephonists. Total 78
<b>F. No. of Ambulance Stations as at 31-12-53.</b>	4 Zone Stations.	11 Depôts.	Total 15.	



**Daily Minders receiving Fees from the Authority under Section 22 of the National Health Service Act, 1946, at End of Year.**

- (a) Number of Minders ... .. —  
 (b) Number of children cared for ... .. —

**HEALTH VISITING AND TUBERCULOSIS VISITING.**

**A. Visiting.**

(1)	Number of children under 5 years of age visited during year (2)		HEALTH VISITORS					TUBERCULOSIS VISITORS		
	Expectant Mothers	Children under 1 year of age	Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households	Other cases	Total number of families or households visited by Health Visitors (11)		Total visits paid to tuberculous households (12)	
	First visits (3)	Total visits (4)	First visits (5)	Total visits (6)	Total visits (7)	Total visits (8)	Total visits (9)	Total visits (10)	Total visits (11)	Total visits (12)
(a) L. H. A.	263	438	5,335	20,032	12,016	27,556	925	5,008	24,898	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—

**B. Clinics.**

- (a) Total number of attendances made by Health Visitors at local Health Authority Clinic Sessions per month ... .. 720  
 (b) Total number of attendances of Whole-time Tuberculosis Visitors at Chest Clinic Sessions per month —

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

**Year Ended 31st December, 1953**

SPECIMENS FOR VENEREAL DISEASES	...	...	...	...	...	11,605
FAECES: For Pathogenic Bacteria	...	...	...	...	...	1,846
URINES: General and Bacteriological Tests	...	...	...	...	...	864
SPUTUM: For Tuberculosis and other Organisms	...	...	...	...	...	1,834
SWABS: For Diphtheria and other Organisms	...	...	...	...	...	1,222
BLOOD COUNTS: For Diagnosis	...	...	...	...	...	1,335
WATERS: Bacteriological Tests	...	...	...	...	...	1,268
MILKS: Designated and Non-designated Examinations	...	...	...	...	...	2,209
ICE-CREAMS: Bacteriological Tests	...	...	...	...	...	815
MISCELLANEOUS: Bacteriological and Bio-Chemical Tests	...	...	...	...	...	1,466
						24,464
						24,464

(By courtesy of Dr. R. D. Gray, Director of the Laboratory.)

