

[Report 1954] / Medical Officer of Health, Monmouthshire County Council.

Contributors

Monmouthshire (Wales). County Council.

Publication/Creation

1954

Persistent URL

<https://wellcomecollection.org/works/u2s6dqw7>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

WELSH BOARD OF HEALTH
21 MAR 1956
P.

LONDON BOARD OF HYGIENE
71 JUN 1953



MONMOUTHSHIRE COUNTY COUNCIL.



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH.

FOR THE YEAR 1954.



GWYN ROCYN JONES,

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

County Medical Officer.

COUNTY HALL,
NEWPORT, MON.





MONMOUTHSHIRE COUNTY COUNCIL.

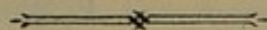


ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH.

FOR THE YEAR 1954.



GWYN ROCYN JONES,

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

County Medical Officer.

COUNTY HALL,
NEWPORT, MON.

INDEX

	Page		Page
Acute Poliomyelitis	47	Whooping Cough	48
Adulteration of Foodstuffs, etc.	49	Infectious Diseases, Analysis, Table	71
Ambulance Service	49	Infectious Diseases, Notifications Table... ..	70
Ambulance Service, Table	76	Infectious and Other Diseases Prevalence and Control of	37
Ante-Natal Clinics	4	Influenza	48
Area, Population, etc.	62	Inspection and Supervision of Food	59
Births	63	Isolation Hospitals	46
Birth Control Clinics	6	Laboratory Examinations, Table	79
Births and Infant Deaths, Registrar-General's Table	81	Maternal Mortality	65
Blindness, Prevention and Care of	35	Maternity and Child Welfare	4
Cancer	37	Measles	47
Care of Premature Infants	6	Meat	59
Causes of Deaths, Table	84	Medical Appliances Scheme	22
Chicken Pox	47	Medical Examinations of Staff	37
Cleanliness	49	Meningococcal Infection	47
Clinics	10	Mental Health Service	28
Convalescent Treatment	23	Midwifery Services	23
Deaths	64	Milk	59, 80
Deaths from all causes, Table	84	Notifiable Diseases, Table	70
Deaths, causes and age groups	85	Nurseries and Child Minders	74
Dental Officer's Report	9	Nursing Homes, Registration	74
Dental Service, Table	66	Nursing Service, Home	11
Diphtheria	46	Nursing Service, Night	21
Diphtheria Immunisation, Tables	72	Ophthalmia Neonatorum	4, 47
Epileptics	35	Physiotherapy Service, Mobile	73
Foods and Drugs Act, 1938	59	Post-Natal Clinic	6
Gas and Air Analgesia	24	Pneumonia	48
General Cleanliness	49	Premature Infants, Care of	6
Geriatric Service	11	Premature Births Table	75
Health Centres	10	Prevention of Blindness	35
Health Education	27	Public Health Laboratory Examinations, Table	79
Health Visitors, Work of	4, 49, 68	Puerperal Pyrexia	47
Home Help Service	21	Registrar-General's Return of Deaths, etc.	81
Home Help Service, Table	66	Sale of Infant Foods, etc.	6
Home Nursing Service	11	Sanitary Circumstances of the Area	53
Home Nursing, Tables	77	Scarlet Fever	46
Housing	57	Schools	58
Housing Acts, 1949, Loans and Grants, Table	68	Sewerage	57
Housing, Table	67	Smallpox	46
Ice Cream	59	Smoke Abatement	58
Illegitimate Children, Care of	8	Spastics	34
Immunisation against Diphtheria	36, 62	Specialist Services	11
Infant Mortality	64, 82, 83	Speech Therapy	8
Infant Protection	9	Staff	1, 2, 3, 4, 61
Infectious and Other Diseases, Prevalence, etc. :—		Statistics	63, 64
Acute Poliomyelitis	47	Stillbirths	37
Cancer	37	Tuberculosis	43
Chicken Pox	47	Tuberculosis Clinics, Time Tables	78
Diphtheria	46	Tuberculosis Visiting	46
Influenza	48	Vaccination	48
Measles	47	Venereal Diseases	62
Meningococcal Infection	47	Vital Statistics	86
Ophthalmia Neonatorum	4, 47	Vital Statistics, Table	69
Pneumonia	48	Water Analyses, Table	54
Poliomyelitis, Acute	47	Water Supplies	48
Puerperal Pyrexia	47	Whooping Cough	37
Scarlet Fever	46	Women Dying in, or in Consequence of, Childbirth	65
Smallpox	46		
Tuberculosis	37		
Venereal Diseases	48		

PREFACE.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is my pleasure and honour to present to you my Annual Report upon the Health and Preventive Medical Service of the County of Monmouth for the year 1954.

The live birth rate per 1,000 population for 1954 was 16.3 as compared with 16.8 for the previous year, a decrease of 0.5.

The death rate for 1954 was 11.9 per 1,000 population, an increase of 0.3 over 1953, when it was 11.6.

Infant mortality gave a rate of 39.7 per 1,000 births for 1954, this being an increase of 6.9 on the 1953 rate, when it was 32.6.

There were no serious epidemics of infectious diseases during 1954, and in the case of measles, the remarkably low figure of 47 notifications was recorded. The number of notified cases of whooping cough increased somewhat over last year. Acute poliomyelitis was less evident in notifications although the deaths rose from 1 to 3.

Again the Home Help Service expanded both in cost and in number of cases served. There does not appear to be any increase in Hospital accommodation for the chronic sick and the Home Help Service affords help with the co-operation of the Home Nursing Service.

Once again I should like to express my gratitude to the Health Committee for their help and co-operation and to the Specialists and Staffs of the Hospitals for their ready help in the work of preventive and curative medicine. In conclusion I should like to thank the members of the staff of my Department for their able and loyal support and assistance at all times.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES.

County Hall,
Newport, Mon.

PRELIMINARY

IN THE MATTER OF THE ESTATE OF

THE ESTATE OF

It is the duty of the executor to administer the estate of the deceased in accordance with the provisions of the will and the laws of the State of New York.

The executor has the honor to acknowledge the receipt of the check for the amount of \$10,000.00, which was paid to the executor on the part of the estate.

The check for the amount of \$10,000.00 was received by the executor on the part of the estate on the date of the check.

The executor has the honor to acknowledge the receipt of the check for the amount of \$10,000.00, which was paid to the executor on the part of the estate.

The executor has the honor to acknowledge the receipt of the check for the amount of \$10,000.00, which was paid to the executor on the part of the estate.

The executor has the honor to acknowledge the receipt of the check for the amount of \$10,000.00, which was paid to the executor on the part of the estate.

The executor has the honor to acknowledge the receipt of the check for the amount of \$10,000.00, which was paid to the executor on the part of the estate.

I have the honor to be, Sir, your obedient servant,

Very respectfully,
The Executor

By _____

Witness my hand and seal this _____ day of _____, 19____.

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).

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). (Until 30-6-54).
Tredegar U.D.C.		Area No. 1 *E. T. H. Davies, M.D., M.S., F.R.C.S., (Temporary). (Until 30-6-54). M. J. Donelan, M.B., B.Ch., D.P.H. (From 1-7-54).
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.
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.		

*A. Joyce Thomas, M.D., M.R.C.S., L.R.C.P.,
D.P.H. Area Medical Officer for No. 1 Area
from 1-10-53 until 30-6-54.

SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH :

J. Newcombe, M.B., B.S., D.P.M. (Mental Health). (Resigned 10-7-54).

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. (Retired 31-8-54).

Mary Rose MacQuillan, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

G. Eisner-Kissman, M.D. (Prague), D.C.H. (Resigned 31-1-54).

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., D.P.H. (Area Medical Officer for No 1 Area from 1-10-53 until 30-6-54).

Mary Stewart, B.Sc., M.B., B.Ch.

Mary Ll. Williams, M.B., B.Ch.

Margaret E. Cochrane-Dyet, M.B., Ch.B.

Cicely Waters, M.D., B.Sc., D.P.H., R.C.P.S.

Lilian J. Cunningham, M.B., B.Ch., B.Sc.

Mary Wells Jenkins, B.Sc., M.B., B.Ch., D.P.H.

Mary Patricia Eleri Jenkins, B.Sc., M.B., B.Ch. (Commenced 1-1-54).

Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 1-3-54).

John L. Phillips, M.B., B.Ch., B.Sc., D.O.M.S. (Temporary). Commenced 1-5-54).

Elfreda Alice Watkins, M.B., B.Ch. (Commenced 1-9-54).

SENIOR DENTAL OFFICER :

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

ASSISTANT DENTAL OFFICERS :

J. C. Morley, L.D.S.

Greta McHarg, L.D.S.

W. S. Hazell, L.D.S., R.C.S. (Part-time).

D. J. Coughlin.

COUNTY SANITARY INSPECTOR :

J. Jenkin Evans, M.R.S.I., F.S.I.A., Inspector of Meat and other Foods. (Retired 19-11-54).

ASSISTANT COUNTY SANITARY INSPECTOR :

H. C. Bird, M.S.I.A., A.R.S.H. (Until 20-11-54). (Commenced 20-11-54 as County Sanitary Inspector).

COUNTY AMBULANCE OFFICER :

H. Price.

MEDICAL COMFORTS OFFICER AND EQUIPMENT OFFICER :

G. Padfield.

SUPERVISOR OF MIDWIVES :

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 HOME HELPS :

Mrs. M. V. Hughes.

WELFARE OFFICER (Illegitimate Children) :

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

SPEECH THERAPISTS :

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

Miss M. Watkins, L.C.S.T. (R.M.A.) (Resigned 31-3-54). (Part-time).

Miss G. M. Oldbury, L.C.S.T. (R.M.A.) (Commenced 1-9-54).

Miss U. E. Jones, L.C.S.T. (R.M.A.) (Commenced 1-9-54. (Part-time).

Miss K. B. Powell, L.C.S.T. (R.M.A.) (Commenced 1-9-54).

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.

Dredge, M. W.

(Commenced 1-2-54)

Edwards, M.

Elias, M.

Fraser, E.

Gilford, M.

Golding, G. I.

Harris, E. M.

Harvey, B.

James, E. N.

Jones, A.

Jones, I.

Jones, B.

King, P. M. R.

Lewis, M.

Lewis, R.

Lloyd, C. M.

Meyrick, J.

Morgan, C.

Parker, G.

Phillips, C. M.

(Retired 31-8-54).

Prosser, I.

Pulsford, M.

Redwood, N.

Reynolds, M. V.

Roberts, E.

Rowlands, L. M.

Sainsbury, M.

Simms, C. D.

Smith, H. M.

Stevens, S. L.

Stinchcombe, N. G.

Tristram, L.

Walters, M.

Webb, E.

Wibberley, N. E.

(Commenced 1-8-54)

Williams, A. M.

(Resigned 30-4-54).

Williams, F.

Wilmot, E. G.

Wise, N.

(Commenced 1-3-54)

Wixey, N. A.

ORTHOPAEDIC SISTER :

Pugh, Miss M. M.

ORAL HYGIENIST :

Miss P. Haines.

DENTAL ATTENDANTS :

O. Joan Annetts, B.E.M.

Joan Jones.

Carol Huggett, S.R.N.

Betty Wynn.

Barbara Davies.

DOMICILIARY PHYSIOTHERAPISTS :

Mr. E. Stratford-Leach, C.S.P.

Mr. R. J. Holley.

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

There were at the end of the year 45 full-time Health Visitors on the Council's Staff undertaking Maternity and Child Welfare and School Health Service work. The apportionment of time during 1954 to Maternity and Child Welfare was approximately that of 30.3 Health Visitors.

The number of visits paid to homes by Health Visitors under the Maternity and Child Welfare Service during the last 5 years were:—

1954.	1953.	1952.	1951.	1950.
63,515	65,975	68,959	57,587	48,623

Of the 63,515 visits paid in 1954, 5,418 were in respect of new babies.

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

1954.	1953.	1952.	1951.	1950.	1949.
46.6	47.6	49.8	48.5	52.2	51.9

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

1954.	1953.	1952.	1951.	1950.
4	7	9	7	6

These notifications for 1954, together with other cases of eye trouble reported by Midwives, making a total of 27, 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:—

	1954.	1953.	1952.	1951.	1950.
New Cases	2,701	3,033	2,966	3,434	3,860
Re-visits	10,605	12,529	13,196	15,002	15,578
Total Attendances ...	13,306	15,562	16,162	18,436	19,438

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 only slight 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 are in operation 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 10 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 1954 and 4 previous years were:—

	1954.	1953.	1952.	1951.	1950.
No of Infants, who attended Child Welfare Centres during 1954	12,245	11,913	11,430	11,240	11,127
No. of new cases, under 1 year	6,731	7,036	4,735	4,909	4,917
No. of attendances, under 1 yr.	54,009	59,601	60,335	62,149	63,973
No. of attendances, 1 to 5 yrs.	26,339	29,194	24,511	24,343	23,072
Total No. of attendances ...	80,348	88,795	84,846	86,492	87,045

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 504 cases were examined during the year, 407 of which were new cases. 231 post-natal cases were also examined at Ante-Natal Clinics, 158 of which were new cases.

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 as to 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 five 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 £17,328/10/5d.

Up to July, 1954, Welfare Foods, under the Scheme of the Ministry of Food, were being sold or distributed at certain of the Council's Infant Welfare Centres. They were also available at Food Offices and other centres of distribution. In that month the responsibility for the sale of the Foods was taken over by the County Council, and whereas before that date they were handled by 18 of our Infant Welfare Centres, the number was increased to 28. In addition, as before, there were other distribution centres such as shops, private houses, W.V.S. Centres, where the sales were effected by voluntary workers. The total number of sales centres was 96.

Care of Premature Infants.

The number of premature live births (infants of 5½lbs. or less, irrespective of the period of gestation) in the County during 1954 was 436, of which 144 took place at home. This was 83.5 per 1,000 of all live births, and 81.2 per 1,000 of all live and still births. There were 92 premature still births, 29 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 Ambulance Depôt 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,
10, Greenfield,
Newbridge, Mon. | (4) Miss G. C. Morgan,
The Clinic, Market Street,
Tredegar, Mon. |
| (2) Mrs. C. M. Cason,
Clarence Villa,
Osborne Road,
Pontypool, Mon. | (5) Mrs. L. E. Burnett,
Hillsborough,
Monmouth. |
| (3) Mrs. S. Hobbs,
1, Sannan Street,
Aberbargoed, Mon. | (6) Miss E. Phillips,
34, Mathern Road,
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 throughout 1954. A part-time officer also worked for the first three months, but resigned at the end of March, 1954. In September two full-time Speech Therapists and one part-time were appointed. All types of speech defects were examined and were treated when suitable. A special class of patients were children who had been operated upon for cleft palate and hare-lip and who then required special speech training.

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 41 cases were dealt with; a total of 767 visits being paid. 12 girls were admitted to Northlands Salvation Army Home for Unmarried Mothers, Cardiff; 2 to Mount Hope Salvation Army Home for Unmarried Mothers, Bristol, at the County Council's expense.

Of the 38 cases, 3 girls were later married to the putative fathers, 8 were married women, 25 were single, 2 were divorced women, 1 was a widow, and 1 was living with the man.

16 children were placed in homes with a view to adoption; 2 girls were accompanied to a Solicitor's Office and were successful in obtaining affiliation orders; 3 children were boarded out.

Miss G. A. Knight, S.R.N., S.C.M., carried out supervision of all adoption cases and attended Magistrates' and County Court in the capacity of Guardian *ad litem* in 75 cases.

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.

Orthodontic treatment was given at Clinics at Newport, Pontypool, Chepstow and Blackwood respectively.

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.

Details of numbers dentally treated and nature of treatment are given on page 66.

Information regarding the School Dental Service are to be found in my report as Principal School Medical Officer for 1954.

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.

The School Clinic at 4, Hafodyrynys Road, Crumlin, was closed on April 14th, 1954, and a new Ante-Natal and Infant Welfare Clinic was opened at the Pavilion, Hafodyrynys.

