[Report 1955] / Medical Officer of Health, Monmouthshire County Council.

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

MONMOUTHSHIRE COUNTY COUNCIL.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH.

FOR THE YEAR 1955.

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 1955.

GWYN ROCYN JONES,
M.A., M.D., B.Chir., D.P.H.,
County Medical Officer.

COUNTY HALL,
NEWPORT, MON.

INDEX

PREFACE

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour and pleasure to present to you my Annual Report as County Medical Officer for the year 1955.

The report is drawn up on similar lines to previous years and presents details of the Health and Preventive Medical Services of the Administrative County of Monmouth.

The live birth rate per 1,000 population for 1955 was 15.3, a decrease of 1.0 compared with the previous year.

The death rate was 12.4 per 1,000 for 1955, and this showed an increase of 0.5 on 1954.

The infant mortality rate per 1,000 related live births for the year was 34.0 per 1,000 related live births, an increase of 0.3 over 1954.

With regard to infectious diseases, there were 33 cases of Acute Poliomyelitis notified during the year, compared with 3 the previous year. The number of measles notifications showed its usual biennial pendulum swing, being 4,620 compared with 47 for the previous year and 3,556 for 1953. There were no deaths from this disease. No notifications of diphtheria were received during 1955.

There was a decrease both in the number of notifications of new cases of, and deaths from, tuberculosis.

In the body of the report, some interesting figures are given with regard to the incidence of cancer, and of cancer of the lung and bronchus.

In submitting my Report, I should like to thank the Members of the Health Committee for their unfailing help, and also to express my gratitude to the Specialists and Staffs of Hospitals for their ready co-operation in the work of preventive and curative medicine. My thanks are also due to the members of the Staff of my Department for their able and ready assistance at all times.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES.

County Hall,
Newport, Mon.

THE STAFF OF THE MONMOUTHSHIRE COUNTY COUNCIL HEALTH DEPARTMENT.

COUNTY MEDICAL OFFICER OF HEALTH:

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

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH:

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

CONSULTANT MEDICAL STAFF:

J. T. Rice Edwards, F.R.C.S., M.R.C.S., L.R.C.P. (Surgical).
G. W. Hoare, M.A., M.B., F.R.C.S., M.R.C.S, L.R.C.P. (Ophthalmic).
D. N. Rocyn Jones, M.A., M.D., F.R.C.S. (Orthopaedic).
D. B. Sutton, F.R.C.S., M.R.C.S., L.R.C.P. (Ear, Nose and Throat).
R. Vaughan-Jones, M.B., Ch.B., D.O.M.S., F.R.C.S. (Ophthalmic)
Professor A. G. Watkins, M.D., M.R.C.S., F.R.C.P. (Heart and Rheumatic).
T. A. Brand, M.D., B.Ch., D.C.H. (Paediatric)) (Discontinued April, 1955).
M. L. Insley, M.B., Ch.B. (Geriatric).

DISTRICT AND AREA MEDICAL OFFICERS OF HEALTH:

Rhymney U.D.C. Tredegar U.D.C.	Area No. 1	M. J. Donelan, M.B., B.Ch., D.P.H.
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. Mynyddislwyn U.D.C.	Area No. 3	H. V. M. Jones, M.B., B.S., D.P.H.
Ebbw Vale U.D.C.	Area No. 4	Thomas Stephens, M.C., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Nantyglo & Blaina U.D.C. Abertillery U.D.C.	Area No. 5	J. Walters Bowen, M.B., B.Ch., D.P.H.
Magor & St. Mellons R.D.C. Bedwas & Machen U.D.C. Risca U.D.C.	Area No. 6	K. P. Giles, M.B., Ch.B., D.P.H.
Pontypool U.D.C. Blaenavon U.D.C.	Area No. 7	F. J. Hallinan, M.B.E., M.B., B.Ch., B.A.O., D.P.H.
Cwmbran U.D.C. Caerleon U.D.C.	Area No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Chepstow U.D.C. Chepstow R.D.C. Monmouth U.D.C. Monmouth R.D.C.	Area No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Abergavenny U.D.C. Abergavenny R.D.C. Usk U.D.C., Pontypool R.D.C.	Area No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH:

L. Anne Knowlson, M.D., Ch.B., B.Sc., D.P.H., D.C.H. (Maternity and Child Welfare).

Alice M. S. Dewar, M.B., Ch.B., D.P.H.

ASSISTANT MEDICAL OFFICERS:

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

A. Joan Lewis, M.R.C.S., L.R.C.P.

Anna Gregory, M.R.C.S., L.R.C.P.

Margaret C. Jenkins, M.R.C.S., L.R.C.P.

A. Joyce Thomas, M.D., M.R.C.S., L.R.C.P., D.P.H. (Resigned 10-9-55)

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.

Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P.

John L. Phillips, M.B., B.Ch., B.Sc., D.O.M.S. (Temporary).

Elfreda Alice Davies (née Watkins), M.B., B.Ch.

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.

R. S. Clarke, L.R.C.P. & S., L.D.S. (Ed.) (Commenced 10-1-55).

Maureen F. E. Vaughan-Jones, L.D.S. (Commenced 5-9-55).

COUNTY SANITARY INSPECTOR:

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

ASSISTANT COUNTY SANITARY INSPECTOR:

C. A. Lewis, M.S.I.A., A.R.S.H. (Commenced 1-3-55).

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.). (Resigned 30-9-55).
Miss G. M. Oldbury, L.C.S.T., (R.M.A.).
Miss U. E. Jones, L.C.S.T. (R.M.A.). (Part-time).
Miss K. B. Powell, L.C.S.T. (R.M.A.).

Orthoptists:

Mrs. H. M. Gregory, D.B.O. (Part-time).
Mrs. Angela Gwyneth Hearne, D.B.O. (Commenced 21-2-55).
Mrs. P. Hannah, D.B.O. (locum tenens, 11-7-55 to 2-12-55).

Mental Health Workers:

Mrs. E. F. Udell. (Retired 31-12-55).
Miss Alwyn Fuller.
Miss Sheila Readman.
Mr. Brynley Price.

Lady Health Visitors:

Baldwin, M.
Bevan, J. I.
Cleverley, M. (Resigned 31-12-55)
Cooper, M. S.
Davies, M. R.
Davies, M. J.
Dredge, M. W.
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.
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.
Williams, F
Wilmot, E G
Wise, N.
Wixey, N. A.

Orthopaedic Sister:

Pugh, Miss M. M.

ORAL HYGIENIST:

Mrs. P. Schofield (née Haines).

DENTAL ATTENDANTS:

O. Joan Annetts, B.E.M.
Carol Huggett, S.R.N.
Barbara Davies.
Joan Jones (Resigned 30-4-55).
Betty Wynn.
Olwen P. Brodie
(Commenced 31-10-55).
Alice Clements
(Commenced 4-4-55).

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 1955 to Maternity and Child Welfare was approximately that of 36.8 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:—

1955.	1954.	1953.	1952.	1951.
60,440	63,515	65,975	68,959	57,587

Of the 60,440 visits paid in 1955, 5,262 were in respect of new babies. 6,359 fruitless visits were made.

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

1955.	1954.	1953.	1952.	1951.	1950
43	46.6	47.6	49.8	48.5	52.2

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

1955.	1954.	1953.	1952.	1951.
Nil	4	7	9	7

These notifications for 1955, together with other causes of eye trouble reported by Midwives, making a total of 39, 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: —

	1955.	1954.	1953.	1952.	1951.
New Cases	2,744	2,701	3,033	2,966	3,434
Re-visits	10,109	10,605	12,529	13,196	15,002
Total Attendances ...	12,853	13,306	15,562	16,162	18,436

The Ante-Natal Clinic premises were situated in convenient parts of the County and were easily accessible to the great majority of the people. Each Clinic was attended by a medical officer and a health visitor, and expectant mothers were given advice and instruction. The Clinics performed a most valuable service, and the district midwives were also always welcome for the discussion of any cases in which they were interested. The number of ante-natal cases who attended the Clinics for the first time during the year increased over the previous year, but the number of re-visits dropped somewhat. This experience is not peculiar to this County, but appears to be a general tendency over the whole country and is probably accounted for by the fact that many general medical practitioners now hold their own ante-natal sessions and encourage their own patients to attend them once they have been notified that an attendance has been made at a Clinic. Also, some hospitals who have maternity accommodation like to arrange their own ante-natal examinations.

The Council's Ante-Natal Clinics were staffed by its own medical officers, and general medical practitioners were not employed for this purpose.

Blood tests were carried out for grouping and W.R. and G.C.F.T. on all new cases and also on others as required.

Maternity and Child Welfare Clinics.

At the end of the year there were 48 Infant Welfare Clinics in operation and 300 half-day sessions per month were held. Each Clinic was staffed by the Council's Health Visitors and most were attended at each session by a Medical Officer. Some clinics, however, were served by medical officers on alternate clinic-days. The clinics furnished advice and instruction on the problems of child care and valuable information was always available regarding feeding and general welfare. At many clinics, opportunity was taken by the health visitors to give talks to the mothers on health education, and visual aids were used where the premises were suitable. It was found that the mothers were greatly appreciative of this and in many cases helped with the preparation of material. Careful watch was kept on the progress of each

child, with regular weighings, and although the function of the clinics was not curative much good work was done in the preventive field.

The number of new attendances of children under one year of age was somewhat less than for 1954, but the figure shows that the service was still largely accepted by the mothers of the County.

The attendances at the Centres during 1955 and 4 previous years were:—

	1955.	1954.	1953.	1952.	1951.
No. of Infants, who attended Child Welfare Centres during 1955	11,514	12,245	11,913	11,430	11,240
No. of new cases, under 1 year	5,936	6,731	7,036	4,735	4,909
No. of attendances, under 1 yr.	52,776	54,009	59,601	60,335	62,149
No. of attendances, 1 to 5 yrs.	25,768	26,339	29,194	24,511	24,343
Total No. of attendances ...	78,544	80,348	88,795	84,846	86,492

The Travelling Maternity and Child Welfare Clinic continued to serve many outlying rural areas of the County, to the advantage of many mothers who find it difficult to attend the fixed clinics.

At all Infant Welfare Clinics there were facilities for the purchase by mothers attending the Clinics, of proprietary infant foods at a little over cost price, and the amount paid by mothers for this during 1955 was £17,328/10/5d.

The sale of the food at favourable prices, in addition to providing an extra incentive to attendance at a Clinic, often gave the health visitors the opportunity of giving advice which may have remained unsought.

Welfare Foods were available at 30 of the Council's Clinics, and also 65 other centres, such as shops, private houses, W.V.S. Centres, etc., where the distribution was carried out by voluntary workers.

Facilities for immunisation of children against diphtheria and vaccination against smallpox were available at all Infant Welfare Clinics, and this is mentioned later in this report.

Post-Natal Clinic.

Mothers who have not received a post-natal examination by a general practitioner or in hospital are encouraged to attend the Council's Ante-Natal Clinics for this purpose. Cases requiring further consultation are referred to the Post-Natal Clinic at Central Clinic at Stanley Road, Newport, where a weekly session is held by Dr. Nora Keevil.

All cases of sterility in women which come to the notice of our clinics are referred to Dr. Keevil.

337 new cases were examined post-natally at Ante-Natal Clinics during the year, in addition to 21 re-examinations and there were 393 attendances. At Dr. Keevil's Post-Natal Clinic, 118 new cases were seen, plus 63 for re-examination, and altogether there was a total of 398 attendances.

Birth Control Clinics.

These Clinics are held frequently at five centres in the County. The patients who attend them are those who are recommended for this advice on medical and not social grounds.

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 1955 was 440, of which 172 took place at home, 267 in hospital and 1 in a private nursing home. This was 89 per 1,000 of all live births, and 87 per 1,000 of all live and still births. There were 105 premature still births, 25 of which were at home, 79 in hospital and 1 in a private nursing home. There were no premature live or still births in private nursing homes.

Scheme for the Care of Premature Infants.

The scheme for the care of premature infants was as previously reported, except that three of the special cots were in the hands of different custodians. The cots are now placed with:—

(1) Mrs. Marsten,
5, Treowen Road,
Newbridge.

(2) Nurse Stone,
Woodland Villa,
Castlewood, Talywain.

(3) Mrs. S. Hobbs,
1. Sannan Street,
Aberbargoed, Mon.

(4) Miss G. C. Morgan,
The Clinic, Market Street,
Tredegar, Mon.

(5) Nurse Roche,
20, Victoria Estate,
Monmouth.

(6) Miss E. Phillips,
34, Mathern Road,
Bulwark, Chepstow. Mon.

The appropriate midwives have been instructed as to 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.

From the beginning of 1955 until the end of September, 3 full-time and 1 part-time Speech Therapist were on the Staff. Miss Mary Knight then resigned to get married and it was not possible to obtain a successor. All types of speech defects in children were referred to the Speech Therapy Clinics and where necessary consultations were arranged at Ear, Nose and Throat Clinics. In certain cases it was also found helpful for ascertainment of level of intelligence to be carried out. Some cases required prolonged treatment, and a certain amount of perseverance was necessary in ensuring the required number of attendances. Children who had been operated upon for cleft palate were treated at the clinics for re-education in speech.

Care of Illegitimate Children.

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.

A Social Worker is employed, as required by Circular No. 2,866, to superintend the case of illegitimate children.

During the year 54 cases were dealt with; a total of 824 visits being paid. 8 girls were admitted to Northlands Salvation Army Home for Unmarried Mothers, Cardiff; 1 to Mount Hope Salvation Army Home for Unmarried Mothers, Bristol, at the County Council's expense.

Of the 54 cases, 3 girls were later married to the putative fathers, 11 were married women, 38 were single, 2 were divorced women and 3 were widows.

19 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; 5 children were boarded out.

Miss G. A. Knight, S.R.N., S.C.M., carried out supervision of all adoption cases, gave advice to natural and foster parents and attended Magistrates' and County Courts in the capacity of Guardian *ad litem* in 52 cases.

1 child was placed in a Dr. Barnado's Home.

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.

At the commencement of the year 1955, the Dental Staff consisted of 4 full-time and 1 part-time Dentists, but on January 10th, 1955, Mr. R. V. Clarke joined the Staff, and while this helped to relieve the pressure of work. it did not bring the number of dentists up to the desired level. The School Dental Service absorbed most of the time of the Dental Staff and it was still not possible to undertake the routine dental examination of Maternity and Child Welfare patients. However, a satisfactory service was maintained with regard to such patients referred for dental treatment. All new cases attending Ante-Natal Clinics were examined for dental sepsis, etc., by the medical officer in charge and suitable cases referred to the Dental Clinics. Nursing mothers and children at the Infant Welfare Clinics were also similarly supervised. Many women did not accept the facilities offered, but made their own arrangements. In a number of cases, however, it was noted that, having had dental extractions carried out privately, the women were anxious to avail themselves of the Council's Scheme, in order to obtain free dentures.

Expectant and nursing mothers and also young children were given priority for dental treatment, which was arranged without delay in well-equipped modern dental surgeries which were situated in convenient parts of the County. Conservative treatment was undertaken where possible but extractions, scalings, etc.. were carried out when required.

An Oral Hygienist was employed for scaling, polishing, etc., and she did good work with advice on oral hygiene. Her advice was especially appreciated by teenage girls. The Oral Hygienist was occupied mostly with School Children, but treated other cases as necessary.

Orthodontic treatment was continued by the Principal School Dental Officer in Clinics at Newport, Pontypool, Chepstow and Blackwood respectively.

Encouragement was given to mothers to bring their children to the Infant Welfare Clinics regularly for dental examination, until they reached school age, but it was noted that no great advantage of this was taken, except where prompted by the occurrence of toothache.

On September 5th, 1955, a further addition was made to the Dental Staff in the person of Mrs. Maureen F. E. Vaughan Jones, who became full-time. Her assistance was largely absorbed by the School Dental Service, details of which may be found in my report as Principal School Medical Officer for 1955.

Details as to numbers of mothers and children dentally treated are given on page 63 of this report.

HEALTH CENTRES.