REGISTRAR-GENERAL'S RETURN OF BIRTHS AND INFANT DEATHS IN URBAN AND RURAL DISTRICTS IN 1953

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.		
<b>Urban.</b>																			
Abercarn	18,460	145	141	3	2	5	2	—	—	2	1	—	—	—	—	—	—	1.05	1.10
Abergavenny	9,070	61	74	4	1	3	—	—	—	1	—	—	—	—	—	—	—	1.01	0.88
Abertillery	27,150	204	225	5	12	7	—	—	—	1	—	—	—	—	—	—	—	1.08	1.06
Bedwas & Machen	8,788	74	71	5	2	1	—	—	—	1	—	—	—	—	—	—	—	1.07	1.06
Bedwellty	28,480	390	233	13	8	8	3	2	8	2	—	—	—	—	—	—	—	1.08	1.21
Blaenavon	9,589	65	65	3	4	1	—	—	—	1	—	—	—	—	—	—	—	1.10	1.03
Caerleon	4,867	36	33	1	3	1	—	—	—	—	—	—	—	—	—	—	—	1.26	1.13
Chepstow	5,791	42	49	1	2	1	—	—	—	1	—	—	—	—	—	—	—	1.07	0.89
Cwmbran	14,410	145	151	2	—	3	—	—	—	—	—	—	—	—	—	—	—	0.99	1.05
Ebbw Vale	28,520	214	228	8	6	14	—	—	—	—	—	—	—	—	—	—	—	1.05	1.12
Monmouth	5,738	40	36	5	1	2	—	—	—	1	—	—	—	—	—	—	—	1.04	0.82
Mynyddislwyn	14,810	147	136	5	1	2	—	—	—	—	—	—	—	—	—	—	—	1.05	1.21
Nantyglo & Blaina	11,240	95	97	4	—	1	—	—	—	—	—	—	—	—	—	—	—	1.10	1.00
Pontypool	42,320	332	334	9	8	4	—	—	—	1	—	—	—	—	—	—	—	1.04	1.06
Rhymney	8,980	77	61	2	4	2	—	—	—	—	—	—	—	—	—	—	—	1.06	1.06
Risca	14,930	108	94	1	6	5	—	—	—	—	—	—	—	—	—	—	—	1.04	1.01
Tredegar	20,420	180	164	2	4	5	—	—	—	—	—	—	—	—	—	—	—	1.03	1.03
Usk	1,637	20	16	1	—	3	—	—	—	—	—	—	—	—	—	—	—	0.95	0.95
<b>Totals Urban Districts</b>	<b>275,200</b>	<b>2285</b>	<b>2208</b>	<b>74</b>	<b>64</b>	<b>66</b>	<b>4</b>	<b>4</b>	<b>67</b>	<b>6</b>	<b>82</b>	<b>3</b>	<b>3</b>	<b>50</b>	<b>41</b>	<b>3</b>	<b>1.06</b>	<b>1.06</b>	
<b>Rural.</b>																			
Abergavenny	8,441	67	61	2	6	3	—	—	—	—	—	—	—	—	—	—	—	1.33	0.82
Chepstow	10,090	74	72	6	6	—	—	—	—	—	—	—	—	—	—	—	—	1.04	0.97
Magor & St. Mellons	13,610	118	112	7	4	6	—	—	2	—	—	—	—	—	—	—	—	1.07	0.91
Monmouth	5,738	37	45	5	5	—	—	—	—	—	—	—	—	—	—	—	—	1.13	0.83
Pontypool	5,721	53	50	1	1	—	—	—	3	—	—	—	—	—	—	—	—	1.06	0.87
<b>Totals Rural Districts</b>	<b>43,600</b>	<b>349</b>	<b>340</b>	<b>21</b>	<b>22</b>	<b>9</b>	<b>1</b>	<b>—</b>	<b>5</b>	<b>—</b>	<b>12</b>	<b>—</b>	<b>—</b>	<b>10</b>	<b>3</b>	<b>—</b>	<b>1.11</b>	<b>0.89</b>	
<b>Grand Totals</b>	<b>318,800</b>	<b>2634</b>	<b>2548</b>	<b>95</b>	<b>86</b>	<b>75</b>	<b>5</b>	<b>4</b>	<b>72</b>	<b>6</b>	<b>94</b>	<b>3</b>	<b>3</b>	<b>60</b>	<b>44</b>	<b>3</b>	<b>1.06</b>	<b>1.04</b>	

REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1953.

