MONMOUTHSHIRE COUNTY COUNCIL.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH.

FOR THE YEAR 1957.

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

COUNTY HALL,
NEWPORT, MON.

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PREFACE.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen.

I have the honour to present to you my Annual Report, as County Medical Officer, for the year 1957.

In general the Report is on similar lines to previous years and presents details of the Health and Preventive Services of the Administrative County of Monmouth.

The live birth-rate per 1,000 of population for 1957 was 17.1, an increase of 0.3 on 1956.

The death-rate was 11.98 per 1,000 of population for 1957, which was an increase of 0.2 on the previous year.

Infantile Mortality showed a rate of 30.98 per 1,000 related live births, an increase of 2.02 on 1956.

Notifications of infectious diseases included 55 cases of paralytic poliomyelitis and 8 non-paralytic cases. An account of the scheme for vaccination against paralytic poliomyelitis is included in the Report.

During the year there was a continuance of the downward trend in the notification of cases of, and deaths from, tuberculosis.

An outbreak of Asian Influenza occurred during the autumn of 1957 and this is reported upon.

I have to express my thanks to the Members of the Health Committee for the help, co-operation and encouragement I have received, and I cannot complete this Report without recording my gratitude. My thanks are also due to the Specialists and Staffs of Hospitals for their always ready assistance.

Lastly, I am grateful to the Members of the Staff of my Department for the willing and loyal help which has always been forthcoming.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES.

County Hall,

Newport, Mon.

December, 1957.

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

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

MENTAL HEALTH OFFICER.

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

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.
Mary Stewart, B.Sc., M.B., B.Ch.
Mary Ll. Williams, M.B., B.Ch.
Cicely Waters, M.D., B.Sc., D.P.H., R.C.P.S.
Lilian J. Powell (nee Cunningham), M.B., B.Ch., B.Sc.
Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
John L. Phillips, M.B., B.Ch., B.Sc., D.O.M.S. (Resigned 30-4-57).
Elfreda Alice Davies, M.B., B.Ch.
Glenys G. Trenhaile, L.M.S.S.A.
Nano Joyce Sumption, M.B., B.Ch., B.Sc. (Wales).
Hywel G. Jenkins, M.B., B.S. (Lond.).
Esther Hughes Rees, M.B., B.Ch. (Commenced 2-9-57).
William L. P. Gould, T.D., L.M.S.S.A. (Lond.). (Temporary, Commenced 1-10-57).

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. V. Clarke, L.R.C.P. & S., L.D.S.(Ed.).
Maureen F. E. Vaughan Jones, L.D.S.

COUNTY HEALTH INSPECTOR:

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

ADDITIONAL COUNTY HEALTH INSPECTOR:

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

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 G. M. Oldbury, L.C.S.T., (R.M.A.). (Resigned 28-2-57).
Mrs. V. E. Billinghurst (nee Jones), L.C.S.T., (R.M.A.). (Part-time until 28/2/57. Full-time from 1/3/57).
Miss K. B. Powell, L.C.S.T. (R.M.A.).
Miss Barbara Evans, L.C.S.T. (R.M.A.). (Resigned 15/6/57).
Miss Patricia Powell, L.C.S.T. (R.M.A.). (Commenced 2/9/57).

ORTHOPTISTS:
Mrs. H. M. Gregory, D.B.O. (Resigned 12/6/57).
Miss Margaret Ericson, D.B.O. (Commenced 7/2/57).

MENTAL HEALTH WORKERS:
Miss Alwyn Fuller.
Miss Sheila Readman.
Mr. Brynley Price.

LADY HEALTH VISITORS:
Baldwin, M.
Bevan, J. I.
Cooper, M. S.
Davies, M. J.
Delahay, M. (Commenced 1-5-57).
Dredge, M. W.
Edwards, E. M. (Commenced 1-7-57).
Edwards, M.
Elias, M.
Fraser, E.
Giles, H. (Commenced 1-7-57).
Giles, M. R.
Gilford, M.
Golding, G. I.
Harris, E. M. (Retired 13-6-57).
Harvey, B.
Hockaday, S. (Commenced 1-7-57).
Hopkins, F.
Jackson, J. P.
James, E. N.
Jones, A.
Jones, E. (Commenced 1-11-57).
Jones, I.
Jones, B.
Kavanagh, P. G.
King, P. M. R. (Resigned 13-12-57).
Lewis, M.
Lewis, R.
Lloyd, C. M. (Retired 13-12-57).
Meyrick, J.
Morgan, C.
Prosser, I.
Pulsford, M.
Redwood, M. A.
Roberts, E. (Retired 6-10-57).
Rogers, G. M.
Rowlands, L. M.

Silk, J.
Simms, C. D.
Smith, H. M.
Stevens, S. L.
Stinchcombe, N. G.
Tristram, L.
Walters, M.
Webb, E.
Wibberley, N. E.
Wilcox, D. G.
Williams, F.
Williams, N.
Wilmot, E. G.
Wixey, N. A.
Holland, J. (Clinic Nurse). Commenced 22-7-57).

ORTHOPAEDIC SISTER:

Pugh, Miss M. M.

ORAL HYGIENIST:

Mrs. P. Schofield.

DENTAL ATTENDANTS:

Miss O. Joan Annetts, B.E.M.
Mrs. Carol Huggett, S.R.N.
Miss Betty Wynn.
Mrs. Olwen P. Brodie.
Mrs. O. Church.
Mrs. R. Fiveash.
Mrs. M. Morgan.

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 47 full-time Health Visitors on the Council's Staff undertaking Maternity and Child Welfare and School Health Service work, in addition to 1 full-time Supervisor. The apportionment of time during 1957 to Maternity and Child Welfare was approximately that of 38.39 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:—

1957.	1956.	1955.	1954.	1953.
49,059	54,246	60,440	63,515	65,975

Of the 49,059 visits paid in 1957, 5,470 were in respect of new babies. 5,921 fruitless visits were made in addition.

The number of domiciliary births in which the infant was wholly breast-fed at the fourteenth day was 1,083, compared with 1,068 for 1956.

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

1957.	1956.	1955.	1954.	1953.
Nil	2	Nil	4	7

There were 13 other cases of eye trouble reported by Midwives, all of which were followed up by Health Visitors. All cases cleared up without any impairment of vision.

Ante-Natal Clinics.

The number of Ante-Natal Clinics in the County at the end of the year was 29 and there were held 146 half-day sessions per month. The attendances for the whole of the Clinics were: —

	1957.	1956.	1955.	1954.	1953.
New Cases ...	2,785	2,909	2,744	2,701	3,033
Re-visits ...	8,540	10,623	10,109	10,605	12,529
Total Attendances	11,325	13,532	12,853	13,306	15,562

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 as did the number of re-visits. Many general medical practitioners now hold their own ante-natal sessions. Also, some hospitals who have maternity accommodation like to arrange their own ante-natal examination.

A new Ante-Natal and Infant Welfare Clinic was commenced at the Public Hall, New Inn, on January 7th, 1957.

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.

Ante-Natal Care.

Following receipt of Circular 9/56 (Wales) dated 25th May, 1956, arrangements were made for meetings of officers of the Regional Hospital Board, the Monmouthshire County Council and representatives of the general medical practitioners, to be held. During 1956, two meetings were held in the area of the Newport and East Monmouthshire Hospital Management Committee, three in the North Monmouthshire Area, and three in the Rhymney and Sirhowy Valleys area. A further meeting was held in the latter area in 1957.

As a result of the discussions all Medical Officers of the Council's Staff were informed of the contents of the Circular and given details as to how to proceed in the detection of toxaemia of pregnancy. Further, arrangements were made to provide all the Council's Ante-Natal Clinics with weighing machines in order to detect any abnormal increase in weight in expectant mothers.

Maternity and Child Welfare Clinics.

At the end of the year there were 49 Infant Welfare Clinics in operation and 304 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 more than for 1956, and the increased attendance figures show that the service was still largely accepted by the mothers of the County.

The attendances at the Centres during 1957 and 4 previous years were:—

	1957.	1956.	1955.	1954.	1953.
No. of Infants who attended Child Welfare Centres ...	11,919	12,056	11,514	12,245	11,913
No. of new cases, under 1 year	7,274	5,817	5,936	6,731	7,036
No. of attendances, under 1 year	61,321	57,711	52,776	54,009	59,601
No. of attendances, 1 to 5 years...	21,916	29,093	25,768	26,339	29,194
Total No. of attendances ...	83,237	86,804	78,544	80,348	88,795

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 1957 was £21,641/5/4.

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.

At the end of 1957, Welfare Foods were available at 37 of the Council's Clinics, and also 46 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.

195 new cases were examined post-natally at Ante-Natal Clinics during the year, but in all 291 women were concerned and made a total of 567 attendances. At Dr. N. Keevil's Post-Natal Clinic at Stanley Road, Newport, 352 new cases were seen, 411 women attended and the total number of attendances was 526.

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. The Clinics are staffed by the Council's Medical Officers and Health Visitors.

Family Planning Clinics.

The Monmouthshire Branch of the Family Planning Association approached the County Council and requested the provision of Clinic premises for the treatment of their cases. The Council allowed the use of rooms at the Stanley Road Clinic, Newport, and weekly clinics commenced on 11th April, 1957. Cases seen at this Clinic were treated on social grounds. No staff was provided by the Council.

'The use of the Clinic at Boverton House, Chepstow was also allowed for the same purpose as from 17th June, 1957.

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 1957 was 512, of which 182 took place at home, 328 in hospital and 2 in private nursing homes. This was 92 per 1,000 of all live births, and 90 per 1,000 of all live and still births. There were 89 premature still births, 29 of which were at home, 60 in hospital and none in private nursing homes.

Scheme for the Care of Premature Infants.

The scheme for the care of premature infants was as previously reported. The special cots are now placed with :—

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

(2) Nurse Bowen,
29, Victoria Road,
Pontypool.

(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.

During the year 1957 Speech Therapy Clinics were held at 12 Centres, widely spread over the County, and were staffed at the commencement of the year by three full-time speech therapists and one part-time. At the end of February, one full-time officer resigned and the part-time officer took up full-time. A further resignation was received in June, and a replacement commenced duties on 2nd September, 1957.

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.

During the year 58 cases were dealt with; a total of 888 visits being paid. 6 girls were admitted to Northlands Salvation Army Home for Unmarried Mothers, Cardiff; 1 married woman to the Methodist Home at Huddersfield; and 1 unmarried mother and child to the Catholic Home at Liverpool, at the County Council's expense.

Of the 58 cases 2 girls were later married to the putative fathers, 11 were married women, 44 were single, 1 was a divorced woman and 2 were widows.

33 children were placed in homes with a view to adoption. 1 child was boarded-out and 1 died.

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

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 54 cases.

Dr. Barnado's Auxiliary Boarding-out Allowance was still being received for 3 children in cases where one child lived with the grandmother and two children lived with the mother and step-father. One child was admitted to the care of Dr. Barnado's Home at Kingston-on-Thames on a Court order.

Infant Protectio.n

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.

Problem Families.

During 1957, 16 District Councils have called 23 meetings of Local Co-ordinating Committees to deal with " problem " families. In each District the Clerk of the District Council has been appointed to be convenor of future meetings. These meetings have been attended by representatives of the District Council concerned and their officers together with County Councillors and appropriate representatives of the County Health, Welfare and Children's Services, together with Probation Officers, Inspectors of the N.S.P.C.C. and School Welfare Officers.

50 families have been considered, involving 100 adults and 199 children. It should be noted that most of the families have in fact been referred to the Co-ordinating Committees by the County Council's own Officers. Cases re-referred by the District Councils are concerned with non-payment of rent and in some cases eviction orders have already been served.

Circular 27/54 (Wales) of 30th November, 1954, is specially concerned with measures to prevent the break-up of families and whilst Health Visitors, Home Helps and Mental Health Workers, working with the Welfare and Children's Officers, have had much success, it should be noted that with one exception, families which have broken up during the year have been due to the inability of the District Councils concerned to re-house.

The majority of the cases involve social problems which have been dealt with by the County Council Officers, concerned with the Health and Welfare of adults and children, conferring together. The inception of the Family Help Scheme, organised and administered by the Home Help Organiser, has proved of great value.. Four homes have been provided with a family help with beneficial reeults, ten children remaining with their parents instead of the families being broken up and the ten children concerned being taken into care. In another two families for whom a family help was recommended by the co-ordinating Committee so efficiently has the Home Help Organiser worked that these families have been rehabilitated without provision of a family help. Ten families have been rehoused and rehabilitated involving 31 children.