During 1955 the Health Centres at Tredegar, Rhymney, Ebbw Vale and Blaenavon continued in operation and gave very satisfactory service.

Clinics.

On April 1st, 1955, an extension of the boundaries of the County Borough of Newport came into operation and this affected the necessity of holding the Infant Welfare Clinic which had previously been held at the Lydia Beynon Maternity Hospital, at the Coldra, on the Newport-Chepstow road. It was found that this Clinic no longer had a useful purpose, and it was discontinued on March 22nd, 1955.

Caerleon Infant Welfare Clinic was transferred from the Methodist Schoolroom to premises at Cambria House, Caerleon, on February 15th, 1955, and a new weekly Infant Welfare Clinic was opened at Bassaleg Church Hall on November 15th, 1955. The latter was held on one afternoon session per week, with a medical officer in attendance one session per fortnight.

Stanley Road Clinic, Newport.

It is with pleasure that I have to record that at the end of March, 1955, a very extensive series of alterations, improvements and decorations were commenced at this Clinic. Owing to the nature and scope of alterations it was necessary to close the Clinic in the main for a month, during which time only urgent cases were dealt with under emergency arrangements. The work actually extended over several months, but with the co-operation of builders, patients and staff, the difficult period was overcome with a minimum of inconvenience. As a result of the work, it was possible to provide a large common waiting room, light, airy and comfortable. This room has convenient access to all clinics. A specialist consulting room with ante-room facilitates the various clinics there, whilst the Speech Therapy and Orthoptic Clinics can now be held independent

of any other. A Gymnasium was fitted up in the basement, with the provision of a special cork floor, so that children may exercise without disturbing other clinics. The Ophthamic Clinic is now provided with a pleasant room which enables the examiner to take advantage of the full 6 metres and this room is also available and equipped for the Ear, Nose and Throat Surgeon's examinations.

Further, the Dental Surgery has now been fitted entirely with modern equipment, including X-ray unit, and has adjoining a dental workshop, which can be used as a dark-room.

Provision has been made also for the housing of the Child Guidance Clinic which is now held in the premises.

The whole building is heated by gas convector heaters, and the decorations are all of pleasing nature. New furniture and cupboards to take the place of the old unsuitable ones, together with the provision of a pram-shelter, bring the Clinic up to a very desirable standard.

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.

In April, 1955, Dr. T. A. Brand discontinued his Paediatric Clinic at the Stanley Road, Newport, Clinic, owing to pressure of work elsewhere, but arrangements were made whereby he saw children referred to him at various Hospitals in the County.

HOME NURSING SERVICE.

During 1955 the Home Nurses attended 10,919 cases and made 324,730 visits, an increase of 641 cases and 10,755 visits on the 1954 figures.

The following analysis shows the increasing use made of this service for the number of cases by general practitioners and hospitals, since 1950:—

Year	*Cases*	*Visits*
1950	8,386	262,552
1951	9,415	271,151
1952	10,279	283,614
1953	10,431	300,450
1954	10,278	313,975
1955	11,386	302,741

Staff.

On December 31st there were 57 full-time Home Nurses, 11 Home Nurse/Midwives and 34 part-time Relief Home Nurses.

All the 11 home Nurse/Midwives work in country areas and used motor cars for their work and were paid mileage allowance by the County Council.

Of the 57 full-time Home Nurses, 22 were "mobile" and were paid mileage allowance when using their motor cars for work.

The use of a motor-car allows a big saving in time and energy and enables the nurse to give better service to the patients than when she has to walk and wait for buses. It also protects her in wet weather so that she does not have to give nursing care to patients and be in contact with infection, when she herself may be chilled and wet.

During the year, 3 Home Nurses attended a week's lecture course arranged by the Royal College of Nursing, which was held in London.

No cases of penicillin sensitivity occurred amongst Home Nurses during the year. Cartridge syringes were issued to all the Home Nurses for the injection of Streptomycin and some forms of penicillin. This and the extra care being taken contributed to the freedom from dermatitis.

GERIATRIC SERVICE.

During the year 1955 the Geriatric Services in the County were maintained at approximately the same level as in the year previously. The service had then been shown to be of considerable value to the aged sick members of the community, especially those who through age and infirmity were unable to visit a hospital as an out-patient, and it had been hoped to extend the range of the Service by an official notification of the work of the domiciliary physiotherapy unit to the general practitioners of the County. There has been no general notification of the practitioners, however, because it was felt that the demand would become more than the unit in its present form could deal with. It is felt, however, that as soon as possible this should be done and the composition of the unit expanded with further extension of the work. The types of cases for which most generally treatment was asked were people of all ages but chiefly the elderly who had suffered "strokes" and arthritis.

It was noticeable with the "strokes" that the proportion of early notifications by the general practitioners increased, and it was rare to find cases of untreated long-standing paresis. This had been fairly widespread when the service had first started to operate and we welcomed this new trend to come

earlier. The same cannot be said for the cases of arthritis. They are sometimes referred following an acute exacerbation of symptoms but the disease in these cases has proved to be of long-standing. It is hoped that especially in cases of rheumatoid arthritis, where the crippling deformities soon overtake the patient, that the general practitioner will refer cases for educative treatment by night splinting, wax bathing, etc.

Since the inauguration of the Geriatric Service in the County it has been realised more and more that the problems of the ageing population—if these people are to be adequately catered for—present problems more complex than those of the younger generations. More and more we are coming to realise that the closest co-operation must exist between the services supplied by the hospitals, the Welfare Departments and the Local Authority. With this problem of the aged in the County is linked the problem of the chronic sick in hospital, and with this problem in view a meeting was called in 1955 at St. Woolos Hospital to examine how best the state of the congested waiting lists for entrance to the chronic sick wards could best be managed. The Welfare Department in the Borough and the Geriatric Department of this Authority undertook to investigate from the health and social problems present in each case in their respective areas, the relative urgency of cases on the list.

At St. James' Hospital, Tredegar, a geriatric unit of about 6 beds has been established in the chronic sick block. It is under the direction of Dr. M. Insley, who is also a consultant geriatrician to this Authority. It is hoped in due course to link up more closely these services with those of the County Council whereby the patient's care before entering hospital for active treatment and after leaving hospital may be supplemented by the visits of the domiciliary physiotherapist, the district nurse, the health visitor, etc.

With this object in view Dr. Insley addressed an informal meeting of Health Visitors in the County when she and Miss G. Friend, Chief Almoner to the Sirhowy Valley Hospitals, illustrated the scope of their work in the unit. Later the Health Visitors paid a visit to St. James' Hospital to see the work being done on the hospital side.

It is hoped that this line of investigation will lead to a closer co-operation generally of all the Geriatric Services in both the County and Borough.

Night Nursing Service.

There has been no change in this Service. As previously reported it has been found difficult to meet the whole demand.

THE HOME HELP SERVICE.

The cost of the Home Help Service in 1955 when 2,056 persons were assisted was £108,748 as against £94,856 in 1954 when 2,009 persons received help.

The Service continues to hold an important place in the National Health Scheme, ensuring that persons who are unable to perform the necessary household duties, can, nevertheless, remain in their homes in comfort.

Where patients are confined to bed, either following discharge from hospital or for other reasons, Home Helps will, if required, attend daily to prepare meals, make beds and see to the general smooth running of the home.

Many of the persons assisted by the Home Help Service are elderly and require the Service because they can no longer cope unaided with the day-to-day running of their homes. Much comfort can be given to these persons by the Home Helps, provided that the women employed are efficient, tactful and tolerant, and effort is made to ensure that the Home Helps possess these qualities and understand the importance of a proper approach to their work.

Two essential sections of the community being looked after by this Service are tuberculous patients receiving domiciliary treatment, and maternity cases where mothers are having their babies at home. In both these cases the complete running of the home is undertaken by the Home Help herself.

A Social Club for Home Helps continues to function in one area, but unfortunately it has not yet been possible to form such clubs elsewhere.

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 63.

MEDICAL COMFORTS APPLIANCES SCHEME.

This Authority employed a Medical Appliances Officer, and the organisation of the Medical Comforts Appliances Scheme was 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 Depots were 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-rest, bed-tables, bed-cradles, crutches, feeding-cups, invalid folding chairs, mackintosh sheets, spinal carriages, night commodes 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 1955.

No. of Depots at end of 1955	No. of Patients.	No. of Articles issued.	Length of Period in use.	Articles damaged and unfit for further use.
63	3,314	9,951	50% 1 month 50% longer period	212

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, 1955, to October, 1955, 80 Monmouthshire cases (22 males and 58 females) were admitted for convalescent treatment. 96 applications were received; 3 were rejected (2 on account of age); 4 did not accept vacancies due to ill-health; 1 was able to obtain treatment through another source; 7 applications were withdrawn, and 1 case died before admission.

On October 31st, 1955, the "Rest" Homes closed down for the winter.

DOMICILIARY MIDWIFERY SERVICE.

At the end of 1955, the number of whole-time County Midwives was 53. In addition there were 3 part-time Midwives, 11 District-Nurse-Midwives, 2 part-time District-Nurse-Midwives, and 5 Independent Midwives. The Independent Midwives attended 18 cases during the year.

With 47 midwives engaged in hospital and maternity homes, the total number of midwives on the County Register at the end of 1955 was 121.

The births (live and still births) notified during the year 1955, with figures for four preceding years, were as follows:—

Notified by	1955.	1954.	1953.	1952.	1951.
County Midwives	1,873	2,209	2,143	2,073	2,117
Independent Midwives ...	18	5	5	11	9
Maternity Hospital and Maternity Homes ...	2,972	2,867	3,252	3,138	3,166
Totals	4,863	5,081	5,400	5,222	5,292

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 Services	283
(ii) Others	152
Total	435
(b) For Cases in Institutions	628

Particulars of Midwives in respect of Gas and Air Analgesia at the end of 1955.

There were 46 Institutional Midwives in the area at the end of the year who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board, also 69 Domiciliary Midwives, and 5 Domiciliary Midwives in private practice. There were 70 sets of gas and air analgesia apparatus in use and they were used in 1,310 cases where the administrator in domiciliary practice was acting as a midwife, and 127 when acting as a maternity nurse.

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year when acting as a midwife was 687, and when acting as a maternity nurse was 95.

Midwives Acts, 1902—1936.

Report upon Domiciliary Midwifery Visits in the County.

Number of Ante Natal Visits	13,857
Number of Live Births attended (Actual) ...	1,847
Number of Still Births attended (Actual) ...	33
Number of Miscarriages attended	87
Number of Daily Nursing Visits	31,262
Number of Hospital Post-Natal Nursing Visits ...	5,703
Number of Hospital Post-Natal Cases Visited ...	1,899

Domiciliary Midwives made the usual minimum of 17 visits to every case confined at home, and about 10 visits were made to each case of miscarriage.

Maternity cases discharged from hospitals or Maternity Homes 9 or 10 days after confinement were cared for at home by the domiciliary midwives who attended for the regulation period of 14 days, or longer if necessary.

Supervision of Midwives, as required by the Midwives Act, was carried out by a non-medical Supervisor, who made periodic visits.

A few cases of puerperal pyrexia were notified but no serious effects were recorded. Compulsory notification of these cases both to the family doctor and to the Supervisor of midwives ensured prompt treatment, with benefit to the patient and the prevention of spread of infection by the Midwife concerned. Anti-biotics continue to play an important part in the treatment of these cases.

An increasing number of midwives availed themselves of the opportunity when acting as a midwife rather than a maternity nurse, of administering pethidine to patients during labour. The issuing of prescriptions for pethidine was strictly controlled by the non-medical Supervisor of midwives on behalf of the County Medical Officer.

Gas and air analgesia was available to all patients physically fit to receive it, and all domiciliary Midwives had possession of their own apparatus.

Ante-natal visits were made by domiciliary Midwives to patients in their own homes to ensure that medical advice was being carried out, and co-operation between the Midwives and General Practitioners was good.

The Ambulance Service provided rapid transport of patients to hospitals, and during 1955, 2 infants were born in the Ambulance vehicle during transit. A Midwife was in attendance in each case.

3 Midwives attended a refresher course, at Oxford, which was arranged by the Royal College of Midwives, and approved by the Central Midwives Board.

During 1955 an outbreak of gastro-enteritis, due to infection with a pathogenic bact. coli occurred among the new-born infants at one of the Maternity Hospitals in the County, when 12 infants were involved. These children were immediately discharged to their homes to prevent the spread of infection and kept under close supervision by the three Supervisors of the Council's Nursing Services, i.e., Domiciliary Midwives, Home Nurses and Health Visitors. The use of these three officers enabled the work to be spread and a close watch kept. The medical supervision of the infants was in the hands of the family doctors. Bacteriological investigations were carried out and a freedom-from-infection report obtained before discharge from supervision was given. All the infants recovered completely without any ill effects.

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

Training of Midwives.

Pupil Midwives attended St. James' Hospital, Tredegar, for training in Part II of the Central Midwives' Board Certificate. The Hospital is a recog-

nised training school for this part, and the instruction includes domiciliary work in district work in Tredegar, Rhymney and Ebbw Vale under the supervision of County Midwives who have been approved by the Central Midwives Board as teachers.

Premature Babies.

These have been referred to earlier in this report but it should be recorded that the Maternity Units at the County Hospital, Griffithstown, St. Woolos Hospital, Newport, and St. David's Hospital, Cardiff, have continued to render excellent service by the prompt admission of premature babies who required special attention which could not be given at home.

HEALTH EDUCATION.

The Council had no Health Education Officer, but the County Supervisor of Health Visitors assisted greatly in this work. She enlisted the help of the Health Visitors, and every opportunity was taken by them to spread the propaganda of Health Education. Much good work, if unspectacular, was done by the Health Visitors in their visits to homes. A good Health Visitor often becomes a friend of the people she visits, and in this capacity it is often possible to give a little gentle advice in the home. After all, it is in the home where many accidents take place and where a little thoughtlessness in every-day actions may result in injury or sickness. A little tactful suggestion may often remove a possible source of danger which may have been present for some time, but had been overlooked because "it had not caused any trouble so far". In the quiet of the home it is also possible to emphasise the need for immunisation against diphtheria, the advisability of vaccination against smallpox, etc.

In the Maternity and Child Welfare Clinics, where premises were suitable, lectures were given by Health Visitors and included all aspects of public health, with special emphasis on immunisation and vaccination as a means of preventing infectious disease. Visual aids were of great help, and in addition to the use of a film-strip projector, flannel-graphs were still widely used. In many centres the mothers set to with a will, and designed models demonstrating the point to be made. The models in many instances showed considerable ingenuity, and it must be suspected that even the husbands had, in turn, been enlisted especially as in one case a household set was even wired and electrically lit with a spot-lamp focused on the main features!

At two of the Clinics an evening class was held once a fortnight by Health Visitors.

At the Ante-Natal Clinics, lectures on anatomy as related to the reproductive processes were given, and these were found to be much appreciated, especially as they helped to allay any fear of the unknown which was present in the

minds of some of the attenders. Midwives attended some of the clinics and gave demonstrations in the use of gas and air analgesia apparatus.

In Schools some talks were given by Health Visitors, special attention being given to the secondary schools. It would no doubt be of value if lectures were given to the older girls on personal hygiene, especially if they were given by a medical officer. Until now, the pressure of other work on medical officers has not made this possible, but the matter has not been lost sight of.

In May, 1955, a two-day course for Medical Officers, Health Visitors, District Nurses, Midwives, and Sanitary Inspectors was held at The Clinic, Ashfield Road, Newbridge, under the auspices of the Central Council for Health Education. On May 24th Dr. W. Emrys Davies, B.Sc., B.A., M.Ed., Ph.D., Education Officer of the Central Council for Health Education lectured during the morning on the "Principles of Learning and Teaching in Public Health Education," and later talked on "How to Construct Visual Aids" and "How to give Effective Talks". On the second day he discoursed upon "Construction of Aids to Illustrate Prepared Talks," during which the listeners were advised to have pencils and scissors available to try the methods suggested Dr. Emrys Davies followed this with "The Presentation of Talks and their Appraisal". In the Chair for the whole of the course was Councillor E. C. Hutchins, J.P., Chairman of the Council's Health Committee.