District.	Popula- tion.	Causes of Death																																		All Causes			
		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	Leukemia, Achromia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, 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	
		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		
<b>Urban Districts.</b>																																							
Abercarn	18,460	—	2	1	—	—	—	—	—	1	5	—	1	1	20	—	1	32	24	1	26	5	5	9	20	3	2	1	2	3	—	17	—	—	4	—	—	196	
Abergavenny	9,070	—	—	—	—	—	—	—	—	—	4	—	1	1	17	—	—	10	4	1	17	1	2	4	5	—	—	—	—	—	—	12	—	—	2	—	—	93	
Aberfillery	27,150	4	1	1	—	—	—	—	—	—	1	—	—	—	24	—	1	39	43	5	68	13	3	9	30	1	4	3	4	—	28	1	13	2	—	—	325		
Bedwas & Machen	8,788	6	1	1	—	—	—	—	—	—	1	—	—	—	7	—	—	7	10	—	14	11	3	3	6	4	—	—	—	—	—	—	1	13	2	—	—	96	
Bedwellty	28,480	10	1	3	—	—	—	—	—	—	1	—	—	—	7	—	—	33	32	—	77	11	6	16	21	14	—	—	—	—	—	—	3	15	1	2	—	—	333
Blaenavon	9,589	1	—	—	—	—	—	—	—	—	—	—	—	—	13	—	—	9	17	4	—	—	—	11	3	—	—	—	—	—	—	—	5	37	14	—	—	129	
Caerleon	4,867	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	5,791	—	1	—	—	1	—	—	—	—	1	—	—	—	8	—	—	26	8	—	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cwmbran	14,410	1	1	—	—	—	—	—	—	—	5	—	—	—	5	—	—	18	18	1	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ebber Vale	28,520	7	—	—	—	—	—	—	—	—	8	—	—	—	3	—	—	14	9	1	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monmouth	5,738	—	—	2	—	—	—	—	—	—	3	—	—	—	3	—	—	32	36	6	37	11	11	12	20	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Mynyddislwyn	14,810	5	—	—	—	1	—	—	—	—	3	—	—	—	3	—	—	14	9	1	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nantyglo & Blaina	11,240	3	—	—	—	—	—	—	—	—	3	—	—	—	3	—	—	19	13	1	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontypool	42,320	5	1	2	—	—	—	—	—	—	4	—	—	—	9	—	—	16	18	8	10	17	7	7	4	4	4	—	—	—	—	—	—	—	—	—	—	—	—
Rhymney	8,980	1	—	—	—	—	—	—	—	—	3	—	—	—	3	—	—	32	35	1	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Risca	14,930	1	—	—	—	—	—	—	—	—	4	—	—	—	1	—	—	4	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tredegar	20,420	11	1	—	—	—	—	—	—	—	1	—	—	—	6	—	—	1	2	18	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Usk	1,637	—	—	—	—	—	—	—	—	—	6	—	—	—	3	—	—	3	1	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Rural Districts.</b>																																							
Abergavenny	8,441	2	—	2	—	—	—	—	—	1	2	3	1	1	5	1	1	21	22	—	66	11	1	7	8	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	10,090	—	—	—	—	—	—	—	—	—	5	—	—	—	2	—	—	11	11	—	18	6	1	3	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Magor & St. Mellons	13,160	1	—	1	—	—	—	—	—	—	4	—	—	—	5	—	—	13	18	4	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monmouth	5,738	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	10	9	3	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontypool	5,721	1	—	—	—	—	—	—	—	—	3	—	—	—	1	—	—	4	8	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Total</b>	<b>318,800</b>	<b>61</b>	<b>10</b>	<b>9</b>	<b>—</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>124</b>	<b>107</b>	<b>45</b>	<b>30</b>	<b>318</b>	<b>11</b>	<b>25</b>	<b>450</b>	<b>433</b>	<b>58</b>	<b>585</b>	<b>132</b>	<b>43</b>	<b>127</b>	<b>243</b>	<b>63</b>	<b>33</b>	<b>21</b>	<b>58</b>	<b>34</b>	<b>6</b>	<b>27</b>	<b>383</b>	<b>29</b>	<b>93</b>	<b>17</b>	<b>—</b>	<b>3,691</b>	



CAUSES OF DEATH IN VARIOUS AGE GROUPS IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1953