Problem families are found in the lowest social stratum and their difficulties are due to a variety of causes of which mental instability and back-

wardness in one or both parents are an almost common factor. This shows itself in irregular work habits of the father, poor housekeeping and inability to spend the usually meagre family income wisely by the mother, with consequent neglect and lack of care of the children, although in most cases there is abundant affection; and it is this last fact, namely a strong bond of affection between the mother and children, which is the most important of all, if the children are to become useful well adjusted citizens. It is therefore, imperative to do all one can to preserve a family as a self contained social unit. Moreover, as it costs as much each week to maintain one child " in care " as it does to provide a family help, the financial saving to the ratepayers is considerable.

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

During the year 1957, the Dental Staff consisted of 6 full-time and 1 part-time Dentists. 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.

There were 11 Dental Clinics in operation at the end of the year, and the equivalent of 208 half-day sessions were devoted to Maternity and Child Welfare patients during the year. At the end of 1957 one dental technician was employed in the Council's dental laboratories.

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.

Details as to numbers of mothers and children dentally treated are given on page 74 of this report.

Early Diagnosis and Treatment of Deafness among Children.

During 1957 progress was made with the provision of a scheme for the early detection and treatment of deafness among children. This scheme was presented to the Special Services Sub-Committee of the Education Committee on June 13th, 1957 ,and received approval. A letter dated 16th August, 1957, was received from the Ministry of Education indicating approval.

It was estimated that in any one year, the likely number of children who would show varying degrees of deafness in the pre-school age would be:—

Those severely or totally deaf, requiring education by methods other than natural speech ...	5 to 10
Those severely deaf but with sufficient natural hearing when stimulated by exercises, and by the additional means of a hearing aid, capable of approximately normal hearing ...	20 to 25
Those with defective hearing, some of whom will need the assistance of a hearing aid, at least for some of their school life	250 to 400

In considering the optimum age to deal with the problem, and having regard to the fact that the nerve which hears sound, however faintly, will increase in vitality if stimulated, and not otherwise, it appears that the best time to stimulate the auditory nerve is therefore when the child is as young as possible. It is usually at about two years of age that any hearing defect becomes detectable. If not attended to, some of the results may be:—

(a) the child is labelled mentally defective—if it cannot hear it cannot learn.
(b) it lags behind its proper educational age.
(c) it becomes maladjusted or delinquent, resenting the greater advantages other children have.
(d) its hearing deteriorates and is finally lost.

It was proposed that the Council's Health Visitors shall have special training in detecting early deafness in children and, with this knowledge they will be able to find out all babies suspected of deafness, which they may encounter at Infant Welfare Clinics, Nursery Schools, Children's Homes, etc., and report the names to the School Health Department, Audiology Clinic. The University of Manchester, with the approval of the Ministry of Education, conducts such courses of instruction for Health Visitors.

It was proposed to establish a Central Audiology Clinic at Stanley Road, Newport, to accurately assess the degrees of deafness of the reported children, and provide them with suitable hearing instruments. The Audiology Clinic was judged to require a sound-proof room with an Audiometer and to require the services of a School Medical Officer who has already been specially trained in this work, and is a present member of the Medical Staff, with the Consultant Aural Surgeon as the clinical head and Director of the Clinic.

The Clinic would require a specially qualified teacher of the deaf, to give instruction designed to improve the hearing and speaking capacity, and to undertake this work both individually in the homes and in classes at the Clinic.

Hearing aids to be provided would be of special type suitable to the need. The National Health Service Medresco hearing aid had the disadvantage of large bulk, but it was expected that early in 1958 this instrument would be superseded by a small transistor aid. Both these instruments however, had a flat frequency amplification and were not suitable for children suffering from high-tone, or low-tone deafness. There was available however, on the commercial market a transistor aid with a tone control, which was very suitable for the cases of selective deafness. The Ministry of Education agreed that subject to the Minister's approval in every individual case, that these instruments may be supplied to the specially selected cases, and be eligible for grant.

Before reaching school age, the children treated would have received some years' experience in listening to, and communicating with their fellows through the medium of speech and hearing aid and not by signs.

Upon attaining school age, all these children would be reviewed. Those capable of ordinary hearing would enter normal schools, and be seen regularly by the School Medical Officer at the Clinic, and the Clinic Nurse, to ensure that they enjoy the amenities necessary to maintain their ability to hear and learn. Those still profoundly deaf would enter residential schools for the deaf, but would enter those schools with some years of previous training, and should therefore make rapid progress.

The apparatus which would be required include:—

Table Audiometer.
Portable Audiometer.
Tape Recorder.
Individual Trainer.
Sound-proof room.
Special Intelligence Tests.

The scheme was put into operation in October, 1957, and up to the end of that year, the following cases had been dealt with. The figures given include those dealt with by the ordinary Ear, Nose and Throat Clinic before the scheme began:—

Hearing Aids issued.

Medresco	45
Commercial Hearing Aids	6
Known to be wearing the aids provided ...	22
Refusing to wear the Medresco Aid ...	16

Children with deafness of more than 20 d.b. in both ears, and attending ordinary schools.

Under observation with no hearing aids ...	42
With Medresco hearing aids	28
With Commercial hearing aids	5

Deaf Children in Residential Schools for the Deaf.

With Medresco hearing aids ... ... (3 with benefit, 4 with no benefit)	7
With Commercial hearing aid	1

Number of Hearing Aids ordered since October, 1957.

Medresco	8
Commercial	6

2 cases have been referred to the Child Guidance Clinic, and 1 case put on the waiting list of the Psychotic Ward of the Belmont Hospital, Surrey, for ascertainment of mental condition and possible treatment.

Arrangements were made with the London Audiology Unit, and also the Department for the Education of the Deaf at Manchester University for difficult cases of mental ascertainment to be seen by their specialists.

Negotiations were proceeding at the end of 1957 for a visit of Dr. Ian Taylor, of the Manchester University, to give instructional lectures to

Health Visitors, and it was hoped that he would attend at the Stanley Road Clinic, Newport, in early 1958.

HEALTH CENTRES.

During 1957 the Health Centres at Tredegar, Rhymney, Ebbw Vale and Blaenavon continued in operation and gave very satisfactory service.

Stanley Road Clinic, Newport.

The Stanley Road Clinic, Newport, appears to be increasing in importance, and the premises are now utilised very fully.

On 14th May, 1957, the Aberbargoed Infant Welfare Centre was transferred to premises at the Municipal Offices, Aberbargoed.

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.

HOME NURSING SERVICE.

The Home Nurses make as many as 20 and sometimes more visits each day. Often the aged sick, who are cared for at home, rely on the nurse for guidance on day to day matters as well as for nursing attention. It is important that the Home Nurses' work shall be so balanced that she shall have time to attend to the total nursing needs of this group of people. For this reason, the nurses' times must be used wisely and she should not be asked to attend patients who can receive their treatment at a surgery or health centre.

The total cases attended by the Home Nurses in 1957 was 11,574 and the number of visits made was 346,110.

Analysis of the cases and visits is to be found on page 74.

The Home Nursing staff consists of 1 Supervisor, 57 Full-time District Nurses, 12 District Nurse Midwives and 36 Part-time Nurses who take over weekly off-duty, annual leave, and sick leave periods.

All District Nurse Midwives who are working in rural areas and in some instances, District Nurses in certain large areas are given a motor-car allowance for travelling to and from their cases.

Of the 57 Full-time District Nurses 33 are able to claim the motor-car mileage allowance for their duties. The use of a motor-car for district nursing duties is of benefit to the nurses and patients. In bad weather the nurse arrives at the patient's home dry and less tired than when battling against wind and rain and thus time and energy is saved for nursing work.

During the year four home nurses attended a refresher course of study at Birmingham.

There was no special scheme in the County for the nursing of sick children but Home Nurses made 6,004 visits to 707 children under 5 years of age.

There are no statistics available in the County to prove that an effective Home Nursing service relieves the pressure in hospitals by providing home care for patients, but from observation, however, it can be stated that some patients in the following categories would have needed hospital care, or where admitted would have required a longer stay in hospital, without a nursing service:—

1. *The Elderly Sick.* The value of the Home Nursing Service in this category is in the skilled nursing in the first stages of the illness, and later, the encouragement of rehabilitation of the patient, and the teaching of the relatives to understand the emotional needs of elderly people. This affords some relief to the hospital services.

2. *Tuberculosis.* Many patients suffering from tuberculosis can be kept at home, as the Home Nursing Service can administer the prescribed drugs, and teach the patient and his relatives how to prevent the spread of infection.

3. *Carcinoma.* Many patients suffering from malignant growth in its terminal stages can be kept comfortable at home by the Home Nurse, who teaches the relatives how to proceed between her visits.

4. *Post-operative Cases.* Patients are frequently discharged from hospital, after surgical operation, with wounds not entirely healed. The Home Nurse is instructed to continue the surgical dressing, and it is this service which enables early discharge to have been effected.

5. *Children.* With the aid of the Home Nursing Service, many children are nursed and treated at home, in particular those with respiratory disease. Frequently, without the nursing service, hospital accommodation, would be required.

GERIATRIC SERVICE.

The year 1957 showed a natural follow-on of the work of the previous year. There was a steady flow of notification of cases for domiciliary physiotherapy by the general practitioners of the County. The tendency to notify cases particularly those of residual hemiplegia at an early date following the onset of the condition, was maintained and the resultant good effects were felt in the community concerned. It is now no unusual sight to see a person who has been treated by the domiciliary physiotherapist after some months walking unaccompanied in the streets, depending for assistance in balance upon a well selected walking stick only. The number of cases notified in this and other categories such as arthritis increased slightly on the previous year.

During the year the Health Visitors have, where asked by the Geriatric Officer and Almoners, visited the homes of several old people particularly where it was thought advisable to keep an eye on a patient recently returned from hospital or one waiting to enter. It has been found of very great value to have this closer co-operation of the Health Visitors, District Nurses and Welfare Officers when dealing with the cases as a whole.

It is believed that earlier home supervision of lonely old people with an increase of all the ancillary services in the home such as increased hours of some home helps, visits by health visitors, encouragement of friendly visits by voluntary social workers, domiciliary physiotherapy and night companions or attendants will all help to prevent the senile deterioration which one finds with so many old people. Keeping the aged healthy in mind and body is also of paramount importance when one is faced with the difficulties of hospitalisation, if and when domestic arrangements break down.

Mr. Stratford Leach assisted by Mr. Holley was again in charge of the operation of the domiciliary physiotherapy.

Night Attendant Service.

The Night Attendant Service was set up in 1948 when it was found that insufficient hospital beds were available for the elderly sick. It has been proved to be needed for:—

1. The elderly sick living alone and needing care at night.
2. The elderly sick whose relatives become fatigued and overwrought through lack of sleep, caused by the patient needing attention at night.

It is intended to be a short term measure to cover situations such as:—

1. Where the patient is dying and is in need of constant care.

2. The result of illness or incident such as hemiplegia (stroke) when the patient may recover.
3. The period of time which elapses while waiting for a bed in hospital. This may vary from three weeks to three months or longer.

Duties.

The duties of a Night Attendant are chiefly toilet matters and include simple nursing procedures, for example, the giving of a bed-pan or the changing of soiled bed clothes. In the few instances where mental confusion is present, it is necessary to watch over the patient and to carry out the family doctor's instructions with regard to general nursing care and sedatives. The patient should be made comfortable in the morning and, if needed, breakfast should be given to him before the Night Attendant leaves.

Present Arrangements.

Generally the patient's family doctor asks for the services of a Night Attendant.

If there is time one of the two assistant medical officers in charge of the geriatric service visits first, to assess the need for night attention. A patient who is living alone may need if for seven nights a week. Where it is the relatives who need relief, from two to five nights may be recommended. If the need for night attention is urgent and an attendant is available, she is instructed to start duties straight away. The assistant medical officer visits later and makes his report.

Out of 35 applications Night Nurses were supplied in 28 cases.

The Service has during 1957 proved equal to the demand.

THE HOME HELP SERVICE.

The cost of the Home Help Service in 1957, when 2,366 persons were assisted was £127,152, as against £123,249 in 1956, when 2,266 persons received help.

A large proportion of the persons assisted by the Home Help Service are elderly or chronic sick and there is little prospect of persons in this group being able to manage their homes without assistance. Indeed as they become older, increased help is required, to ensure that they can remain in their homes in reasonable comfort and cleanliness. Where patients are confined to bed and there are relatives able to help care for them, every effort is made to see that the Home Help and the relatives work together to the advantage of the patient.

In cases where there are no relatives, the Home Help endeavours to take, as far as possible, the place of the missing relative. By her tact, helpfulness and tolerance, she can be of great comfort to these unfortunate persons.

Tuberculous patients continue to receive Home Help, where necessary, while receiving domiciliary treatment, but there is no increase in the demand for help in this type of case and the number of maternity cases assisted remained the same as 1956.