On April 5th, 1954, a new Clinic was opened at Ashfield Road, Newbridge. This was a modern pre-fabricated aluminium building which housed Ante-Natal, Infant Welfare, Dental Clinics, etc., and had adjoining offices for the District Medical Officer and Area Clerk.

Specialist Services.

Clinics were regularly held at which the services of the Consultant Specialists listed on page 1 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.

During the year 1954-1955, the total number of cases attended by District Nurses was 10,278, involving 313,975 visits, an increase of 13,525 visits over last year's figure.

The demand made on this service continues to increase as the following figures show:—

<i>Year.</i>	<i>Visits.</i>
1950	262,552
1951	271,151
1952	283,614
1953	300,450
1954	313,975

In many areas, it is with extreme difficulty that the District Nurses are able to cope with the large number of visits they have to make.

At the end of the year, there were 56 full-time District Nurses, 10 District Nurse/Midwives and 37 part-time Relief District Nurses.

The District Nurse/Midwives work in rural areas, and use cars for their work, being paid a mileage allowance. Of the 57 full-time District Nurses 16 are regarded as being "Mobile," using cars for their work and being paid a mileage allowance.

During the year, three nurses attended a week's refresher course for home nurses held in Birmingham and three more attended a two-day study course arranged by the Royal College of Nurses in London. These courses enabled nurses to learn of the modern treatments in medicine and care of the aged, and chronic sick, and prove to be helpful and stimulating.

GERIATRIC SERVICE.

During 1954 the geriatric service in the county continued to operate at about the same level as in 1953. This it was felt was unavoidable, in spite

of the fact that there were a great number of cases not referred to us and which could have benefited had we been able to notify the general practitioners as a whole of the operation of a full geriatric service. However it was considered wiser to work on this restricted basis in order to avoid further increase in cost to the County Council. Such services as those of a domiciliary speech therapist and occupational therapist had to be deferred until a later time.

The problem of the chronic sick presented great difficulties to the Local Authority and to the Regional Hospital Board alike as well as to the families of the patients concerned.

Early in the year, the Secretary of the Hospital Joint Committee convened an informal meeting at St. Woolos Hospital of representatives of the Hospital Bed Service, the Almoners' Departments and the Welfare and Geriatric Services of the Local Authorities to discuss the position of the Chronic Sick on waiting lists in hospitals throughout the County, and the position as it affects the patients in their homes.

It was recognised that the problem of the chronic sick was the same no matter where or how it existed, and that the closer liaison between members of all the available services should be sought. Such co-operation as might be effected by pooling resources and services was to the advantage of all and should help to reduce the long waiting lists for a chronic sick bed at some hospitals.

In some areas of the county advantage is being taken of this closer liaison between the respective medical and welfare services already existing in supplying the hospitals with vital information to enable them to assess the urgency of the cases on their lists. This has led, where this practice has been adopted, to a greatly improved situation for the really urgent cases, and a notable reduction made in the size of the waiting lists.

The question of the position of the chronic sick who have to remain in their homes then becomes largely a question for the geriatric services of the County Council. It is felt that the earlier the treatment of such patients in their homes, or as short term in-patients at hospital, the more thorough and comprehensive the service provided, the fewer will be the numbers requiring long term hospital care, and, as a corollary the shorter will be the hospital waiting lists for this category of patient.

For part of this period, the wing of St. James' Hospital which included the geriatric unit and the beds for the chronic sick was closed for three months for repair. During this time the waiting list of this type of case was temporarily increased which showed some repercussion by an increased demand

for domiciliary treatment by the geriatric mobile unit. Dr. Insley, the consultant geriatrician to the County, who is in charge of the geriatric unit of St. James' Hospital, Tredegar, is working by methods of intensive physiotherapy and comprehensive rehabilitation to relieve the congestion on the position in the wards for the chronic sick by returning more and more patients to their homes at an earlier stage. She expects by these and other means to alter the outlook of the patient himself towards the degree and duration of his own disability. A much more hopeful note is struck if a patient feels something can be done for him.

It is hoped that in due course when both the hospital and domiciliary sides of the geriatric service is working effectively that a really close co-operative relationship will exist whereby the one service is complementary to the other to the lasting advantage of the patient, and the community at large.

The mobile unit of the geriatric service, operated by Mr. Stratford Leach assisted by Mr. Holley, continued to perform effectively its function of taking physiotherapy treatment to those unable to visit hospital. A few of the cases referred to the County Medical Officer of Health were found to be unfit for treatment by the visiting geriatric medical officer, but many cases showed real improvement after treatment. Some new apparatus was supplied to enable more thorough treatment to be carried out, and this was much appreciated by both patient and physiotherapist concerned.

REPORT ON THE RESULTS OF THE WORK DONE BY THE MOBILE PHYSIOTHERAPY UNIT OF THE GERIATRIC SERVICE OF MONMOUTHSHIRE.

The period under consideration is twelve months from October, 1953, to September, 1954. This period was chosen because prior to this time record was made mostly of the number of visits which the patient received and it was impossible to assess with any accuracy the value of the service from this date. This report sets out to show briefly that the physiotherapy treatment undertaken under this scheme, during this period, has:—

- (1) Prevented crippling in certain types of cases treated.
- (2) Increased the turnover of hospital beds by facilitating the earlier return from hospital of selected cases, where it was known that the patient, although not fit enough to attend an Out-Patient Department of the Hospital, would receive physiotherapy treatment in his own home.

- (3) Effected a decrease on the demands of the District Nursing and/or Home Help Services as a result of the improved condition of the patient.

The total number of cases treated during the period of analysis was 109, of which 37 are still undergoing treatment. A course of treatment comprised twelve visits by the physiotherapist and, except in one or two exceptional cases where more treatment was considered to be of value to the patient, the maximum amount of treatment undertaken was three courses, or 36 treatments.

The cases fell naturally into five groups:—

- (i) Residual hemi-plegias from whatever cause.
- (ii) Arthritis both osteo and rheumatoid.
- (iii) Pareses and conditions of spasticity secondary to disease of the Central Nervous System.
- (iv) Condition of weakness, etc., due to senile changes.
- (v) Fractures of the aged treated after referment from hospital.

TABLE I shows the number of cases in the various groups treated with an assessment of the degree of improvement during treatment.

Improvement was assessed on:—

- (1) The amount of functional return to the part affected.
- (2) The degree of independence of the patient as shown by a lessening of the demands of the patient on their relatives or people looking after them in their homes.
- (3) The lessening of the demands on hospital beds.
- (4) A lessening of the demands on the District Nursing Service and/or
- (5) A lessening of the demands on the Home Help Service.

In connection with (4) and (5) above, it was found that very many cases made no demand on either service, the relatives coping with the situation unaided, usually from preference and in many cases where help was asked, it was for *either* Home Help or District Nurse.

TABLE I.

Showing number of cases of various types with progress made at the time of Discharge or at September, 1954.

Group A = Greatly improved.	Group C = Slight improvement.
Group B = Marked improvement.	Group D = No improvement.

<i>Complaint.</i>	<i>Total No. of Cases.</i>	GROUPS.			
		A	B	C	D
1. Hemiplegia ...	54	21	15	12	6
2. Arthritis ...	27	7	5	10	5
3. Fractures ...	5	3	2	—	—
4. Senility	9	1	3	3	2
5. Disease of the C.N.S. (Disseminated Sclerosis, Parkinsonism, Old Poliomye- litis, PMA)	14	—	1	3	10

From the above table it has been thought advisable to take one or two case histories for illustration of the value of the work:—

CASE I.

Mrs. L.J., Varteg, aged 64 years (about). First seen November, 1953, seven weeks after onset of left sided hemiplegia. Patient in bed, unable to feed herself, with some pulmonary congestion. Because of paresis she was unable to get out of bed or to move herself without assistance and there was a tendency to left foot-drop. The District Nurse was in attendance 14 times per month during the first two months. The patient improved rapidly, under treatment, and in February, 1954, was walking with assistance, by which time the District Nurse had stopped calling.

In May, 1954, Mrs. J. was going to and fro' between her bedroom and the living room and doing small tasks for her daughter with whom she lived. Our treatment ceased in May, 1954.

This case is interesting from several points of view, chiefly I feel to show what can be done when the case is referred in a fairly early stage by the family doctor. The patient was obese and was lying in a very soft bed in a tiny bedroom. She was quite helpless, but although her speech was slurred, there was little cerebral impairment. This gave us good material upon which to work for she was completely co-operative, as a result of which her progress was rapid and demands on the nursing services quickly decreased.

CASE II.

This case may be mentioned to stress the importance of early physiotherapy treatment. Mrs. W., Pontllanfraith, aged 64. This patient was

referred to us by her doctor in June, 1954. She was obese, with speech involvement, but no mental impairment. She had been ill for 2½ years, treated by a private masseur with massage, etc., but was still bedridden and completely dependent on her husband who had given up his job to look after her. She had adopted the attitude of acquiescence in complete invalidism, accepting the service of those around her as inevitable.

One felt that Mrs. J., case No. 1 quoted above, had made more progress to recovery in two months than Mrs. W. had made in two years, although in the beginning both patients had been most anxious to help themselves. In September, 1954, Mrs. W. was still undergoing treatment. She had the constant care of her family and the District Nurse visited twice weekly (I believe) if not more frequently. (Table III shows the effect of progress made under mobile physiotherapy upon the demands on the District Nursing and Home Help Services). Mrs. W. was slowly progressing but one did not expect her recovery would ever be as complete as it is certain it would have been if she had received the correct treatment earlier.

Many cases of hemiplegia could be quoted where results have been most favourable, especially with early treatment. Such treatment has overcome the tendency to spasticity thus *preventing* resulting contractures. The same may be claimed regarding certain cases of fracture discharged from hospital and referred to the Mobile Unit for treatment. Of seven such cases, six fractures of femur made very good progress with one only slightly improved. There were marked senile changes in the one case, showing only slight improvement, which fact made the patient's co-operation negligible. However, even in this case, whereas the patient had been bedridden and incontinent of faeces and urine, she was able, after treatment, to be got out of bed each day when the incontinent condition improved greatly, thus facilitating the home nursing.

Altogether there were seventeen cases referred from hospital for treatment at home by the mobile unit of which Table II gives a few details.

TABLE II.
Cases referred from Hospital for treatment by the Mobile Physiotherapy Unit of the Geriatric Service.

<i>Types of Case.</i>	<i>Number.</i>	<i>Results following treatment by Domiciliary Physiotherapy.</i>		
		<i>Very Good.</i>	<i>Some Improvement.</i>	<i>No Improvement.</i>
Fractures	7	6	1	—
Hemiplegias	7	2	3	2
Diseases of C.N.S.	2	—	—	2
Post-operative Carcinoma ...	1	Not treated by us.		

So far little has been said of the cases of arthritis referred for treatment. In every case but one, the arthritis whether of rheumatoid or osteo-arthritic type was of long standing. In all cases the patient had already received treatment varying from injections of gold, etc., to arthrodesis of joints. It was a last resort that we were appealed to to try to overcome the crippling disabilities from which most of these patients suffered. It has been said that most cases of arthritis are quite suitable for out-patient treatment at hospital, but we have found that the degree of debility, especially in rheumatoid arthritis, is such in most severe cases that the patient tends to forego all treatment of the arthritis rather than undergo the ordeal of an ambulance drive, the exertion of getting to and from and in and out of the ambulance and often having to wait *many hours* for conveyance back to their homes. Of the 27 cases treated by domiciliary physiotherapy, 7 cases showed great improvement. In this group may be mentioned:—

CASE I.

Mrs. A., Portskewett. Aged 52 years. This patient stated when seen in December, 1953, that the arthritis was of 5 years' duration, during which time she had had spa treatment at Bath, injections from the family practitioner and out-patient treatment at Chepstow Hospital, Orthopaedic Out-patients' Physiotherapy Departments and at the Royal Gwent Hosiptal, Newport, as an out-patient. She had severe deformities of hands and feet but had reached the stage of giving-up out-patient treatment because of the exhaustion such trips entailed. She was finding that she was doing less and less of her household tasks when we visited in December, 1953. She was treated with wax, heat, exercises and a little massage and was instructed how to manage her own treatment. The result was remarkable. In September, 1954, she was discharged with greatly increased range of movements at the joints and her general health was markedly better. She was doing all her own cooking and much of her housework. Her morale was raised and, whereas she had been on the verge of becoming a chair-ridden cripple, she was restored to the place of being a useful member of society. It is my opinion if all cases of rheumatoid and osteo arthritis were referred at an early stage for physiotherapy *educational* treatment, they themselves could prevent most of the crippling deformities the condition can incur.

CASE II.

Miss S., Pontllanfraith. Aged 46 years. When visited in July, 1954, this patient had been in bed for many months, doing nothing for herself—not even feeding herself. She had had arthritis for 14 years and there were deformities of ankles, knees, shoulders and hands. However, upon being pressed I

found there was movement present in most joints but that the patient was hypersensitive and afraid of the pain that movement of the joints involved.

After 4—6 weeks domiciliary physiotherapy, this patient was feeding herself, walking with help into another room, dressing with help and even using her hands for knitting and embroidery. She is still under one weekly treatment by diathermy, but the relief on the demands of the home nursing by the family is of itself a remarkable feat. Within the next few weeks this patient may be fit enough to be transferred as an out-patient, but I am of the opinion because she is mentally retarded, that her progress may be halted if this is done. Wherever possible, however, in all types of cases the patients are referred to an out-patient physiotherapy department of a local hospital as soon as it is thought possible.

Regarding this service as a whole, it is I think reasonable to claim:—

- (1) that it is preventive in nature. By the early treatment of hemiplegias, in particular, it prevents an enormous amount of crippling deformity of the affected limb.
- (2) it is instrumental in freeing and preventing occupation of chronic sick beds in hospital as well as in early rehabilitation of patients; cases of fractures returning from acute sick hospital beds being mobilised much more quickly than they could possibly be otherwise, and because of this service several cases, 17 quoted in Table II, having been able to be returned home much sooner than otherwise.

It can also be claimed that chronic invalidism is reduced in the home, thus decreasing the demands on the home and district nursing services. It must, however, be remembered that although these patients are restored in a large measure to their former health, their general activity is invariably impaired because, in the case of hemiplegics, of the residual paresis. This means that there will not be as great a reduction in the number of home helps required in their homes, though one would expect a reduction in the number of visits required by the District Nurse.

This service is I think, undoubtedly of use in cases of hemiplegia, arthritis, fractures and some cases of senile weakness. But apart from preventing further spasticity, etc., in certain diseases of the central nervous system, I feel it is of little use in these cases and in cases such as progressive muscular atrophy may prove actually detrimental.

TABLE III.

To show effect of Domiciliary Physiotherapy on the demands of the District Nursing and Home Help Services during twelve months October, 1953, to September, 1954.

Name and Address of Patient receiving Domiciliary Physiotherapy.	Duration of Physiotherapy.		No. of Visits made by District Nurse, per month, during same period.		No. of Hours of Home Help per week during same period.	
	From	To	Commencement.	Termination.	Commencement.	Termination.
E., Llanvair Discoed	October, 1953.	September, 1954.	6	1	—	—
E., Monmouth ...	July, 1954.	September, 1954.	Daily visits	Daily visits	14	—
R., New Tredegar ...	February, 1954.	September, 1954.	4	5	12	8
J., New Tredegar ...	October, 1953.	February, 1954.	Daily visits	Daily visits	—	—
M., New Tredegar ...	October, 1953.	February, 1954.	Daily visits	Daily visits	Deceased	—
H., New Tredegar ...	January, 1954.	April, 1954.	15	16	18	10
P., Maesycwmmmer ...	January, 1954.	September, 1954.	No Nurse		24	24
G., New Tredegar ...	October, 1953.	September, 1954.	4	4	—	—
S., Pontllanfraith ...	July, 1954.	September, 1954.	18	18	—	—
W., Pontllanfraith ...	June, 1954.	September, 1954.	No Visits in June	15	8	8
D., Griffithstown ...	October, 1953.	September, 1954.	No Nurse		8	8
M., Griffithstown ...	October, 1953.	April, 1954.	Daily visits	Daily visits	4	4
R., Pontypool ...	May, 1954.	August, 1954.	Daily visits	Daily visits	Deceased	—
F., Sebastopol ...	October, 1953.	February, 1954.	Daily visits	Daily visits	8	8
E., Abersychan ...	October, 1953.	February, 1954.	21	23	12	22
G., Garndiffaith ...	May, 1954.	September, 1954.	26	26	—	—
H., Garndiffaith ...	June, 1954.	September, 1954.	No Nurse		16	15
J., Varteg ...	November, 1953.	May, 1954.	27	—	—	—
M., Varteg ...	October, 1953.	September, 1954.	No Nurse		20	20

Table III (Continued).