Age Groups.	CAUSES OF DEATH																																				All Causes				
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningeococcal Infections	Acute Poliomyelitis	Mumps	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukemia, Alkermans	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension, with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoes	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					
Urban Districts.	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					
Males	0	1	5	15	25	45	65	75	1	1	2	3	4	4	1	1	1	2	7	4	14	14	17	13	55	27	3	1	1	3	6	53	11	4	23	5	5	88			
Total Males	40	5	5	1	2	1	3	3	62	82	158	6	5	174	241	26	253	50	16	70	157	54	23	12	28	27	7	150	16	53	9							1,739			
Females	0	1	5	15	25	45	65	75	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	70	
Total Females	17	5	1	1	1	1	1	1	52	8	36	24	113	3	17	217	124	23	295	57	23	40	52	6	7	6	22	4	16	183	8	25	4					536			
Rural Districts.	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					
Males	0	1	5	15	25	45	65	75	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12
Total Males	3	3	3	3	3	3	3	3	6	13	30	1	1	24	49	2	70	16	2	13	14	3	3	3	3	3	7	1	26	5	9	2						312			
Females	0	1	5	15	25	45	65	75	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5	
Total Females	1	1	1	1	1	1	1	1	4	4	9	6	17	1	2	35	19	7	67	9	2	4	20																118		
Grand Totals	61	10	9	2	3	1	3	7	124	107	45	30	318	11	25	450	433	58	685	132	43	127	243	63	33	21	58	34	6	27	383	29	93	17			250				



Age Group	Urban Districts		Rural Districts		Total	
	Male	Female	Male	Female	Male	Female
0-4	100	100	100	100	200	200
5-9	100	100	100	100	200	200
10-14	100	100	100	100	200	200
15-19	100	100	100	100	200	200
20-24	100	100	100	100	200	200
25-29	100	100	100	100	200	200
30-34	100	100	100	100	200	200
35-39	100	100	100	100	200	200
40-44	100	100	100	100	200	200
45-49	100	100	100	100	200	200
50-54	100	100	100	100	200	200
55-59	100	100	100	100	200	200
60-64	100	100	100	100	200	200
65-69	100	100	100	100	200	200
70-74	100	100	100	100	200	200
75-79	100	100	100	100	200	200
80-84	100	100	100	100	200	200
85-89	100	100	100	100	200	200
90-94	100	100	100	100	200	200
95-99	100	100	100	100	200	200
Total	1000	1000	1000	1000	2000	2000