An acknowledgment of the enthusiasm for Health Education by the Department was printed in the July, 1955, issue of the "Health Information Digest", published by the Central Council for Health Education.

On the 1st August, 1955, a Health Education display was put on in conjunction with the Road Safety exhibit, at the Monmouth Agricultural Show. Posters and models were on view, leaflets were handed out, and the Superintendent Health Visitor, assisted by other Health Visitors, was in attendance. This effort was repeated in a similar manner at the Abergavenny Agricultural Show on September 1st.

Contributions to health education is continually made by clinic doctors, school medical officers, dental officers, sanitary inspectors and other officers in the course of their normal duties, and advice given under such circumstances may frequently bear fruit where other methods fail.

It would appear that Health Education is making its impact felt and that the general population is becoming more health-conscious, and realising how they can contribute to their own well being.

MENTAL HEALTH SERVICE.

(1) Administration.

(*a*) Duties of Administration of Mental Health Service are dealt with by the No. 2 Standing Sub-Committee which 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. An Assistant Medical Officer in charge of routine work.
3. Clerical Staff of three.
4. Three Mental Health Workers.
5. One Home Teacher.
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.

1. *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.

2. *Mental Hospitals.*

Mental Health Workers have continued domiciliary visiting of patients discharged from St. Cadoc's Mental Hospital and the liaison maintained thereby is of great value to patients and hospital—visits paid during 1955—167.

(*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 training Mental Health Workers.

(2) Account of Work Undertaken in the Community.

(*a*) 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, 1955:—

Admitted:

	Voluntary.		*Certified.*	
	Male	*Female*	*Male*	*Female*
Abergavenny ...	267	270	70	75
Caerleon ...	44	29	1	5
Bristol ...	1	0		
Bridgend ...	2	3	0	1
Talgarth ...	3	1		
Whitchurch ...			0	1
	317	303	71	82
Total ...	620		153	

Discharged:

	Voluntary.		*Certified.*	
	Male	*Female*	*Male*	*Female*
Abergavenny ...	251	235	41	43
Caerleon ...	24	51	1	1
Whitchurch ...	1	0		
Bridgend ...	3	2		
Talgarth ...	1	1		
	280	289	42	44
Total ...	569		86	

Deaths.

	Voluntary.		*Certified.*	
	Male	*Female*	*Male*	*Female*
Abergavenny ...	12	13	55	42
Caerleon ...	0	1	0	2
	12	14	55	44
Total ...	26		99	

(*b*) Work Undertaken Under the Mental Deficiency Acts, 1913-38 by Mental Health Workers.

i. Visits carried out by Mental Health Workers:—

	1953.	1954.	1955.
Mental Defectives ...	2,516	3,200	3,340

Number of new cases reported and investigated during the year:—

	1953.			1954.			1955.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(i) Under Section 57 (3) ...	4	11	15	21	16	37	22	13	35
(ii) Under Section 57 (5) ...	17	6	23	19	7	26	12	11	23
(iii) Other sources	5	6	11	15	18	33	19	27	46
	26	23	49	55	41	96	53	51	104

	1953.			1954.			1955		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Number of Cases under Statutory supervision on 31st December	269	309	578	313	317	630	342	327	669

Cases in Certified Institutions at 31st December.

	M.	F	T.
1953	144	171	315
1954	151	165	316
1955	147	171	318

Admitted during 1955	13
Died during year 1955	6
Discharged during 1955 ...	10

Mental Defectives awaiting urgent Institutional Accommodation:

	M.	F.	T.
on 31st December, 1955 ...	22	21	43

which is 2 more than at the same date 1954.

Licence cases at 31-12-54:—

	M.	F.	T.			
On licence with farmers ...	2	—	2			
On licence with parents ...	2	3	5			
				4	3	7
Discharged from order during 1955 ...	1	1	2			

(*c*) Guardianship.

On 31st December there were three low grade mentally defective children ranging from 11—15 years who were under a guardianship with Mrs. Roberts, The Old Rectory, Porthkerry, Glam.

(*d*) Occupational Training.

There are three types of occupational training which can be carried out by the Mental Health Service:—

(i) A Home Teaching Service.
(ii) A System of group teaching.
(iii) Training at an Occupation Centre.

(i) *Home Teaching* was carried on throughout the year by the Home Teacher and 23 pupils received instruction.

(iii) *Training at an Occupation Centre.* The Occupation Centre at Neville House. Garndiffaith, caters for mental defectives residing in the Eastern Valley and Eastern rural districts.

The workshop is now well-established and during the year 22 adolescents and young men have been in attendance daily under the guidance of two male instructors. Training is graduated and pupils are first taught the basic essentials of concentration on a task and the correct use and care of simple tools.

The workshop is a new building adjoining Neville House and is constructed of breeze blocks with rough cast outer walls and slated roof. The building is divided into two main parts, the larger section being fitted with work benches and equipped for carpentry, boot repairing and other handicrafts. The smaller section is devoted to wood-chopping and bundling. Adjoining these are staff-room, store-room and toilets. Meals, cooked in Neville House, are served the larger workshop.

During the year half an acre of market garden was acquired which added to Neville House garden gives the boys ample opportunity of learning and practising all branches of horticulture.

The workshop and garden, therefore, are a great asset and provide splendid training for industry.

With the older lads housed in the Workshop more space inside the house is available and this has allowed re-organisation of schemes of training for younger children and the girls, with the admission of increased numbers and for re-grouping. In the nursery the progress of each child is recorded and it is only when a certain standard is reached that they move upwards to the Junior Class. In this class a wide field of activities is covered and the children show great promise. The response is good and it is felt that when these children reach the workshop they will be much better equipped physically and mentally to tackle real work.

To correspond with the workshop training for boys, the teaching of cookery and housewifery for girls has been organised. A special kitchen has been equipped and an additional assistant Supervisor appointed to instruct and train in this activity.

A new scheme of Education has been introduced for Juniors and Seniors. Those capable are instructed now in simple reading, writing and arithmetic and for all there are lessons in geography, history, nature study and general knowledge.

The Occupation Centre guidance is providing teaching and training for all according to their individual capacity for learning, and the questions which the pupils ask are indicative of their need for such a service. This work is experimental and those taking part are much encouraged by the interest shown by officials of the Ministry of Education and Labour who have visited Neville House from time to time.

During the year the training of staff for the new centre at Tredegar proceeded on comprehensive lines and when these buildings are completed a competent staff will be available.

(*e*) Short-Term Care.

Mrs. Roberts, The Old Rectory, Porthkerry, has continued during the year, to cater for child patients for short periods, for whose maintenance the County Council bears the cost, the parents paying part, according to scale. This service is invaluable, giving the parents a much needed rest and thereby preventing serious breakdown in health in some cases. Older defectives are admitted from time to time to Hospitals under a Short-term Care Scheme in which the cost is borne by the Regional Hospital Board.

(3) Developmental Diagnostic Clinic.

This Authority has attempted to evolve a comprehensive scheme which includes children of pre-school age for the early diagnosis, treatment and training of the physically and mentally handicapped.

Arnold Gesell in America has published work in recent years based upon studies of very young children and aimed at producing a standard of normal development against which the degree of backwardness of special children could be measured. In Great Britain in 1955, Dr. Ruth Griffiths. Ph.D., published her book "The Abilities of Babies" which standardises a method of diagnostic testing of children under 2 years of age for use in this country, and based on this scale a Diagnostic Clinic has been established.

The Griffith Scale takes into account every part of a child's development and is not to be compared with Intelligence Testing as practised amongst older school children which deals with mental endowment. The complete Test for a child of 2 years comprises 260 separate items and concerns Locomotion, General Social behaviour, testing of the special senses, sight, hearing, speech and touch, co-ordination, visual perception and performance. As a result a clear picture is obtained of each child and the cause of any backwardness made apparent. For example a boy found to be deaf was not suspected to be suffering from this disability, but was referred because he did not speak.

Health Visitors are required by statute to visit every baby born in the County within one month of birth and to supervise the progress of each child until he goes to school. They are, therefore, in a unique position to find and report all the babies in the County whose progress is delayed or irregular, and who for one reason or another, in many cases obscure, do not reach the milestones of development as the normal child does. The Health Visitors and Assistant Medical Officers have therefore, been instructed to notify all such cases. The establishment of this clinic is proving very valuable, as the detailed examination reveals, not only the cause of backwardness, but provides the opportunity to institute immediate treatment and training for the afflicted children and providing for the parents support and encouragement in their anxiety and fear, performing thereby, a practical social service

Between September, 1955, and the end of the year 38 children under the age of 5 years were examined; not all were found to be pathological cases, to the great relief of the parents, and included were certain babies, some of doubtful parentage upon whose mental capacity depended their adoption.

Diagnosis.	*No. of Cases*
Cerebral Palsy	12
Mongol	4
Hydrocephalic	1
Primary Amentia	7
Primary Amentia and Epilepsy ...	1
Adoption	5
Backward (E.S.N.)	5
Deaf	2
Meningocele	1
	38

Cerebral Palsy—"Spastics".

"Spastics" is the layman's synonym for Cerebral Palsy and is generally applied to children suffering from the effects of brain damage sustained before, during, or after birth, damage which shows itself in many forms of greater or less severity depending upon the site of the brain lesion and its extent. Fortunately the vast majority are so slightly affected that they can take their place in ordinary schools, but it is regretted that in the County as a whole 27% are so severely handicapped as to be termed "ineducable" and placed on the Register of Mental Defectives. It is only in recent years that society has recognised the special needs of cerebral palsied children and the first school in Great Britain erected and equipped specially for them was only opened in 1946. Recent medical research and consequent improvement in methods of diagnosis and treatment has revolutionised the outlook for many of these afflicted children, and it has been proved that the handicap, physical and/or mental, can be considerably lessened if the cases are diagnosed early enough and efficient training and treatment begun. Even a child believed to be mentally defective can sometimes resume his place in the educational system.

In the country as a whole the proportion of children in the age group 0—16 known to suffer from cerebral palsy is 1—1,000 and of these children one half are so slightly handicapped that they attend an ordinary School (Report of Chief Medical Officer, Ministry of Education, 1950-51) These figures should, however be treated with some reservation as an exhaustive investigation of the problem has only been undertaken in a few County Boroughs and not at all by a County Council. However, according to these figures and with an estimated child population of 77,000 (i.e., between the ages of 0—16) one might expect to find in Monmouthshire 77 children of various ages afflicted with cerebral palsy.

In October, 1954, a thorough survey of the County was made to estimate exactly the problem in Monmouthshire, a task which was completed in 1955. With the help of the School Health Department, 66 cases were notified, but much probing and searching revealed a further 45 making a total of 111 or 1.4 per 1,000. The home of each child was visited so that diagnosis could be confirmed and the child's physical, mental and social needs assessed.

Very early in the survey it became apparent that in many cases the special needs of afflicted children were not being met. and that if the objective of the Authority to ensure that these children could become useful and independent citizens was to be realised certain problems would have to be tackled and special measures adopted, viz.:—

(*a*) Physical disability and provision of necessary treatment and training.

(*b*) Education according to the mental capacity of the child and which would have to be combined with active and continuing medical treatment.

(*c*) How best to ensure early diagnosis.

(*d*) Further training and education after school leaving age for the permanently handicapped.

It was decided, therefore, that a comprehensive Scheme should be worked out and a register compiled of all cerebral palsied children to ensure (1) early and accurate diagnosis; (2) provision of medical treatment and suitable education; (3) a system of follow-up from the time of notification until the child should become an independent adult.

(*a*) *Physical Treatment.*

As the damage to the brain shows itself commonly in paralysis and loss of function of muscles and joints the services of an orthopaedic surgeon of consultant status are imperative, together with physiotherapists specially trained in the work. Mr. N. Rocyn Jones, F.R.C.S., undertook the duties of orthopaedic consultant, and the Regional Hospital Board made available a physiotherapist specially trained in this work in this Country and America. A screening clinic is held monthly at Stanley Road, Newport, when new cases are investigated and a definite programme of therapy organised for each child.

Investigation has revealed that there is infinite variety in these cases and no two are alike. Not only may there be the obvious paralysis or paresis of limb or limbs, there may be interference with the mechanism of speech, the child may be blind or have difficulty in focusing objects he may be deaf, he may have difficulty in swallowing food, general physical and/or mental development be retarded, the child may have a normally functioning brain but it may work at a slower rate and some children may show no physical stigmata at all, but may be lacking in stamina and incapable of normal physical and/or mental effort. To treat so many varied defects the services of additional consultants are required and these are freely obtainable through the school clinics.

Cases are called for re-examination from time to time so that progress can be measured and the programme altered accordingly.

(*b*) *Education.*

As these children flourish best in the security of a happy home, and in a normal school environment, every effort is made for them to hold their place in the ordinary school stream, and at least one child, although so severely handicapped physically that he cannot walk unaided and is only now learning to write, is holding his place in a Grammar School. Attendance at the clinic and periods of hospitalisation interfere with normal education; but special arrangements are made so that the loss is minimised. There remain a number of children too severely handicapped to attend ordinary school, or whose homes are inadequate or too remote, and provision has been made for them to attend special residential schools. Finally there are the "ineducable" children and for them some provision has already been made for their daily attendance at Occupation Centres where they receive training and teaching according to their capacity combined with physiotherapy and speech therapy.

(*c*) *Early Diagnosis.*

Medical opinion is agreed that the earlier the age at which diagnosis is made and treatment begun, the better is the ultimate prognosis of the cerebral palsied child. But early diagnosis is difficult and specialised, as the "spasticity" so apparent in later years does not develop until months have elapsed. There are other early symptoms, however, and abnormalities which may appear within hours after birth and which are significant to the trained diagnostician. The establishment of the Developmental Diagnostic Clinic should provide the answer to this problem.

(*d*) *Further Training.*

Not all children of average intelligence recover sufficiently to find ready employment when they reach school leaving age. The Ministry of Labour provides a number of training centres for physically handicapped persons in various parts of the country, but there is none in Monmouthshire. At the Occupation Centre, Garndiffaith, there is a workshop for boys together with accommodation and training in the domestic and other arts for girls. Advantage is taken of the facilities there for "spastics" unable to find suitable employment. Training in several forms is available, together with daily physiotherapy and speech therapy and good progress is being made. This will be speeded up when full facilities will become available throughout the County with the opening of the workshops at Tredegar and Hafodyrynys.

Cerebral Palsy Survey in Monmouthshire.

Age Groups.	*Males.*	*Females.*	*Total.*		
A—School age	48	31	79	111	135
B—Under School age	22	10	32		
C—Over School age	16	8	24		

A—School Age.	*Males.*	*Females.*	*Total.*		
1. Attending ordinary school, and presumed normal intelligence ...	13	12	25		
2. Attending ordinary schools but E.S.N.	7	2	9		
3. Attending special residential schools	12	3	15	56 (73%)	
4. Not attending school, but having home teaching	4	2	6		
5. At present in hospital (long stay)	—	1	1		
6. Ascertained mental defectives:					79
(*a*) Attending Occupation Centres	4	4	8		
(*b*) On Waiting List—Occupation Centre	5	4	9	23 (27%)	
(*c*) Unsuitable for Occupation Centre	2	2	4		
(*d*) Awaiting examination ...	1	1	2		
B—Under School Age.					
1. Probably of normal intelligence and likely to go to normal school	13	6	19	32	
2. Severely handicapped physical and/or mental	9	4	13		
C—Over School Age.					56
1. Ascertained mental defectives and attending Occupation Centre ...	9	4	13		
2. Ascertained mental defectives on waiting list—Occupation Centre	1	1	2	24	
3. Working and not mentally defective	6	3	9		
	86	49	135		135

Epileptics.

A register is maintained of these cases, but their medical care continues to be carried on by the family doctors and consultant physicians and paediatricians, and in some cases the E.E.G. unit at St. Cadoc's Hospital has been of great assistance.

Admission to special schools and institutions for suitable cases has been maintained and some are in attendance at the Occupation Centre.