Name and Address of Patient receiving Domiciliary Physiotherapy.	Duration of Physiotherapy.		No. of Visits made by District Nurse, per month, during same period.		No. of Hours of Home Help per week during same period.	
	From	To	Commencement.	Termination.	Commencement.	Termination.
S., Blaenavon	February, 1954.	September, 1954.	No	Nurse	20	15
P., Blaenavon	October, 1953.	July, 1954.	Daily visits	Daily visits	20	20
J., Risca	March, 1954.	September, 1954.	27	16	24	18
H., Risca	October, 1953.	May, 1954.	23	13	12	12
M., Hafodyrynys ...	April, 1954.	September, 1954.	11	13	—	—
J., Cwmearn	January, 1954.	September, 1954.	38	16	6	8
S., Newbridge	January, 1954.	June, 1954.	20	—	—	—
P., Cwmearn	November, 1953.	June, 1954.	8	—	6	12
H., Abercarn	March, 1954.	September, 1954.	—	14	—	—
P., Bassaleg	January, 1954.	July, 1954.	31	12	—	—
L., Six Bells	October, 1953.	July, 1954.	18	18	12	Now in Hospital
W., Blaina	December, 1953.	June, 1954.	No	Nurse	24	24
J., Nr. Caerleon ...	June, 1954.	September, 1954.	30	30	—	—
E., Ponthir	June, 1954.	September, 1954.	14	13	—	—
P., Caerleon	January, 1954.	June, 1954.	No	Nurse	10	—
F., Abergavenny ...	December, 1953.	June, 1954.	6	23	—	—
M., Bedwas	April, 1954.	September, 1954.	24	8	—	—
L., Bedwas	June, 1954.	September, 1954.	4	3	—	—
G., Rhiwderin	June, 1954.	September, 1954.	12	12	—	—

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.

HOME HELP SERVICE.

The Home Help Service continued to expand in 1954, the cost having risen from £81,000 in 1953 to £94,856 in 1954.

An additional 241 persons were assisted, of these 18 being maternity cases.

It is now very clearly established that the Home Help Service has a most important part to play in the National Health Scheme. Doctors, Nurses and Almoners all continue to use the Service to ensure that patients are adequately cared for in their own homes. The Home Helps, therefore, are in many cases used to supplement the Hospital Service, often attending daily to give meals, make beds, wash and care for patients who, were this Service not available, would of necessity be unable to remain in their own homes.

It is increasingly important therefore that the right type of woman is encouraged to become, and remain, a Home Help. Every effort has been made to ensure that the women employed are efficient, kindly and tolerant. It has been found that visits by the Supervisor to the homes in which the Home Help is working establishes a close link between the Home Help, the Supervisor and the assisted person, and are most rewarding in every way. Discussion of difficulties on the spot has resulted in the satisfactory solution of many problems.

A Social Club formed for the Home Helps has fostered a strong team spirit. It is regretted that it is not possible to form clubs in all areas.

The assistance given to persons suffering from pulmonary tuberculosis is something of which the County may well be proud. All Home Helps who attend these cases are volunteers, and not one case has had to be refused because help was not available.

There does not appear to be any improvement in Hospital accommodation for the chronic sick, and cases in this category continue to cause great anxiety, particularly when the sick person is also incontinent.

Details of the numbers of Home Helps supplied are to be found on page 66.

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 1954 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 1954.

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	3,304	9,942	75 % 1 month 25 % longer period	215

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, 1954, to October, 1954, 66 Monmouthshire cases (21 males and 45 females) were admitted for convalescent treatment. 83 applications were received; 6 were rejected (4 on account of age); 3 did not accept vacancies due to ill-health; 1 was able to obtain treatment through another source; 2 were admitted to hospital; 3 applications were withdrawn, and 2 left the County.

On October 31st, 1954, the "Rest" Homes closed down for the winter.

MIDWIFERY SERVICE.

At the end of 1954, the number of whole-time County Midwives was 56. 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 43 midwives engaged in hospitals and maternity homes, the total number of midwives on the County Register at the end of 1954 was 115.

The births (live and still births) notified during the year 1954, with figures for four preceding years, were as follows:—

<i>Notified by</i>	1954.	1953.	1952.	1951.	1950.
County Midwives	2,209	2,143	2,073	2,117	2,719
Independent Midwives ...	5	5	11	9	42
Maternity Hospitals and Maternity Homes ...	2,867	3,252	3,138	3,166	2,578
Totals	5,081	5,400	5,222	5,292	5,339

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	341
(ii) Others	225
Total	566

(b) For Cases in Institutions 392

Particulars of Midwives in respect of Gas and Air Analgesia at the end of 1954.

There were 35 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 70 Domiciliary Midwives, and 2 Domiciliary Midwives in private practice. There were 70 sets of gas and air analgesia apparatus in use and they were used in 1,511 cases where the administrator in domiciliary practice was acting as a midwife, and 163 when acting as a maternity nurse.

Gas and air analgesia was administered in 75.7% of the domiciliary births.

The number of cases in which pethedine was administered by midwives in domiciliary practice during the year when acting as a midwife was 672, and when acting as a maternity nurse was 131.

Midwives Acts, 1902—1936.**Report upon Domiciliary Midwifery in the County.**

Number of Ante Natal Visits	... ..	14,996
Number of Live Births attended (Actual)	...	2,164
Number of Still Births attended (Actual)	...	54
Number of Miscarriages attended	... ..	83
Number of Daily Nursing Visits	... ..	37,789
Number of Hospital Post-Natal Nursing Visits	...	8,543
Number of Hospital Post-Natal Cases Visited	...	2,931

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

The arrangements for the supervision under the Midwives' Acts were carried out as in previous years by the Non-medical Supervisor.

A number of puerperal pyrexias were notified, but happily no serious ill effects were noted as a result of these pyrexias, due undoubtedly to the administration of anti-biotic drugs under the supervision of the family doctor.

The case load of midwives remained at about the same level as in 1953.

The increased maternity benefit seems to have had little effect on domiciliary births.

Patients who went into hospital or maternity homes for their confinement were mostly discharged to their own homes on the 9th or 10th day and were cared for by the midwives for the regulation period of 14 days, or longer where necessary.

Midwives were supplied with Pethedine if they so wished for administration to patients during labour; the issue of prescription for this pain-relieving drug being strictly controlled as per regulations by the Non-medical Supervisor on behalf of the County Medical Officer.

Gas and Air Analgesia was available to all patients who were medically fit to receive it.

Patients received the utmost Ante-Natal care, either by their own family doctor or by the doctors in charge of the Ante-Natal Clinics. In addition routine visits were made by Midwives to patients in their own homes to ensure that the medical advice given was being carried out.

Co-operation between the Midwifery Service and the general practitioners was extremely good in the County.

The Ambulance Service provided rapid transport of patients to hospital, but in three instances babies were born in the ambulance during transit without ill effect to mother or child. Happily a midwife was in attendance on these patients.

Wherever practicable midwives relieved one another for off duty periods, but in four instances midwives were employed on a part-time basis for relieving holidays and during prolonged periods of sickness, or leave of absence.

The incidence of sickness among the midwives during 1954 was the highest recorded since the State Midwifery Service was introduced in 1937, and this may be partly attributed to their age group; nearly half the total number of midwives are 55 years of age or over.

The Health Service provides that midwives if they so desire can retire at the age of 55 years. In view of this fact, and the difficulty of recruiting suitable entrants to this Service a serious difficulty may well be anticipated in the immediate future in maintaining adequate staff for the Domiciliary Midwifery Service.

Two midwives retired on reaching the age limit (65 years) and two retired at the age of 64 years on the grounds of ill-health; two young midwives resigned to take up appointments elsewhere—making a total of six.

Two of these have been replaced.

Refresher Courses.

Three midwives attended a refresher course in London in 1954; this course being arranged by the Royal College of Midwives and approved by the Central Midwives' Board.

Training of Midwives.

St. James' Hospital, Tredegar, is a recognised Training School for pupil midwives for preparation of Part II only the C.M.B. Certificate.

Training includes part-time on the district in Tredegar, Rhymney and Ebbw Vale, under the supervision of the County Midwives, who have been approved as teachers by the C.M.B.

Premature Babies.

The Maternity Unit, Griffithstown, St. Woolos Hospital, Newport, and St. David's, Cardiff, rendered excellent service by the admission of premature babies where the home circumstances were unsuitable for their special need.

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, but the Supervisor of Health Visitors assisted 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 were 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.

In a few instances, Health Visitors gave talks in Schools, and in conjunction with the Head Teachers arranged for the showing of film-strips. Special attention was given to the teen-agers.

A three-day course for Medical Officers, Health Visitors, School Nurses, District Nurses, Midwives, etc., was held in February, 1954. The course was held in co-operation with the County Borough of Newport Authority and the Central Council for Health Education.

On February 2nd, a lecture on "Cancer Education" was given by Dr. John Burton, B.A., M.R.C.S., L.R.C.P., D.P.H., Medical Director for Health Education, and was held at the County Hall, Newport.

On February 3rd, at the Civic Centre, Newport, during the morning Dr. A. J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H., Deputy Medical Director of the Central Council for Health Education, lectured upon "The Content of Health Education," and during the afternoon Dr. W. Emyrs Davies, B.A., B.Sc., M.Ed., Ph.D., Education Officer of the Central Council for Health Education, spoke upon "Organisation and Method." Both these lectures were under the heading of "The Theory and Practice of Health Education."

A further meeting was held on February 4th at the Newport Civic Centre, when the subject of the lecture was "The Future of the Child Welfare Centre." During the morning Dr. A. J. Dalzell-Ward spoke upon "A Sur-

vey of Current Opinion and Trends," and in the afternoon Dr. W. Emrys Davies dealt with "Educational Opportunities in the Child Health Centre."

MENTAL HEALTH.

(1) Administration.

(a) DUTIES OF ADMINISTRATION OF MENTAL HEALTH SERVICE are dealt with by the 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:—

1. County Medical Officer as Administrative Officer.
2. A Senior Assistant Medical Officer with psychiatric experience and qualifications in charge of routine matters.

Dr. Newcombe resigned 30-6-54, and was not replaced, as our advertisement did not attract any applications from suitably qualified medical officers. Dr. M. E. Cochrane-Dyett, an Assistant Medical Officer, was appointed as a certifying officer under Section 5 of the Mental Deficiency Act, 1913, and since 1-7-54 has undertaken routine duties concerning mental defectives.

3. Mental Health Officer: Miss Nancy Davies, with clerical assistance, who attends to routine administration and acts as liaison officer between Statutory Bodies and Department Staff.
4. Three Mental Health Workers, viz:—
Mrs. Ethel F. Udell, S.R.N., Certificate Mental Health.
Miss Sheila Readman, Diploma Social Science, University S.W. & Mon.
Mr. B. Price, S.R.N., R.M.N., R.M.P.A.
5. One Home Teacher: Miss Lynda Bissett.
6. Eleven Duly Authorised Officers, devoted 50% of time to the Mental Health Services.

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

Institutions for Mental Defectives.

By arrangement the Department's Mental Health Workers supervise patients on trial or on licence from such Institutions. When necessary

the Department sends reports on the patients' condition to the Superintendents of the Institutions concerned.

Mental Hospitals.

Discussions have taken place with the Superintendent of St. Cadoc's Hospital, Caerleon, whereby Mental Health Workers, employed by the Monmouthshire County Council, undertake domiciliary visiting at homes of patients recently discharged from this hospital. Mental Health Workers visit the hospital before patients are discharged, so that a relationship is established before the patient returns home, and the Mental Health Workers report progress to the Superintendent. This procedure came into force in December, and 19 home visits have been paid by the Mental Health Workers.

(d) VOLUNTARY ASSOCIATIONS.

During the year no 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) (i) ADULT GUIDANCE CLINICS.

With the departure of Dr. Newcombe, the County Council ceased to provide Adult Guidance Clinics, patients being referred to the Adult Guidance Clinics organised by the Welsh Regional Hospital Board at Tredegar, Pontypool, Maindiff Court, Monmouth, and Abertillery Hospitals.

(ii) CHILD GUIDANCE CLINICS.

It has not been possible to organise child guidance clinics on classical lines and cases continue to be referred to the Child Guidance Centre, Cardiff, organised by the Regional Hospital Board, which has facilities for in-patient treatment where necessary.

(b) SHORT-TIME CARE OF MENTAL DEFECTIVES IN CASES OF URGENCY.

This service is proving of very great benefit to the defectives and their parents, in view of the continuing difficulty of the Regional Hospital Board in providing permanent accommodation in Institutions. 14 cases were sent to the following places:—

Mrs. M. E. Roberts, Porthkerry.
County Hospital, Griffithstown.
Hensol Castle, Pontyclun.

Mrs. Roberts caters for child patients and for these, the County Council bears the cost, the parents paying part, according to scale. This service is invaluable, giving the parents a well-earned rest and has prevented serious breakdown in health in a number of cases. In the cases of defectives sent to hospitals under the Short-term Care Scheme, the cost is borne by the Regional Hospital Board.

(c) 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, 1954:—

Admitted.

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	214	219	70	90
Caerleon ...	37	53	1	—
Whitchurch ...	2	1	—	1
Bristol ...	2	2	—	—
Bridgend ...	3	—	—	—
Knowle ...	—	1	—	—
Talgarth ...	1	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>
	259	276	71	91
Total ...	<hr/>	<hr/>	<hr/>	<hr/>
	535		162	

Discharged.

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	214	203	21	45
Caerleon ...	35	42	1	—
Bristol ...	2	2	—	1
Whitchurch ...	5	6	—	—
Bridgend ...	2	1	—	—
Knowle ...	—	1	—	—
Talgarth ...	1	—	—	—
	<hr/>	<hr/>	<hr/>	<hr/>
	259	255	22	46
Total ...	<hr/>	<hr/>	<hr/>	<hr/>
	514		68	

Deaths.

	<i>Voluntary.</i>		<i>Certified.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Abergavenny ..	6	9	41	51
Caerleon ...	—	3	—	1
	<hr/>	<hr/>	<hr/>	<hr/>
	6	12	41	52
Total ...	<hr/>	<hr/>	<hr/>	<hr/>
	18		93	

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

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

	1952.	1953.	1954.
Mental Defectives ...	2,560	2,516	3,200
Adult Guidance ...	228	102	—
Child Guidance ...	118	146	—

Number of New Cases ascertained during the year:—

	1952.			1953.			1954.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(i) Under Section 57 (3) ...	13	11	24	4	11	15	21	16	37
(ii) Under Section 57 (5) ...	5	5	10	17	6	23	19	7	26
(iii) Other Sources ...	8	6	14	5	6	11	15	18	33
	—	—	—	—	—	—	—	—	—
	26	22	48	26	23	49	55	41	96
	—	—	—	—	—	—	—	—	—

Number of Cases under Statutory supervision on 31st December ..	1952.			1953.			1954.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
	278	305	583	269	309	578	313	317	630

Total number under supervision 31-12-53 ... 578

Add ascertained cases during 1954 ... 96

— 674

Deduct:

Ceased to be under care during 1954 ... 10

Died, removed, lost sight of during 1954 ... 16

Admitted to certified institutions ... 14

Admitted under Mental Treatment Acts ... 4

— 44

—
630
—

The above figures do not include 6 adults in Regent House, Chepstow, and 5 children in the Children's Homes, who are considered to be certifiable under the Mental Deficiency Act.