The Home Help Service has been extended to cover the provision of Family Helps. These are specially selected persons who assist in difficult homes, and the homes of Problem Families, by teaching the mother domestic management, and by training the children in normal family behaviour.

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 1957 had a central depôt of equipment and 61 local depôts.

Most of the Medical Comforts Depôts 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 neces-

sary 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 1957.

No. of Depots at end of 1957.	No. of Patients.	No. of Articles issued.	Length of Period in use.	Articles damaged and unfit for further use.
61	3,521	10,302	50% 1 month 50% longer period	210

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 29th April, 1957, to 18th November, 1957, 134 Monmouthshire cases were admitted for convalescent treatment. 254 applications were received. 88 were rejected by the Health Committee or on medical grounds, 14 cases could not accept the vacancies offered, 2 refused to make the assessed contribution, 10 withdrew their applications, 3 were unsuitable, 1 left the district and 1 application was received too late.

DOMICILIARY MIDWIFERY SERVICE.

There was one full-time Supervisor of Midwives and at the end of 1957 the number of whole-time County Midwives was 52. In addition there were 3 part-time Midwives, 12 District-Nurse-Midwives, 1 part-time District-Nurse-Midwife, and 5 Independent Midwives. The Independent Midwives attended 1 case during the year.

With 49 midwives engaged in hospital and maternity homes, the total number of midwives on the County Register at the end of 1957 was 122.

The births (live and stillbirths) notified by Midwives during the year 1957, with figures for four preceding years, were as follows:—

Notified by	1957.	1956.	1955.	1954.	1953.
County Midwives	2,038	2,098	1,873	2,209	2,143
Independent Midwives ...	1	—	18	5	5
Maternity Hospitals and Maternity Homes ...	3,382	3,294	2,972	2,867	3,252
Total	5,421	5,392	4,863	5,081	5,400

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	131
(ii) Others	138
Total	269
(b) For Cases in Institutions	939

Particulars of Midwives in respect of Inhalation Analgesics at the end of 1957.

There were 44 Institutional Midwives in the area at the end of the year who were qualified to administer inhalation analgesics in accordance with the requirements of the Central Midwives Board, also 67 Domiciliary Midwives, and 5 Domiciliary Midwives in private practice. There were 67 sets of gas and air analgesia apparatus in use and they were used in 1,451 cases where the administrator in domiciliary practice was acting as a midwife, and 140 when acting as a maternity nurse. There were no sets in use for the administration of "Trilene."

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year when acting as a midwife was 802, and when acting as a maternity nurse was 116.

Midwives Acts, 1902—1936.

Report upon Domiciliary Midwifery Visits in the County.

Number of Ante Natal Visits	16,270
Number of Live Births attended (Actual) ...	1,973
Number of Still Births attended (Actual) ...	49
Number of Miscarriages attended	99
Number of Daily Nursing Visits	36,554
Number of Hospital Post-Natal Nursing Visits	9,846
Number of Hospital Post-Natal Cases Visited ...	2,546

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. There were no sets in use for administration of "Trilene."

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.

3 Midwives attended a refresher course at Oxford in July, 1957, and 3 a course at the same place in September, 1957, which were arranged by the Royal College of Midwives, and approved by the Central Midwives Board. After 1957 an attendance at one of these courses every five years becomes com-

pulsory. Considerable difficulty is likely to be experienced in implementing these regulations due to the fact that replacements for staff wastage are not forthcoming. There has been no response during the year to repeated advertisements for County Midwives and District Nurse/Midwives.

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.

In July, 1957, an outbreak of Poliomyelitis occurred in the Ebbw Vale area, and which restricted admissions to the Rookery Maternity Home for four weeks, resulting in a good deal of extra work for the domiciliary Midwifery Staff.

In October, 1957, an outbreak of influenza occurred amongst the Staff at the County Hospital Maternity Unit, Griffithstown, and only emergency cases were admitted during a period of four weeks.

The patients booked were obliged to stay at home for confinement, and the few admissions during that 4 week period were discharged after 3 days, and were cared for by the domiciliary midwives.

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 recognised 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.

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.

On Tuesday, May 7th, 1957, a Half-day Conference for Health Visitors was held at the School Clinic, Stanley Road, Newport, when the Lecturer was Mrs. W. E. Duncan, Publications Officer of The Central Council for Health Education, under the Chairmanship of Councillor Mrs. M. Williams, Chairman of the Health Committee. The subject was: "The Effective Use of Posters and Leaflets in Health Education".

On Wednesday, May 8th, 1957, a further whole-day conference was held with the same Lecturer and Chairman, and the general subject "The Prevention of Home Accidents". During the morning the Lecturer discoursed on "Falls," "Burns and Scalds" and "Gas and Medicinal Poisoning." This was followed in the afternoon by "Electrical Accidents" and "Methods of Presenting the Subject, (a) The Use of Visual Aids and Leaflets, and (b) Lectures, Discussion Groups, etc."

Discussions followed the Lecture on each subject.

In September, 1957, a Health Education display was put on at the Abergavenny Agricultural Show. Posters and models were on view, leaflets were handed out, and the Superintendent Health Visitor, assisted by other Health Visitors, was in atendance.

Contributions to health education are continually made by clinic doctors, school medical officers, dental officers, health 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.

Smoking and Lung Cancer.

Circular 7/57 (Wales) dated 27th June, 1957, suggested that Local Authorities should consider methods of circulating among the general public, information concerning the effects of tobacco smoking. The circular was considered by the Health Committee, following which it was decided to display notices in all the Council's Clinics and Health Centres, asking persons attending to refrain from smoking. Posters were obtained for exhibition in the same premises. A film strip dealing with the risks attendant upon smoking was exhibited at Health Education Lectures.

The Education Committee decided that the most effective method of propaganda was that of discouraging young people from commencing to smoke and to this end Lectures were given in schools to the "leavers".

MENTAL HEALTH SERVICE.

(1) Administration.

(*a*) Duties of Administration of Mental Health Services are dealt with by the No. 2 Standing Sub-Committee which meets monthly.

(*b*) Number and Qualifications of Staff Employed

1. County Medical Officer.
2. Senior Medical Officer for Administrative and Clinical duties.
3. Clerical staff of three.
4. Three Mental Health Workers, one of whom has been seconded to the Child Guidance Clinic for psychiatric social work.
5. One home teacher.
6. Ten Duly Authorised Officers who devote one-third of their time to Mental Health Service.
7. Occupation Centre Staff of 2 supervisors, and 12 assistant supervisors.

(*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 and on licence from such institutions. When asked, visits are made to homes of patients pending discharge, and reports are furnished on patients on trial and on licence.

2. *Mental Hospitals.*

Mental Health Workers have continued domiciliary visiting of patients discharged from St. Cadoc's into civilian life. This Service is of great value to the hospital and to patients in aiding rehabilitation.

Total number of visits paid by Mental Health Workers:

1955 ... 167 1956 ... 245 1957 ... 61

(*d*) Voluntary Associations.

There are no voluntary associations in the County concerned with Mental Health and sickness. The Occupation Centre Staffs have cordial relations with the local branches of the Parents' Association for Mentally Handicapped Children.

(*e*) Training of Mental Health Workers.

During the current year no arrangements were made for training Mental Health Workers, but social science students from the university of Wales have been allowed opportunities of case work study during vacations.

(2) Account of Work Undertaken in the Community.

(a) Work Undertaken Under the Lunacy and Mental Treatment Acts 1890-1931, by Duly Authorised Officers.

The following table gives details of patients who were admitted to and discharged from Mental Hospitals 1st January-31st December, 1957:

Admissions:

Voluntary.

	Male	*Female*
Abergavenny ...	488	472
Barrow Hospital	0	1
Brecon ...	1	1
Bridgend ...	1	5
Bristol ...	0	1
Caerleon ...	52	64
Whitchurch ...	0	2

Total ... 1,088
1956 ... 764
1955 ... 620

Certified.

	Male	*Female*
Abergavenny ...	52	59
Barrow Hospital	0	0
Brecon ...	0	0
Bridgend ...	0	0
Bristol ...	0	0
Caerleon ...	0	3
Whitchurch ...	0	0

Total ... 114
1956 ... 158
1955 ... 153

Discharged:

Voluntary.	*Male*	*Female*	*Certified.*	*Male*	*Female*
Abergavenny ...	338	379	Abergavenny ...	149	118
Barrow Hospital	0	1	Barrow Hospital	0	0
Brecon ...	0	1	Brecon ...	0	0
Bridgend ...	1	4	Bridgend ...	0	0
Bristol ...	0	1	Bristol ...	0	0
Caerleon ...	46	64	Caerleon ...	1	2
Whitchurch ...	0	2	Whitchurch ...	0	0
Total ...	837		Total ...	270	
1956 ...	663		1956 ...	126	
1955 ...	569		1955 ...	86	

(*b*) WORK UNDERTAKEN UNDER THE MENTAL DEFICIENCY ACTS, 1913-38 BY MENTAL HEALTH WORKERS.

i. Visits carried out by Mental Health Workers:—

	1954.	1955.	1956.	1957.
Mental Defectives ...	3,200	3,340	2,858	2,699

(ii) Number of new cases reported and investigated during 1957:

	1955			1956			1957		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
*(a) under Sect. 57(3) ...	21	16	37	4	9	13	16	11	27
*(b) Under Sect. 57(5) ...	19	7	26	20	10	30	16	7	23
(c) Other Sources ...	15	18	33	18	8	26	11	10	21
	55	41	96	42	27	69	43	28	71

* Education Act, 1944.

Number of cases under Statutory Supervision on 31-12-57:

1955			1956			1957		
M.	F.	T.	M.	F.	T.	M.	F.	T.
342	327	669	339	326	665	303	309	612

Number of cases under Voluntary Supervision on 31-12-57 38 33 71

Cases in Certified Institutions at 31-12-57.

	M.	F.	T.
1955	147	171	318
1956	158	171	329
1957	165	171	336

Admitted during 1957	28
Died during 1957	11
Discharged during 1957	10

Mental Defectives awaiting urgent Institutional Accommodation:

	M.	F.	T.
on 31st December, 1956 ...	20	16	36
on 31st December, 1957 ...	20	18	38
Licence Cases at 31-12-57:			
to Farms	1	0	1
to Parents	0	1	1
			1 1 2

(*c*) GUARDIANSHIP.

	M.	F.
Mrs. M. E. Roberts	2	1

One male patient is now over 16 years of age and application has been made to the Regional Hospital Board for accommodation in a Mental Deficiency Hospital.

There are two adult male patients under the guardianship of Mr. E. T. Pritchard, Mental Health Worker. One is working in a factory and one on a farm.

(*d*) *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 Hospital under a Short-term Care Scheme in which the cost is borne by the Regional Hospital Board.

	M.	F.	T.
National Health Service Hospitals...	3	4	7
Mrs. M. E. Roberts, The Old Rectory, Porthkerry	7	5	12

(*e*) *Occupational Training.*

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

(i) Home Teaching Service.
(ii) Group Teaching.
(iii) Occupation Centre Teaching and Training.

(i) *Home Teaching Service* has continued throughout the year in districts not catered for by an Occupation Centre and 23 pupils have received instruction in handicrafts.

In addition 32 homes and 270 visits have been made where there is a young mentally handicapped child, and the mother advised, encouraged and supported in the early training of her child and in the necessary family readjustment consequent upon the realisation that a new baby is sub-normal.

(iii) *Occupation Centre Training.—Both* Occupation Centres continue to provide for the needs of the children and adolescents in their respective catchment areas—the Eastern Valley and the Northern part of the County. It is to be regretted that it has not yet been possible to provide either the training workshop programmed for Tredegar or the reconstruction of premises at Hafodyrynys whereby places will become available for all the children in the County.

The educational and vocational training schemes have developed still further and the reputation of this centre is now world-wide as the medical officer (at the invitation of the B.B.C.) took part in a programme concerned with training for mental defectives which was relayed on all Home Service Stations in February, the script of which was later circulated throughout the world by the World Health Organisation of the United Nations.

Work done by pupils, needlework and woodcraft, was shown at the Health Service Exhibition at Abergavenny Show and was universally acclaimed. Accommodation is now stretched to the utmost, within safety limits, and a programme of expansion is visualised if all children are to be given the opportunity which their varying abilities merit.

During the year the Centres were visited by senior officers of the Welsh Board of Health, hospital consultants, and medical officers from London Boroughs and the Ministry of Health; and the County Medical Officer has had a world-wide correspondence from as far away as New Zealand.

During the year 71 boys and 83 girls have been in daily attendance at the Centres.

(3) Developmental Diagnostic Clinic.