A preliminary survey gave the following information regarding children of school age:—

	Attending Normal Schools	*At Special Schools*	*M.D.*	*Total*
Boys ...	28	3	12	42
Girls ...	25	3	12	40
Totals ...	53	6	24	82

Home Training and Occupational Therapy are available for the home bound epileptic mental defectives who are unable to attend an Occupation Centre.

Convalescence.

There were no children in Convalescent Homes during the year.

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 up to 31st March, 1955. In March, 1955, the Minister of Health (vide Circular 4/55 (Wales)) decided that in order to secure the highest possible standard of diagnosis and prognosis, and the best possible recommendations for treatment, applicants for registration should in all cases be examined by ophthalmologists of consultant status, and consequently the domiciliary visits were made by Mr. G. W. Hoare, F.R.C.S., as from June 1st, 1955. 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, 1955, there were 1,014 blind or partially sighted persons on the County Register, of whom 469 were male and 545 female.

During the whole of 1955, 189 cases were referred to this Department for examination. The results of these examinations led to the certification of 54 persons as blind, 48 as partially sighted, and 2 not blind. Of the total of 189, 57 were re-examinations and 35 did not keep the appointments made for them. Of the 57 re-examinations, 5 partially sighted persons were found to be blind; and 4 blind persons were found to be partially sighted. There were 6 inward transfers of blind persons from other Authorities. Six 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.

Up to March 31st, 1955, Dr. Evelyn D. Owen made 30 domiciliary visits to examine persons who were unable to travel to Newport. 13 cases were found to be blind, 12 were partially sighted, 3 were not blind within the meaning of the Act, 2 were not at home.

As from April 1st, 1955, Mr. G. W. Hoare, F.R.C.S., made 95 domiciliary visits to examine persons who were unable to travel to Newport. The results of these examinations led to the certification of 58 as blind and 15 as partially sighted. Of this total of 95, 18 were re-examinations and 4 were found to have died. Of the 18 re-examinations, 10 partially sighted persons were found to be blind, 2 blind persons were found to be partially sighted, one was still blind, 4 were still partially sighted, and 1 was not at home.

Follow Up of Registered Blind and Partially Sighted Persons.

	Cause of Disability.			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during 1955 in respect of which para. 7 (c) of Form BD8 recommends:				
(a) No treatment:				
Blind	—	2	—	92
Partially sighted	—	1	—	43
(b) Treatment (medical, surgical or optical):				
Blind	30	3	—	11
Partially sighted	21	—	—	4

Number of inward transfers to Blind Register: 6.

Ophthalmia Neonatorum.

(i) Total number of cases notified during 1955	Nil
(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 1955 was 576.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Cancer.

During the year 1955 the number of deaths from Cancer was 597, an increase of 33 over 1954. The following table shows the incidence of the disease over the past twelve years:

All forms of Cancer.

1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
597	564	624	569	569	537	563	557	532	503	499	467

Cancer of lung and bronchus.

1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
106	70	107	74	74	59	—	—	—	—	—	—

Although the 1955 figure is below that of 1953 it will be seen that the number of cases shows, over the twelve years, a general relentless tendency to increase. Also given are the numbers of deaths from cancer of the lung and bronchus. It may be that since much attention has been focused on this condition that greater care has been taken in its diagnosis, but still the facts are disturbing. Below is a table setting out deaths from cancer of the lung and bronchus in years, sex and age-groups and a point noted is the preponderance of males over females.

Incidence of Cancer of Lung and Bronchus. (Deaths).

URBAN DISTRICTS.

MALES.

Year / Age Group	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—
15—	—	—	—	—	—	—
25—	1	2	3	3	2	4
45—	45	33	53	28	30	24
65—	28	16	20	17	20	10
75—	8	4	6	1	4	2
Total Males	82	55	82	49	56	40

FEMALES.

Year / Age Group	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—
15—	—	—	—	—	—	—
25—	1	1	—	1	—	2
45—	1	1	4	7	4	6
65—	4	1	1	3	4	—
75—	—	2	3	1	—	1
Total Females	6	5	8	12	8	9

RURAL DISTRICTS.

MALES.

Year / Age Group	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—
15—	—	—	—	—	—	—
25—	—	1	—	—	1	1
45—	13	5	8	6	7	3
65—	2	2	5	4	1	—
75—	1	1	—	—	—	1
Total Males	16	9	13	10	9	5

FEMALES.

Year / Age Group	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—
15—	—	—	—	—	—	—
25—	—	—	—	—	—	—
45—	—	1	4	2	1	3
65—	2	—	—	1	—	2
75—	—	—	—	—	—	—
Total Females	2	1	4	3	1	5

	1955	1954	1953	1952	1951	1950
Grand Total	106	70	107	74	74	59

Year.	Deaths from All Forms of Cancer. No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.
1950 ...	537	−26	− 5%
1951 ...	569	+32	+ 6%
1952 ...	569	—	—
1953 ...	624	+55	+10%
1954 ...	564	−60	−10%
1955 ...	597	+33	+ 6%

Year.	Cancer of Lung and Bronchus.			Cancer Other than of Lung or Bronchus.		
	No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.	No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.
1950 ...	59	—	—	478	—	—
1951 ...	74	+15	+25%	495	+17	+ 4%
1952 ...	74	—	—	495	—	—
1953 ...	107	+33	+45%	517	+22	+ 4%
1954 ...	70	−37	−35%	494	−23	− 4%
1955 ...	106	+36	+51%	491	− 3	−0.6%

Tuberculosis.

Under the Public Health (Tuberculosis) Regulations, 1952, in the year 1955 there were 268 primary cases of Pulmonary Tuberculosis notified and 49 deaths were registered. Of other forms of Tuberculosis 28 cases were notified and 4 deaths registered. The total number of primary notifications of all forms of Tuberculosis was therefore 296, and the number of deaths from all forms of Tuberculosis was 53. In 1954, 288 cases of Pulmonary Tuberculosis were notified and of other forms 33 cases. In this latter year 58 deaths from the pulmonary form and 8 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 1954 was lower than for 1953 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 lower than for 1953 and for any year since at least 1938.

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

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1938	1·01	·44	·60	·14
1939	1·25	·48	·64	·10
1940	1·60	·49	·57	·13
1941	1·12	·40	·51	·15
1942	1·12	·42	·62	·13
1943	1·32	·36	·60	·11
1944	1·33	·42	·52	·10
1945	1·10	·32	·57	·11
1946	1·16	·27	·49	·08
1947	0·98	·23	·55	·10
1948	1·21	·22	·52	·09
1949	1·19	·15	·49	·08
1950	1·06	·21	·30	·06
1951	1·14	·18	·27	·05
1952	1·09	·15	·25	·03
1953	0·91	·10	·19	·03
1954	0·91	·10	·18	·03
1955	0·83	·09	·15	·01

Summary of notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1952, during the year 1955, with the number of deaths notified by the Registrar-General is shown as follows:—

Age Periods.	Primary Notifications on Form A — Respiratory Males	Respiratory Females	Non-Respiratory Males	Non-Respiratory Females	Total.	Age Periods.	DEATHS. — Respiratory Males	Respiratory Females	Non-Respiratory Males	Non-Respiratory Females	Total.
0—	—	1	—	—	1	0—	—	—	—	—	—
1—	—	5	—	—	5	1—	—	—	—	—	—
2—	4	1	—	1	10						
5—	4	7	1	—	12	5—	—	—	—	—	—
10—	6	7	1	2	16						
15—	16	22	2	1	41	15—	1	1	—	—	2
20—	9	18	—	3	30						
25—	19	26	2	2	49	25—	5	11	1	1	18
35—	26	18	2	3	49						
45—	21	12	4	2	39	45—	17	4	2	—	23
55—	23	4	1	1	29						
65—	14	2	—	—	16	65—	10	—	—	—	10
75 and Upwards	3	—	—	—	3	75—	—	—	—	—	—
	145	123	13	15	296		33	16	3	1	53

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1955, to 31st December, 1955, otherwise than by formal notification.

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

Totals: (A) ... 4 (B) ... 3 (C) ... 1 (D) ... 0

From the previous table, it will be seen that 4 non-notified deaths from Tuberculosis were discovered through examination of the Death Returns received from local Registrar, but transferable death returns from the Registrar-General showed none. There were 4 posthumous notifications.

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 perscribed treatment was carried out. 1,122 visits were made to tuberculous households. 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.

Materials for Occupational Therapy for tuberculosis patients at home have been provided and paid for by the County Council.

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 obtain 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 re-actions 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.

Prevention of Tuberculosis in Schools.

During the first half of 1955 arrangements were made for tuberculin skin tests to be carried out on most of the school entrants and leavers during the school 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. 11,942 letters and consent forms were sent out and 7,573 consents received, a consent

rate of 63%. 191 schools were visited by Medical Officers or Health Visitors 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 3,170 entrants and positive results were obtained in 343 cases, a rate of 11%. In the case of leavers, skin tests were carried out on 2,763 pupils, and of these 717 yielded positive results, a percentage of 26 of the leavers tested. This was a smaller percentage than usually obtained. 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 April—May, 1955, and investigation of school children was carried out at 8 centres, 4 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 fro. 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.

Where it was not possible to X-ray positive-reactor entrants at the Mass X-ray unit arrangements were made for this to be done at Chest Clinics. In no case was there evidence of active tuberculosis in an entrant but 4 cases of healed primary tuberculosis were reported. Amongst the infants the X-ray examinations suggested the possibility of heart abnormality in 4 cases, but these were all examined at the County Heart and Rheumatic School Clinic and found to be normal.

3,446 leavers attended the various centres for X-ray examinations. 6 cases were recommended for clinical examinations and of these 4 were found to be normal and 2 had atrial defect. 42 cases were referred to Chest Physicians for further examinations and active pulmonary tuberculosis was diagnosed in 4 cases. Also one case of probable active tuberculosis was found, 1 required to be admitted to hospital for observation, 1 was a healed primary pulmonary tuberculosis for observation, 1 was an active primary complex and 7 others were for observation.

Following the notification of a case of active tuberculosis in a member of the teaching staff at a Junior Mixed School in the Bedwas and Machen Area, an investigation of the school was carried out. Parents' consents were received in respect of 135 children of the 170 on the register. 133 children were Mantoux tested but only 124 were available for reading of the results, 2 were positive and 122 negative.

The two positive reactors were examined by X-rays at Caerphilly Chest Clinic, with normal results in both cases.

At a small country school it was reported that the milk supplier was a case of active tuberculosis. Following this 124 children were patch tested with 21 positive results. The 21 were referred to the Newport Chest Clinic when 16 were reported as normal, 3 did not keep the appointment and the remaining 2 were referred for further observation by the Chest Physician.

In October, 1955, the Mass Radiography Service carried out a survey of the general population at Tredegar, when 279 consenting pupils were X-rayed, irrespective of age. All were found to be normal except 2. One of these two was found to be a healed primary pulmonary tuberculosis and the other was to be kept under observation by the Chest Physician.

I should like to express my thanks to the Welsh Regional Board Mass Radiography Staff for the assistance and co-operation which was afforded to my Department in the investigation and also to the Chest Physicians for their help with the follow-up examinations. I am also grateful to the 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. 65623.
Asst. Chest Physicians ..	Dr. H. James.	
	Dr. H. Pick.	
	Dr. T. L. Hilliard.	
Clinic Sisters	1 full-time.	
	2 part-time.	

CHIEF CLINIC.

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

TIME TABLE.

Clinics.	*Days and Times.*		*Sessions.*
Newport.	Monday	9.15 a.m.	Men only.
129, Stow Hill.		2. 0 p.m.	Refills.
		2. 0 p.m. to 4. 0 p.m.	G.P. X-ray Clinic (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.
New and old cases, by appointments only.		2. 0 p.m.	Contacts.
		5.30 p.m.	Working Males.
	Thursday	9.15 a.m.	Men only.
		2. 0 p.m.	Refills.
		2. 0 p.m. to 4. 0 p.m.	G.P. X-ray Clinic. (women and girls).
	Friday	9.15 a.m.	Women only.
		2. 0 p.m.	B.C.G. Clinic.
	Saturday	9.15 a.m.	Appointments only.
Pontypool.	Tuesday	10. 0 a.m.	Men only.
Park Buildings.		2. 0 p.m.	Women and Children.
Tel. No. 480.	Thursday	9.30 a.m. to 11. 0 a.m.	G.P. X-ray Clinic. (men).
		11. 0 a.m. to 12.30 p.m.	G.P. X-ray Clinic. (women).
		2. 0 p.m.	By appointment only.
Abergavenny.	Thursday	10.30 a.m.	New and old patients (by appointment only)
Maindiff Court.			
Tel. Abergavenny 226.			
Monmouth.	1st & 3rd Friday	10.30 a.m.	New and old patients.
Cottage Hospital (Out-patients' Dept.).			
Tel. Monmouth 35.			
Chepstow.	Tuesday	2. 0 p.m.	New and old patients (by appointment).
Chest Unit,			
Mount Pleasant Hospital.			
Tel. Chepstow 332.			

RHYMNEY AND SIRHOWY VALLEY AREA.

PERSONNEL:

Chest Physician.	Dr. F. W. Godbey.	**Private Tel. No.:**
Asst. Chest Physician.	Dr. N. C. Norman.	Caerphilly 3167.
	Dr. J. 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:

Clinics.	*Days and Times.*		*Sessions.*
Caerphilly.	Monday,	9.30 a.m.	Children.
"Heathfield,"	1st Monday,	10. 0 a.m.	Pulmonary Surgery
St. Martin's Road.			Clinic.
		2. 0 p.m.	New patients.
	Tuesday,	9.30 a.m.	New patients.
		2—3 p.m.	Miniature Radiography (females).
		3.30—4.30 p.m.	Miniature Radiography (males).
	4th Tuesday, (alternate months)	2. 0 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 .	Tuesday,	1.30 p.m.	New and old patients.
Pentwyn House,			
Ebbw Vale Hospital.			
Nantyglo.	Tuesday,	11. 0 a.m.	New and old patients.
Blaina & District	(Also for Brynmawr patients)		
Hospital.			

Rhymney. Redwood Memorial Hospital.	Monday, (2nd & 4th Mondays in month)	2.30 p.m.	New and old patients.

(Closed January, 1955, and patients referred to Caerphilly Chest Clinic).

Tredegar. Tredegar General Hospital, O.P. Department, Market Street.	Thursday,	1. 0 p.m.	New and old patients.

Isolation Hospitals.

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

Vaccination.

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

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

Particulars of vaccinations carried out for 1955 are shown on page 70.

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 1955.

Scarlet Fever.

The number of notifications of Scarlet Fever was 236. It was 129 in 1954.

Diphtheria.

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

	1955	1954	1953	1952	1951	1950	1949	1948
No. of Notifications	Nil	2	Nil	8	10	9	13	23
No. of Deaths ...	Nil	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 worked 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.

Details of immunisation are given on page 69.

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 period.

Puerperal and Post-Abortion Sepsis.

This is referred to later on page 62 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.

	1955	1954	1953	1952	1951	1950
No. of cases notified ...	3	3	4	6	14	5
No. of deaths	1	2	3	2	2	2

Acute Poliomyelitis.

	1955	1954	1953	1952	1951	1950
No. of cases notified ...	33	3	9	18	7	24
No. of deaths	2	3	1	2	Nil	2

Chicken Pox.

This disease was not compulsorily notifiable.

Measles.

	1955	1954	1953	1952	1951	1950
No. of cases notified ...	4,620	47	3,556	1,648	5,542	936
No. of deaths	Nil	Nil	3	1	7	4

Whooping Cough.

	1955	1954	1953	1952	1951	1950
No. of cases notified ...	399	839	556	667	1,087	574
No. of deaths	Nil	1	2	3	5	6

Influenza.

	1955	1954	1953	1952	1951	1950
No. of deaths	25	15	3	10	144	28

Acute Pneumonia.

	1955	1954	1953	1952	1951	1950
No. of cases notified ...	177	174	275	215	401	220
No. of deaths	140	134	127	110	138	128

Venereal Diseases.