The large increase in numbers "ascertained during the year" reflects the result of a comprehensive survey carried out during the last quarter of the year with a view to assessing the number of defectives in the County, who would be likely to benefit from training at an Occupation Centre, should the accommodation become available.

Cases in Certified Institutions.

	1952.			1953.			1954.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
No. of cases in certified Institutions for mental defectives on									
31-12-1954 ...	123	164	287	144	171	315	151	165	316
				M.	F.	T.			
Admitted during 1954 ...				9	5	14			
Died during 1954 ...				2	2	4			
Discharged during 1954 ..				—	9	9			

Mental Defectives awaiting Institutional Accommodation.

The position on 31st December, 1954, was as follows:—

	M.	F.	T.	
Total number waiting ...	22	27	49	(28 in 1953)
Number considered urgent ...	18	23	41	(25 in 1954)
Licence Cases:				
On licence with farmers on				
31-12-53 ...	2	—	2	
On licence with parents on				
31-12-53 ...	2	3	5	
				4 3 7
Discharged from Order during 1954	1	—	1	
Returned to Colony during 1954 ...	1	1	2	
Number on licence on 31-12-54 ...	2	2	4	
Licensed to parent during 1954 ...	—	1	1	
Licensed to farmer during 1954 ...	1	—	1	
				3 3 6

Guardianship.

On 31st December, 1954, there were five low grade defectives with ages ranging from 8 to 15 years, who were under guardianship with Mrs. M. E. Roberts, Old Rectory, Porthkerry, Glam.

Occupational Training.

There are three types of Occupational Training which can be carried out by the Mental Health Services. 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 1954, and it is hoped that type (b) will be commenced in 1955.

Home Teaching Service was continued throughout 1954 by Miss L. J. Bissett, and 21 pupils received Home Training.

Training at an Occupation Centre.

The Occupation Centre at Neville House, Garndiffaith, caters for mental defectives residing in the Eastern Valley, and it was closed for some months in the latter half of the year, when considerable alterations were carried out, so that when it re-opened in November, 1954, accommodation was available for 55 defectives, an increase of 25 places. In addition a workshop training centre is now under construction, and when completed there will be accommodation for 20, bringing the total number of places up to 75.

With the increased accommodation available the schemes of training have been re-organised on practical progressive lines. It is now possible to admit children to the nursery class at a very early age, and it is anticipated that the comprehensive course of training now envisaged will result in a number of defectives taking their place in the industrial field.

Emphasis is placed on physical and speech training and a scheme has been worked out to provide physiotherapy and speech therapy under the guidance of specialists from Stanley Road Central Clinic. The extension of the School Clinic Services—Eye, ear, nose and throat, orthopaedic, etc.—to include pupils at the Occupation Centre is of great benefit.

Sunninghill, Tredegar, was purchased by the County Council during the year, and this large, airy, well-built house will, when alterations are

completed, provide accommodation for about 70 mental defectives in the Tredegar/Ebbw Vale districts.

With a view to staffing this second Centre, three appointments were made for additional assistant supervisors at Neville House who are now undergoing training. The permanent staff at Neville House remained unchanged and with the trainee assistant supervisors for Tredegar has proved adequate for the increased numbers.

Total Incidence of Mental Deficiency in the County.

	1953.			...	1954.		
	M.	F.	T.		M.	F.	T.
Cases under Statutory Supervision	269	309	578	...	313	317	630
Cases in Certified Institutions ...	144	171	315	...	151	165	316
Cases under Guardianship ...	4	2	6	...	3	2	5
Cases in Pen-y-val Hospital, Abergavenny	51	49	100	...	50	48	98
Cases in County Welfare Institu- tions	2	7	9	...	2	4	6
Cases in Children's Homes ...	—	3	3	...	5	—	5
Cases in Place of Safety ...	—	—	—	...	1	3	4
	<hr/> 470	<hr/> 541	<hr/> 1011	...	<hr/> 525	<hr/> 539	<hr/> 1064

In order to improve co-operation and avoid unnecessary overlapping of responsibilities between officers of the Council and of the Hospital Service and other Statutory bodies, conversations were held between Dr. Cochrane-Dyett, the Children's Officer, and members of the respective staffs. As a result, a voluntary association has been formed, embracing all Social Services in the County, and monthly meetings have been held since October, with beneficial results in the administration of Social Service duties. The closer understanding and confidence achieved through these meetings should be of increasing benefit in reducing the number of officials visiting people's homes in particular cases.

Spastics.

These children present a very special problem by virtue of the degree of their physical and mental handicap, and in the past many have been deemed to be ineducable and registered as mentally defective, who, had the exact nature of their disability been diagnosed, and treatment and training instituted at an early age, might have been able to take a normal place in life. In the light of modern knowledge, and in the interest of the children, it was decided in the last quarter of the year to undertake an exhaustive survey of all the children so disabled in the

County to ascertain how best their needs could be met. Certain of these children have been admitted to the Occupation Centre, Neville House, Garndiffaith, and in consequence of intensive observation and treatment one at least has been proved educable.

Cases are notified by Health Visitors and all are immediately assessed by Mr. D. Nathan Rocyn Jones, F.R.C.S., Consultant Orthopaedic Surgeon, who recommended and supervised physical treatment. Cerebral Palsy children attending the Occupation Centre have daily physiotherapy by one of the supervisors, under the directive of a physiotherapist specially skilled in cerebral palsy therapy from the Regional Hospital Board Orthopaedic Clinic. A considerable expansion of this work is envisaged when the survey is completed.

Epileptics.

Dr. R. Wyburn Mason having ceased to hold clinics for Epileptics at the Central Clinic, Stanley Road, Newport, a record is maintained of Epileptic children, and their medical care is now carried on by the family doctor and consultant physician at the Regional Hospital Board Hospital clinics. Admission to special schools and institutions for suitable cases has been maintained.

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, 1954, there were 830 blind or partially sighted persons on the County Register, of whom 408 were male and 422 female.

During the whole of 1954, 160 cases were referred to this Department for examination. The results of these examinations led to the certification of 47 persons as blind, 40 as partially sighted, and 1 not blind. Of the total of 160, 39 were re-examinations, and 33 did not keep the appointments made for them. Of the 39 re-examinations, 8 partially sighted persons were found to be blind; and 3 blind persons were found to be partially sighted. There were 17 inward transfers of blind persons from other Authorities. Four 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 94 domiciliary visits to examine persons who were unable to travel to Newport. 54 cases were found to be blind, 22 were partially sighted, 4 were not blind within the meaning of the Act, 1 was too ill for the examination, 2 were not at home, 3 had left the district, and 5 were deceased.

Follow Up of Registered Blind and Partially Sighted Persons.

	CAUSE OF		DISABILITY.	
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during 1954 in respect of which para. 7 (c) of Form BD8 recommends:				
(a) No treatment ...	26	5	1	47
(b) Treatment (medical, surgical or optical)...	55	8	—	30

Ophthalmia Neonatorum.

(i) Total number of cases notified during 1954	5
<hr/>	
(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 1954 was 130.

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

The number of deaths from this dread affliction during 1954 was 564. In 1953 it 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 1954 there were 288 primary cases of Pulmonary Tuberculosis notified and 58 deaths were registered. Of other forms of Tuberculosis 33 cases were notified and 8 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 66. In 1953, 289 cases of Pulmonary Tuberculosis were notified and of other forms 32 cases. In this latter year 58 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 the same as 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 for 1952 and 1953.

The following table giving the notification rate and death rate for 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
1954	0·91	·10	·18	·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 1954, with the number of deaths notified by the Registrar-General is shown as follows:—

Age Periods.	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Respiratory		Non-Respiratory				Respiratory		Non-Respiratory		Total.
	Males	Females	Males	Females	Total.		Males	Females	Males	Females	
0—	1	—	—	—	1	0—	—	—	—	—	—
1—	2	2	—	—	4	1—	—	—	—	—	—
2—	4	4	—	—	8						
5—	6	5	1	1	13	5—	—	—	—	—	—
10—	6	2	3	3	14						
15—	15	17	2	5	39	15—	—	3	—	—	3
20—	24	20	—	2	46						
25—	26	39	2	7	74	25—	13	7	—	—	20
35—	19	18	1	2	40						
45—	29	8	1	1	39	45—	15	5	3	2	25
55—	20	2	2	—	24						
65—	6	7	—	—	13	65—	11	—	—	2	13
75 and Upwards	5	1	—	—	6	75—	3	1	1	—	5
	163	125	12	21	321		42	16	4	4	66

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1954, to 31st December, 1954, 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	1	2	2	...	6 (A)
		F	...	...	...	...	1	...	2	...	1	...	...	4 (B)	
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	1	1 (C)
		F	...	...	...	...	...	...	...	...	1	...	...	...	1 (D)
Death Returns from Registrar General (transferable deaths)	Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	— (A)
		F	...	...	...	...	1	...	1	...	...	...	...	2 (B)	
	Non-Respiratory	M	...	...	...	...	...	...	...	...	1	...	...	...	1 (C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	— (D)
Posthumous Notifications	Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	— (A)
		F	...	...	...	...	...	...	...	...	...	...	...	...	— (B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	1	...	...	...	1 (C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	— (D)
Totals:		(A)	...	6	(B)	...	6	(C)	...	3	(D)	...	1		

From the previous table, it will be seen that 12 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 3. There was also one posthumous notification.

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 examinations, 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.

SCHEME FOR PREVENTION OF TUBERCULOSIS IN SCHOOLS.

During the first half of 1954 arrangements were made for tuberculin skin tests to be carried out on most of the school entrants and leavers during the year. An explanatory letter was sent to the parent of each pupil, asking for consent for the proposed investigation and for X-ray examination if necessary or advised. The distribution of the letters was effected by the co-operation of Head Teachers, who gave information as to the numbers required. 13,188 letters and consent forms were sent out and 7,970 consents received,

a consent rate of 60%. 198 schools were visited by medical officers and in the main Jelly Patch Tests were carried out, some of which were confirmed later by Mantoux tests.

Skin tests were carried out on 2,698 entrants and positive results were obtained in 228 cases, a rate of 8%. In the case of leavers, skin tests were carried out on 2,295 pupils, and of these 1,541 yielded positive results, a percentage of 67 of the leavers tested. Unfortunately many pupils were absent or not available at the time of the visit for the application of the test or its later reading.

As part of the whole scheme for the prevention of tuberculosis in schools, arrangements were made with the Mass Radiography Service of the Welsh Regional Hospital Board for X-ray examination of many of the same pupils, for whom parents' consent had been obtained. A mobile X-ray unit visited the County in July, 1954, and investigation of school children was carried out at 10 centres, 5 of which were at schools. The centres were as widely distributed as possible, and were placed so as to be within easy reach of the greatest possible number of pupils from their respective schools. Where the distance was too great for walking, free transport was provided to and from. All parties of pupils were accompanied by a teacher or teachers. Arrangements were made for all the consenting leavers to attend for X-ray examination together with all entrants who had given a positive tuberculin skin test but here again many of the leavers did not attend, although it was pleasing to note that nearly all of the recommended entrants attended with a parent. In no case was there any evidence of active tuberculosis in an entrant, but 4 cases of healed primary tuberculosis, 11 of calcified nodes, etc., and 1 of bony abnormality were reported.

2,414 leavers attended for X-ray examination. 3 cases of active pulmonary tuberculosis were diagnosed and referred to the care of the Chest Physician. There were also 3 cases of healed primary tuberculosis and 18 cases of bony or other abnormality.

One of the cases of active tuberculosis, and who attended a school in the Blaenavon area, was diagnosed as an adult type of case, and it was recommended that the whole school should be investigated. Accordingly one of our medical officers attended and carried out 292 Mantoux Skin Tests on 289 pupils and 3 teachers. 196 positive results were obtained, and 16 were doubtful. Following this, the Mass Radiography Unit visited the School and X-rayed 264 pupils and 13 teachers. No cases of active tuberculosis were found but there were 4 cases of healed post-primary tuberculosis and 2 of bony abnormality.

Following the notification of a case of active tuberculosis in a member of the staff at a Junior Mixed School in the Pontllanfraith area, all the pupils in the school were investigated by the Mass Radiography Service and the Area Chest Physician. 273 Mantoux Skin Tests were carried out, yielding 24 positive results, 247 negative and 2 doubtful. X-ray examinations, which included some children who were not skin tested, gave 283 normal results and 15 children were recalled for large films. No case of active tuberculosis was found.

The diagnosis of active tuberculosis in a teacher at a school in the Bassaleg area resulted in an investigation in which 79 pupils were Mantoux skin tested and 4 showed positive results. 80 children were X-rayed and all were reported free from active tuberculosis.

A nursery school was investigated following the notification of tuberculosis in a child there. 34 children and 5 staff were reported to be radiologically clear.

A maid at a special school for handicapped pupils having been notified as a case of tuberculosis, the whole school was examined by X-ray. 50 pupils and 13 of the staff were reported clear, but 2 pupils were kept under observation by the Chest Physician and 1 of the staff was recalled for further investigation.

About the middle of 1954, in addition to the above, the Mass Radiography Service was carrying out extensive surveys on the general population and schools in the Monmouth, Pontypool and Abersychan areas and a large number of school children in these areas were examined by skin tests and X-ray by that Service, with which my department co-operated to the fullest extent.

Large scale investigations of the kind described required a good deal of detailed planning, and I should like to express my thanks to the Welsh Regional Hospital Board Mass Radiograph Service Staff for their assistance and co-operation and also to our Director of Education's Special Services Department for so efficiently arranging the provision of transport.

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.

<i>Clinics.</i>	<i>TIME TABLE.</i>		<i>Sessions.</i>
	<i>Days and Times.</i>		
Newport. 129, Stow Hill.	Monday	9.15 a.m.	Men only.
		2. 0 p.m.	Refills.
New and old cases, by appointments only.	Monday	2. 0 p.m.	G.P. X-ray Clinic
		to 4. 0 p.m.	(men and boys).
	Tuesday	9.15 a.m.	Women only.
	2nd Tuesday	2. 0 p.m.	Non-respiratory Clinic.
	Wednesday	9.15 a.m.	Children only.
		2. 0 p.m.	Contacts.
	Thursday	9.15 a.m.	Men only.
		2. 0 p.m.	Refills.
		2. 0 p.m.	G.P. X-ray Clinic.
	Friday	to 4. 0 p.m.	(women and girls).
9.15 a.m.		Women only.	
Saturday	2. 0 p.m.	B.C.G. Clinic.	
	9.15 a.m.	Appointments only.	
Pontypool. Park Buildings. Tel. No. 480.	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).	
Abergavenny. Maindiff Court. Tel. Abergavenny 226.	Thursday	2. 0 p.m.	By appointment only.
		10.30 a.m.	New and old patients (by appointment only)
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.	Private Tel. No. : 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.
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 .	Thursday, 11.0 a.m.	New and old patients.
Workmen's Hall.		
Nantyglo.	Tuesday, 11.0 a.m.	New and old patients.
Blaina & District Hospital.	(Also for Brynmawr patients)	
Rhymney.	Monday, 2.30 p.m.	New and old patients.
Redwood Memorial Hospital.	(2nd & 4th Mondays in month)	
Tredegar.	Thursday, 2.0 p.m.	New and old patients.
Tredegar General Hospital, O.P. Department, Market Street.		

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 1954 are shown:—

	Under 1 yr.	1-4.	5-14	15 and over.	Total.
No. of Vaccinations ...	1,006	310	65	182	1,563
No. of Re-vaccinations ..	7	8	18	168	201

No cases of generalised vaccinia or post-vaccinal 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 1954.

Scarlet Fever.

The number of notifications of Scarlet Fever was 129. It was 224 in 1953.

Diphtheria.

During the year under review, there were 2 notifications of cases of Diphtheria—there was none last year.