This clinic for the early diagnosis, assessment and treatment of young children, retarded in development has been continued throughout

the year with gratifying results. For example, of babies born in 1950—30% of the cases referred to the clinic have been accepted into normal infants' schools on reaching age 5, whereas of the babies born in 1952—60% have been admitted to normal infants' schools at age 5, others are receiving home teaching as their physical disablement is still too crippling for school attendance and a few have found places in the nursery sections of Garndiffaith and Tredegar Occupation Centres. For the remainder, the Social Worker continues close contact between Home and Clinic and so the promise of hope and help is kept alive.

During the year a further 48 cases were referred of whom 42 have been investigated bringing the total number of children examined since the inception of the Scheme in September, 1955, to 161.

This promising Scheme has attracted the notice of the Ministry of Health and we have been honoured by visits from a senior medical officer of that Department, and the Council's medical officer was invited to play a leading part in a four day conference organised in London by the Society of Medical Officers of Health.

(4) Cerebral Palsy—"Spastics."

The Cerebral Palsy Scheme which was described in detail in the Annual Report for 1955 continues to operate with very satisfactory results. Numbers on the Register at 31-12-57 are as follows:—

1. School age	89	
2. Pre-School age	34	
3. Over School Age	41	
	—	164

1. *School Age Children.*—All those physically capable of benefiting from education are receiving teaching according to their abilities. 43 are attending ordinary day schools, 12 are at special residential schools and 6 are having home teaching. Others are attending Occupation Centres where these are available and 2 have been admitted to institutions.

2. *Pre-School Children.* These have all been assessed at the Developmental Diagnostic Clinic and are under the regular supervision of the consultant orthopaedic surgeon whilst they continue their Home Programme of Physiotherapy. The results obtained have been quite remarkable and the importance of early diagnosis and treatment of this condition cannot be too highly stressed. Whereas only a year ago it was anticipated that only about one half of those children having treatment would reach normal school at age 5, in actual fact of the 17 afflicted children born in 1952 thirteen have entered infants' schools where they

will at least have a trial period alongside their brothers and sisters. Our thanks are due to the Consultant Orthopaedic Surgeon, Mr. D. N. Rocyn Jones and Miss M. Walker, Physiotherapist, whose valuable services are made available to us by the Welsh Regional Hospital Board.

3. *Over-School Age.*—Of this adolescent group it is heartening to find that half are now either in work or in training for gainful employment. Of the 21 who have been ascertained to be mentally defective 10 are receiving training at the Occupation Centre whilst the remainder are receiving teaching in craftwork in their homes by the Occupational Therapist pending the provison of further workshops at Tredegar and Hafodyrynys.

(5) Child Guidance.

The Child Guidance Service, for the treatment of the maladjustment in children is the joint effort of the School Health Service and Education Departments with co-operation from the Welsh Regional Hospital Board. Throughout the year the service has functioned smoothly and efficiently with benefit to children, parents and schools. The inception of the second clinic at Tredegar has permitted the numbers of cases seen to be nearly doubled, but such is the demand that there is a waiting list for each clinic, and we are unable to do the preventive work amongst mothers and young pre-school children which we desire to do as it is acknowledged authoritatively that the maladjustment in school children and adolescents has its roots in faulty home management before the age of 5.

Moreover, owing to lack of psychiatric time available work continues to be mainly diagnostic and we welcome the approval of the Special Services Committee to the appointment of a child psychotherapist, who will undertake treatment under the aegis of the consultant psychiatrist.

Professionally trained staff for child guidance work is very difficult to obtain and we are extremely fortunate in Monmouthshire to have two full teams, albeit the amount of psychiatric service provided by the Regional Hospital Board is small compared with that provided for areas which has a psychiatric teaching hospital in their midst, e.g., London and Bristol.

Child Guidance Clinic, Newport—Report for 1957.

This Clinic has completed a second year of service and the Staff remains unchanged:—

1. Dr. Johnston, B.Sc., M.B., B.Ch., assistant psychiatrist, St. Cadoc's Hospital for Regional Hospital Board.

2. Dr. Cochrane-Dyet, Senior Medical Officer, Mental Health Monmouthshire County Council, who is responsible for the day to day administration.
3. Dr. J. W. Cox, educational psychologist, Monmouthshire County Council.
4. Miss Readman, seconded from duty as Social Worker, Mental Health for P.S.W. duty shared with Mr. James, P.S.W., Education Department, Monmouthshire County Council.

The team meets on alternate Tuesdays and clinic sessions are held at the School Clinic, Stanley Road, Newport, and the Mental Health Department provides clerical assistance. Whilst the work has to be mainly diagnostic on account of limited psychiatric time, nevertheless remedial work has been carried out by the psychiatrist at St. Cadoc's Hospital, by consultants in other specialities and in schools and homes by the psychologist and psychiatric social workers. At the Stanley Road Clinic the accommodation is permanent and includes—play therapy room, used mainly for diagnostic purposes but available for the lay psycho-therapist whose appointment to complete the team has been approved by the Council and which position has been advertised. With this appointment more remedial work will be undertaken.

The excellent liaison established between homes, schools and hospitals and the consequent benefit to all, supports in practice the recommendations of the Underwood Committee upon which the Child Guidance Service is based.

In addition Dr. Johnston visits The Mount School for Maladjusted Boys at Chepstow once a month and his specialised advice is much appreciated by the Headmaster. Moreover all admissions and discharges to and from this School are made on the recommendation of the Child Guidance Team.

Cases have been referred during the year by family doctors, in increasing numbers, by School and Child Welfare Clinics, by Head Teachers, Probation and Children's Officers.

The Catchment area for the Clinic comprises the following:—

1. Eastern Valley north to Pontypool.
2. Eastern rural area.
3. Magor and St. Mellons District Council area.
4. Western Valley, Risca and Crosskeys to Crumlin.
5. Machen to Trethomas and Bedwas.

Taking the population of Monmouthshire to be 321,500 an annual incidence of 201 new cases gives a index of .625 per 1,000 population.

No. of Cases on Waiting List at 1-1-57	27	
,, ,, Cases referred during 1957	113	
		140
,, ,, New Cases examined during 1957	66	
,, ,, Appointments offered and not kept ... ... (non-co-operation or problem resolved)	42	
,, ,, New Cases on Waiting List at 31-12-57 ...	23	
,, ,, New Cases transferred to Tredegar Clinic ...	9	
		140
,, ,, Repeat Cases examined, 1957	53	
,, ,, Cases resolved and closed, 1957	41	

Analysis of Diagnosed Cases.

1.	Conduct Disorder	23
2.	Habit Disorder	9
3.	Nervous Disorder	10
4.	Educational Disorder	6
5.	Mental Deficiency	5
6.	Physical Disorder (including Epilepsy)	8
7.	No abnormality found	5
		66

Child Guidance Clinic, Tredegar—Report for 1957.

This clinic began operation on 13-2-57 with Staff as follows:—

1. Dr. David Thomas, B.Sc., M.B., M.R.C.P., D.P.M., consultant psychiatrist for Regional Hospital Board.
2. Dr. Cochrane-Dyet, Senior Medical Officer, Mental Health, Monmouthshire County Council, who is responsible for the day to day administration of the Service.
3. Miss Edwardson, M.A. (Hons.), Educational Psychologist, Monmouthshire County Council, Education Department.
4. Mr. Noel James, Psychiatric Social Worker, Monmouthshire County Council, Education Department.

Clerical assistance is provided by the Mental Health Department, Monmouthshire County Council.

Clinics are held each Wednesday morning at the Market Street Clinic, Tredegar, as a temporary measure, accommodation being limited, which does not allow rooms to be allocated full-time for this work. In the near future it is hoped to transfer the service to The Grove, Tredegar, a

property being purchased for clinic purposes by the County Council, and where permanent accommodation will be available for staff, including a play therapy room. The Child Guidance Team will be further reinforced by the appointment of a trained lay psycho-therapist, a position for which applications have been invited.

In view of the limited amount of psychiatric time available this Child Guidance Service has received little publicity as the number of cases already referred are adequate for the time allocated.

Cases have been referred during the year as under:—

1.	Family Doctors	20
2.	School Infant Welfare Clinics ...	30
3.	Consultants	19
4.	Head Teachers	9
5.	Probation Officers	7
6.	Children's Officers	3
		88

The Catchment area for this clinic comprises the following areas:—

1. Tredegar and District.
2. Blaenavon, Abergavenny and Eastern District.
3. Ebbw Vale, Western Valley, north of Crumlin.
4. Sirhowy Valley, north of Blackwood and Cefn Fforest.

General Report.

No. of Cases referred up to 31-12-57		88
,, ,, Cases examined up to 31-12-57		60
,, ,, Appointments offered and not kept up to 31-12-57		
(a) because of non-co-operation ...	8	
(b) because of condition resolved ...	10	
		18
,, ,, Cases on Waiting List at 31-12-57		10
,, ,, Cases resolved after treatment and closed ...		28

Analysis of Diagnosed Cases.

1.	Conduct Disorder	24
2.	Habit Disorder	9
3.	Nervous Disorder	12
4.	Educational Disorder	3
5.	Mental Deficiency	4
6.	Physical Disorder (including Epilepsy) ...	8
		60

Epileptics.

A register is kept of all cases of epilepsy coming to the notice of the department. Information is received from a number of sources, i.e., School Medical Inspectors, Assistant Medical Officers, Health Visitors, Head Teachers, the Child Guidance Clinics and to a great extent from Consultant Paediatricians. Co-operation between the Child Guidance Clinics and the Paediatricians is of great value, as arrangements have been made that where behaviour problems complicate the epileptic condition, the cases are kept under the supervision of the former, whereas otherwise the medication is controlled by the physician. Diagnostic electro-encephalograms are carried out on request at St. Cadoc's Hospital, Caerleon.

Suitable cases are dealt with by my School Health Department under the Handicapped Pupils Regulations, and admissions to Special Schools arranged. However, there are many other cases which lead normal lives when adequately controlled by sedative drugs, and for some time concern has been felt as to the necessity for supervision at home of prescribed medication. To help with this a scheme has been devised whereby arrangements are made for Health Visitors to be notified by the School Health Department of all cases under the care of physicians which are notified by them, and for which the General Medical Practitioners have been asked to prescribe. The Health Visitors are informed as to the nature of the treatment prescribed and asked to call at the homes as often as possible to ensure that the drugs are taken and also to see that follow-up specialist appointments are kept. Cases discovered at the Child Guidance Clinics are similarly dealt with.

Home Training and Occupational Therapy are available for the homebound epileptic mental defectives.

Convalescence.

There were no children at 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. 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., and by Mr. R. Vaughan-Jones, F.R.C.S. 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 31st December, 1957, there were on the County Register 892 persons registered as blind (418 males and 472 females), and 271 registered as partially sighted (105 males and 166 females).

During the year 1957, 360 cases were referred to this Department for examination or re-examination.

As a result of the examinations carried out by Mr. G. W. Hoare, F.R.C.S., at his Newport Clinic 44 new cases were certified to be Blind. 53 were certified as partially sighted and 4 were found to be not blind or partially sighted. Of the re-examinations, 8 were found to be still blind and 36 still partially sighted. 22 were certified as blind, having been previously certified partially sighted and 1 previously blind case was found to be partially sighted.

Cases examined at hospitals included 11 certified as blind and 1 as partially sighted.

Mr. Hoare made 136 domiciliary visits to examine persons who were unable to visit Newport. The result of these examinations led to the certification of 63 new cases as blind and 32 as partially sighted. Of the re-examinations, 15 partially sighted persons were found to be blind and 1 blind person was found to be partially sighted. 6 were still blind and 19 still partially sighted. 4 persons died before examination.

12 operations for cataract was carried out at the County Hospital, Griffthstown, as a result of recommendations made at the time of the exam-

inations. Several aged persons refused to accept the recommended surgical treatment.

Mr. R. Vaughan Jones also made 11 domiciliary visits. 5 of the new cases examined were certified as blind and 3 was partially sighted.

Of the re-examinations 2 were still partially sighted and 1 was found to be not blind or partially sighted.

MEDICAL EXAMINATIONS OF STAFF, ETC.

All new members of the Council's Administrative, Professional and Technical Staff are examined by Medical Officers prior to permanent appointment.

During 1957, 907 examinations were carried out, including school canteen workers, roadmen, etc.

In addition 694 school children were examined for fitness for part-time employment under the Council's Employment of Children Bye-Laws, April, 1949.

Also 246 applicants for admission to Teachers' Training Colleges were examined and 138 school teachers.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Cancer.

During the year 1957 the number of deaths from Cancer was 592, a decrease of 17 on 1956. The following table shows the incidence of the disease over the past 13 years:

All forms of Cancer.