The Treatment Centre was situated at 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 1955, 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 Clinic during 1955 :—

	Syphilis	Gonorrhoea	Other Conditions
Royal Gwent Hospital, Newport ...	26	38	93
County Hospital, Hereford ...	1	—	—
Cardiff Royal Infirmary	—	—	8
Mardy Hospital, Merthyr Tydfil...	—	1	1

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 1955 :—

	First Visits	Total Visits
To Expectant Mothers	272	456
To Children under 1 year of age	5,262	20,288
To Children between 1 and 5 years of age ...	—	40,152
In other cases	—	6,530 (including 6,359 fruitless visits).

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

AMBULANCE SERVICE.

The Council's Ambulance Service was now established as an organised and efficient section of the County Health Department, capable of dealing effectively with all calls made upon it within the scope of its intended purpose under Section 27 of the National Health Service Act, 1946.

Many and varied had been the problems associated with the origin and development of a public service of this nature and the County Health Committee had every reason to be proud of their Ambulance Service which was proving a valuable supplement to the Hospital and other Health Services provided in the Administrative County.

It had been appreciated, that as the public became educated in the use of a free service, demands for transport for persons suffering from illness would steadily increase and that any basic scheme for an Ambulance Service, must provide for expansion and adaptation to meet changing circumstances.

The wider development of the various Health Services and the greater advantage being taken of the health facilities now available to all, had been reflected in many new and increased burdens upon the ambulances. The great advances made in the field of Mental Health, the intensification of the campaign against Tuberculosis, new schemes for the treatment of Spastics, the setting up of specialist hospitals for the diagnosis and treatment of Cancer, the treatment of spinal injuries and plastic surgery had each involved some additional problem of transport for the Ambulance Service and it was a splendid tribute to the Health Committee's forethought and good planning that this loading had been met without embarrassment to the Service.

An indication of the magnitude of the task now being undertaken may be gathered from the fact that during the twelve months ending the 31st December, 1955, a total of 101,913 removals of patients was dealt with. This represents an approximate daily average of 280 removals, though a wide flexibility of operational control was necessary as in heavy periods, more than 400 patients were conveyed in a single day. These included many bedridden cases requiring extreme care in removal, removals at the request of Duly Authorised Officers of patients certified under the Lunacy Act to Mental Hospitals, cases of infectious diseases to Isolation Hospitals and the subsequent disinfection of vehicle and equipment and the conveyance of maternity cases to hospitals involving problems of special urgency. Accidents occuring on the road, in homes, at the factory and colliery, always demanded priority of attention, and constituted one in ten of all cases conveyed. In instances where patients had to proceed on long distances by ambulance or train and ambulance, careful and accurate organisation involving the attention of both operational and administrative staff was essential.

Having regard to the widely varying medical nature and condition of the cases carried and the many difficulties involved in their removal, it is gratifying to observe there has been so little complaint and much praise for the Ambulance Service during the past year.

During the previous year, when considering methods of improving the efficiency of the Service the Health Committee had concluded that a system of Radio Control for the ambulances was desirable. This, it was anticipated, would also prove a less costly alternative to the purchase of additional ambulances. A suitable scheme was prepared, and after various surveys by leading manufacturers of V.H.F. equipment, a contract was placed with the Marconi Wireless and Telegraph Co., to equip six fixed T/R stations and 28 mobiles, the fixed station to be operable from the Ambulance Zone Control Stations. At Bassaleg and Tredegar, where the sites of the Ambulance Stations were unsuitable for radio purposes, transmitters were set up at more elevated positions with control to the stations by land-lines.

The contractors experienced difficulties with the installation and it was not until July 25th, 1955, that the Council officially accepted the completed scheme.

The many advantages of Radio Telephone Control were soon apparent; ambulances which hitherto had stood idle in readiness for emergencies, were now available for local journeys and could be redirected quickly as circumstances required. Ambulances operating in remote areas could now be directed to deal with cases, en route, and drivers confronted with problems on the road could now call up for advice or information. These were only a few of the benefits, the most important being the speedier service available to the public, but when sufficient operational experience has been gained, records should show appreciable economies in mileage.

It is now generally accepted that when a patient has to travel a long distance the journey can usually be accomplished by ambulance/train/ambulance with less strain upon the patient than when the whole journey is by ambulance. The ambulance service arranging for the conveyance plans the journey, making any necessary reservations, etc., with British Railways and requesting the responsible Ambulance Authority at the detraining end to provide transport from the station to the final destination.

Many such journeys were organised by this Authority's Service during the past year and numerous appreciative reports have been received of the excellent arrangements and facilities provided. I cannot speak too highly of the splendid co-operation in these arrangements by the staff of the British Railways Department, Newport High Street Station.

SANITARY CIRCUMSTANCES OF THE AREA.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Adequacy.

The long fine dry period from Whitsun onwards, throughout the summer, autumn and early winter provided the greatest public health challenge of the year. It says much for the efficiency of the public health services and the increased awareness of the people of the dangers of natural bacterial attack, fruits of prolonged health educational work in all spheres, that Monmouthshire and the country generally emerged without having to record any major epidemic illness. A similar happening some sixty years ago would almost certainly have had a different ending.

Almost everywhere water was insufficient for the various health amenities provided. Many areas, which for a number of years had reported a sufficiency of water, found it necessary to curtail supplies; water-closets remained unflushed; the washing of floors and clothes, and even personal ablution, became matters of difficulty and inconvenience; water was distributed by lorry and tanker; storage of small quantities was effected by primitive means; wells and springs dried up.

There is no doubt that the greater demands of fixed baths in houses, water-carriage system of sewage disposal, and the provision of sinks with hot and cold water was largely responsible for the severity of the shortage. It would appear that old generalities of basing probable consumption vaguely upon gallons per head of population is not sufficiently accurate for assessing present day needs, and there requires to be added to bases of estimations for an area, the number of houses with modern amenities and the average number of persons in each, in arriving at estimates of future consumption.

And so, the search for more water which can be easily collected, stored and distributed will enter a new and more energetic phase. Monmouthshire, as reported in previous years, will be looking for these supplies from the development of schemes at Llandegveth and on the Honddu. It would be well for these schemes to be co-ordinated at the very outset.

Quality.

Generally, the bacteriological quality of the treated mains supplies remains good. In fact, in these supplies even the slightest evidence of contamination is regarded as a serious matter and no effort is spared in tracing and removing the cause of contamination until subsequent examinations of the water prove it to be pure. The untreated supplies of wells, streams and springs are almost invariably polluted. Some parts of Blaenavon, many parts of rural areas and isolated areas in urban districts still rely upon such sources.

From the Table on water supplies in the Appendix, it will be seen that 863 samples of water were taken by the District Sanitary Inspectors for examination during the year. Of these, 836 were examined bacteriologically and 27 chemically. As the chemical nature of water generally remains stable, it is not usually necessary frequently to examine water chemically. During 1954 the respective figures of samples examined were 772 total, 745 bacteriological and 27 chemical. The increase in the number of samples taken for bacteriological examination in 1955 was due partly to the increased viligance during the period of drought when contamination can more easily occur through slight fractures of pipes when pressure in the pipes is reduced.

General Comment.

During the year the Abertillery and District Water Board scheme for pumping water from the Llanover Pit came into operation. This effected a great improvement in the Abercarn, Abertillery, Mynyddislwyn and Risca areas. Progress is continuing upon work to increase supplies at Cwmbran, but part of the area was among the worst affected by the drought. The position at Blaenavon remains serious. A few main supplies are rather heavily chlorinated owing to their contaminated raw state.

Considerable attention is now being directed to the quality of water supplies in the Abergavenny Rural District. Llangwm, Llansoy, Earlswood and Tintern are particularly in need of piped supplies in the Chepstow Rural District. In the Magor and St. Mellons Rural District, the private supply to Coedkernew was discontinued and substituted by the County Borough of Newport supply. The village of Skenfrith is particularly in need of improved water supply in the Monmouth Rural District. In the Pontypool Rural District the village of Ponthir and the hamlets of Llandegveth, Llanhennock and Coedypaen require attention.

The following is a summary of the position of water supply schemes for which application for financial assistance has been made to the County Council under the Rural Water Supplies and Sewerage Acts:—

Abergavenny Rural District. A scheme to supply Brynygwenin, Pantygelli, Llanddewi Skyrrid, Llanvetherine and high level properites in the region of Llantilio Pertholey, and to supplement existing supplies to Mardy, Llanfihangel Crucorney and Penyval Hospital by harnessing all the water from the Tynywern Spring for supply purposes and replacing hydro-stats by electric pumps has finally been agreed, and is being put into operation. The scheme for Grosmont has not yet been started.

Chepstow Rural District. The Shirenewton and Mynyddbach schemes have been completed. Work is beginning on the scheme to serve the Tintern area.

Magor and St. Mellons Rural District. All major post-war schemes have been completed. A small scheme to serve Lower Machen from the Cardiff Rural District supply at Draethen in lieu of an existing unsatisfactory private supply has been prepared and approved.

Monmouth Rural District. A large part of the district is now served by the comprehensive Trelleck scheme, the major works of which are nearing completion. The extension of the Gwehelog scheme of the Pontypool Rural District Council to Cold Harbour and Llandenny Walks is now in operation. It is hoped to begin work shortly on the Newcastle scheme.

Pontypool Rural District. The extension scheme for Gwehelog and the schemes for Llanbadoc and Llangibby are now in operation. Schemes have been prepared to supply Coedypaen and Ponthir from the Pontypool and District Water Company's supply to Glascoed and the County Borough of Newport new Talybont main respectively. The Ponthir scheme is in substitution for the existing County Borough of Newport supply via Caerleon.

Sewerage.

As reported previously, the new Eastern Valley Main Trunk Sewer is working smoothly, while the trunk sewers in the Rhymney and Western Valleys are frequently shewing evidence of inadequacy. These trunk sewers serve the populous valleys of Monmouthshire. Sewage from the Eastern Valley sewer is treated at Ponthir before being discharged into the Avon Llwyd; that from the Rhymney and Western Valleys is discharged untreated into the Bristol Channel.

Work has not yet started on the new treatment works at Llanfoist for the Borough of Abergavenny. The scheme for Usk has been completed.

The following is a summary of schemes for which financial aid from the County Council has been requested under the Rural Water Supplies and Sewerage Acts:—

Abergavenny Rural District. Work has begun on the final stage of the scheme for Govilon. No progress has been made on the scheme for Pandy. The scheme for Grosmont is still held up pending the provision of a water supply. The Llanarth scheme has been completed. That for Llanddewi Rhydderch is well under way. Schemes have been prepared for the Bryn and Brynygwenin.

Chepstow Rural District. The scheme for Devauden is still held up on financial grounds. Agreement has been reached with Magor and St. Mellons Rural District Council regarding the disposal of sewage from a proposed scheme for Undy to a treatment plant which is to be provided in connection with a scheme to serve Magor.

Magor and St. Mellons Rural District. Schemes to serve Henllys, Magor and Langstone are under consideration.

Monmouth Rural District. The Raglan scheme has encountered some lengthy delays but is now nearing completion.

Pontypool Rural District. A Public Inquiry has been held in connection with a scheme prepared for Penperllenni and formal approval has been given.

Housing.

During the year impetus was given to the task of demolishing the worst slum houses. For the most part the people displaced were re-housed in new Council houses. From the Table in the Appendix it will be seen, however, that the number of Council houses completed during the year (1,247) shewed a considerable decrease on the figure for 1954 (1,782). The number of private houses erected also shewed a decrease, 283 as against 396. The following figures for the years 1938, 1946 and 1955 illustrate the tremendous activity displayed in providing new houses, especially council houses, since the war: —

1938	Council houses erected	520	
	Private houses erected	429	
		——	Total 949
1946	Council houses erected (Permanent)...	545	
	Council houses erected (Pre-fab.) ...	525	
		1,070	
	Private houses erected	26	
		——	Total 1,096
1955	Council houses erected	1,247	
	Private houses erected	283	
	Cwmbran Development Corporation ...	267	
		——	Total 1,797

The number of houses of all types owned by local authorities in Monmouthshire on the 31st December of the same three years are also of interest: —

1938	6,831	
1946	7,550	
1955	19,248	(In addition 1,331 were owned by Cwmbran Development Corporation).

As reported for several years, it is unfortunate that this commendable rate of providing new houses complete with modern health amenities has been at the expense of existing houses. Thousands of substantial houses in the County, which are still likely to be inhabited for many years, require some renovation and re-planning and the provision of pedestal water closets, hot water systems, fixed baths, suitable wash-basins, satisfactory food stores, and food preparation, cooking and washing facilities. Several attempts have been made by offering grants and loans to encourage the preservation and improvement of such houses. The Table in the Appendix shews the relative activity in the various local authority areas of the county in this work. It will be seen that grants have been made in 367 cases and loans in 83 cases since the Housing Act, 1949 first introduced these inducements. Almost the whole of the grants and loans involved, however, have been made since the Housing Act, 1954, came into operation on the 1st October of that year, and are the result of some fifteen months' effort. Already even these houses have served over 10 years since the war without improvement. When it is realized that frequently grants and loans still do not provide substanial houses with all the health amenities enumerated above and which were considered necessary by the authorities planning post-war housing schemes in 1943-4, it will be realised that, as yet, only the fringe of the problem has been encountered.

Schools.

The building of modern, light, airy, spacious buildings continues. Although many improvements have been made, the provision of water-closet accommodation in those schools where it has not been, but can be, provided needs to be accelerated.

Smoke Abatement.

The work of improving the condition of the atmosphere is proceeding apace in many of the large industrial areas of the country. Such progress is likely to be hampered by two factors in coal-mining areas. The first is the slow process of electrification of the mines. Primarily, the pollution caused by the mines themselves will have a serious adverse effect. In addition, there is the psychological effect upon the minds of the people in the areas concerned. They are likely to be less responsive to appeals in respect of their own homes while they constantly see smoke-belching coal-mining chimney stacks in their midst. The second factor which could hinder the improvement of the atmosphere in these areas is the present arrangement for granting concessionary coal. Care must be taken to see that Monmouthshire is not left behind in the important health matter of atmospheric improvement as a result of the continued effect of these factors.

Milk.

The pasteurising plants at Abergavenny, Abertillery, Cwmbran, Marshfield, Nantyglo and Tredegar continued in operation during the year. Although some milk consumed in the County is pasteurised at plants in neighbouring counties, the bulk of milk consumed in Monmouthshire is pasteurised at these plants, which process a total of nearly 50,000 gallons daily. The work of ensuring that this milk is properly pasteurised is the responsibility of the County Council, which is the licensing authority.

Premises are inspected regularly under the Milk and Dairies Regulations and Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, instruments and plants checked and, when necessary, samples from various stages of processing submitted for examination. Special investigations are carried out when the results of the examinations of samples are unsatisfactory.

The scheme operated by the Education Committee during the year for the supply of milk to schools enabled an efficient check sampling service to be inaugurated. All pasteurised milk supplies to schools are now sampled at least monthly, the sampling points being varied as much as practicable. The few raw Tuberculin Tested milk supplies to schools are also tested bacteriologically at frequent—usually monthly—intervals, and are also submitted to biological examination every six months. Supplies to children's homes and old folk's homes are also checked periodically, as well as those hospitals requested by the Welsh Board of Health or the Regional Hospital Board. It is hoped to extend the sampling service to include the submission for biological examination of raw Tuberculin Tested milk sold generally in retail. Since 1949 the control of milk at farms has been the responsibility of the Ministry of Agriculture, Fisheries and Food. The Table in the Appendix, which is published by courtesy of the Public Health Laboratory Service, shews the number of samples taken by the authorities in Monmouthshire during 1954 and 1955.

Ice Cream.

Local authorities continue to use educational methods in improving the bacteriological quality of ice cream, no legal bacteriological standard having yet been fixed.

Meat.

Local authorities are charged with the duty of ensuring that sufficient slaughtering facilities are available, and with the inspection of meat. This latter function continues to be a problem for local authorities with small staffs.

Food and Drugs Act, 1955.

Before the end of the year the above Act received the Royal Assent and, together with the Food Hygiene Regulations, 1955, is due to come into operation in 1956. These measures will have far-reaching effects upon the way in which food is prepared, handled and stored in establishments throughout the country.