	1954	1953	1952	1951	1950	1949	1948
No. of Notifications ...	2	Nil	8	10	9	13	23
No. of Deaths	Nil	Nil	2	Nil	Nil	Nil	3

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 1954, 3,582 children under the age of 5 years had immunisation completed, and 1,474 children between the ages of 5 and 14 years. Secondary or "booster" doses were given to 4,258 children.

Further details are on page 72.

There was again suspension of immunisation during the summer months owing to the fear of complications by acute poliomyelitis. From the end of July until mid-September the suspension applied to the whole County and in two areas it was extended beyond this.

Puerperal and Post-Abortion Sepsis.

This is referred to later on page 65 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.

	1954	1953	1952	1951	1950	1949
No. of cases notified ...	3	4	6	14	5	5
No. of deaths ...	2	3	2	2	2	3

Acute Poliomyelitis.

	1954	1953	1952	1951	1950	1949
No. of cases notified ...	3	9	18	7	24	32
No. of deaths ...	3	1	2	Nil	2	6

Chicken Pox.

This disease was not compulsorily notifiable.

Measles.

	1954	1953	1952	1951	1950	1949
No. of cases notified ...	47	3,556	1,648	5,542	936	1,730
No. of deaths ...	Nil	3	1	7	4	2

Whooping Cough.

	1954	1953	1952	1951	1950	1949
No. of cases notified ...	839	556	667	1,087	574	542
No. of deaths ...	1	2	3	5	6	3

Influenza.

	1954	1953	1952	1951	1950	1949
No. of deaths ...	15	3	10	144	28	38

Acute Pneumonia.

	1954	1953	1952	1951	1950	1949
No. of deaths ...	134	127	110	138	128	147
No. of cases notified ...	174	275	215	401	220	212

Venereal Diseases.

The Treatment Centre for the whole of the Administrative County was from October 19th, 1953, temporarily situated at St. Woolos Hospital, Newport, but in September, 1954, it was returned to the Royal Gwent 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 ...	5.30 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 1954, 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 new patients had been treated at their Clinics during 1954:—

	Syphilis	Gonorrhoea	Other Conditions
St. Woolos Hospital and Royal Gwent Hospital, Newport ...	22	37	98
County Hospital, Hereford ...	—	—	4
Cardiff Royal Infirmary ...	1	1	9

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 1954 :—

	First Visits	Total Visits
To Expectant Mothers ...	283	490
To Children under 1 year of age ...	5,418	19,021
To Children between 1 and 5 years of age ...	—	37,552
In other cases ...	—	6,452

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

AMBULANCE SERVICE.

By the commencement of the year, the plans to develop an Ambulance Service for the Administrative County of Monmouth in accordance with the amended scheme approved by the Ministry of Health, had, in the main been brought to fulfilment and it could now be said that the Council had established an Ambulance Service capable of dealing efficiently with calls made upon it within the scope of its intended purpose under the Act.

On the 5th July, 1948, when the Council assumed responsibility for the provision of ambulances, a number of existing ambulance services, widely

varying in character, then operating in the area, had been taken over and the County Health Committee had accomplished a difficult and delicate task in co-ordinating these essentially local services to meet the needs of the Administrative area.

The soundness of the initial planning had been evident even during the years of development, from the effectiveness with which each new aspect of the widening field of demand for ambulance transport had been met and though modifications may be necessary to meet changing circumstances, the scheme afforded a solid foundation for further expansion of the Service.

Large Zone Control Stations had been in operation for some time at Tredegar, Blackwood and Pontypool, each providing direct full-time ambulance cover for its appropriate zone and full zonal service was also instituted from the newly erected Ambulance Station at Bassaleg on 1st August.

All efforts by the Council to secure premises or a site for the proposed zone stations to serve the Abertillery and Blaina Urban areas, had so far been unsuccessful and, pro tem., ambulance service for these areas continued to be provided from sub-stations at Aberbeeg and Blaina operating under the direction of the County Control, Caerleon. The Eastern side of the County was served by ambulances based at sub-stations situated at Abergavenny, Monmouth and Chepstow, each operating under the direction of the County Control.

Ways and means of improving the efficiency of the Ambulance Service were constantly under review. In the past, many complaints had been received of delay experienced by Out-Patients attending the Royal Gwent Hospital in obtaining ambulance transport to return them to their homes after treatment—avoidable delays mostly, resulting from lack of proper liaison between the various Hospital departments and the Ambulance Service.

The matter had been referred to a Joint Sub-Committee of the Newport and East Mon. Hospital Management Committee and the County Health Committee, who, appreciating the transport problem created by the large numbers of County patients attending at this major hospital, had appointed an Ambulance Transport Controller to be attached to the Hospital. This Officer commenced his duties on 1st January, 1954, and an immediate improvement was noticeable in the transport arrangements at the Hospital. The orderly marshalling of patients awaiting conveyance enabled fuller use to be made of ambulances leaving the Hospital and prolonged waiting was eliminated whilst a saving in ambulance mileage was also affected.

Demands upon the Ambulance Service still tended to intensify and the County Health Committee once again considered the adoption of Radio/Telephone Control for the ambulances. There was increasing consensus of opinion that a suitable radio scheme would improve the efficiency of the present ambulance fleet and provide a less costly alternative to the purchase of additional vehicles.

In recent years several manufacturers of V.H.F. equipment had carried out tests in the County to determine the practicability of radio-communication between a fixed T/R station sited near the centre of the Administrative Area and mobile units operating at varying range, but the results had been inconclusive due to physical nature of the territory.

A scheme drawn up by the County Medical Officer and the County Ambulance Officer proposed a system of radio/control by six small fixed T/R stations on a common frequency, sited at the Council's Zone Ambulance Stations each with four or five radio equipped ambulances based upon it. A fixed station, having a range of five to ten miles radius would normally control its own mobiles but the scheme provided that any mobile proceeding from one part of the County to another would always be within radio range of a fixed station.

Leading manufacturers of V.H.F. Radio Equipment undertook surveys which proved the scheme workable, and after due consideration as to the suitability of equipment available and the ultimate costs, the Health Committee accepted an offer by Marconi's Wireless Telegraph Co., Ltd., to equip 6 Fixed T/R Stations and 28 Mobiles for V.H.F. radio-communication to operate on frequencies allocated by the G.P.O. for the Council's purpose.

Towards the end of the year installation of the fixed station equipment was proceeding and it was anticipated that the contractor would complete the scheme by March, 1955.

Increasing use was now being made of the excellent facilities offered by British Railways for the transport of patients over long distances.

Experience had proved that journeys by rail were completed more quickly than when undertaken by road and normally patients suffered less from travel strain. There was an appreciable saving in ambulance mileage and running costs, but the great advantage gained from the fuller use of rail transport for long-distance removals was to be found in the improved availability of ambulances at home stations during peak periods of demand.

It is noted that the Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...
The Committee has also been asked to consider the possibility of a...

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

A. Existing Supplies.

These may be divided into (i) the public treated piped supplies of Statutory Water Undertakers; and (ii) the untreated supplies of wells, springs, streams, bore-holes, etc., which still form a considerable proportion of supply in the rural districts of the County and isolated areas at high altitudes in rural localities of the urban areas. Comment is passed separately upon these supplies.

(I) TREATED SUPPLIES.

(a) Adequacy.

The treated piped water supplies of statutory water undertakers are generally adequate, except during prolonged periods of drought and in a few instances at high altitudes. Supplies to the following places are prone to suffer in these respects:—

Blaenavon Urban District, Nantyglo and Blaina Urban District; high level areas in Abercarn, Mynyddislwyn and Risca Urban Districts. In recent years the building of new housing estates has severely tested the adequacy of water supplies, and schemes to improve the position in the areas mentioned have only been partially successful.

(b) Quality.

The bacteriological purity of piped treated water supplies is maintained at the highest level possible. When even the slightest contamination is found it is looked upon as a major occurrence and is investigated until the cause of the contamination is ascertained and eliminated.

From the Table on water supplies in the Appendix, it will be seen that constant vigilance is maintained by District Sanitary Inspectors over these supplies. The number of samples of water from public treated supplies submitted for examination is slightly lower than for 1953. This is partly accounted for by the smaller number of samples found to be unsatisfactory on first examination, necessitating fewer re-examinations on investigation. The over-all number of samples taken for all purposes, however, shows a considerable increase on the previous year, largely due to the added attention given to supplies of raw water going into or which it was contemplated putting into public supply. This enabled a more accurate assessment to be made of the amount of treatment required of existing supplies. There also continues, of course, the search for suitable supplies to satisfy the increased demand of new housing estates and improved sanitary amenities. A thorough investigation of such water at source is undertaken before it is admitted into general supply.

Expert care is also taken of the chemical constituents of water. A few supplies, notably at Nantyglo and Blaina, are liable to plumbo-solvency, and the supply at Abergavenny has been found to be slightly solvent to zinc; the necessary precautions are being taken in such cases.

(II) UNTREATED SUPPLIES.

(a) *Adequacy.*

Generally speaking, the untreated supplies of wells, streams and springs resorted to in isolated areas are insufficient to permit of decent modern sanitary facilities. Usually too, what supplies are available are immediately affected by a short spell of dry weather. Storage facilities are also often primitive or non-existent. As new areas are developed, they are usually provided with modern public health services, including a piped water supply, but some 10,000 or more people in the rural localities of Monmouthshire still rely upon the restricted water supplies which have been used by their ancestors for centuries.

In spite of this it has to be realised that the over-all advantages of water in health amenities is rapidly being recognised in rural areas, and the "laissez-faire" attitude of the hardened core of rural dwellers of only ten years ago has very greatly diminished. Accordingly, the struggle for improved environmental conditions increases.

(b) *Quality.*

Where the individual domestic supplies are small, they are almost invariably polluted, the degree varying with the situation of the source and topography of the area. With the gradually increasing prominence of diseases of obscure origin, such as poliomyelitis, in our midst, it is becoming more vital than ever that the highest possible standards in sanitary services, which depend in the first instance on an adequate pure water supply, are extended to all parts.

Both the quantity and the quality of supplies to Blaenavon have been matters of grave concern for many years. There still appears to be no immediate likelihood of a solution to the problem.

B. Course of Development.

Two major water supply projects are under constant consideration in the County—the Honddu Scheme and the Llandegveth Scheme. In the course of time it is anticipated that the needs of some of the thickly populated areas of the County will be supplemented from one or both of these schemes. In the case of the Honddu scheme, the needs of the north-eastern rural areas of the County should be borne in mind.

The following is a brief resumé of the position of more localised schemes in the urban areas:—Parts of Abercarn, Abertillery, Mynyddislwyn and Risca areas will shortly be improved by the pumping of water by the Abertillery and District Water Board from Llanover Pit. Abergavenny Borough supplies have been improved by chlorination at the Llwyndu Reservoir. Improvement to the supply has been effected in the Nantyglo and Blaina area. Heavier chlorination has been resorted to in Rhymney. Provision is being made for increasing supply at Cwmbran.

In the rural areas, many schemes of development have received County Council financial assistance under the Rural Water Supplies and Sewerage Acts. The following brief summaries are given of the position of such projects:—

ABERGAVENNY RURAL DISTRICT.—Plans to supplement supplies, especially at higher levels, in areas around Llantilio Pertholey to Llanvetherine and Llanfihangel Crucorney, from the Triley Bridge (or Tynywern) Springs under schemes sometimes referred to as the Tynywern or Bryngwenin scheme have been amended from time to time for technical and other reasons, but good progress is now being made with the concrete proposals which have emerged. Difficulties have also been met in connection with the proposed supply for Grosmont, but those, too, are now being overcome.

CHEPSTOW RURAL DISTRICT.—The Tintern Scheme is still under consideration. The Shirenewton and Mynyddbach Schemes are nearing completion.

MAGOR AND ST. MELLONS RURAL DISTRICT.—All major schemes completed. A small scheme to serve Lower Machen is being prepared.

MONMOUTH RURAL DISTRICT.—Good progress continues on the comprehensive Trelleck scheme. Before the inauguration of this scheme, almost the whole of this area was dependent upon local untreated supplies. The small extension from the Gwehelog scheme of Pontypool Rural District Council to serve Cold Harbour and Llandenny Walks will shortly be in operation. It is hoped that final approval of the scheme for Newcastle will shortly be given.

At Raglan, the electrical pumping unit has been discontinued, and all existing mains, together with some new extensions to higher levels and elsewhere, have been connected to the Llanover Water Scheme mains of the Abergavenny Rural District Council.

PONTYPOOL RURAL DISTRICT.—The Gwehelog scheme will shortly be in operation. Good progress is being made in the scheme for Llanbadoc and Llangibby. Consideration is being given to proposals for Coedypaen and for improving the supply to Ponthir.

Sewerage.

The new Eastern Valley Joint Sewer and its treatment plant continue to work smoothly. Work is progressing in connecting subsidiary sewers. Subsidence continues to cause trouble to the Joint Sewers in the Rhymney, Sirhowy and Ebbw Valleys, while consideration also needs to be given to the adequacy of these sewers.

Proposals have been made to provide sewage treatment works for the Borough of Abergavenny.

It is anticipated that the Usk scheme will shortly be completed.

In the rural areas, the County Council has given assistance in many schemes. The following is the position of current schemes:—

ABERGAVENNY RURAL DISTRICT.—It is anticipated that work on the third and final stage in the sewerage of Govilon will begin shortly. A public enquiry has been held in connection with the scheme for Pandy. The proposed scheme for Grosmont is still awaiting progress in the proposals for the water supply scheme. Schemes for Llanarth, Llanddewi Rhydderch and the Bryn are in course of preparation.

CHEPSTOW RURAL DISTRICT.—The scheme for Devauden is still held up on financial grounds. The several sewerage schemes for this area have again been discussed. The position at Undy requires special consideration.

MAGOR AND ST. MELLONS DISTRICT.—A scheme to serve Henllys is under consideration.

MONMOUTH RURAL DISTRICT.—Work on the scheme for Raglan has been temporarily held up.

PONTYPOOL RURAL DISTRICT.—A comprehensive scheme for Penperllenni is in course of preparation.

Housing.

It is encouraging to find that some steps are being taken to deal with houses which have served their useful life. Presumably people from these properties will be re-housed in new accommodation. It is to be hoped, however, that due consideration will be paid to the claims of substantial older houses which require some renovation and the provision of pedestal water closets, hot water systems, fixed baths, suitable wash-basins, satisfactory food stores, food preparation, cooking and washing facilities. A great deal has been done privately in this connection in recent years, especially where people have been forced by the general post-war housing shortage into accom-

modation of a lower standard than their earnings necessitated. From the Table on Housing in the Appendix, which has been compiled from information submitted by District Sanitary Inspectors, it will be seen that a little more activity is taking place in the improvement of housing accommodation by way of local authority grant and loan. For instance, of the £6,898 made in improvement grants by local authorities in Monmouthshire during the period 1949 to 1954, £5,347 (or 77%) was made in 1954 and of £38,013 loaned for the purpose during 1949-1954, £14,820 (or 38%) was loaned during 1954. Further, a great deal of this activity was due to the less stringent conditions required by the Housing Repairs and Rents Act, 1954, which was only in operation during the last four months of the year. There is every indication, then, that a few more houses will be saved for a number of years and will be provided with improved health amenities by this means. It must be pointed out, however, that the figures quoted are very small in relation to the general size of the problem, and a far bolder approach is necessary in what has become the real housing problem of the age—the provision of adequate health amenities to the more substantial of the older houses.

Schools.

The new modern light, airy, spacious buildings set a new standard for schools. There is a big gap between the standard of health amenities provided in these schools and those of pre-war. Of the latter, those in rural areas are particularly badly served by lavatory accommodation. Water supplies have been extended to many rural areas by virtue of schemes assisted by the County Council under the Rural Water Supplies and Sewerage Acts, and where possible water has been laid on to the school. Nevertheless, water closet accommodation has not usually been provided owing to the comparatively high cost of sewage disposal, either by treatment plant or by sewage disposal transport from cess-pits. Where schools are not likely to be closed for many years under proposals made under the Education Act, 1944, water closet accommodation should be provided. In many other cases, a new outlook is indicated in connection with sanitary accommodation.