1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945
592	609	597	564	624	569	569	537	563	557	532	503	499

Cancer of lung and bronchus.

1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945
89	105	106	70	107	74	74	59	—	—	—	—	—

There was a decrease in the total number of deaths from cancer of 17 compared with the previous year. This was almost entirely accounted for by the decrease in the number of deaths from cancer of the lung and bronchus, which was 16. 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.							RURAL DISTRICTS.						
	MALES.							MALES.						
Year / Age Group	1957	1956	1955	1954	1953	1952	1951	1957	1956	1955	1954	1953	1952	1951
0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—	5	2	1	2	3	3	2	1	—	—	1	—	—	1
45—	43	51	45	33	53	28	30	6	12	13	5	8	6	7
65—	15	20	28	16	20	17	20	5	3	2	2	5	4	1
75—	3	8	8	4	6	1	4	2	2	1	1	—	—	—
Total Males	66	81	82	55	82	49	56	14	17	16	9	13	10	9
	FEMALES.							FEMALES.						
Year / Age Group	1957	1956	1955	1954	1953	1952	1951	1957	1956	1955	1954	1953	1952	1951
0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—	1	1	1	1	—	1	—	—	—	—	—	—	—	—
45—	4	4	1	1	4	7	4	1	—	—	1	4	2	1
65—	—	—	4	1	1	3	4	3	—	2	—	—	1	—
75—	—	2	—	2	3	1	—	—	—	—	—	—	—	—
Total Females	5	7	6	5	8	12	8	4	—	2	1	4	3	1

	1957	1956	1955	1954	1953	1952	1951
Grand Total	89	105	106	70	107	74	74

Year.	Deaths from All Forms of Cancer.		
	No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.
1951 ...	569	+32	+ 6%
1952 ...	569	—	—
1953 ...	624	+55	+10%
1954 ...	564	−60	−10%
1955 ...	597	+33	+ 6%
1956 ...	609	+12	+ 2%
1957 ...	592	−17	− 3%

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.
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%
1956 ...	105	− 1	− 1%	504	+13	+2.6%
1957 ...	89	−16	−16%	503	− 1	−0.2%

Tuberculosis.

Under the Public Health (Tuberculosis) Regulations, 1952, in the year 1957 there were 211 primary cases of Pulmonary Tuberculosis notified and 30 deaths were registered. Of other forms of Tuberculosis 17 cases were notified but no deaths were registered. The total number of primary notifications of all forms of Tuberculosis was therefore 228, and the number of deaths from all forms of Tuberculosis was 30. In 1956, 228 cases of Pulmonary Tuberculosis were notified and of other forms 20 cases. In this latter year 33 deaths from the pulmonary form and 2 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.

The accompanying table shows the decline in the notification rate and death rate for both respiratory and non-respiratory tuberculosis. The figures for 1957 will be seen to be the lowest in the table.

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.
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
1956	0·71	·06	·10	·006
1957	0·63	·05	·09	Nil

Summary of notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1952, during the year 1956, with the number of deaths notified by the Registrar-General is shown as follows:—

Age Periods.	Primary Notifications of New Cases — 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—	—	—	—	—	—	0—	—	—	—	—	—
1—	1	1	—	—	2						
2—	2	2	—	1	5						
5—	8	4	1	1	14						
10—	12	2	1	1	16						
15—	13	12	—	1	26						
20—	12	14	1	2	29						
25—	16	17	—	1	34	25—	3	4	—	—	7
35—	22	14	—	3	39						
45—	16	12	2	1	31	45—	11	2	—	—	13
55—	17	4	—	1	22						
65—	5	3	—	—	8	65—	10	—	—	—	10
75 and Upwards	2	—	—	—	2	75—	—	—	—	—	—
	126	85	5	12	228		24	6	—	—	30

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1957, to 31st December, 1957, 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	...	...	...	...	...	...	...	...	...	1	...	3	...	4	(A)
		F	...	...	...		...	...	...	...	...	...	1	...	...	1	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	—	
Death Returns from Registrar General (transferable deaths)	Respiratory	M	...	...		...	...	...	...	...	...	...	...	1	...	1	(A)
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(D)
Posthumous Notifications.	Respiratory	M	...	...	...	...	...	...	...	...	1	2	...	...	...	3	(A)
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	—	(D)

Totals: (A) ... 8 (B) ... 1 (C) ... — (D) ... —

From the previous table, it will be seen that 5 non-notified deaths from Tuberculosis were discovered through examination of the Death Returns received from local Registrar, and transferable death returns from the Registrar-General showed one. There were 3 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 prescribed treatment was carried out. 1,041 visits were made to tuberculous households. They also attended Chest Clinics in their areas from time to time. There was no full-time tuberculosis visitor on the Council's Staff during the year.

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 1957 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. 13,750 letters and consent forms were sent out and 7,610 consents re-

ceived, a consent rate of 59%. 169 schools were visited by Medical Officers or Health Visitors and Multiple Puncture Skin Tests were carried out.

Skin tests were carried out on 5,348 entrants and seven-year-olds and positive results were obtained in 206 cases, a rate of 4%. In the case of leavers, skin tests were carried out on 1,653 pupils, and of these 252 yielded positive results, a percentage of 15 of the leavers tested. Unfortunately many pupils were absent or not available at the time of the visit for the application of the test or its later reading.

As part of the whole scheme for the prevention of tuberculosis in schools, arrangements were made with the Mass Radiography Service of the Welsh Regional Hospital Board for X-ray examination of many of the same pupils, for whom parent's consent had been obtained. A mobile X-ray unit visited the County in May, 1957, and investigation of school children was carried out at 10 centres, 6 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.

In all, 5,271 pupils were X-rayed by the Mobile Mass Radiography Unit, and cases showing any abnormality were referred for further investigation. 5 cases of active tuberculosis of the lungs were discovered by Chest Physicians on follow-up examinations. There were 48 cases of healed primary complex. In addition a number of cases were recommended for observation and re-examination. 5 cases of suspected heart abnormality were reported by the Mass Radiography Unit. 2 were known cases of congenital heart disease. The others were referred for examination by Professor A. G. Watkins, who found no organic disease.

I should like to express my thanks to the Medical Officer, Administrative Officer and Staff of the Mass Radiography Service for their co-operation and courtesy in connection with the above work. An investigation of this nature involves much co-ordinated organisation and the arrangements were most satisfactory. I am also indebted to the Special Services Department of the Director of Education for arranging the transport and to the Head Teachers for so willingly helping.

This scheme, in addition to affording the detection of current disease,

provides a valuable degree of health education, bringing to the notice of parents and older pupils the fact that such means of prevention are available.

B.C.G. Vaccination.

'As a result of the receipt of Circular 14/56 (Wales), dated 27th July, 1956, from the Welsh Board of Health, the Monmouthshire County Council decided to commence a scheme for the B.C.G. vaccination of school children against tuberculosis. A scheme was submitted to the Welsh Board of Health and a letter dated 4th September, 1956, intimated the Board's acceptance.

It was proposed to carry out the vaccination on children aged between 13 and 14 years, thus allowing for a further year before leaving school in which the children could be kept under supervision. The first report of the Medical Research Council's Committee on Tuberculosis Vaccines also showed that children of this age-group were given a substantial degree of protection against tuberculosis when vaccinated with B.C.G. vaccine. Only those children showing a negative tuberculin skin test would be vaccinated.

During the Autumn of 1957 the appropriate schools were circularised and explanatory letters sent to parents, together with consent forms. Tuberculin skin tests were carried out on children for whom parental consent had been obtained ,the tests being carried out by means of the Heaf Multiple Puncture Gun. A week after the performance of the tests, the schools were visited and the results read by specially designated School Medical Officers. Those children who yielded negative skin tests were given by B.C.G. vaccination by the School Medical Officers who read the results of the tests. At the time of the vaccinations a letter describing the reactions to be expected and steps to be taken if advice was desired was provided for the parents of each pupil. Four to six weeks later visits were paid each school by a designated School Medical Officer for the purpose of inspecting the vaccination sites, and further visits were later paid by School Nurses for the purpose of further skin tests to ensure that the vaccination had been successful. Unsuccessful cases were listed for further action.

The School Medical Officers who carried out the vaccinations and subsequent inspections had recently attended a special 3-day course at Cardiff to receive training in the technique and reactions of the injections.

By the end of 1957, 4,097 consent forms had been sent out, and 2,742 consents received. Multiple-puncture skin tests were carried out on 2,267 pupils, of whom 1,903 were negative. B.C.G. vaccination was performed on 1,889 children.

The " tour " required to cover all the children in the selected age-groups could not be completed by 31st December so that some of the pupils remained to be dealt with in early 1958.

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. 129, Stow Hill.	Monday	9.15 a.m.	Men only.
		2. 0 p.m.	M.R. Recalls.
	Tuesday	9.15 a.m.	Women only.
	2nd Tuesday	2. 0 p.m.	Non-respiratory Clinic.
	Wednesday	9.15 a.m.	Children only.
		2. 0 p.m.	Contacts.
		3. 0 p.m. to 3.30 p.m.	Thoracic Surgery (out-patients)
New and old cases, by appointments only.		5.30 p.m.	Working Males.
	Thursday	9.15 a.m.	Men only.
		2. 0 p.m.	Contacts.
	Friday	9.15 a.m.	Women only.
		2. 0 p.m.	B.C.G. Clinic.
	Saturday	9.15 a.m.	Appointments only.
Pontypool. Park Buildings. Tel. No. 480.	Tuesday	10. 0 a.m.	Men only.
		2. 0 p.m.	Women and Children.
	Thursday	9.30 a.m. 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. Maindiff Court. Tel. Abergavenny 226.	Thursday	10.30 a.m.	New and old patients (by appointment only)
Monmouth.	Friday,	2 p.m.	By appointment.

Clinics at Monmouth temporarily suspended. Monmouth patients seen at Chest Unit, Mount Pleasant Hospital, Chepstow.

Chepstow. Chest Unit, Mount Pleasant Hospital. Tel. Chepstow 332.	Tuesday	2. 0 p.m.	New and old patients (by appointment).
Static Mass Radiography Unit, Wrenford Memorial Hall, Commercial Street, Newport.	Monday, Tuesday, Thursday, Friday	10 a.m. to 12 noon; 2 p.m. to 4 p.m.	General Population.
	Tuesday,	5 p.m. to 7 p.m.	General Population.
	Wednesday,	10 a.m. to 12 noon.	School Children.
		2 p.m. to 4 p.m.	Expectant Mothers

RHYMNEY AND SIRHOWY VALLEY AREA.

Personnel:

Chest Physician.	Dr. F. W. Godbey.	**Private Tel. No.:** Caerphilly 3167.
Asst. Chest Physicians.	Dr. N. C. Norman.	
	Dr. M. C. McCabe.	
	Dr. S. Keidan.	
Clinic Sisters.	3 (1 half-time).	

Chief Clinic:

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

Tel. No.: Caerphilly 2333 and 2334.

Time Table:

Clinics.	*Days and Times.*		*Sessions.*
Caerphilly. "Heathfield," St. Martin's Road.	Monday,	9.30 a.m.	Children.
		2. 0 p.m.	New patients.
	Tuesday,	9.30 a.m.	New patients.
		2—3 p.m.	Miniature Radiography
	Wednesday,	9.30 a.m.	Refill Clinic.
	,,	2. 0 p.m.	Old patients (Male).
	,,	5. 0 p.m.	Specal appointments.
	Thursday,	9.30 a.m.	New patients.
	,,	2. 0 p.m.	Old patients (Female).
	Friday,	9.30 a.m.	Old patients (Bed cases)
	,,	2. 0 p.m.	Contact and B.C.G. Clinic.
	Saturday,	9.30 a.m.	Special Appointments.

Pontllanfraith. Llanarth Road. Tel. No. Blackwood 3281.	Monday,	10. 0 a.m.	New and old patients.
	,,	2. 0 p.m.	Refill Clinic.
	Tuesday,	10. 0 a.m.	Tomography Clinic.
	,,	2.30 p.m.	Tomography Clinic.
	Wednesday,	10. 0 a.m.	New and old patients
	,,	2.30 p.m.	Old patients—bed cases.
	,,	2.30 p.m.	Contact 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.	Contact and B.C.G. Clinic.
	Saturday,	10.0 a.m.	Special appointments.
Ebbw Vale . Pentwyn House, Ebbw Vale Hospital.	Tuesday,	1.30 p.m.	New and old patients.
	Friday,	1.30 p.m.	New and old patients.
Nantyglo. Blaina & District Hospital.	Tuesday, (Also for Brynmawr patients)	11. 0 a.m.	New and old patients.
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.
			New and old cases (by appointment only).