FOOD AND DRUGS ACTS, 1938-1955.

Sampling.

During the year 1,152 samples of all kinds of food 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.

They consisted of 772 Milk samples taken whilst in course of sale to the public, 288 samples of other food, 31 Beer samples, 44 samples of Ice Cream and 17 pharmaceutical products. The samples of "Other Food" were of all kinds of tin, jar and packet varieties.

The Analyst certified 746 Milk samples, 286 samples of other food, 31 Beer samples, 40 samples of Ice Cream and 17 pharmaceutical goods to be in accordance with the various standards required.

Of the remaining samples, 26 Milk, 2 other foods and 4 Ice Cream samples were not in accordance with the standards required.

Three producers and one retailer were prosecuted for selling Milk containing added water, four vendors were prosecuted for selling Ice Cream which was deficient in fat and one manufacturer was prosecuted for selling Orange Squash which contained 30 p.p.m. higher phenols (Disinfectant).

Altogether 11 Informations were upheld and the Magistrates inflicted fines to the amount of £52 and costs of £14/1/0d.

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

Fats	3.67%
Solids not Fat	8.80%
Total Solids ...	12.47%

The percentage of samples "Not up to Standard" was 2.777% and the percentage of Adulteration was 1.909%.

STATISTICAL DATA.

STATISTICAL DATA.

On the 1st April, 1955, the extension of Newport County Borough boundaries came into operation and the Treberth Estate was lost to the County.

Area	339,398 acres
Population in 1931 Census ...	345,755
Population in 1948 (Mid-year) ...	316,200
Population in 1949 do. ...	318,510
Population in 1950 do. ...	319,640
Population in 1951 do. ...	317,900
Population in 1952 do. ...	318,000
Population in 1953 do. ...	318,800
Population in 1954 do. ...	320,800
Population in 1955 do. ...	321,500
Rateable Value, 1955	£1,356,265
Sum represented by a penny rate, 1955	£5,127

The Vital Statistics for England and Wales for the year 1955 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				
	1955	1954	1955	1954	1955	1954	1955	1954
ENGLAND & WALES ...	**15.0**	*15.2*	**0.33**	*0.36*	**11.7**	*11.3*	***24.9**	*25.5*
MONMOUTHSHIRE ...	**15.3**	*16.3*	**0.51**	*0.47*	**12.4**	*11.9*	**33.96**	*39.7*

*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 1955 there were, according to the Registrar-General's returns, 4,916 live births in the Administrative County and 163 still-births. Further details are as follows:—

	Legitimate		Illegitimate		Totals.	Comparability Factor.
	M.	F.	M.	F.		
URBAN DISTRICTS:						
Live Births ...	2,092	1,996	71	50	4,209	1.02
Still Births ...	77	69	3	1	150	
RURAL DISTRICTS:						
Live Births ...	337	347	12	11	707	1.05
Still Births ...	9	4	—	—	13	
Totals ...	2,515	2,416	86	62	5,079	1.02

The number of registered live births showed a decrease of 303 compared with the year 1954, and it was 447 less than for 1953.

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:—

	1955.	1954.	1953.	1952.	1951.	1950.	1949.
Monmouthshire ...	15.3	16.3	16.8	17.2	16.5	17.4	18.3
England & Wales...	15.0	15.2	15.5	15.3	15.5	15.8	16.7

The number of live births in the County during 1955 was 4,916, giving a rate of 15.3 per 1,000 population. After adjustment by means of the comparability factor, the live birth rate is 15.6 per 1,000 population, which compares with 15.0 for England and Wales.

The number of still-births was 163, giving a crude rate of 0.51 per 1,000 population. If the rate is adjusted by the comparability factor, the adjusted rate per 1,000 population is 0.52. This is higher than the rate for England and Wales, which for 1955 was 0.33 per 1,000 civilian population. The number of registered still-births works out at 32.1 per 1,000 live and still births and 33.2 per 1,000 live births.

Deaths.

The total number of deaths registered in the Administrative County, as shown by the Registrar-General's returns, was 3,986. How this compares with previous years is shown:—

1955.	1954.	1953.	1952.	1951	1950.	1949.	1948.	1947.
3,986	3,824	3,691	3,665	4,256	3,948	3,869	3,528	3,840

The crude general death rate calculated upon the estimate of population submitted by the Registrar-General, 321,500, was 12.40 per 1,000 living. The figure was higher than for England and Wales (11.7). After adjustment by the comparability factor the County figure was 12.9. The following is a comparison with previous years:—

1955.	1954.	1953.	1952.	1951.	1950.	1949.	1948.	1947.
12.4	11.9	11.6	11.5	13.4	12.4	12.15	11.1	12.4

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:—

	1955.	1954.	1953.	1952.	1951.	1950.	1949.
Monmouthshire ...	33.96	39.7	32.6	33.9	42.9	39.8	42.8
England & Wales ...	24.9	25.4	26.8	27.6	29.6	29.8	32.0

During 1955, 110 children died before reaching the age of 4 weeks. This represented a neo-natal mortality rate of 22.38 per 1,000 related live births. The figure for England and Wales was 17.3.

Maternal Mortality.

There were 5 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 1.02 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 0.98 per 1,000.

The rate for England and Wales was 0.64 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:—

1955	0.98
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 1955 there were 22 cases of puerperal pyrexia which were notifiable according to Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations. In1954 there were 69 notifications, in 1953 there were 51, and in 1952, 17.

DENTAL SERVICE.

	Examined by A.M.O.'s Dentists, etc.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	3,605	861	555	542
Children under 5 ..	585	585	405	405

	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	1278	486	35	31	—	—	36	162	78
Children under 5 ..	905	398	1	5	—	—	—	—	—

HOME HELP SERVICE.

Area Health Sub-Committee	Helps supplied during 1955.					Helps employed at end of 1955		
	Maternity Cases	Tuberculosis Cases	Chronic Sick	Others	Total	Whole-time	Part-time	Total
No. 1 ..	27	5	253	19	304	—	82	82
No. 2 ..	3	2	151	37	193	—	44	44
No. 3 ..	9	2	146	15	172	2	37	39
No. 4 ..	5	3	71	81	160	2	36	38
No. 5 ..	6	4	247	5	262	3	50	53
No. 6 ..	16	6	128	29	179	3	67	70
No. 7 ..	13	9	312	46	380	2	135	137
No. 8 ..	29	2	119	18	168	—	60	60
No. 9 ..	16	7	50	21	94	—	27	27
No. 10 ..	7	1	122	14	144	—	59	59
Total ..	131	41	1,599	285	2,056	12	597	609

District.	No. of Separate Dwellings owned by Local Authority on 31-12-55.		No. of Separate Dwellings completed during 1955.			No. of Local Authority Dwellings in course of erection on 31-12-55.	Local Authority Dwellings for which sanction has been given but not commenced on 31-12-55.
	Temporary.	Permanent.	By Local Authority.	By Private Enterprise.	Total.		
Urban.							
Abercarn	50	1,329	53	19	72	86	—
Abergavenny	50	734	33	6	39	120	30
Abertillery	100	659	6	—	6	89	—
Bedwas & Machen ...	50	888	4	4	8	32	6
Bedwellty	100	1,790	159	1	160	62	—
Blaenavon	50	368	—	—	—	16	—
Caerleon	50	168	8	15	23	—	—
Chepstow	—	506	—	5	5	6	—
Cwmbran	200	1,316	86	38	124	133	—
Ebbw Vale	—	1,589	174	12	186	283	—
Monmouth	50	339	19	7	26	23	—
Mynyddislwyn	99	1,116	58	23	81	22	34
Nantyglo & Blaina ...	49	541	26	—	26	30	32
Pontypool	300	2,959	215	18	233	290	50
Rhymney	50	388	60	—	60	78	—
Risca	46	1,215	12	4	16	58	—
Tredegar	88	1,042	8	2	10	154	82
Usk	—	52	—	6	6	—	8
Rural.							
Abergavenny	25	355	31	19	50	16	—
Chepstow	20	736	189	12	201	86	—
Magor & St. Mellons ...	121	806	92	55	147	243	—
Monmouth	—	196	—	4	4	—	4
Pontypool	—	156	14	33	47	—	16
Totals	1,498	19,248	1,247	283	1,530	1,827	262

Housing under Cwmbran Development Corporation

In the Cwmbran U.D. Area	No. of Dwellings completed during 1955 : 267	Completed by 31-12-55 : 1,110.	
	Under construction at 31-10-55 : —		
	Houses : 1 bedroom ... 4	Flats : 1 bedroom ... 12	
	2 ,, ... 120	2 ,, ... 12	
	3 ,, ... 128		
In the Pontypool R.D. Area	No. of separate new dwellings completed during 1955 ...	258	
	No. of separate dwellings in course of erection on 31-12-55	541	
	No. of separate dwellings for which sanction has been given but had not been commenced	21	

HOUSING ACTS, 1949 and 1954.
Details of Grants and Loans.

District.	No. of Improvement Grants 1955.	Total No. of Improvement Grants 1949-55. inclusive.	Amount of Improvement Grants 1955. £	Total Amount of Improvement Grants 1949-55. inclusive. £	No. of Improvement Loans 1955.	Total No. of Improvement Loans 1949-55. inclusive.	Amount of Improvement Loans 1955. £	Total Amount of Improvement Loans 1949-55. inclusive. £
Urban.								
Abercarn	22	39	1,472	8,345	4	4	539	539
Abergavenny ...	7	7	813	813	—	—	—	—
Abertillery	34	34	5,284	5,284	8	8	1,750	1,750
Bedwas & Machen ...	7	7	1,161	1,161	3	3	910	910
Bedwellty	—	—	—	—	—	—	—	—
Blaenavon	6	6	1,189	1,189	—	—	—	—
Caerleon	1	1	400	400	1	2	150	500
Chepstow	1	1	138	138	—	—	—	—
Cwmbran	20	22	2,295	2,484	—	—	—	—
Ebbw Vale	33	33	3,698	3,698	25	37	3,500	11,818
Monmouth	4	5	738	778	—	—	—	—
Mynyddislwyn ...	5	7	937	1,241	—	—	—	—
Nantyglo & Blaina ...	—	—	—	—	15	22	2,141	3,336
Pontypool	87	90	13,724	14,049	3	3	763	763
Rhymney	19	19	2,649	2,649	—	—	—	—
Risca	4	4	422	422	1	1	100	100
Tredegar	1	1	244	244	1	1	245	245
Usk	—	1	—	90	—	—	—	—
Rural.								
Abergavenny ...	11	18	1,870	4,537	—	—	—	—
Chepstow	14	15	2,166	2,446	—	—	—	—
Magor & St. Mellons	16	19	3,712	4,281	2	2	325	325
Monmouth	7	8	1,860	2,070	—	—	—	—
Pontypool	16	20	3,225	3,852	—	—	—	—
Totals	315	357	47,997	60,171	63	83	10,423	20,286

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	—	—	2	6	—	—	2	—	—	—	—
Abergavenny ...	6	3	1	6	—	3	1	1	—	—	—
Abertillery	—	—	—	—	—	—	—	—	—	—	—
Bedwas & Machen ...	—	2	—	12	—	—	—	3	—	—	—
Bedwellty	6	—	—	6	—	—	—	—	—	—	—
Blaenavon	57	—	—	5	5	—	—	—	—	—	—
Caerleon	—	—	—	—	—	—	—	—	—	—	—
Chepstow	15	—	—	11	3	—	—	1	—	—	—
Cwmbran	—	—	—	6	—	—	—	1	—	—	—
Ebbw Vale	6	1	1	57	4	3	1	5	—	1	—
Monmouth	—	1	3	12	1	2	1	1	—	—	—
Mynyddislwyn ...	4	1	—	2	—	1	—	2	—	—	—
Nantyglo & Blaina ...	—	—	—	26	—	—	—	—	—	—	—
Pontypool	—	3	2	81	1	3	2	—	—	—	—
Rhymney	38	—	10	45	2	—	—	—	—	—	—
Risca	—	—	—	—	—	—	—	—	—	—	—
Tredegar	69	—	—	34	4	—	—	—	—	—	—
Usk	—	—	—	6	—	—	—	—	—	—	—
Rural.											
Abergavenny ...	10	7	7	—	—	—	—	—	—	3	—
Chepstow	28	9	10	21	2	—	—	6	—	—	—
Magor & St. Mellons	—	12	22	6	1	2	7	—	—	—	—
Monmouth	5	—	2	15	—	—	2	2	—	1	—
Pontypool	24	2	33	15	9	—	—	—	—	—	—
Totals	268	41	93	372	32	14	16	22	—	5	—

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES FOR 1955.

DISTRICTS	Estimated Mid-1955 Population	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles (excluding Rubella)	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid Fever	Paratyphoid Fevers	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Tuberculosis		
				Paralytic	Non-Paralytic						Infective	Post-Infectious								Respiratory	Meninges and CNS.	Other
URBAN.																						
Abercarn	18,490	21	76	5	...	378	...	19	...	...	...	...	...	...	4	...	6	...	...	20	...	1
Abergavenny	8,970	2	2	...	...	101	...	...	...	...	...	...	...	...	...	1	...	...	...	4	...	...
Abertillery	26,870	13	48	5	...	204	...	9	2	...	1	...	...	...	...	...	1	...	...	22	...	1
Bedwas and Machen ...	9 520	32	...	...	...	124	...	...	...	...	...	...	...	...	...	...	...	3	...	12	...	...
Bedwellty	28,120	15	13	...	...	460	...	5	5	...	...	...	...	...	5	1	5	..	...	38	...	3
Blaenavon	9,490	1	...	...	1	5	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...
Caerleon	3,980	4	3	...	...	70	...	2	4	...	...	...	...	...	1	...	...	14	...	6	...	...
Chepstow	5,930	4	...	1	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...
Cwmbran	17,100	11	10	...	...	581	...	8	...	...	...	...	...	...	...	...	...	...	...	11	...	...
Ebbw Vale	28,420	15	80	2	3	744	...	41	13	...	...	...	...	...	4	...	6	...	...	38	...	4
Monmouth	5,720	...	10	...	...	206	...	3	...	...	...	...	...	...	1	...	10	5	...	5	...	...
Mynyddislwyn	15,170	5	3	2	...	125	...	...	...	...	...	...	...	...	...	...	4	...	...	9	...	1
Nantyglo and Blaina ...	11,120	1	8	1	...	77	...	1	...	...	...	...	...	...	...	...	...	...	...	10	...	...
Pontypool	41,660	17	19	1	...	509	...	3	...	...	...	...	...	...	1	...	...	...	...	16	...	3
Rhymney	8,850	...	9	1	...	146	...	...	...	...	...	...	...	...	1	...	...	...	...	6	1	3
Risca	14,760	51	40	...	1	260	...	52	3	...	...	...	...	1	...	...	6	...	...	15	...	...
Tredegar	20,150	2	2	...	...	95	...	2	...	...	...	...	...	...	...	...	1	...	...	27	3	1
Usk	1,680	...	5	...	...	67	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...
Totals, Urban ...	276,000	194	328	18	5	4182	—	146	27	—	1	—	—	1	17	3	39	22	...	252	4	17
RURAL.																						1
Abergavenny	8,480	2	1	...	...	49	...	...	2	...	...	...	...	...	...	...	...	...	...	5	...	
Chepstow	10,420	1	12	2	1	65	...	...	4	...	...	...	...	...	...	...	...	...	...	8	...	1
Magor & St. Mellons ...	13,780	32	37	2	...	72	...	30	1	...	...	...	...	...	2	...	...	...	...	5	...	3
Monmouth	5,890	2	15	...	1	126	...	1	1	...	...	...	...	...	...	...	...	...	...	2	1	...
Pontypool	6,930	5	6	3	1	126	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3
Totals, Rural ...	45,500	42	71	7	3	438	...	31	8	—	—	—	—	—	2	—	—	—	—	22	1	8
Grand Totals ...	321,500	236	399	25	8	4620	—	177	35	—	1	—	—	1	19	3	39	22	—	274	5	25

ANALYSIS OF NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN AGE GROUPS, 1955.