Smoke Abatement.

The greater concentrations of smoke issuing from industries in the Monmouthshire valleys are from the collieries. The elimination of this source will take place as the policy of electrification of the coal mines is pursued, but it is anticipated that many years will elapse before this work has been completed. In the meanwhile, the national conscience is awakening to the evils which can be attributed to the unnecessary adulteration of the atmosphere.

Milk.

The pasteurising plants at Abergavenny, Abertillery, Cwmbran, Marshfield, Nantyglo and Tredegar, which are licensed by the County Council, continued in operation during the year. The plant at Cross Keys ceased to function during the year.

Since 1949 the control of milk at farms has been the responsibility of the Ministry of Agriculture. Generally, the supervision of the bacteriological condition of milk in retail is under local authorities. The Table in the Appendix published by courtesy of the Public Health Laboratory Service, shews the number of samples taken by the authorities in Monmouthshire during 1953 and 1954. The slightly reduced numbers are accounted for to some extent by the suspension of the Milk in Schools scheme in Monmouthshire for part of the year. It is anticipated that the scheme formulated for 1955 will enable a more adequate supervisory system of the bacteriological quality to be maintained.

Ice Cream.

The bacteriological control of ice cream is exercised by the local authorities, and although handicapped by the absence of a legal bacteriological standard, many authorities operate an invaluable advisory service.

Meat.

The Government control of the slaughtering of animals for human food came to an end during the year. Many small private slaughterhouses which had not been used for many years came back into existence. Local authorities were charged with the duty of ensuring that sufficient slaughtering facilities were available. The decision to return to private slaughtering also imposed a severe strain on many authorities in ensuring that the meat was properly inspected.

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

During the year 1,199 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 816 Milks taken whilst in course of sale to the public, 29 "Appeal to Cow" samples of milk, 276 other foods, 33 Beers, 44 Ice Cream samples and 23 pharmaceutical products. The "Other Foods" were of all kinds of tin, jar and packet varieties.

The Analyst certified 813 milks, 276 other foods, 33 Beers, 40 samples of Ice Cream and all the pharmaceutical goods to be in accord with the varying standards required.

Of the remaining samples, 32 milks and 4 samples of ice cream were not in accordance with the standard required.

One producer was prosecuted for selling milk which was deficient in fat, four for selling milk containing added water and four vendors were prosecuted for selling ice cream which was deficient in fat.

Altogether 10 Informations were upheld and the Magistrates inflicted fines to the amount of £28 and costs of £7/7/0d.

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

Fat	3.66%
Solids not Fat	8.74%
	<hr/>
Total Solids	12.40%
	<hr/>

The percentage of samples "Not up to Standard" was 3.00% and the percentage of Adulteration was 1.565%.

STATISTICAL DATA

STATISTICAL DATA.

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
Population in 1954	320,800
Rateable Value 1954	£1,327,783
Sum represented by a penny rate, 1954 ...	£4,977

The Vital Statistics for England and Wales for the year 1954 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	1954	1953	1954	1953
ENGLAND & WALES ...	1954 15.2	1953 <i>15.5</i>	1954 0.36	1953 <i>0.35</i>	1954 11.3	1953 <i>11.4</i>	1954 *25.5	1953 <i>26.8</i>
160 County Boroughs and Great Towns, including London	1954 16.8	1953 <i>17.0</i>	1954 0.44	1953 <i>0.43</i>	1954 12.1	1953 <i>12.2</i>	1954 29.2	1953 <i>30.8</i>
160 Smaller Towns (estimated resident population 25,000 to 50,000 at 1951 Census) ...	1954 15.4	1953 <i>15.7</i>	1954 0.35	1953 <i>0.34</i>	1954 11.3	1953 <i>11.3</i>	1954 23.8	1953 <i>24.3</i>
MONMOUTHSHIRE ...	1954 16.3	1953 <i>16.82</i>	1954 0.47	1953 <i>0.47</i>	1954 11.9	1953 <i>11.6</i>	1954 39.7	1953 <i>32.6</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 1954 there were, according to the Registrar-General's returns, 5,219 live births in the Administrative County and 150 still-births. Further details are as follows:—

	Legitimate		Illegitimate		Totals.	Compara- bility Factor.
	M.	F.	M.	F.		
URBAN DISTRICTS:						
Live Births ...	2,245	2,120	76	61	4,502	1.02
Still Births ...	67	54	3	3	127	
RURAL DISTRICTS:						
Live Births ...	381	317	9	10	717	1.05
Still Births ...	10	12	1	—	23	
Totals ...	2,703	2,503	89	74	5,369	1.02

The number of registered live births showed a decrease of 144 compared with the year 1953, and it was 242 less than for 1952.

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:—

	1954.	1953.	1952.	1951.	1950.	1949.
Monmouthshire ...	16.3	16.8	17.2	16.5	17.4	18.3
England & Wales ...	15.2	15.5	15.3	15.5	15.8	16.7

The number of live births in the County during 1954 was 5,219, giving a rate of 16.26 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, 1.02, we get an adjusted rate of 16.6, compared with 15.2 for the whole of England and Wales.

The number of still-births was 150, giving a crude rate of 0.47 per 1,000 population. If the rate is adjusted by the comparability factor, the adjusted rate per 1,000 population is 0.48. This is higher than the rate for England and Wales, which for 1954 was 0.37 per 1,000 civilian population. The number of registered still-births works out at 27.8 per 1,000 live and still births and 28.7 1,000 live births.

Deaths.

The total number of deaths registered in the Administrative County in 1954, as shown by the Registrar-General's table was 3,824 compared with 3,691 for 1953, 3,665 for 1952, 4,256 for 1951, 3,948 for 1950, 3,869 for 1949, 3,528 for 1948, and 3,840 for 1947.

The crude general death rate, calculated upon the estimate of population submitted by the Registrar-General (320,800), is 11.9 per 1,000 living. In 1953 the rate was 11.6, 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, and in 1947 it was 12.4. The figure is slightly higher than for the whole of England and Wales (11.3).

A comparability factor is issued by the Registrar-General for adjustment of the crude death rate per 1,000 of population in a similar manner to that for the birth rate. 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 1954 (11.9), when adjusted by the comparability factor of 1.05 gives an adjusted rate of 12.38 compared with the crude rate of 11.3 for the whole of England and Wales.

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

	1954.	1953.	1952.	1951.	1950.	1949.
Monmouthshire ...	39.7	32.6	33.9	42.9	39.8	42.8
England & Wales ...	25.4	26.8	27.6	29.6	29.8	32.0

During 1954, 143 children died before reaching the age of 4 weeks. This represented a neo-natal mortality rate of 27.3 per 1,000 related live births. The figure for England and Wales was 17.7.

Maternal Mortality.

There were 8 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 1.53 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 1.49 per 1,000.

The rate for England and Wales was 0.70 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:—

1954	...	...	...	...	1.49
1953	...	...	...	...	1.09
1952	...	...	...	...	0.71
1951	...	...	...	...	1.48
1950	...	...	...	...	1.73
1949	...	...	...	...	2.83
1948	...	...	...	...	1.92
1947	...	...	...	...	1.17

During the year 1954 there were 69 cases of purperal pyrexia which were notifiable according to the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations. In 1953 there were 51 notifications, in 1952 there were 17, and in 1951, 14.

DENTAL SERVICE.

	Examined by A.M.O.'s Dentists, etc.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	3,768	997	433	415
Children under 5 ..	526	526	303	303

	Extractions	General Anaesthetics	Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Crowns or Inlays	Radiographs	Dentures Provided	
								Complete	Partial
Expectant and Nursing Mothers	1488	557	55	24	—	—	29	162	72
Children under 5 ..	874	333	—	5	—	—	—	—	—

HOME HELP SERVICE.

Area Health Sub- Committee	Home Helps Supplied during 1954.				Helps Employed at end of 1954.		
	Maternity Cases	Tubercu- losis Cases	Aged People and Others	Total	Whole-time	Part-time	Total
No. 1 ..	44	8	270	322	—	84	84
No. 2 ..	10	3	155	168	—	48	48
No. 3 ..	10	9	155	174	2	36	38
No. 4 ..	3	3	165	171	3	39	42
No. 5 ..	4	6	250	260	3	52	55
No. 6 ..	25	4	136	165	3	46	49
No. 7 ..	13	8	336	357	2	113	115
No. 8 ..	29	3	115	147	—	50	50
No. 9 ..	21	13	68	102	—	37	37
No. 10 ..	11	2	130	143	—	51	51
Total ..	170	59	1,780	2,009	13	556	569

District.	No. of Separate Dwellings owned by Local Authority on 31-12-54.		No. of Separate Dwellings completed during 1954.			No. of Local Authority Dwellings for which sanction has been given but not commenced on 31-12-54.
	Temporary.	Permanent.	By		Total.	
			Local Authority.	Private Enterprise.		
Urban.						
Abercarn	50	1,276	412	16	428	84
Abergavenny	50	701	52	8	60	110
Abertillery	100	658	80	11	91	86
Redwas & Machen	50	884	95	138	233	—
Bedwellty	100	1,631	64	5	69	—
Blaenavon	50	368	—	1	1	16
Caerleon	50	160	16	15	31	8
Chepstow	—	506	116	4	120	—
Cwmbran	200	1,238	110	69	179	103
Ebbw Vale	—	1,415	47	7	54	153
Monmouth	50	314	—	6	6	—
Mynyddislwyn	99	1,056	64	1	65	58
Nantyglo & Blaina	49	514	10	1	11	32
Pontypool	300	2,744	164	17	181	200
Rhymney	50	329	76	—	76	—
Risca	46	1,150	80	5	85	—
Tredegar	88	1,034	66	6	72	94
Usk	—	52	—	8	8	12
Rural.						
Abergavenny	3	349	56	7	63	24
Chepstow	—	440	205	7	212	4
Magor & St. Mellons	121	714	—	47	47	232
Monmouth	—	200	69	2	71	—
Pontypool	—	142	—	15	15	11
Totals	1,456	17,875	1,782	396	2,178	1,227

Housing under Cwmbran Development Corporation

In the Cwmbran U.D. Area	No. of Houses completed during 1954...		Completed by 31-12-54:		No. of separate new dwellings completed during 1954 ...
	No. of Houses completed during 1954 ...	621	Houses 1,029.	Flats 35	
Under construction at 31-10-54:—					No. of separate dwellings in course of erection on 31-12-54
Houses: 1 bedroom	13	Flats: 1 bedroom	16		No. of separate dwellings for which sanction has been given but had not been commenced
2	161	2	26		
3	544				
4	42				
Totals	1,227				193
					359

HOUSING ACT, 1949.

Details of Loans and Grants.

DISTRICT.	No. of Improvement Grants 1954.	Total No. of Improvement Grants 1949-54 inclusive.	Amount of Improvement Grants 1954. £	Total Amount of Improvement Grants 1949-54 inclusive. £	No. of Improvement Loans 1954.	Total No. of Improvement Loans 1949-54 inclusive.	Amount of Improvement Loans 1954. £	Total Amount of Improvement Loans 1949-54 inclusive. £
Urban.								
Abercarn ...	15	34	2,842	4,379	—	—	—	—
Abergavenny ...	—	—	—	—	—	—	—	—
Abertillery ...	—	—	—	—	—	—	—	—
Bedwas & Machen ...	—	—	—	—	—	—	—	—
Bedwellty ...	—	—	—	—	—	—	—	—
Blaenavon ...	—	—	—	—	—	—	—	—
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Cwmbran ...	1	1	112	112	1	1	210	210
Ebbw Vale ...	1	1	50	50	12	35	2,780	6,318
Monmouth ...	—	—	—	—	—	—	—	—
Mynyddislwyn ...	—	—	—	—	—	—	—	—
Nantyglo & Blaina ...	3	3	316	316	31	103	10,685	30,340
Pontypool ...	—	—	—	—	—	—	—	—
Rhymney ...	—	—	—	—	—	—	—	—
Risca ...	—	—	—	—	—	—	—	—
Tredegar ...	1	1	90	90	—	—	—	—
Usk ...	—	—	—	—	—	—	—	—
Rural.								
Abergavenny ...	5	12	730	1,165	1	1	1,145	1,145
Chepstow ...	—	1	—	280	—	—	—	—
Magor & St. Mellons ...	2	3	370	569	—	—	—	—
Monmouth ...	1	1	210	210	—	—	—	—
Pontypool ...	4	4	627	627	—	—	—	—
Totals ...	33	61	5,347	6,898	45	140	14,820	38,013

TABLE SHOWING DETAILS OF WATER ANALYSES.

DISTRICT.	Bacteriological Examination of Untreated Water.			Bacteriological Examination of Treated Water.				Chemical Analysis.			
	Public Supplies.	Other Supplies.		Public Supplies.		Other Supplies.		Public Supplies.		Other Supplies.	
	No. of Samples Taken	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory
Urban.											
Abercarn	4	—	1	4	—	—	1	—	—	—	—
Abergavenny	4	2	6	4	—	—	3	1	—	—	—
Abertillery	—	2	3	—	—	—	—	—	—	—	—
Bedwas & Machen ...	24	1	—	22	—	1	—	2	—	—	—
Bedwellty	—	—	—	6	—	—	—	—	—	—	—
Blaenavon	17	—	—	2	1	—	—	—	—	—	—
Caerleon	—	—	—	—	—	—	—	—	—	—	—
Chepstow	—	—	—	4	—	—	—	2	—	—	—
Cwmbran	1	—	—	5	—	—	—	4	—	—	—
Ebbw Vale	17	11	8	55	2	5	—	13	—	3	—
Monmouth	1	—	4	14	4	4	4	—	—	—	—
Mynyddislwyn	—	1	1	2	—	1	1	—	—	—	—
Nantyglo & Blaina ...	—	—	—	16	7	—	—	2	—	—	—
Pontypool	—	2	1	85	—	—	—	—	—	—	—
Rhymney	41	—	—	56	1	—	—	1	1	—	—
Risca	—	—	—	—	—	—	—	—	—	—	—
Tredegar	33	—	—	34	1	—	—	—	—	—	—
Usk	—	—	—	4	—	—	—	—	—	—	—
Rural.											
Abergavenny	9	3	6	—	—	—	—	—	—	—	—
Chepstow	27	3	15	50	—	—	—	—	—	—	—
Magor & St. Mellons ...	—	22	41	16	3	7	—	—	—	—	—
Monmouth	6	5	3	6	—	—	—	4	—	—	—
Pontypool	2	3	—	8	—	—	—	—	—	—	—
Totals	186	55	89	393	19	18	9	29	1	3	—

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES FOR 1954.