Isolation Hospitals.

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

Smallpox 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 vaccination carried out for 1957 are shown on page 81.

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 1957.

Scarlet Fever.

The number of notifications of Scarlet Fever was 165. It was 325 in 1956.

Diphtheria.

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

	1957	1956	1955	1954	1953	1952	1951	1950	1949
No. of Notifications ...	Nil	Nil	Nil	2	Nil	8	10	9	13
No. of Deaths ...	Nil	Nil	Nil	Nil	Nil	2	Nil	Nil	Nil

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 80.

Puerperal and Post-Abortion Sepsis.

This is referred to later on page 72 under the heading of Maternal Mortality.

Ophthalmia Neonatorum.

This has been referred to earlier on page 5 under the heading of Maternity and Child Welfare.

Meningococcal Infection.

	1957	1956	1955	1954	1953	1952
No. of cases notified ...	6	2	3	3	4	6
No. of deaths	4	2	1	2	3	2

Acute Poliomyelitis.

	1957	1956	1955	1954	1953	1952
No. of cases notified ..	63	8	33	3	9	18
No. of deaths	3	Nil	2	3	1	2

Chicken Pox.

This disease was not compulsorily notifiable.

Measles.

	1957	1956	1955	1954	1953	1952
No. of cases notified ...	2,822	1,554	4,620	47	3,556	1,648
No. of deaths	1	1	Nil	Nil	3	1

Whooping Cough.

	1957	1956	1955	1954	1953	1952
No. of cases notified ...	276	437	399	839	556	667
No. of deaths	Nil	2	Nil	1	2	3

Influenza.

	1957	1956	1955	1954	1953	1952
No. of deaths	60	13	25	15	3	10

Acute Pneumonia.

	1957	1956	1955	1954	1953	1952
No. of cases notified ...	163	108	177	174	275	215
No. of deaths	118	123	140	134	127	110

Influenza.

An outbreak of Influenza was reported in the Far East in April, 1957, which appeared to be very communicable but not generally fatal. This disease spread rapidly and eventually affected most parts of the world. The name Asian Influenza had been given to the condition, and the causative virus labelled Type A/Asian/1957.

In the first few days of September, 1957, an outbreak of Influenza commenced and first showed itself in the north-eastern parts of the County, where Secondary Schools began to be affected. Children in Junior and Infants' Schools were then affected followed by the adult population and young child-

ren. In several schools the absenteeism rose to over 50% of pupils on the registers and the peak of the epidemic appeared to have been reached by about 23rd September, after which it declined. The epidemic spread to other parts of the County and followed a similar pattern. Absence from school or employment was generally about a week.

In a letter dated 26th September, 1957, the Chief Medical Officer of the Ministry of Health asked for full co-operation of the Authority with the general medical practitioner and hospital services in the event of the outbreak assuming serious proportions and disturbing the services available.

Tentative arrangements were drawn up whereby assistant medical officers would be asked to assist general medical practitioners who were in difficulty or hospitals who were seriously overworked. The Ambulance Service was also prepared to assist, but fortunately the emergency did not arise.

A letter dated 23rd September, 1957, from the Welsh Board of Health intimated that a vaccine designed to give protection against Asian type of Influenza was now being produced and protective vaccination was to be offered to local health authority staff who care for the sick in their own homes, e.g., nurses, midwives, home helps, ambulance staff and other staff who may be called upon to visit the sick at home. All the members of the Council's staff falling into these categories were informed of the offer, and consenting persons were later given the necessary injections.

Poliomyelitis Vaccination.

In continuation of my last year's report, the Welsh Board of Health in Circular 22/56 (Wales) dated 12th December, 1956, stated that it was hoped that from mid-January, 1957 onwards, regular supplies of the poliomyelitis vaccine would be available and that general medical practitioners would be given the opportunity to take part in the scheme in accordance with Section 26(3) of the National Health Service Act, 1946. These arrangements were to take effect from January, 1957, onwards.

General Medical Practitioners were to be allowed to take part whether or not they were otherwise participating in the National Health Service, and could decide to join the Scheme at any time, in order to vaccinate registered children who were their patients.

It was laid down that parents should be informed that as an alternative to having their children vaccinated by the Local Health Authority, they may ask the family doctor if he is willing to perform the vaccination and they might be asked in that event to secure for the Local Health Authority, his confirmation in writing that he will make the necessary arrangements.

Where a comparatively large area, such as the County of Monmouth, has to be dealt with, it will be seen that considerable practical difficulties arise with regard to the vaccination of children by the general medical practitioners having regard to the fact that ordinary postal arrangements cannot be used for transmission of the vaccine from the Health Department to the various addresses. However, after discussions with a Sub-Committee of the Local Medical Committee, and an informal talk with a medical officer of the Welsh Board of Health, a scheme was evolved which appeared to overcome all the major obstacles. The explanatory letter printed on the back of the application form told the parents that instructions as to the actual vaccination would be sent at the time of appointment. The appointment form, accordingly, offered vaccination at a stated time and place by a medical officer of the County Council, but also offered the alternative of vaccination by the family doctor. In the latter case the parents were asked to obtain the doctor's written consent on a form provided at the foot of the appointment form. On presentation by the family doctor of this consent form, the vaccine and record card was handed to him. For the second injection an appointment was sent so that the doctor could collect the vaccine at the clinic. On returning to the County Medical Officer, the completed record card, the family doctor is entitled to a payment of 5/- for the completion of the record. It was deemed inadvisable that vaccine should be handed to members of the lay public, in view of its special storage requirements and that only the doctor should be allowed to collect it. This scheme allowed of the vaccine being delivered to convenient spots in the County with a minimum of time out of the refrigerator and a letter of explanation was sent to all general medical practitioners in the County on 18th June, 1957.

Circular 6/57 (Wales) dated 14th May, 1957, from the Welsh Board of Health indicated that, subject to decisions of Medical Officers of Health to the contrary, vaccination would continue throughout the Summer and that supplies of vaccine would be delivered as they became available. Further, it was proposed to extend the age group of eligible children so as to include those born in 1955 and 1956, and the public was notified of this by Press advertisement. Information was also given to all Area Medical Officers and Clerks and Health Visitors. Schools were also reminded that eligible children who had not been previously registered could still be accepted for vaccination. Consent cards could still be obtained from the various premises or by direct application to the County Medical Officer.

When the Scheme was started in 1956, owing to the extremely small supplies of vaccine available only one unkept appointment was allowed unless a reason for the non-attendance was forthcoming. The appointment notice stated that in the case of non-attendance, unless a reason was supplied it would be assumed that vaccination was not required. However, in June, 1957.

it was decided to give a second opportunity to non-attenders. In case the children were away on holiday or suffering from temporary illness, the second appointment was in each case deferred for at least three weeks. In all cases where a reason was forthcoming, further appointments were given.

In a further letter dated 19th November, 1957 (Circular 16/57 Wales) the Welsh Board of Health announced a proposed further extension of the scheme, so as to include children up to the age of 15 years and children born in 1957 who had reached the age of six months.

It was stated that supplies of vaccine from a second British manufacturer could now be expected but in order to carry out the extended programme it would be necessary to supplement the British supply by importation of Salk Vaccine manufactured in Canada and the United States of America. Before use, the imported vaccine would be required to pass in this country the same safety and other tests as are applied to the British Vaccine. The Canadian Vaccine was to be supplied in vials of 10 doses each and the American vaccine in vials of 9 doses each, whereas the British vaccine had been supplied in vials of 10 doses each and also smaller vials of 1 dose each.

On receipt of the Circular arrangements were made for further Press announcements on the same lines as previously, indicating the new groups of persons now eligible and supplies of registration cards were deposited at Infant Welfare Clinics, etc. Schools were again circulated but now Secondary School pupils had become eligible and from these latter schools, a large number of registrations were received in bulk from the individual schools. Approximately 13,000 registrations were received from Secondary schools and it was immediately obvious that a great economy of effort for all concerned could be effected by the vaccination being carried out, except for those who had chosen vaccination by the family doctor, at the schools. The new registration cards which had been printed contained a provision for the acceptance or re jection of the imported vaccine, but large numbers of registrations were received on the old cards which had been left unused in the various centres from the previous distribution. Also, many of the new cards had not been filled in to indicate a preference. The new letters of appointment indicated that where no preference had been expressed, the imported vaccine would be used unless a written objection was received.

The injection of the persons concerned in the new group of course had to be carried over into 1958, and the next Annual Report will give details of the numbers done.

From 3rd May, 1956, until 31st December, 1957, 28,224 doses of poliomyelitis vaccine, all of British origin were received and 11,314 children had received two injections and 1,352 children were awaitng the second injection.

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.
Thursday ...	2. 0 p.m. and 5.30 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 1957, 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.

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 1957:—

	First Visits	Total Visits
To Expectant Mothers	263	447
,, Children under 1 year of age ...	5,470	17,051
,, Children between 1 and 5 years of age...	—	32,028
In other cases	—	39
		(excluding 5,921 fruitless visits).

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

REPORT OF THE AMBULANCE SERVICE FOR 1957.

National Health Service Act, 1946, Section 27.

"It shall be the duty of every local health authority to make provision for seeing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area."

In planning to meet this obligation placed upon them as a local health authority, the County Council had recognised that Section 27 of the Act implied a need for an ambulance service which could deal not only with emergencies but would also be an important supplement to the hospital and other health services available under the Act.

It was appreciated that as the free nature of the service became known, the demand for the transport of persons suffering from illness would steadily grow and the Council's amended Ambulance Scheme which was approved by the Minister of Health in October, 1950, had been devised to provide a basis on which the Ambulance Service could be developed to meet all new and increasing demands. As the various other health services gathered momentum, so the Ambulance Service was required to play an increasingly active part and it was a splendid tribute to the far-sighted policy of the County Health Committee, that during the past seven years, all new demands had been adequately met by developing the Service within the framework of the approved scheme and no major amendment had been necessary.

To-day, the Council's Ambulance Service is an efficient unit of the County Health Department, highly organised and capable of dealing effectively with all calls made upon it within the scope of its proper function under the Act.

Review of Year's Working.

An impression of the importance of the work now being undertaken by the Council's Ambulance Service may be gained from a brief review of the operational statistics for the past year.

The total number of patients conveyed in Ambulance Service vehicles during the 12 months ended 31st December, 1957, is 102,016 and this includes 8,953 stretcher cases and 93,063 sitting cases. During the same period 30,516 ambulance journeys were made and a total of 789,153 miles covered. There were 1,005 more patients conveyed this year than in 1956, though ambulance mileage decreased by 11,683 miles. There were 10,257 accidents and other emergencies dealt with during the year.

The reduction in mileage experienced this year is attributable to two main reasons: (a) improved co-ordination of the Ambulance Service in general and (b) further extension of the Ambulance Service V.H.F. radio/telephone communication system between station and mobile. There are indications that the number of patients using the ambulances will continue to increase and at this juncture, it seems inevitable that any further increases in the numbers conveyed will be reflected in higher mileage.

Ambulance Service for National Coal Board.

Under the contract between the Council and the National Coal Board the Ambulance Service dealt with 2,378 cases of accident and illness, involving 36,575 miles during the year on behalf of the Board.

Co-ordination with other Ambulance Authorities.

Reciprocal arrangements operated during the year with mutual advantage between the ambulance services of Monmouthshire and the neighbouring authorities of Glamorganshire, Gloucestershire, Herefordsire and the County Borough of Newport. Such arrangements are desirable not only as a means of mileage saving but by the closer integration of the authorities' services, enable all available ambulances to be deployed to the best advantage.

Conveyance of Patients by Rail.

Experience in the transportation of patients over long distances, has proved that generally, such journeys can with advantage be made by rail and patients usually travel more comfortably than when conveyed by road. Where a journey is by main line service, this is much quicker than a similar journey by road and the patient will suffer less from travel strain. British Railways offer excellent facilities for the conveyance of both sitting and stretcher cases and upon request, will provide a specially designed stretcher which fits into the reserved compartment.

The complete journey is organised by the Ambulance Service. The route is decided and the appropriate reservation of seats or compartment arranged. The ambulance authority at the de-training station is then requested to provide the necessary transport to convey the patient from the train to final destination.

The Council's Ambulance Service made extensive use of this mode of transport during the year and in this, received the fullest co-operation of the Staff of British Railways.

SANITARY CIRCUMSTANCES OF THE AREA.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Adequacy.

There were no drought conditions during the year and it was not frequently necessary to curtail supplies.