Nature of Disease.	Under 1 Year			1-2 Years			3-4 Years			5-9 Years			10--14 Years			15-24 Years			25 Years and Over			Age Unknown			Total (All Ages)		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Scarlet Fever	—	—	—	9	7	16	12	20	32	60	76	136	17	22	39	6	4	10	1	2	3	—	—	—	105	131	236
Whooping Cough ...	13	20	33	39	49	88	55	56	111	67	86	153	6	3	9	1	—	1	—	2	2	1	1	2	182	217	399
Acute Poliomyelitis:																											
Paralytic	4	—	4	3	2	5	2	2	4	3	2	5	2	—	2	—	1	1	4	—	4	—	—	—	18	7	25
Non-Paralytic ...	2	—	2	—	2	2	—	1	1	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	2	6	8
Measles (excluding Rubella)	67	73	140	456	454	910	627	662	1289	1136	1050	2186	29	38	67	8	3	11	9	5	14	1	2	3	2333	2287	4620
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

	Under 5 Years			5-14 Years			15-44 Years			45-64 Years			65 Years and Over			Age Unknown			Total (All Ages)		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Acute Pneumonia	18	8	26	10	12	22	16	22	38	32	15	47	27	16	43	1	—	1	104	73	177
Dysentery	13	4	17	4	3	7	2	4	6	—	1	1	—	3	3	1	—	1	20	15	35
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis:																					
Infective	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Post-Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Erysipelas	—	—	—	1	1	2	2	3	5	4	5	9	1	2	3	—	—	—	8	11	19
Meningococcal Infection	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Food Poisoning	7	5	12	2	12	14	4	5	9	4	—	4	—	—	—	—	—	—	17	22	39
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	22	—	22	22
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.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Tota	M.	F.	Total
Tuberculosis	Respiratory	5	6	11	10	13	23	2	45	72	44	43	87	44	17	61	16	2	18	—	2	2	146	128	274
	Meninges and C.N.S.	—	—	—	1	1	2	—	—	—	1	—	1	1	1	2	—	—	—	—	—	—	3	2	5
	Other	—	1	1	2	1	3	3	4	7	3	6	9	3	2	5	—	—	—	—	—	—	11	14	25

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

DIPHTHERIA IMMUNISATION FOR YEAR 1955.

Number of children in the Local Health Authority area on 31st December, 1955, who have completed a course ofdiphtheria immunisation at any time between 1st January, 1941, and 31st December, 1955.

Age on 31-12-1955 (*i.e.*, born in Year)	Under 1 1955.	1 to 4 1951-54.	5 to 9 1946-50.	10 to 14 1941-45.	Under 15 Total
A. Number of children who have completed course (primary or booster) in the period 1951-1955.	535	10,057	14,446	8,656	33,694
B. Number of children who have completed course (primary or booster) in the period 1941-1950.	—	—	11,481	14,688	26,169
C. Estimated mid-year child population.	4,790	20,710	53,200		78,700
Immunity Index 100 A/C.	11.1	48.5	43.4		42.8

DIPHTHERIA IMMUNISATION FOR YEAR 1955.

	AGE at Date of Final Injection (as regards **A**) or of Reinforcing Injection (as regards **B**).			
	Under 1	1 to 4	5 to 14	Total
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 December, 1955.	789	1,588	721	3,097
B. Number of children who received a Secondary Injection (*i.e.*, subsequently to Primary Immunisation at an earlier age) during the 12 months ended 31st December, 1955.	—	125	1,616	1,742

SMALLPOX VACCINATION.

(1) Number of Persons Vaccinated (or re-vaccinated) During Period.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	930	285	56	58	242	1,571
Number re-vaccinated ...	—	1	8	32	264	305

(2) Number of Cases Specially Reported During Period. (Age Groups as above).

(*a*) Generalised Vaccinia	—	—	—	—	—	—
(*b*) Post-vaccinal Encephalomyelitis	—	—	—	—	—	—
(*c*) Death from complications of vaccination other than (*a*) and (*b*)	—	—	—	—	—	—

MOBILE PHYSIOTHERAPY SERVICE.

1st January, 1955—31st December, 1955.

Number of Cases referred by Family Doctor	65
,, ,, ,, ,, ,, Hospitals	11
Others	9
Total Cases	85

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

20-40 years	40-60 years	Over 60 years.
4	29	52

and the following medical categories:—

Hemiplegia	41
Rheumatoid Arthritis ...	14
Osteo Arthritis	11
Fractures	7
Parkinsonism	2
Pagets Disease	1
Senility	3
Others	6

At the end of the prescribed Course of Treatment:—

61 Patients showed improvement.
7 Patients entered Hospital.
17 Patients showed no progress (either the patient was too ill to respond or non co-operative).

YEAR 1955.

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	2	7
(*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 transferre

1. Number of Premature Live Births Notified (as adjusted by transferred Notifications):
   - (*a*) In hospital 267
   - (*b*) At home 172
   - *(*c*) In private nursing homes 1
   - Total 440

2. Number of Premature Still-Births Notifie (as adjusted by transferred notifications)
   - (*a*) In hospital 79
   - (*b*) At home 25
   - *(*c*) In private nursing homes 1
   - Total 105

* "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 entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
3 lb. 4 oz. or less (1,500 gms. or less)	34	20	8	3	3	—	11	4	3	—	—	—	—	—	—	31	14	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	46	3	39	7	2	5	22	3	11	—	—	—	—	—	—	28	3	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	56	1	54	22	2	19	5	1	4	—	—	—	—	—	—	9	5	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	131	—	126	94	—	94	8	1	4	1	—	1	—	—	—	11	3	—
Totals	267	24	227	126	7	118	46	9	22	1	—	1	—	—	—	79	25	1

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

AMBULANCE SERVICE, 1955.

Operational Return for the Year.

	Directly Operated.			Supplementary Service.
	Ambulances.	*Sitting-Case Cars.*	*Total.*	*Hired Cars.*
A. No. of Patients:				
(1) Accidents and Emergencies	8,884	43	8,927	—
(2) Others	91,647	1,339	92,986	—
(3) Total of (1) & (2) ...	100,531	1,382	101,913	—
B. Journeys:				
(1) Patient Carrying ...	27,028	558	27,586	—
(2) Abortive & Service	1,130	18	1,148	—
(3) Analgesia Midwives, etc.	26	—	26	—
(4) Total of (1) (2) & (3)	28,184	576	28,760	—
C. Total Mileage	793,108	21,311	814,419	—
D. No. of Operational Vehicles at 31-12-55 ...	45	1	46	—

	Driving Staff.		*Station Staff.*	*Control Staff.*	*Total.*
E. No. of Operational Staff as at 31-12-55	73 Ambulance Drivers.	1 Car Driver.	5 Leader Drivers. 4 Deputy Leader Drivers.	4 Control Room Telephonists.	87
F. No. of Ambulance Stations as at 31-12-55 ...	5 Zone Stations.	5 Depôts. 1 Sub-Depôt.	Total 11.		

	ADMINISTRATIVE AND SUPERVISORY NURSING STAFF			(S.R.N., R.S.C.N., and R.F.N.)			ENROLLED ASSISTANT NURSES			STUDENT HOME NURSES		
(1)	Whole-time (2)	Part-time (3)	Equivalent Whole-time of (3) (4)	Whole-time (5)	Part-time (6)	Equivalent Whole-time of (6) (7)	Whole-time (8)	Part-time (9)	Equivalent Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equivalent Whole-time of (12) (13)
(a) L.H.A.	1	—	—	49	6	3	8	6	3	—	—	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—	—

Number of Nurses engaged in Home Nursing and Midwifery ... 12
Number of Nurses engaged in Health Visiting and School Nursing ... 45. Number of Male Nurses ... Nil

HOME NURSING.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year. (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year. (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year:— (a) L.H.A. ...	7,157	2,412	53	396	126	1,242	11,386	5,099	735	3,300
(b) Vol. Org. under arrangements with the Authority ...	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year:— (c) L.H.A. ...	211,979	49,950	574	20,102	1,147	18,989	302,741	133,710	6,031	233,045
(d) Vol. Org. under arrange-										

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									TUBERCULOSIS 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)	Total visits paid to tuberculous households (12)
		First visits (3)	Total visits (4)	First visits (5)	Total visits (6)	Total visits (7)	Total visits (8)	Total visits (9)	Total visits (10)		
(a) L.H.A.	25,303	272	456	5,262	20,288	14,078	26,074	1,122	6,530	21,904	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

B. Clinics.

(*a*) Total number of attendances made by Health Visitors at local Health Authority Clinic Sessions during the year 1955 11,208

(*b*) Total number of attendances of Whole-time Tuberculosis Visitors at Chest Clinic Sessions per month —

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

Year ended 31st December, 1955.

Specimens for Venereal Diseases	10,616
Faeces: For Pathogenic Bacteria	4,964
Urines: General and Bacteriological Tests	798
Sputum: For Tuberculosis and other Organisms	1,145
Swabs: For Diphtheria and other Organisms	1,084
Blood Counts: For Diagnosis	1,012
Waters: Bacteriological Tests	1,354
Milks: Designated and Non-designated Examinations	2,348
Ice-Creams: Bacteriological Tests	364
Miscellaneous: Bacteriological and Bio-Chemical Tests	903
Total	24,588

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

Samples of Milk submitted to the Public Health Laboratory Service, County Hall, Newport, during 1954 and 1955 for Bacteriological Examination.

	1954	1955
By:—		
Monmouthshire County Council	713	1006
Urban Districts:		
Abercarn	—	—
Abergavenny	10	9
Abertillery	4	5
Bedwas & Machen	—	—
Bedwellty	16	22
Blaenavon	12	57
Caerleon	1	—
Chepstow	—	2
Cwmbran	—	—
Ebbw Vale	136	101
Monmouth	34	47
Mynyddislwyn	10	14
Nantyglo & Blaina	12	12
Pontypool	166	171
Rhymney	69	79
Risca	9	30
Tredegar	93	124
Usk	9	—
Rural Districts:		
Abergavenny	—	—
Chepstow	—	—
Magor & St. Mellons	17	25
Monmouth	1	—
Pontypool	8	7
Totals	1320	1711

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

REGISTRAR-GENERAL'S RETURN OF BIRTHS AND INFANT DEATHS IN URBAN AND RURAL DISTRICTS IN 1955

District.	Estimated Mid-Year Home Population.	Live Births.				Still Births.				Deaths under 1 Year of Age.				Deaths under 4 Weeks of Age.				Comparability Factors.	
		Legit.		Illegit.		Legit.		Illegit.		Legit.		Illegit.		Legit.		Illegit.		Births.	Deaths.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
ban.																			
bercarn	18,490	156	152	4	1	4	4	—	—	5	6	—	—	—	4	—	—	0.99	1.12
bergavenny ...	8,970	57	62	6	3	3	1	—	—	3	—	1	—	1	—	1	—	1.01	0.90
bertillery	26,870	201	173	7	5	12	9	—	—	9	3	—	—	5	2	—	—	1.04	1.06
edwas & Machen ...	9,520	75	92	6	4	5	4	—	—	2	4	—	—	—	4	—	—	0.97	1.11
edwellty	28,120	242	236	9	5	9	6	—	—	15	6	1	—	6	4	1	—	1.02	1.24
laenavon	9,490	52	51	—	1	2	1	—	—	5	1	—	—	3	1	—	—	1.06	1.05
aerleon	3,980	20	17	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1.01	0.91
hepstow	5,930	46	43	—	4	4	2	—	—	2	2	—	—	1	1	—	—	1.02	0.85
wmbran	17,100	192	181	5	6	6	5	—	—	6	5	—	—	4	3	—	—	0.95	1.07
bbw Vale	28,420	222	166	8	4	7	5	—	1	12	2	1	—	10	—	—	—	1.06	1.13
onmouth	5,720	48	38	2	1	1	—	1	—	2	1	—	1	1	1	—	1	1.02	0.84
ynyddislwyn ...	15,170	126	140	3	3	3	8	—	—	2	3	—	—	2	2	—	—	1.01	1.23
antyglo & Blaina ...	11,120	68	68	3	4	4	3	—	—	4	1	1	—	3	1	—	—	1.06	1.02
ontypool	41,660	286	266	8	3	9	10	—	—	14	6	—	—	10	4	—	—	1.00	1.06
hymney	8,850	50	64	5	1	—	2	—	—	4	1	1	—	3	1	1	—	1.04	1.07
isca	14,760	99	102	2	3	—	3	—	—	1	1	—	—	1	1	—	—	1.02	0.99
redegar	20,150	144	127	2	2	8	5	2	—	6	8	—	—	5	6	—	—	1.00	1.07
sk	1,680	8	18	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1.10	0.94
otals Urban Districts	276,000	2092	1996	71	50	77	69	3	1	93	50	5	1	55	35	3	1	1.02	1.07
al.																			
bergavenny ...	8,480	66	71	2	2	2	—	—	—	1	2	—	—	1	1	—	—	1.13	0.80
hepstow	10,420	76	89	4	6	2	2	—	—	2	2	1	—	1	2	1	—	1.03	1.01
agor & St. Mellons	13,780	109	95	2	1	1	—	—	—	1	1	—	—	1	1	—	—	1.00	0.95
onmouth	5,890	40	28	2	1	3	2	—	—	1	3	—	—	1	3	—	—	1.09	0.81
ontypool	6,930	46	64	2	1	1	—	—	—	3	1	—	—	3	1	—	—	1.04	0.90
otals Rural Districts	45,500	337	347	12	11	9	4	—	—	8	9	1	—	7	8	1	—	1.05	0.90
Grand Totals ...	321,500	2429	2343	83	61	86	73	3	1	101	59	6	1	62	43	4	1	1.02	1.04

INFANT DEATHS UNDER ONE YEAR OF AGE 1955.,

District.	0 to 4 Weeks.																					
	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 Incompatability of Parents' Blood Group
	Respiratory	Other																				
URBAN.																						
Abercarn	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	2	—	—
Abergavenny ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—
Bedwas & Machen ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2	—
Abertillery	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	3	2	2	—
Bedwellty	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	4	3	—	—
Blaenavon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	—	—
Caerleon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Cwmbran	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	2	2	—	—
Ebbw Vale	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	5	2	—
Monmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—
Nantyglo & Blaina ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	2	—	—
Mynyddislwyn ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1	—
Pontypool	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	1	—	3	4	2	—
Rhymney	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	3	—	—
Risca	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Tredegar	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	7	—	—
Usk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Urban Totals ...	—	—	—	—	—	—	—	—	—	3	—	12	—	2	15	1	—	22	37	10	—
RURAL.																					
Abergavenny ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Chepstow	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	—
Magor & S. Mellons	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Monmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1
Pontypool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1
Rural Totals ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	9	3	2
Grand Totals ...	—	—	—	—	—	—	—	—	—	3	—	13	—	2	15	1	—	22	46	13	2

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

Infant Deaths under One Year of Age. 1955. (Continued)

District.	4 Weeks to 1 Year.																					
	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 Incompatability of Parents' Blood Group
	Respiratory	Other																				
URBAN.																						
Abercarn	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	2	—	—	—	
Abergavenny ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	
Bedwas & Machen ...	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
Abertillery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bedwellty	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	3	—	5	—	—	—	
Blaenavon	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	
Caerleon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chepstow	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	
Cwmbran	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1	—	—	—	
Ebbw Vale	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	—	—	—	
Monmouth	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Nantyglo & Blaina ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Mynyddislwyn ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
Pontypool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	2	—	—	—	
Rhymney	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Risca	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tredegar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	
Usk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Urban Totals ...	—	—	—	—	—	1	—	—	1	1	—	15	1	—	2	10	2	13	—	—	—	
RURAL.																						
Abergavenny ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chepstow	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	
Magor & S. Mellons	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Monmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pontypool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rural Totals ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	
Grand Totals ...	—	—	—	—	—	2	—	—	1	1	—	15	1	—	2	10	2	14	—	—	—	

REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1955.