DISTRICTS	Estimated Mid-1954 Population	Scarlet Fever	Whooping Cough	Acute Polio-myelitis		Measles (excluding Rubella)	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid Fever	Paratyphoid Fevers	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Tuber-culosis				
				Paralytic	Non-Paralytic						Infective	Post-Infectious								Respiratory	Meninges and CNS	Other		
URBAN.																								
Abercarn	18,460	8	58	...	...	1	...	20	2	...	...	...	...	...	...	...	3	...	...	...	11	...	...
Abergavenny	9,140	4	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...
Abertillery	27,040	12	59	...	...	2	...	18	2	...	...	...	...	...	...	...	34	...	...	...	19	...	...	...
Bedwas and Machen	9,520	3	8	...	...	7	...	1	...	...	...	...	...	...	...	...	2	...	...	...	14	...	...	...
Bedwellty	28,310	6	52	...	...	24	...	3	1	...	...	...	...	...	...	...	...	22	...	...	38	...	...	...
Blaenavon	9,580	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...
Caerleon	4,830	7	6	...	...	...	...	...	33	...	...	...	...	...	...	...	...	11	...	...	6	...	...	...
Chepstow	5,870	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...
Cwmbran	15,630	7	95	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...
Ebbw Vale	28,570	40	38	...	...	5	...	73	1	...	...	...	...	...	...	...	2	...	...	...	26	...	...	...
Monmouth	5,740	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	19	...	...	...
Mynyddislwyn	15,180	18	51	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24	...	...	...
Nantglo and Blaina	11,220	2	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...	...
Pontypool	42,030	7	225	...	...	4	...	...	...	...	...	...	...	...	...	...	...	3	...	...	25	...	...	...
Rhymney	8,920	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...
Risca	14,830	4	82	...	...	3	...	27	...	...	...	...	...	...	...	...	...	3	...	...	11	...	...	...
Tredegarr	20,250	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	23	...	...	...	32	...	...	...
Usk	1,650	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Totals, Urban	276,770	119	730	2	...	47	2	147	39	...	...	6	12	3	65	69	3	259	4	24	4	24	...	...
RURAL.																								
Abergavenny	8,360	2	10	...	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	19	...	...	...
Chepstow	10,090	1	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...
Magor & St. Mellons	13,710	1	45	...	...	...	...	20	4	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...
Monmouth	5,790	3	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...
Pontypool	6,080	3	35	...	...	...	...	5	...	...	...	...	...	...	...	...	...	1	...	...	5	...	...	...
Totals, Rural	44,030	10	109	...	1	...	...	27	9	...	...	...	...	...	...	...	...	1	...	...	43	...	...	...
Grand Totals	320,800	129	839	2	1	47	2	174	48	...	...	6	12	3	65	70	4	302	5	29	5	29	...	...

ANALYSIS OF NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN AGE GROUPS, 1954.

NATURE OF DISEASE.	Under 1 Year		1-3 Years		3-4 Years		5-9 Years		10-14 Years		15-24 Years		25 Years and Over		Age Unknown		Total (All Ages)		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Scarlet Fever ...	—	—	3	5	8	15	25	36	38	74	1	1	1	1	—	—	58	71	129
Whooping Cough ...	40	39	108	91	199	140	271	133	134	267	1	2	3	6	—	—	420	419	839
Acute Poliomyelitis:																			
Paralytic ...	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Non-Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles (excluding Rubella) ...	3	6	9	4	9	3	5	8	9	17	3	6	1	—	—	—	22	25	47
Diphtheria ...	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	2	—	2

NATURE OF DISEASE.	Under 5 Years		5-14 Years		15-44 Years		45-64 Years		65 Years and Over		Age Unknown		Total (All Ages)											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.										
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total										
Acute Pneumonia	16	21	37	11	10	21	24	15	39	26	15	41	18	17	35	1	1	96	78	174		
Dysentery	4	5	9	5	5	10	5	5	10	3	3	6	2	9	11	2	2	19	29	48		
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Encephalitis:																								
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

NATURE OF DISEASE.	Under 5 Years.		5-14 Years.		15-24 Years.		25-44 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.	M.	F.						
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total					
Respiratory ...	7	6	13	11	6	17	41	43	84	101	53	15	68	12	5	17	2	2	174	128	302	
Meninges and C.N.S.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

DIPHTHERIA IMMUNISATION FOR YEAR 1954.

Number of Children at 31st December, 1954, who had completed a course of Immunisation at any time before that date (*i.e.*, at any time since 1st January, 1940).

Age at 31-12-54 <i>i.e.</i> Born in Year	Under 1 1954.	1-4 1953-1950.	5-9 1949-1945.	10-14 1944-1940.	Under 15 Total
Last complete course of injections (whether primary or booster):					
A. 1950—1954	568	10,456	15,124	7,773	33,921
B. 1949 or earlier ...	—	—	11,927	14,873	26,800
C. Estimated mid-year child population ...	5,240	21,060	52,300		78,600
Immunity Index 100 A/C	10.8	49.6	43.7		43.2

DIPHTHERIA IMMUNISATION FOR YEAR 1954.

	AGE							Total
	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 12 months ending 31st Dec., 1954 ...	1107	1765	461	140	109	1174	300	5056
B. Number of children who received a Secondary Injection (<i>i.e.</i> , subsequently to Primary Immunisation at an earlier age) during the 12 months ended 31st Dec., 1954	—	4	4	1	196	3232	821	4258

MOBILE PHYSIOTHERAPY SERVICE.**1st January, 1954.—31st December, 1954.**

Number of Cases referred by Family Doctor	...	...	...	...	77
" " " " " Hospitals	...	...	...	...	39
					116

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

Under 20 years.	20-40 years.	40-60 years.	Over 60 years.
2	3	27	84

and the following medical categories:—

Hemiplegia	...	...	...	...	50
Rheumatoid Arthritis	...	...	...	...	20
Osteo Arthritis	...	...	...	...	9
Fractures	...	...	...	...	15
Cerebral Thrombosis	...	...	...	...	4
Disseminated Sclerosis	...	...	...	...	2
Senility	...	...	...	...	9
Others	...	...	...	...	7

At the end of treatment:—

- 76 Patients showed improvement.
- 12 Patients entered Hospital.
- 28 Patients showed no progress (either too ill to respond or non-co-operative).

YEAR 1954.

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 5½ lbs. or less at birth.
Births in an ambulance or in the street are listed under the place to which the case is immediately transferred.

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

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

(a) In hospital ... 289
(b) At home ... 144
* (c) In private nursing homes 3

(a) In hospital ... 63
(b) At home ... 29
* (c) In private nursing homes —

Total ... 436

Total ... 92

* "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.

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 there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital			Born at home			Born in nursing home	
(1)	(2) Total	(3) Died within 24 hrs. of birth	(4) Survived 28 days	(5) Total	(6) Died within 24 hrs. of birth	(7) Survived 28 days	(8) Total	(9) Died within 24 hrs. of birth	(10) Survived 28 days	(11) Total	(12) Died within 24 hrs. of birth	(13) Survived 28 days	(14) Total	(15) Died within 24 hrs. of birth	(16) Survived 28 days	(17) Born in hospital	(18) Born at home	(19) Born in nursing home	(20) Total	(21) Died within 24 hrs. of birth	(22) Survived 28 days	(23) Total	
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	36	17	8	6	6	—	12	5	3	—	—	—	—	—	—	31	9	—	40	31	—	—	31
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	69	5	56	11	2	7	18	—	14	—	—	—	—	—	—	18	10	—	28	18	—	—	18
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	61	2	57	14	1	13	4	—	3	—	—	—	—	—	—	6	6	—	12	6	—	—	6
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	123	2	118	112	—	112	7	—	5	3	—	3	—	—	—	8	4	—	12	4	—	—	12
Totals ...	289	26	239	143	9	132	41	5	25	3	—	3	—	—	—	63	29	—	92	63	—	—	63

†The group under this heading includes cases which may have been born in one hospital and transferred to another.

AMBULANCE SERVICE, 1954.
Operational Return for the Year.

DIRECTLY OPERATED.				SUPPLEMENTARY SERVICE.	
	Ambulances.		<i>Total.</i>	<i>Hired Cars.</i>	
	<i>Sitting-Case Cars.</i>				
A. No. of Patients:					
(1) Accidents and Emergencies ...	8,858	35	8,893	8	
(2) Others ...	87,933	1,032	88,965	1	
(3) Total of (1) & (2) ...	96,791	1,067	97,858	9	
B. Journeys:					
(1) Patient Carrying ...	27,703	427	28,130	9	
(2) Abortive & Service	1,035	13	1,048	—	
(3) Analgesia, etc. ...	26	3	29	—	
(4) Total of (1) (2) & (3)	28,764	443	29,207	9	
C. Total Mileage ...	782,770	18,504	801,272	118	
D. No. of Operational Vehicles at 31-12-54 ...	43	1	44	—	
	<i>Driving Staff.</i>		<i>Station Staff.</i>	<i>Control Staff.</i>	<i>Total.</i>
E. No. of Operational Staff as at 31-12-54 ...	74 Ambulance Drivers.	1 Car Driver.	5 Leader Drivers. 4 Deputy Leader Drivers.	4 Control Room Telephonists.	88
F. No. of Ambulance Stations as at 31-12-54...	5 Zone Stations.	5 Depôts. 1 Sub-Depôt.	Total 11.		

YEAR 1954.

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)	HEALTH VISITORS										TUBER- CULOSIS VISITORS			
	Number of children under 5 years of age visited during year (2)	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)
		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 paid to tuberculous households (12)				
(a) L.H.A.	24,194	283	490	5,418	19,021	12,719	24,833	1,066	6,452	22,484	—	—		
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—	—		

B. Clinics.

- (a) Total number of attendances made by Health Visitors at local Health Authority Clinic Sessions during the year 1954 11,256
- (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, 1954.

SPECIMENS FOR VENERAL DISEASES	...	...	...	...	...	10,860
FÆCES: For Pathogenic Bacteria	...	...	...	...	...	4,317
URINES: General and Bacteriological Tests	...	...	...	...	...	686
SPUTUM: For Tuberculosis and other Organisms	...	...	...	...	...	1,420
SWABS: For Diphtheria and other Organisms	...	...	...	...	...	873
BLOOD COUNTS: For Diagnosis	...	...	...	...	...	1,108
WATERS: Bacteriological Tests	...	...	...	...	...	1,373
MILKS: Designated and Non-designated Examinations	...	...	...	...	...	2,130
ICE-CREAMS: Bacteriological Tests	...	...	...	...	...	701
MISCELLANEOUS: Bacteriological and Bio-Chemical Tests	...	...	...	...	...	949
						24,417
						24,417

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

**Samples of Milk Submitted to the Public Health Laboratory Service
during 1953 and 1954 for Bacteriological Examination.**

By:—	1954.	1953.
MONMOUTHSHIRE COUNTY COUNCIL	713	787
URBAN DISTRICTS:		
Abercarn	—	7
Abergavenny	10	6
Abertillery	4	5
Bedwas & Machen	—	—
Bedwellty	16	22
Blaenavon	12	38
Caerleon	1	—
Chepstow	—	9
Cwmbran	—	—
Ebbw Vale	136	120
Monmouth	34	14
Mynyddislwyn	10	5
Nantyglo & Blaina	12	24
Pontypool	166	145
Rhymney	69	102
Risca	9	20
Tredeggar	93	80
Usk	9	2
RURAL DISTRICTS:		
Abergavenny	—	1
Chepstow	—	9
Magor & St. Mellons	17	56
Monmouth	1	—
Pontypool	8	4
Totals	1320	1,456

REGISTRAR-GENERAL'S RETURN OF BIRTHS AND INFANT DEATHS IN URBAN AND RURAL DISTRICTS IN 1954

District.	Estimated 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.		
Urban.																			
Abercarn	18,640	160	136	4	2	3	5	3	7	9	7	9	8	7	8	0.99	1.12		
Abergavenny	9,140	69	71	1	2	5	2	1	1	4	1	3	3	1	3	1.01	0.90		
Abertillery	27,040	195	223	9	2	10	2	—	9	10	6	9	6	6	1.04	1.06			
Bedwas & Machen	9,250	95	81	8	1	2	1	—	3	3	1	3	1	1	0.97	1.11			
Bedwellty	28,310	268	243	15	9	7	4	1	13	8	7	4	4	7	1.02	1.24			
Blaenavon	9,580	55	46	2	2	1	4	—	3	4	3	3	3	3	1.06	1.05			
Caerleon	4,830	29	30	1	—	2	2	1	1	—	1	—	—	1	0.95	1.04			
Chepstow	5,870	53	49	2	2	—	—	—	—	1	—	—	—	—	1.02	0.85			
Cwmbran	15,630	160	144	4	3	2	2	—	8	4	8	5	5	5	0.95	1.07			
Ebbw Vale	28,570	219	204	7	11	5	5	1	8	8	8	5	8	8	1.06	1.13			
Monmouth	5,740	45	40	4	2	—	—	—	—	1	—	—	—	—	1.02	0.84			
Mynyddislwyn	15,180	154	130	3	1	3	2	—	9	3	9	2	5	5	1.01	1.23			
Nantyglo & Blaina	11,220	87	77	3	5	5	5	—	4	2	4	2	1	1	1.06	1.02			
Pontypool	42,030	298	315	7	8	9	5	—	19	12	10	8	10	10	1.00	1.06			
Rhymney	8,920	70	58	2	1	2	1	—	3	2	2	2	2	2	1.04	1.07			
Risca	14,830	116	106	1	2	4	2	—	4	2	4	2	4	4	1.02	0.99			
Tredegar	20,250	164	157	3	8	3	4	—	10	5	7	4	7	7	1.00	1.07			
Usk	1,650	8	10	—	—	2	—	—	—	—	—	—	—	—	1.10	0.94			
Totals Urban Districts	276,770	2245	2120	76	61	67	54	3	102	78	8	8	68	56	6	1.02	1.07		
Rural.																			
Abergavenny	8,360	67	49	2	3	3	1	—	1	1	1	1	1	1	1.13	0.80			
Chepstow	10,090	91	76	4	1	2	2	—	3	2	3	2	1	2	1.03	1.01			
Magor & St. Mellons	13,710	120	94	2	4	4	5	—	3	3	3	3	3	3	0.99	0.95			
Monmouth	5,790	53	47	1	1	—	2	—	1	3	—	3	1	3	1.09	0.81			
Pontypool	6,080	50	51	—	1	1	2	1	—	2	—	2	—	—	1.04	0.90			
Totals Rural Districts	44,030	381	317	9	10	10	12	1	8	11	—	—	6	7	—	1.05	0.90		
Grand Totals	320,800	2626	2437	85	71	77	66	4	110	89	8	8	74	63	6	1.02	1.05		

INFANT DEATHS UNDER ONE YEAR OF AGE, 1954.

0 to 4 Weeks.

District.	TUBERCULOSIS.		Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Cancer (Malignant Disease)	Heart Disease	Influenza	Pneumonia (All Forms)	Bronchitis	Other Respiratory Diseases	Congenital Malformations	Gastritis, Enteritis and Diarrhoea	Violence	Other Causes	Prematurity	Atelectasis	Erythroblastosis Foetalis or Incompatibility of Parents' Blood Group	
	Respiratory	Other																				
URBAN.																						
Abercarn ...												1							11			
Abergavenny ...															1				1		1	
Bedwas & Machen ...								3										4	1			
Abertillery ...														2				7	3			
Bedwelty ...								1								1		10		2		
Blaenavon ...																					3	
Caerleon ...																						1
Chepstow ...																				5		
Cwmbran ...										1										7		
Ebbw Vale ...																				1		
Monmouth ...																				1		
Nantyglo & Blaina ...																				2		
Mynyddislwyn ...																				2		
Pontypool ...												1								12		
Rhymney ...																				2		
Risca ...																				3		
Tredegarr ...												3	1							5		
Usk ...																						
Urban Totals ...						1				5		5	2	3	9	2	1	84	57	10	2	
RURAL.																						
Abergavenny ...																						1
Chepstow ...															2		1					
Magor & S. Mellons ...								2											1			1
Monmouth ...												1							3			
Pontypool ...																						1
Rural Totals ...										2		1			2		1		4	3		
Grand Totals ...						1				7		6	2	3	11	2	2	34	61	13	2	

4 Weeks to 1 Year.

District.	TUBERCULOSIS.		Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Cancer (Malignant Disease)	Heart Disease	Influenza	Pneumonia (All Forms)	Bronchitis	Other Respiratory Diseases	Congenital Malformations	Gastritis, Enteritis and Diarrhoea	Violence	Other Causes	Prematurity	Atelectasis	Erythroblastosis Foetalis or Incompatibility of Parents' Blood Group	
	Respiratory	Other																				
URBAN.																						
Abercarn ...												1										
Abergavenny ...												1										
Bedwas & Machen ...																						
Abertillery ...												1				1		2				
Bedwellty ...										1						1		1				
Blaenavon ...											1											
Caerleon ...																						
Chepstow ...																						
Cwmbran ...										1		1	1			1		1				
Ebbw Vale ...										1		1	1			1		1				
Monmouth ...												1										
Nantyglo & Blaina ...						1				2		2										
Mynyddislwyn ...												2										
Pontypool ...												5	1	1	1	2		5				
Rhymney ...												1										
Risca ...																						
Tredegar ...											1											
Usk ...																						
Urban Totals ...						1				5	2	19	2	1	2	6	2	15			1	
RURAL.																						
Abergavenny ...																						
Chepstow ...																						
Magor & S. Mellons ...												1				1		2				
Monmouth ...																						
Pontypool ...																						
Rural Totals ...												1				1		2				
Grand Totals ...						1				5	2	20	2	1	2	7	2	17			1	

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

REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1954.