Cardiff Corporation continued in its progress of promoting a Bill in Parliament to enable them to build a reservoir near Coedypaen, and pipe water to it from the River Usk at Monkswood (Llandegveth Water Scheme). Sufficient water from this source is vital for Monmouthshire as in its present conception it is by far the largest possible source for the future supply of large areas of Monmouthshire. As none of the Monmouthshire Statutory Water Undertakers involved had sufficient financial resources to undertake the development of this supply, it is a matter of grave concern that, for similar reasons, they may be unable to ensure the future supplies of their areas from this source.

Negotiations are still proceeding for the regrouping of Water Undertakings in the County consequent upon the issue of Circular No. 52/56 of the Ministry of Housing and Local Government.

Quality.

Generally speaking, the bacteriological quality of the treated mains supplies remains good, while untreated supplies from wells, springs and streams, etc., in remote areas are poor and subject to contamination. In safeguarding water supplies in their areas Public Health Inspectors of the District Councils collected 1,015 samples of water for examination during 1957.

Of these, 637 samples were taken from treated supplies, 616 being from public supplies and 21 from private treated supplies. 553 samples taken from the piped treated supplies were satisfactory and 63 unsatisfactory. When unsatisfactory reports are received the supplies are investigated until the source of contamination is ascertained and eradicated. A few of the private treated supplies are unsatisfactory.

353 samples of untreated water were taken for bacteriological examination. Of these 211 were of water going for treatment in public supplies to help to ascertain the type and degree of treatment required. The remaining 142 samples of untreated water were taken from individual rural supplies; only 36 were satisfactory compared with 106 unsatisfactory. When it is realized that the results of untreated waters are assessed on a much more lenient basis than that adopted for treated waters, the extent to which the foregoing results

serve to illustrate the need to extend public piped treated water supplies wherever possible can be appreciated even more fully. In this connection, in addition to domestic requirements, the need of pure water supplies to dairy farms is again stressed.

The chemical nature of water supplies does not normally change rapidly and generally speaking fewer samples are taken. Of the 25 taken during the year, 19 were satisfactory and 6 unsatisfactory. A few supplies are subject to plumbo solvency and in these areas the use of lead service pipes is forbidden.

General Comments.

The following observations are made upon supplies in a few areas:—

Blaenavon Urban District. Concern over quality and adequacy is long-standing. Arrangements are being made for some improvement from the Pontypool Water Company's supplies.

Nantyglo and Blaina Urban District. The supply is liable to plumbo solvency and lead service pipes are forbidden.

Rhymney Urban District. The supply is inadequate during dry summer periods.

Risca Urban District. Supplies to houses at high level are restricted during dry weather spells.

Tredegar Urban District. The normally reliable supplies to the part of the Bedwellty Urban District in the Sirhowy Valley failed temporarily during a breakdown of the chlorine supply feed.

The following is a summary of the position of current 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. Delay is still experienced in connection with the proposed Grosmont supply. The badly needed sewerage scheme depends upon the solution of difficulties impeding the water scheme. A scheme for the hamlet of Llangattock Lingoed has also been under consideration.

Chepstow Rural District. The scheme to serve Tintern has been completed. A scheme to serve Earlswood and Newchurch West is under consideration. The area around Llangwm is in need of a proper piped water supply.

Magor and St. Mellons Rural District. No further water supply schemes are contemplated.

Monmouth Rural District. A comprehensive scheme of extensions to the Trelleck Scheme to serve the western and north-western portions of the area has been approved, but consideration is now being given to its amendment and further extension.

Pontypool Rural District. The supply for the Coedypaen area is still under consideration. Extensions from the Gwehelog supply are contemplated.

Sewerage.

The Eastern Valley Mains Trunk Sewer is working smoothly. Considerable extensions are in hand on account of the increased population served. The Rhymney and Western Valleys Trunk Sewers are discharging untreated into the Bristol Channel. Concern as to the adequacy of these latter sewers continues to grow.

Work is in hand on the new treatment works at Llanfoist for the Borough of Abergavenny.

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

Abergavenny Rural District. No progress has been made in connection with proposed schemes for Pandy, The Bryn, Brynygwenin. The scheme for Grosmont is delayed by the continued failure to provide a piped water supply.

Chepstow Rural District. No progress has been made in the schemes for Devauden and Undy. A scheme is being advanced for Tintern.

Magor and St. Mellons Rural District. Further consideration has been given to the scheme for Henllys. The Magor scheme is in abeyance. Work is in progress on the first section of the Langstone scheme.

Monmouth Rural District. The Raglan scheme has been completed and no other scheme is at present contemplated in this area.

Pontypool Rural District. Work is in progress on the scheme for Penpelleni. Some sewerage works, all connecting eventually into the Eastern Valley Trunk Sewer, have been carried out at Croesyceiliog at the Council's own cost. A sewer is required at Llanfrechfa.

Housing.

The number of Council houses completed during 1957 was considerably smaller than during the years immediately preceding. As a result of stringent

national financial measures it is anticipated that this trend will continue in 1958. The activities of Cwmbran Development Corporation and private building continued at the same increased rate as the preceding year.

The following figures for the years 1938, 1946, 1956 and 1957, 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
1956—	Council houses erected	1,521	
	Private houses erected	266	
	Cwmbran Development Corporation ...	578	
			Total 2,365
1957—	Council houses erected	910	
	Private houses erected	294	
	Cwmbran Development Corporation ...	572	
			Total 1,776

The numbers of houses of all types owned by local authorities in Monmouthshire on the 31st December of each of the years, 1938, 1946 and 1957 are also of interest:—

1938	... ...	6,831
1946	... ...	7,550
1957	... ...	22,988 (In addition 2,481 were owned by Cwmbran Development Corporation).

Further details will be found in the Table later in this Report.

As reported for several years, it is unfortunate that the 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 preserva-

tion and improvement of such houses. The Table given later shews the relative activity in the various local authority areas of the County in this work. It will be seen that interest is now beginning to be awakened in this important social aspect. Grants have been made in 1,141 cases and loans in 271 cases since the Housing Act, 1949, first introduced these inducements. Almost the whole of the grants and loans involved have been made since the Housing Act, 1954, came into operation on the 1st October of that year.

When it is realized that frequently grants and loans still do not provide substantial 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 realized that, as yet, only the fringe of the problem has been encountered.

The Rent Act, 1957, will have a bearing upon this matter. Perhaps one of the unfortunate insidious results of this Act is the number of "botched" repairs which are being carried out to tenants' vague specifications and to the satisfaction only of smug landlords and "jerry-building" jobber-builders. It would appear that in the future one of the important functions of local authorities in housing matters will be the lending of capital for prospective owner-occupiers to buy and repair their houses.

In spite of the priority now being ascribed to slum clearance a great number of people in the County are still living under appalling conditions.

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. This will entail the provision of a number of properly constructed cesspits in rural areas, the subsequent periodical emptying of which is a matter which will need to be faced eventually. A number of larger schools in the County are in need of re-planning and general improvement.

Clean Air.

It is unfortunate that the fears expressed previously regarding the cleansing of the air in South Wales and Monmouthshire already shews some signs of being realized. While active measures are being pursued from many quarters to ensure that industries comply with the Clean Air Act, 1956, in as far as modern knowledge and development permit, local authorities in the area are paying scant attention to their own optional powers of creating smoke control

areas. As it is usually estimated that about half the pollution of the atmosphere is from domestic chimneys, the execution of these or similar powers are a necessary and important part of the drive for clean air. National and press educational material has generally been effective, but it would appear that renewed efforts are required in those areas where concessionary coal issues are obscuring the broader requirements of the improved public health.

Milk.

The pasteurising plants at Abergavenny, Abertillery, Marshfield and Nantyglo continued in operation during the year. The plant at Tredegar ceased to operate 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 regular samples of milk taken for examination. When necessary, samples are taken from various stages of processing. 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 continued. 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 folks' homes are also checked periodically, as well as those hospitals requested by the Welsh Board of Health or the Regional Hospital Board. At the request of the Welsh Board of Health the sampling service extended its work in connection with the submission for biological examination samples of raw milk sold in retail. 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 the year 1954-57.

The following is a summary of the nature of the 1,266 samples of milk taken by the County Health Inspectors during the year:—

For Bacteriological Examination:	
From Pasteurising Plant	424
On delivery at Schools	482
On delivery at Hospitals, Old Folks' Homes, Children's Homes, Special Schools, etc.	145
Other examinations	108
	1,159
For Biological Examination	107
	1,266

The whole of the County is now scheduled as a " Specified area," by which all milk sold in retail is required to be " sterilised," " pasteurised " or " tuberculin tested." Responsibility for ensuring that all milk sold in retail was subject to these licences issued by various authorities devolved upon the Food and Drugs Authority and the County Health Inspector was appointed the authorised officer for the area for which the County Council is responsible. The following is a summary of action taken in this respect during the year:—

Complaints investigated	9
Licences eventually issued by appropriate authorities	6
Ceased retailing milk	3
In addition, referred informally for clarification of licence required	4

Ice Cream.

No legal bacteriological standard has yet been fixed for ice cream to support local authorities in their efforts to ensure a safe product. The Food Hygiene Regulations, 1955, have nevertheless been quite useful in this respect.

Meat.

Various measures are being prepared which will eventually improve conditions at slaughterhouses from both hygiene and cruelty points of view.

Food Hygiene.

Educational methods continue to be applied wherever possible to counteract the ever-increasing incidence of food poisoning which has accompanied a change in the nation's feeding habits.

Caravans.

Residential caravans, increasing in numbers for many years, now require to be considered seriously from a health stand-point by urban as well as rural authorities.

Swimming Baths.

Bacteriological control of the condition of the water continues in conjunction with the stimulating of interest in the particular healthy exercise.

Nuclear Radiation.

Yet another subject appears in the requirements of the exponents of environmental health. The field of industrial and other application is vague, vast, new and somewhat unexplored. The first necessity is to train all public health staffs in various stages and degrees, according to their requirements, in the rudiments of this science and its application to the public health field.

FOOD AND DRUGS ACTS, 1938-1955.

Sampling.

During the year 1957 1,036 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 561 milk samples taken whilst in course of sale to the public, 387 samples of other food, 22 pharmaceutical products, 18 beer samples and 48 samples of ice cream. The samples of "Other Food" were of all kinds of tin, jar and packet varieties.

The Analyst certified 553 milk samples, all the samples of other food, pharmaceutical products, beer and ice cream to be in accordance with the various standards required. Of the remaining samples 6 were not in accordance with the standards required. One bottle of milk contained a fragment of leaf and the bottler was given a cautionary letter. The remaining bottle of milk contained a small four-legged vertebrate mammal of the genus mus and owing to lack of evidence the case was not proceeded with.

Two producers and one milk retailer were prosecuted for selling milk containing added water. One producer was prosecuted for selling to a Hospital a bottle of milk which contained dirt and one retail dairy was prosecuted for selling to a County Council School, a bottle of milk which contained a piece of glass.

Altogether 7 Informations were upheld and the Magistrates inflicted fines to the total amount of £46 and costs of £13/13/0d.

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

Fat	3.70%
Solids not Fat	8.77%
Total Solids	12.47%

The percentage of samples "Not up to Standard" was 0.579% and the percentage of Adulteration was 0.507%.

STATISTICAL DATA.

STATISTICAL DATA.

Area	... ...	339,089 acres
Population in 1949	(Mid-year) ...	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
Population in 1956	do. ...	323,400
Population in 1957	do. ...	325,200
Rateable Value, 1957	... ...	£2,445,896
Sum represented by a penny rate, 1957		£9,314

The Vital Statistics for Monmouthshire and for England and Wales for the year 1957, compiled by the Registrar-General are as in the sub-joined table.

	Birth Rate per 1,000 of home population				Death Rate per 1,000 Home population		Deaths under one year of ag per 1,000 birth	
	Live Births	Live Births	Still Births	Still Births				
	1957	1956	1957	1956	1957	1956	1957	1956
ENGLAND & WALES ...	**16.1**	*15.6*	**0.37**	*0.37*	**11.5**	*11.7*	***23.1**	*23.8*
MONMOUTHSHIRE ...	**17.1**	*16.8*	**0.57**	*0.51*	**11.98**	*11.96*	**30.98**	*28.96*

*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 1957 there were, according to the Registrar-General's returns, 5,552 live births in the Administrative County and 166 still-births. Further details are as follows:—

	Legitimate		Illegitimate		Totals.	Comparability Factor.
	M.	F.	M.	F.		
Urban Districts:						
Live Births ...	2,391	2,176	76	64	4,707	1.01
Still Births ...	80	72	—	1	153	
Rural Districts:						
Live Births ...	425	404	7	9	845	
Still Births ...	8	5	—	—	13	1.02
Totals ...	2,904	2,657	83	74	5,718	1.01

The number of registered live births showed an increase of 140 compared with the year 1956, and it was 342 more than for 1955.