District.	Population.	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, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension, with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes
		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	
Urban Districts.																																						
Abercarn	18,490	3	—	1	—	—	—	—	—	1	9	9	—	1	17	—	—	30	25	3	46	3	2	12	23	3	—	2	1	1	—	3	18	3	5	3	—	224
Abergavenny	8,970	1	—	—	—	—	—	—	—	—	4	4	3	1	11	—	—	13	8	3	19	5	1	5	9	2	—	—	1	2	—	1	8	4	3	2	—	106
Abertillery	26,870	6	—	1	—	—	—	—	—	—	13	—	7	4	12	1	2	43	42	6	73	11	3	16	41	7	5	—	3	3	—	2	30	3	7	1	—	346
Bedwas & Machen ...	9,520	2	—	1	—	—	—	—	—	—	5	—	—	2	3	1	—	11	18	2	17	6	—	4	3	3	1	—	1	—	1	1	9	2	3	—	—	95
Bedwellty	28,120	6	—	—	—	—	—	—	—	—	10	9	1	2	21	—	1	38	29	7	50	21	1	17	27	11	—	4	1	3	1	6	36	3	12	2	—	319
Blaenavon	9,490	—	—	—	—	—	—	—	—	—	1	—	2	—	11	—	1	20	9	1	45	9	—	3	16	6	3	—	4	3	—	2	11	1	7	—	—	159
Caerleon	3,980	2	—	—	—	—	—	—	—	1	1	—	—	—	7	1	—	6	5	2	24	5	—	3	1	—	—	—	—	2	—	—	5	1	1	—	—	66
Chepstow	5,930	3	—	—	—	—	—	—	—	1	1	—	1	1	13	—	—	14	13	—	12	3	3	1	5	—	—	—	2	—	2	6	—	1	1	—	—	85
Cwmbran	17,100	1	—	—	—	—	—	—	—	—	5	6	—	—	10	1	—	35	16	1	43	1	1	6	7	—	5	1	1	2	—	5	21	1	3	1	—	175
Ebbw Vale	28,420	6	—	—	—	—	—	1	—	—	22	11	3	3	28	1	3	39	61	10	39	12	6	8	15	1	1	1	9	4	—	5	43	2	10	1	—	349
Monmouth	5,720	—	—	—	—	—	—	—	—	—	2	—	—	1	3	—	—	7	11	1	10	11	—	2	1	2	1	—	1	—	—	1	7	2	3	1	—	69
Mynyddislwyn	15,170	3	—	—	—	—	—	—	—	—	5	5	3	—	6	—	1	21	20	2	38	5	—	6	8	6	1	1	1	3	—	2	9	1	2	1	—	148
Nantyglo & Blaina ...	11,120	3	—	—	—	—	—	—	—	—	7	—	—	—	11	—	—	20	31	7	10	5	—	6	6	1	1	1	4	2	—	2	12	2	2	1	—	135
Pontypool	41,660	3	—	1	—	—	—	—	—	2	14	16	7	1	39	2	1	58	59	10	94	15	1	20	48	5	10	5	7	9	2	5	50	2	10	4	—	510
Rhymney	8,850	1	2	1	—	—	—	—	—	—	5	2	2	1	8	—	1	11	20	3	21	2	—	3	3	4	3	—	3	1	—	2	8	1	1	4	—	113
Risca	14,760	1	—	—	—	—	—	—	—	1	4	3	3	1	17	1	—	17	27	2	25	14	—	5	8	4	4	1	1	3	—	1	16	1	2	—	—	166
Tredegar	20,150	4	2	—	—	—	—	—	—	2	2	2	2	2	20	1	3	33	35	10	39	11	3	6	19	8	2	1	2	3	—	2	19	2	3	—	—	247
Usk	1,680	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	3	4	—	5	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	16
Rural Districts.																																						
Abergavenny	8,480	1	—	—	—	—	—	—	—	—	5	—	3	1	7	1	1	38	24	—	33	9	2	7	3	1	3	1	—	1	—	—	13	1	5	—	—	224
Chepstow	10,420	2	—	—	—	—	—	—	—	—	4	—	2	—	12	—	2	16	16	4	34	3	—	2	2	1	—	1	5	—	—	—	14	2	1	—	—	128
Magor & St. Mellons ..	13,780	—	—	—	—	—	—	—	—	1	7	—	1	2	15	1	1	22	20	1	23	11	2	2	3	4	2	—	3	1	2	—	10	2	6	2	—	149
Monmouth	5,890	—	—	—	—	—	—	—	—	—	4	—	—	—	5	1	—	11	4	2	7	3	—	4	3	—	—	—	—	—	—	1	12	—	1	3	—	63
Pontypool	6,930	1	—	—	—	—	—	1	—	—	3	—	—	2	8	—	—	18	8	2	22	3	—	2	3	—	—	—	1	2	—	—	10	1	2	2	—	94
Total	321,500	49	4	5	—	—	1	2	—	9	137	109	45	23	286	12	17	534	505	79	789	168	25	140	254	69	42	19	51	43	5	44	367	37	90	29	—	3,986

Age Groups.	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal 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	Leukaemia, Aleukaemia	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 Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes
Urban Districts.																																				
Males 0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	2	1	—	8	—	—	—	19	43	—	3	—	—	98
1—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	1	1	1	—	—	9
5—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	5	1	—	—	11
15—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	1	—	—	—	—	—	6	1	2	—	1	2	—	—	1	2	6	4	1	—	22
25—	5	1	—	—	—	—	—	—	2	2	1	—	—	5	1	—	5	14	—	6	2	—	6	1	2	3	1	—	3	—	3	9	9	7	1	—	88
45—	17	2	4	—	—	—	—	—	2	27	45	—	—	39	4	—	37	95	13	51	10	1	16	46	24	13	1	—	9	5	—	30	2	29	5	2	322
65—	8	—	—	—	—	—	—	—	1	23	28	—	—	36	—	1	67	118	13	65	17	5	17	62	26	4	1	5	2	25	—	16	1	5	2	—	336
75—	1	—	—	—	—	—	—	—	—	12	8	—	—	43	—	—	107	73	12	169	42	6	22	66	4	4	1	5	—	—	—	44	1	8	1	—	661
Total Males ...	31	3	4	—	—	—	1	—	5	74	82	1	—	127	6	1	219	300	38	283	71	12	80	178	58	32	12	21	39	—	26	146	24	49	14	—	1,947
Females 0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	1	—	—	—	—	—	13	28	—	1	—	—	51
1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	2	1	1	—	—	8
5—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2	1	—	—	—	6
15—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	—	1	6	1	1	—	—	16
25—	10	1	—	—	—	—	—	—	2	1	1	2	1	6	—	1	6	1	—	8	—	—	2	1	3	—	—	—	2	—	2	7	—	1	2	—	58
45—	3	—	1	—	—	—	—	—	2	10	1	18	8	41	1	—	37	32	8	40	9	2	5	8	—	—	—	—	—	1	—	30	2	3	5	—	275
65—	—	—	—	—	—	—	—	—	1	16	4	8	7	36	2	5	71	57	9	83	18	2	9	16	—	2	—	—	4	—	—	21	1	2	1	—	375
75—	—	—	—	—	—	—	—	—	1	13	—	10	2	26	—	6	96	43	15	185	39	5	20	36	—	2	3	8	—	—	—	67	—	16	—	—	592
Total Females ...	14	1	1	—	—	—	—	—	3	40	6	38	18	112	3	12	210	133	32	317	68	9	43	62	5	5	5	21	—	3	17	162	7	26	8	—	1,381
Rural Districts.																																				
Males 0—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	7	—	—	—	—	9
1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2
5—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	2	1	3	1	—	12
45—	—	—	—	—	—	—	—	—	—	3	13	—	—	10	1	—	7	23	—	13	4	—	2	3	2	1	—	1	—	—	—	4	1	1	3	—	92
65—	2	—	—	—	—	—	—	—	—	7	2	—	—	6	1	—	17	12	2	19	2	—	3	3	1	1	1	—	—	—	—	5	—	1	2	—	87
75—	—	—	—	—	—	—	—	—	—	4	1	—	—	10	—	2	28	12	—	56	7	2	5	4	—	2	—	3	4	—	—	10	—	2	—	—	152
Total Males ...	2	—	—	—	—	1	1	—	—	14	16	—	—	27	2	2	53	47	2	91	13	2	11	10	3	4	1	4	4	—	1	28	3	8	6	—	356
Females 0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	—	—	—	9
1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
5—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—	1	—	—	—	—	—	—	—	1	4	—	1	2	1	—	1	7	4	—	11	—	—	2	—	2	—	—	1	—	2	—	2	2	—	—	1	—	11
45—	1	—	—	—	—	—	—	—	—	4	—	4	2	6	—	1	7	4	—	11	—	—	—	—	—	—	—	1	—	—	—	2	1	—	1	—	55
65—	—	—	—	—	—	—	—	—	—	3	2	—	2	5	—	1	22	11	4	17	4	1	1	1	1	1	—	2	—	—	—	3	—	1	—	—	80
75—	—	—	—	—	—	—	—	—	—	2	—	1	1	8	1	—	23	10	3	59	12	1	4	3	1	—	1	1	—	—	—	10	—	5	—	—	146
Total Females ...	2	—	—	—	—	1	—	—	1	9	2	6	5	20	1	2	52	25	7	88	16	2	6	4	3	1	1	5	—	2	—	31	3	7	1	—	302
Grand Totals	49	4	5	—	—	1	2	—	9	137	106	45	23	286	12	17	534	505	79	789	168	25	140	254	69	42	19	51	43	5	44	367	37	90	29	—	3,986

District	Estimated Population	LIVE BIRTHS								STILL BIRTHS								DEATHS				INFANTILE MORTALITY.				Tuberculosis Death-rate (Pulmonary Tuberculosis only) per 1000 estimated population	AREA	District Medical Officer of Health at End of 1955
		Legitimate		Illegitimate		Total		Grand Total	Rate per 1000 of population	Legitimate		Illegitimate		Total		Grand Total	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population	Deaths under 1 year of age.						
		Male	Female	Male	Female	Male	Female			Male	Female	Male	Female	Male	Female							Leg.	Illegitimate	Total.	Rate per 1,000 Live births.			
URBAN.																												
Abercarn	18490	156	152	4	1	160	153	313	16·93	4	4	—	—	4	4	8	0·04	119	105	224	12·12	9	—	9	28·76	0·16	No. 3	H. V. M. Jones, M.B., B.S., D.P.H.
Abergavenny	8970	57	62	6	3	63	65	128	14·27	3	1	—	—	3	1	4	0·45	57	49	106	11·81	3	1	4	31·25	0·11	No. 10	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Abertillery	26870	201	173	7	5	208	178	386	14·37	12	9	—	—	12	9	21	0·78	209	137	346	12·88	12	—	12	31·09	0·22	No. 5	J. Walters Bowen, M.B., B.CH., D.P.H.
Bedwas and Machen ...	9520	75	92	6	4	81	96	177	18·59	5	4	—	—	5	4	9	0·99	62	33	95	9·98	6	—	6	33·90	0·21	No. 6	K. P. Giles, M.B., CH.B., D.P.H.
Bedwellty	28120	242	236	9	5	251	241	492	17·50	9	6	—	—	9	6	15	0·53	181	138	319	11·34	21	1	22	44·72	0·21	No. 2	R. A. Hoey, M.R.C.S., L.R.C.P., D.P.H.
Blaenavon	9490	52	51	—	1	52	52	104	10·96	2	1	—	—	2	1	3	0·32	94	65	159	16·75	6	—	6	57·71	—	No. 7	F. J. Hallinan, M.B.E., M.B., B.CH., B.A.O., D.P.H.
Caerleon	3980	20	17	1	—	21	17	38	9·55	—	1	—	—	—	1	1	0·25	36	30	66	16·58	—	—	—	—	0·50	No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Chepstow	5930	46	43	—	4	46	47	93	15·68	4	2	—	—	4	2	6	1·01	60	25	85	14·33	4	—	4	43·01	0·61	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Cwmbran	17100	192	181	5	6	197	187	384	22·46	6	5	—	1	6	6	12	0·7	93	82	175	10·23	11	—	11	28·65	0·06	No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Ebbw Vale	28120	222	166	8	4	230	170	400	14·07	7	5	—	—	7	5	12	0·42	194	155	349	12·28	14	1	15	37·50	0·21	No. 4	Thos. Stephens, M.C., B.Sc. M.B.C.S., L.R.C.P.
Monmouth	5720	48	38	2	1	50	39	89	15·56	1	—	1	—	2	—	2	0·35	38	31	69	12·06	3	1	4	44·94	—	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Mynyddislwyn	15170	126	140	3	3	129	143	272	17·93	3	8	—	—	3	8	11	0·73	100	48	148	9·82	5	—	5	18·39	0·20	No. 3	H. V. M. Jones, M.B., B.S., D.P.H.
Nantyglo and Blaina ...	11120	68	68	3	4	71	72	143	12·85	4	3	—	—	4	3	7	0·63	79	56	135	12·14	5	1	6	41·97	0·27	No. 5	J. Walters Bowen, M.B., B.CH., D.P.H.
Pontypo l	41660	286	266	8	3	294	269	563	13·51	9	10	—	—	9	10	19	0·46	292	218	510	12·25	20	—	20	35·52	0·07	No. 7	F. J. Hallinan, M.B.E., M.B., B.CH. B.A.O., D.P.H.
Rhymney	8850	50	94	5	1	55	65	120	13·56	—	2	—	—	—	2	2	0·23	72	41	113	12·77	5	1	6	50·00	0·34	No. 1	M. J. Donelan, M.B., B.CH., D.P.H.
Risca	14760	99	102	2	3	101	105	206	13·95	—	3	—	—	—	3	3	0·2	101	65	166	11·25	2	—	2	9·71	0·07	No. 6	K. P. Giles, M.B., CH.B. D.P.H.
Tredegar	20150	144	127	2	2	146	129	275	13·65	8	5	2	—	10	5	15	0·74	152	95	247	12·26	14	—	14	50·91	0·30	No. 1	M. J. Donelan, M.B., B.CH., D.P.H.
Usk	1680	8	18	—	—	8	18	26	15·48	—	—	—	—	—	—	—	—	8	8	16	9·52	1	—	1	38·04	—	No. 10	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Urban Totals ...	276000	2092	1996	71	50	2163	2046	4209	15·25	77	69	3	1	80	70	150	0·54	1947	1381	3328	12·06	143	6	149	35·40	0.14		
RURAL.																												
Abergavenny	8480	66	71	2	2	68	73	141	16·63	2	—	—	—	2	—	2	0·24	123	101	224	26·41	3	—	3	21·27	0·12	No. 10	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Chepstow	10420	76	89	4	6	80	95	175	16·79	2	2	—	—	2	2	4	0·38	73	55	128	12·28	4	1	5	28·57	0·19	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Magor & St. Mellons ...	13780	109	95	2	1	111	96	207	15·02	1	—	—	—	1	—	1	0·07	69	80	149	10·81	2	—	2	9·66	—	No. 6	K. P. Giles, M.B., CH.B. D.P.H.
Monmouth	5890	40	28	2	1	42	29	71	12·05	3	2	—	—	3	2	5	0·85	34	29	63	10·69	4	—	4	56·33	—	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Pontypool	6930	46	64	2	1	48	65	113	16·31	1	—	—	—	1	—	1	0·14	57	37	94	13·56	4	—	4	35·40	0·14	No. 7	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Rural Totals ...	45500	337	347	12	11	349	358	707	15·53	9	4	—	—	9	4	13	0·29	356	302	658	14·46	17	1	18	25·45	0·09		
Grand Totals, 1955 ...	321500	2429	2343	83	61	2512	2404	4916	15·29	86	73	3	1	89	74	163	0·51	2303	1683	3986	12·4	160	7	167	33·97	0·16		
Totals for Year 1954 ...	*320800*	*2626*	*2457*	*85*	*71*	*2711*	*2508*	*5219*	*16·26*	*77*	*66*	*4*	*5*	*81*	*69*	*150*	*0·47*	*2187*	*1697*	*3924*	*11·9*	*199*	*8*	*207*	*39·7*	*0·21*		