District.	Popula- tion.	Causes of Death																																		All Causes		
		Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Diseases	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia, Aetiological	Diabetes	Vascular Lesions of Nervous System	Cerebral Diseases, Angina	Hypertension, with Heart Disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hypertrophy 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	
Abercarn	18,460	4	1	—	—	—	—	—	—	—	10	—	—	1	18	3	3	36	28	3	15	4	2	10	18	4	1	1	3	—	—	3	34	—	6	—	—	212
Abergavenny	9,140	—	—	—	—	—	—	—	—	—	1	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	100
Aberthillery	27,040	2	2	—	—	—	—	—	—	—	1	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	329
Bedwas & Machen	9,520	1	—	—	—	—	—	—	—	—	1	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	97	
Bedwelly	28,310	2	1	—	—	—	—	—	—	—	1	—	—	17	4	4	47	38	4	49	15	21	24	9	14	1	—	—	—	—	—	—	—	—	—	—	—	327
Blaenavon	9,580	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	112	
Caerleon	4,830	1	—	—	—	—	—	—	—	—	1	—	—	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	77	
Chepstow	5,870	—	—	—	—	—	—	—	—	—	1	—	—	1	7	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	71	
Cwmbran	15,630	—	—	—	—	—	—	—	—	—	4	—	—	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	169	
Ebbw Vale	28,570	4	—	—	—	—	—	—	—	—	—	—	—	28	1	3	41	39	13	43	10	1	14	13	6	3	1	1	8	4	4	4	2	2	3	3	3	320
Monmouth	5,740	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	11	21	1	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	78
Mynddyswyn	15,180	4	—	—	—	—	—	—	—	—	1	—	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	150	
Nantyglo & Blaia	11,220	5	—	—	—	—	—	—	—	—	3	—	—	1	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	480	
Pontypool	42,030	5	—	—	—	—	—	—	—	—	3	—	—	12	13	4	2	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	104
Rhymney	8,920	3	—	—	—	—	—	—	—	—	6	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	156	
Risca	14,830	2	1	2	—	—	—	—	—	—	5	—	—	3	6	15	1	17	24	2	19	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	244
Tredegar	20,250	6	—	—	—	—	—	—	—	—	1	—	—	14	6	2	3	19	1	3	30	32	8	41	10	1	8	18	1	1	1	4	—	—	—	—	—	15
Usk	1,650	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rural Districts.																																						
Abergavenny	8,360	4	—	—	—	—	—	—	—	—	1	7	2	2	3	14	—	2	21	18	3	81	6	4	10	4	1	2	1	—	—	—	—	—	—	—	—	207
Chepstow	10,090	2	—	1	—	—	—	—	—	—	1	2	2	2	—	5	1	—	19	13	1	34	3	1	1	5	—	—	—	—	—	—	—	—	—	—	—	112
Magor & St. Mellons	13,710	1	1	—	—	—	—	—	—	—	7	4	3	3	15	—	—	1	21	30	3	18	3	2	3	6	—	—	—	—	—	—	—	—	—	—	—	153
Monmouth	5,790	3	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	13	13	2	10	7	—	2	2	—	—	—	—	—	—	—	—	—	—	76	
Pontypool	6,080	1	—	—	—	—	—	—	—	—	—	2	1	1	6	—	—	—	8	9	—	19	2	1	2	4	2	—	—	—	—	—	—	—	—	—	—	72
Total	320,800	58	8	5	—	1	2	3	—	10	118	70	48	30	298	24	38	496	484	82	708	148	36	137	211	43	29	23	58	27	8	39	410	37	103	30	2	3,824

RECEIPT FOR FURNISHED MATERIALS

No.	Description	Quantity	Unit	Price	Total
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
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

CAUSES OF DEATH IN VARIOUS AGE GROUPS IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1954

Age Groups	Causes of Death																																				All Causes				
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Menigeococcal Infection	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukemia, Adenocarcinoma	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 Diarrhea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Disease	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	35	3	4	1	1	3	7	64	55	1	156	4	12	201	267	39	244	66	4	73	150	46	18	7	24	23	17	172	26	55	16	1	1,795
Females	0	1	5	15	25	45	65	75	12	4	1	1	2	34	5	39	23	94	11	14	221	143	34	302	61	3	43	55	3	5	13	25	7	18	188	3	37	8	1	1,409	
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	7	1	1	1	1	12	9	1	33	1	42	57	3	72	12	3	7	12	2	4	2	6	4	2	25	5	5	5	5	5	5	332	
Females	0	1	5	15	25	45	65	75	4	1	1	1	1	8	1	8	7	15	3	40	26	6	90	9	5	11	9	1	2	1	3	1	2	25	3	6	1	1	1	288	
Grand Totals	58	8	5	1	2	3	10	118	70	48	30	298	16	29	504	493	82	708	148	15	134	226	52	29	23	58	27	8	39	410	37	103	30	2	3,824						

VITAL STATISTICS FOR THE YEAR 1954.

DISTRICT	ESTIMATED POPULATION	LIVE BIRTHS						STILL BIRTHS						DEATHS				INFANTILE MORTALITY.				AREA	District Medical Officer of Health at end of 1954								
		LEGITIMATE		ILLEGITIMATE		TOTAL		LEGITIMATE		ILLEGITIMATE		TOTAL		Male	Female	Total	Rate per 1000 of population	Deaths under 1 year of age			Rate per 1000 Live Births			Infantile Mortality per 1000 live births							
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female					Log	Legit.	Total											
		Grand Total	Rate per 1000 of population	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Grand Total	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population												
URBAN.																															
Abercarn	18480	100	135	4	2	164	138	302	1636	5	3	—	—	5	3	8	0.43	114	96	212	114	16	—	16	53.0	0.27	No. 3	H. V. M. Jones, M.B., B.S., D.P.H.			
Abergavenny	9140	59	71	1	2	70	73	143	1665	3	—	—	—	6	2	8	0.88	46	54	100	109	5	—	5	35.0	0.44	No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.			
Aberlleville	27040	185	223	9	2	204	235	439	1637	10	9	—	—	10	9	19	0.70	186	143	329	122	19	—	19	44.3	0.37	No. 5	J. Walters Bowen, M.B., B.Ch., D.P.H.			
Bedwas and Machen	9520	95	81	8	1	103	82	186	1944	2	4	—	—	2	4	6	0.63	54	43	97	102	6	1	7	37.8	0.11	No. 6	K. P. Giles, M.B., Ch.B., D.P.H.			
Bedwellty	28310	268	243	15	9	283	252	535	1889	7	4	—	—	7	5	12	0.42	182	145	327	116	21	1	22	51.1	0.11	No. 2	R. A. Hopy, M.R.C.S., L.R.C.P., D.P.H.			
Blaenavon	9580	55	46	—	2	57	48	105	1096	1	4	—	—	1	4	5	0.52	64	48	112	117	7	—	7	65.7	—	No. 7	F. J. Hallinan, M.B., B.S., B.Ch., B.A.O., D.P.H.			
Cardiff	4830	29	39	1	—	30	30	60	1243	2	—	—	—	1	1	2	0.83	35	42	77	159	1	—	1	16.7	0.21	No. 8	Evelyn D. Owen, D.B., B.S., M.R.C.S., L.R.C.P., D.P.H.			
Chepstow	5870	53	49	2	2	55	51	106	1806	—	1	—	—	1	1	2	0.17	48	53	101	121	1	—	1	9.4	—	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.			
Cwmbran	15630	160	144	4	3	164	147	311	1990	2	2	—	—	2	2	4	0.25	86	83	169	108	12	1	13	41.8	—	No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.			
Ebbw Vale	29570	219	204	7	11	226	215	441	1544	5	5	1	1	6	6	12	0.42	151	132	283	112	16	1	17	38.5	0.14	No. 4	Thos. Stephens, M.C., B.Sc., M.R.C.S., L.R.C.P.			
Monmouth	5740	45	40	4	2	49	42	91	1335	—	1	—	—	1	1	2	0.17	34	44	78	136	1	2	3	33.0	—	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.			
Mynyddialwyn	15180	154	130	3	1	157	131	288	1898	3	2	—	—	3	2	5	0.33	94	56	150	99	12	—	12	41.7	0.26	No. 3	H. V. M. Jones, M.B., B.S., D.P.H.			
Nantyglo and Blaiza	11220	87	77	3	5	90	82	172	1533	5	5	—	—	5	5	10	0.89	78	85	163	145	6	1	7	40.7	0.45	No. 5	J. Walters Bowen, M.D., B.Ch., D.P.H.			
Pontypool	42530	298	315	7	8	305	323	628	1495	9	5	—	—	9	5	14	0.33	278	262	540	114	31	—	31	49.4	0.12	No. 7	F. J. Hallinan, M.B., B.S., B.Ch., B.A.O., D.P.H.			
Rhymne	8920	70	58	2	1	72	59	131	1469	2	1	—	—	2	1	3	0.34	63	51	104	117	5	—	5	38.2	0.34	No. 1	M. J. Dwyer, M.B., B.Ch., D.P.H.			
Risca	14830	116	106	1	2	117	108	225	1517	4	2	—	—	4	2	6	0.40	94	62	156	103	6	—	6	26.7	0.20	No. 6	K. P. Giles, M.B., Ch.B., D.P.H.			
Tredegar	20250	164	157	3	8	167	163	332	1640	3	4	—	—	3	4	7	0.35	150	94	244	120	15	1	16	48.2	0.30	No. 1	M. J. Doucra, M.B., B.Ch., D.P.H.			
Usk	1650	8	10	—	—	8	10	18	1091	2	—	—	—	2	—	2	1.2	8	7	15	91	—	—	—	—	—	—	No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.		
URBAN TOTALS	376770	2245	2120	76	61	2321	2181	4502	1627	67	54	3	3	70	57	127	0.46	1759	1409	3591	116	180	8	188	41.8	0.20					
RURAL.																															
Abergavenny	8360	67	49	2	3	69	52	121	97.55	3	1	—	—	3	1	4	0.45	99	108	207	24.8	2	—	2	16.5	0.48	No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.			
Chepstow	10090	91	76	4	1	95	77	172	1704	2	2	—	—	2	2	4	0.40	68	54	112	111	5	—	5	29.1	0.20	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.			
Magor & St. Mellons	13710	120	94	2	4	122	98	220	1604	4	5	—	—	4	5	9	0.66	99	54	153	112	6	—	6	27.3	0.15	No. 6	K. P. Giles, M.B., Ch.B., D.P.H.			
Monmouth	5790	55	47	1	1	54	48	102	1760	—	—	—	—	—	—	2	0.35	41	35	76	131	4	—	4	39.2	0.52	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.			
Pontypool	6080	50	51	—	1	50	52	102	1677	1	2	—	—	1	2	3	0.66	56	37	93	11.8	2	—	2	19.6	0.16	No. 7	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.			
RURAL TOTALS	44030	381	317	9	10	390	327	717	1632	10	12	1	—	11	12	23	0.52	332	288	620	141	19	—	19	26.2	0.27					
Grand Totals, 1954	320800	2626	2437	85	71	2711	2508	5219	1626	77	66	4	3	81	69	150	0.47	2127	1697	3824	119	199	8	207	39.7	0.21					
Totals for Year 1954	218850	2624	2548	95	85	2789	2624	5413	1632	73	65	5	4	80	70	150	0.37	2021	1610	3631	114	198	9	172	36.6	0.22					

VITAL STATISTICS FOR THE YEAR 1904

MARRIAGES		DEATHS		BURIALS		PLACE
MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	
1	2	150	100	100	100	Albany
2	3	120	80	80	80	Albany
3	4	100	60	60	60	Albany
4	5	80	40	40	40	Albany
5	6	60	30	30	30	Albany
6	7	40	20	20	20	Albany
7	8	20	10	10	10	Albany
8	9	10	5	5	5	Albany
9	10	5	2	2	2	Albany
10	11	2	1	1	1	Albany
11	12	1	0	0	0	Albany
12	13	0	0	0	0	Albany
13	14	0	0	0	0	Albany
14	15	0	0	0	0	Albany
15	16	0	0	0	0	Albany
16	17	0	0	0	0	Albany
17	18	0	0	0	0	Albany
18	19	0	0	0	0	Albany
19	20	0	0	0	0	Albany
20	21	0	0	0	0	Albany
21	22	0	0	0	0	Albany
22	23	0	0	0	0	Albany
23	24	0	0	0	0	Albany
24	25	0	0	0	0	Albany
25	26	0	0	0	0	Albany
26	27	0	0	0	0	Albany
27	28	0	0	0	0	Albany
28	29	0	0	0	0	Albany
29	30	0	0	0	0	Albany
30	31	0	0	0	0	Albany
31	32	0	0	0	0	Albany
32	33	0	0	0	0	Albany
33	34	0	0	0	0	Albany
34	35	0	0	0	0	Albany
35	36	0	0	0	0	Albany
36	37	0	0	0	0	Albany
37	38	0	0	0	0	Albany
38	39	0	0	0	0	Albany
39	40	0	0	0	0	Albany
40	41	0	0	0	0	Albany
41	42	0	0	0	0	Albany
42	43	0	0	0	0	Albany
43	44	0	0	0	0	Albany
44	45	0	0	0	0	Albany
45	46	0	0	0	0	Albany
46	47	0	0	0	0	Albany
47	48	0	0	0	0	Albany
48	49	0	0	0	0	Albany
49	50	0	0	0	0	Albany
50	51	0	0	0	0	Albany
51	52	0	0	0	0	Albany
52	53	0	0	0	0	Albany
53	54	0	0	0	0	Albany
54	55	0	0	0	0	Albany
55	56	0	0	0	0	Albany
56	57	0	0	0	0	Albany
57	58	0	0	0	0	Albany
58	59	0	0	0	0	Albany
59	60	0	0	0	0	Albany
60	61	0	0	0	0	Albany
61	62	0	0	0	0	Albany
62	63	0	0	0	0	Albany
63	64	0	0	0	0	Albany
64	65	0	0	0	0	Albany
65	66	0	0	0	0	Albany
66	67	0	0	0	0	Albany
67	68	0	0	0	0	Albany
68	69	0	0	0	0	Albany
69	70	0	0	0	0	Albany
70	71	0	0	0	0	Albany
71	72	0	0	0	0	Albany
72	73	0	0	0	0	Albany
73	74	0	0	0	0	Albany
74	75	0	0	0	0	Albany
75	76	0	0	0	0	Albany
76	77	0	0	0	0	Albany
77	78	0	0	0	0	Albany
78	79	0	0	0	0	Albany
79	80	0	0	0	0	Albany
80	81	0	0	0	0	Albany
81	82	0	0	0	0	Albany
82	83	0	0	0	0	Albany
83	84	0	0	0	0	Albany
84	85	0	0	0	0	Albany
85	86	0	0	0	0	Albany
86	87	0	0	0	0	Albany
87	88	0	0	0	0	Albany
88	89	0	0	0	0	Albany
89	90	0	0	0	0	Albany
90	91	0	0	0	0	Albany
91	92	0	0	0	0	Albany
92	93	0	0	0	0	Albany
93	94	0	0	0	0	Albany
94	95	0	0	0	0	Albany
95	96	0	0	0	0	Albany
96	97	0	0	0	0	Albany
97	98	0	0	0	0	Albany
98	99	0	0	0	0	Albany
99	100	0	0	0	0	Albany