# STATISTICS FOR THE YEAR 1933

District	Population	Area (sq. miles)	Urban		Rural	
			Population	Area	Population	Area
<b>URBAN</b>						
Abbeville	10,100	148	10,100	148	10,100	148
Abbeville	9,870	101	9,870	101	9,870	101
Abbeville	9,750	204	9,750	204	9,750	204
Abbeville	9,750	74	9,750	74	9,750	74
Abbeville and Marion	9,600	500	9,600	500	9,600	500
Abbeville	9,500	150	9,500	150	9,500	150
Abbeville	9,400	100	9,400	100	9,400	100
Abbeville	9,300	142	9,300	142	9,300	142
Abbeville	9,200	142	9,200	142	9,200	142
Abbeville	9,100	142	9,100	142	9,100	142
Abbeville	9,000	142	9,000	142	9,000	142
Abbeville	8,900	142	8,900	142	8,900	142
Abbeville	8,800	142	8,800	142	8,800	142
Abbeville	8,700	142	8,700	142	8,700	142
Abbeville	8,600	142	8,600	142	8,600	142
Abbeville	8,500	142	8,500	142	8,500	142
Abbeville	8,400	142	8,400	142	8,400	142
Abbeville	8,300	142	8,300	142	8,300	142
Abbeville	8,200	142	8,200	142	8,200	142
Abbeville	8,100	142	8,100	142	8,100	142
Abbeville	8,000	142	8,000	142	8,000	142
Abbeville	7,900	142	7,900	142	7,900	142
Abbeville	7,800	142	7,800	142	7,800	142
Abbeville	7,700	142	7,700	142	7,700	142
Abbeville	7,600	142	7,600	142	7,600	142
Abbeville	7,500	142	7,500	142	7,500	142
Abbeville	7,400	142	7,400	142	7,400	142
Abbeville	7,300	142	7,300	142	7,300	142
Abbeville	7,200	142	7,200	142	7,200	142
Abbeville	7,100	142	7,100	142	7,100	142
Abbeville	7,000	142	7,000	142	7,000	142
Abbeville	6,900	142	6,900	142	6,900	142
Abbeville	6,800	142	6,800	142	6,800	142
Abbeville	6,700	142	6,700	142	6,700	142
Abbeville	6,600	142	6,600	142	6,600	142
Abbeville	6,500	142	6,500	142	6,500	142
Abbeville	6,400	142	6,400	142	6,400	142
Abbeville	6,300	142	6,300	142	6,300	142
Abbeville	6,200	142	6,200	142	6,200	142
Abbeville	6,100	142	6,100	142	6,100	142
Abbeville	6,000	142	6,000	142	6,000	142
Abbeville	5,900	142	5,900	142	5,900	142
Abbeville	5,800	142	5,800	142	5,800	142
Abbeville	5,700	142	5,700	142	5,700	142
Abbeville	5,600	142	5,600	142	5,600	142
Abbeville	5,500	142	5,500	142	5,500	142
Abbeville	5,400	142	5,400	142	5,400	142
Abbeville	5,300	142	5,300	142	5,300	142
Abbeville	5,200	142	5,200	142	5,200	142
Abbeville	5,100	142	5,100	142	5,100	142
Abbeville	5,000	142	5,000	142	5,000	142
Abbeville	4,900	142	4,900	142	4,900	142
Abbeville	4,800	142	4,800	142	4,800	142
Abbeville	4,700	142	4,700	142	4,700	142
Abbeville	4,600	142	4,600	142	4,600	142
Abbeville	4,500	142	4,500	142	4,500	142
Abbeville	4,400	142	4,400	142	4,400	142
Abbeville	4,300	142	4,300	142	4,300	142
Abbeville	4,200	142	4,200	142	4,200	142
Abbeville	4,100	142	4,100	142	4,100	142
Abbeville	4,000	142	4,000	142	4,000	142
Abbeville	3,900	142	3,900	142	3,900	142
Abbeville	3,800	142	3,800	142	3,800	142
Abbeville	3,700	142	3,700	142	3,700	142
Abbeville	3,600	142	3,600	142	3,600	142
Abbeville	3,500	142	3,500	142	3,500	142
Abbeville	3,400	142	3,400	142	3,400	142
Abbeville	3,300	142	3,300	142	3,300	142
Abbeville	3,200	142	3,200	142	3,200	142
Abbeville	3,100	142	3,100	142	3,100	142
Abbeville	3,000	142	3,000	142	3,000	142
Abbeville	2,900	142	2,900	142	2,900	142
Abbeville	2,800	142	2,800	142	2,800	142
Abbeville	2,700	142	2,700	142	2,700	142
Abbeville	2,600	142	2,600	142	2,600	142
Abbeville	2,500	142	2,500	142	2,500	142
Abbeville	2,400	142	2,400	142	2,400	142
Abbeville	2,300	142	2,300	142	2,300	142
Abbeville	2,200	142	2,200	142	2,200	142
Abbeville	2,100	142	2,100	142	2,100	142
Abbeville	2,000	142	2,000	142	2,000	142
Abbeville	1,900	142	1,900	142	1,900	142
Abbeville	1,800	142	1,800	142	1,800	142
Abbeville	1,700	142	1,700	142	1,700	142
Abbeville	1,600	142	1,600	142	1,600	142
Abbeville	1,500	142	1,500	142	1,500	142
Abbeville	1,400	142	1,400	142	1,400	142
Abbeville	1,300	142	1,300	142	1,300	142
Abbeville	1,200	142	1,200	142	1,200	142
Abbeville	1,100	142	1,100	142	1,100	142
Abbeville	1,000	142	1,000	142	1,000	142
Abbeville	900	142	900	142	900	142
Abbeville	800	142	800	142	800	142
Abbeville	700	142	700	142	700	142
Abbeville	600	142	600	142	600	142
Abbeville	500	142	500	142	500	142
Abbeville	400	142	400	142	400	142
Abbeville	300	142	300	142	300	142
Abbeville	200	142	200	142	200	142
Abbeville	100	142	100	142	100	142
Abbeville	0	142	0	142	0	142