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:—

	1957	1956	1955	1954	1953	1952	1951
Monmouthshire ...	17.1	16.8	15.3	16.3	16.8	17.2	16.5
England & Wales ...	16.1	15.6	15.0	15.2	15.5	15.3	15.5

The number of live births in the County during 1957 was 5,552, giving a rate of 17.1 per 1,000 population. After adjustment by means of the comparability factor, the live birth rate is 17.27 per 1,000 population, which compares with 16.1 for England and Wales.

The number of still-births was 166, 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 1957 was 0.37 per 1,000 civilian population. The number of registered still-births works out at 29.03 per 1,000 live and still births and 29.9 per 1,000 live births.

Deaths.

The total number of deaths registered in the Administrative County, as shown by the Registrar-General returns, was 3,897. How this compares with previous years is shown:—

1957	1956	1955	1954	1953	1952	1951	1950	1949	1948
3,897	3,867	3,986	3,824	3,691	3,665	4,256	3,948	3,869	3,528

The crude general death rate calculated upon the estimate of population submitted by the Registrar-General, 325,200, was 11.98 per 1,000 living. The figure was higher than for England and Wales (11.5). After adjustment by the comparability factor the County figure was 13.4. The following is a comparison with previous years:—

1957	1956	1955	1954	1953	1952	1951	1950	1949	1948
11.98	11.96	12.4	11.9	11.6	11.5	13.4	12.4	12.15	11.1

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

	1957	1956	1955	1954	1953	1952	1951
Monmouthshire ...	30.98	28.96	33.97	39.7	32.6	33.9	42.9
England & Wales ...	23.1	23.8	24.9	25.4	26.8	27.6	29.6

During 1957, 122 children died before reaching the age of 4 weeks. This represented a neo-natal mortality rate of 21.97 per 1,000 related live births The figure for England and Wales was 16.5

Maternal Mortality.

There were 4 deaths registered during the year from accidents and diseases of pregnancy and parturition, but none from puerperal sepsis. This is equal to a rate of 0.72 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 0.70 per 1,000.

The rate for England and Wales was 0.47 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:—

1957	...	...	...	0.70
1956	...	...	...	1.07
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 1957 there were 19 cases of puerperal pyrexia which were notifiable according to Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations. In 1956 there were 8 notifications, in 1955 there were 22, and in 1954, 69.

DENTAL SERVICE.

	Examined	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	674	388	674	658
Children under 5 ..	388	381	381	381

	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	578	546	65	85	—	2	60	239	60
Children under 5 ..	361	358	—	9	17	—	10	—	—

HOME HELP SERVICE.

Area Health Sub-Committee	Helps supplied during 1957.					Helps employed at end of 1957		
	Maternity Cases	Tuberculosis Cases	Chronic Cases	Others	Total	Whole-time	Part-time	Total
No. 1 ..	35	3	306	10	354	—	102	102
No. 2 ..	2	2	149	35	188	—	38	38
No. 3 ..	9	3	162	9	183	2	37	39
No. 4 ..	5	3	123	72	203	1	53	54
No. 5 ..	6	2	275	12	295	3	52	55
No. 6 ..	13	5	103	18	219	2	72	74
No. 7 ..	9	8	358	88	463	1	177	178
No. 8 ..	15	—	129	19	263	—	64	64
No. 9 ..	34	5	73	23	135	—	43	43
No. 10 ..	13	2	136	12	163	—	66	66
Total ..	141	33	1,894	298	2,366	9	704	813

District.	No. of Separate Dwellings owned by Local Authority on 31-12-57.		No. of Separate Dwellings completed during 1957.			No. of Local Authority Dwellings in course of erection on 31-12-57.	Local Authority Dwellings for which sanction has been given but not commenced on 31-12-57.
	Temporary.	Permanent.	By Local Authority.	By Private Enterprise.	Total.		
Urban.							
Abercarn	50	1,378	18	27	45	—	—
Abergavenny	50	905	16	10	26	56	—
Abertillery	100	752	—	—	—	—	—
Bedwas & Machen ...	50	940	5	7	12	—	—
Bedwellty	100	1,838	—	2	2	—	164
Blaenavon	50	384	4	1	5	—	26
Caerleon	50	178	—	—	—	44	—
Chepstow	—	526	12	6	18	—	112
Cwmbran	146	1,506	31	10	41	20	59
Ebbw Vale	—	1,873	79	30	109	266	—
Monmouth	50	449	85	9	94	28	6
Mynyddislwyn	99	1,176	32	19	51	20	—
Nantyglo & Blaina ...	49	664	91	1	92	40	—
Pontypool	300	3,236	98	14	112	72	—
Rhymney	50	466	78	—	78	—	—
Risca	46	1,271	—	2	2	—	—
Tredegar	88	1,342	132	5	137	84	—
Usk	—	52	—	2	2	—	—
Rural.							
Abergavenny	25	362	—	18	18	8	14
Chepstow	—	812	81	—	81	2	—
Magor & St. Mellons ...	121	1,086	132	68	200	108	16
Monmouth	—	200	4	11	15	—	—
Pontypool	—	168	12	52	64	—	50
Totals	1,424	21,564	910	294	1,204	748	447

Housing under Cwmbran Development Corporation

In the Cwmbran U.D. Area

Total No. of Dwellings completed by 31-12-57. Completed during 1957: 101
Houses: 1,448; Flats: 82.

Under construction at 31-12-57:

Houses:		Flats:	
1 bedroom ...	—	1 bedroom ...	40
2 ,, ...	50	2 ,, ...	25
3 ,, ...	88	3 ,, ...	6

In the Pontypool R.D. Area

No. of separate new dwellings completed during 1957 ...	471
No. of separate dwellings in course of erection on 31-12-57	446
No. of separate dwellings for which sanction has been given but had not been commenced	

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

District.	No. of Improvement Grants 1957.	Total No. of Improvement Grants 1949-57 inclusive.	Amount of Improvement Grants 1957. £	Total Amount of Improvement Grants 1949-57 inclusive. £	No. of Improvement Loans 1957.	Total No. of Improvement Loans 1949-57 inclusive.	Amount of Improvement Loans 1957. £	Total Amount of Improvement Loans 1949-57 inclusive. £
Urban.								
Abercarn	14	62	2,813	11,661	5	16	1,273	2,843
Abergavenny ...	11	29	1,234	3,275	—	—	—	—
Abertillery	26	58	6,479	12,125	10	21	2,210	4,291
Bedwas & Machen ...	5	29	1,232	5,572	—	5	—	1,585
Bedwellty	—	—	—	—	—	—	—	—
Blaenavon	4	21	900	4,294	—	—	—	—
Caerleon	4	7	1,382	2,319	1	3	664	1,824
Chepstow	2	4	293	571	3	3	7,591	7,591
Cwmbran	42	93	5,812	12,502	—	—	—	—
Ebbw Vale	111	224	17,095	32,504	14	94	8,841	24,938
Monmouth	10	22	2,192	4,554	2	2	2,112	2,112
Mynyddislwyn ...	5	19	716	3,359	—	—	—	—
Nantyglo & Blaina ...	—	—	—	—	36	86	6,462	13,243
Pontypool	47	179	7,517	28,316	4	10	714	2,044
Rhymney	17	52	2,905	7,800	—	—	—	—
Risca	20	28	3,434	5,178	—	1	—	130
Tredegar	14	42	4,049	11,451	3	14	1,261	5,326
Usk	1	3	400	890	—	—	—	—
Rural.								
Abergavenny ...	18	63	6,338	16,267	2	2	650	650
Chepstow	18	56	4,988	13,774	—	1	—	418
Magor & St. Mellons	36	78	9,910	20,249	10	13	3,295	3,963
Monmouth	10	20	1,930	4,350	—	—	—	—
Pontypool	17	52	4,220	11,874	—	—	—	—
Totals	432	1,141	85,839	12,885	90	271	35,073	70,958

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	—	2	4	—	—	—	—	—	—	—
Abergavenny ...	9	1	—	8	1	1	—	1	—	—	—
Abertillery	—	—	—	—	—	—	—	—	—	—	—
Bedwas & Machen ...	—	3	—	6	—	3	—	—	—	—	—
Bedwellty	—	—	1	67	18	—	—	—	—	—	—
Blaenavon	28	—	—	32	12	—	—	—	—	—	—
Caerleon	—	—	—	—	—	—	—	—	—	—	—
Chepstow	—	—	—	21	2	—	—	—	—	—	—
Cwmbran	—	1	8	11	—	—	—	2	—	—	—
Ebbw Vale	17	—	3	40	—	2	4	8	—	2	1
Monmouth	—	6	5	74	3	6	5	—	—	—	—
Mynyddislwyn ...	—	—	—	3	3	—	—	—	—	—	—
Nantyglo & Blaina ...	—	—	—	3	—	—	—	—	—	—	—
Pontypool	—	—	—	83	1	—	—	—	—	—	—
Rhymney	50	—	—	47	1	—	—	—	—	—	—
Risca	—	—	—	—	—	—	—	—	—	—	—
Tredegar	33	—	3	52	5	—	—	1	—	—	3
Usk	10	—	—	10	—	—	—	—	—	—	—
Rural.											
Abergavenny ...	14	14	29	38	15	—	—	—	—	1	—
Chepstow	25	—	8	24	—	—	—	—	—	—	—
Magor & St. Mellons	—	11	38	12	—	—	—	—	—	—	—
Monmouth	17	—	5	12	2	—	—	4	1	—	1
Pontypool	6	—	4	6	—	—	—	—	—	—	—
Totals	211	36	106	553	63	12	9	16	1	3	5

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES FOR 1957.

DISTRICTS	Estimated Mid-1957 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	18,590	1	45	4	...	186	...	30	...	...	...	...	...	...	...	...	4	...	...	14	1	1
Abergavenny	8,980	7	...	...	...	36	...	...	...	...	...	...	...	...	...	1	...	...	...	8	...	...
Abertillery	26,580	7	31	18	1	29	...	13	1	...	...	...	...	...	...	1	...	1	...	20	...	2
Bedwas and Machen ...	9,710	4	15	1	...	329	...	1	37	...	...	...	...	...	...	...	...	2	...	5	...	2
Bedwellty	28,000	9	15	1	...	312	...	1	...	...	...	...	...	...	4	...	1	...	...	26	...	...
Blaenavon	9,230	2	1	...	...	290	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	1
Caerleon	3,980	2	1	2	...	38	...	2	3	...	...	...	...	...	1	...	...	11	...	3	...	...
Chepstow	5,910	4	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	9	...	...
Cwmbran	19,220	1	42	3	...	199	...	1	...	...	...	...	...	...	...	...	...	...	...	5	...	...
Ebbw Vale	28,350	49	15	3	1	360	...	48	3	...	...	...	...	...	8	1	25	1	...	12	...	4
Monmouth	5,710	2	12	3	...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	3	1	...
Mynyddislwyn	15,340	1	2	...	...	73	...	...	...	...	...	...	...	...	...	...	...	...	...	16	...	1
Nantyglo and Blaina ...	11,030	...	6	...	...	89	...	...	...	...	1	...	...	...	...	...	1	...	...	5	...	...
Pontypool	40,610	39	31	3	...	187	...	10	1	...	...	1	...	...	...	2	...	...	...	13	...	1
Rhymney	8,790	23	22	...	...	25	...	1	1	...	...	...	...	...	...	1	...	...	...	10	...	1
Risca	14,580	...	10	5	1	312	...	35	1	...	...	...	...	...	...	...	...	...	...	7	...	2
Tredegar	20,210	3	4	...	...	67	...	...	1	...	...	...	...	...	...	...	1	...	...	26	...	...
Usk	1,680	...	...	...	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
Totals, Urban ...	276,500	154	252	44	4	2559	—	143	48	—	1	3	—	—	13	6	32	18	—	187	2	15
RURAL.																						
Abergavenny	8,660	1	1	1	...	10	...	...	2	...	...	...	...	...	...	...	...	...	...	11	...	...
Chepstow	10,740	2	4	2	1	39	...	...	...	...	1	...	...	...	...	...	...	...	...	5	...	1
Magor & St. Mellons ...	14,190	4	9	3	3	148	...	20	...	...	...	...	...	...	...	...	...	...	...	4	...	1
Monmouth	5,870	...	5	1	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...
Pontypool	9,240	4	5	4	...	50	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...	...
Totals, Rural ...	48,700	11	24	11	4	263	...	20	2	—	1	—	—	—	—	—	—	1	—	30	—	2
Grand Totals ...	325,200	165	276	55	8	2822	—	163	50	—	2	3	—	—	13	6	32	19	—	217	2	17

ANALYSIS OF NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN AGE GROUPS, 1957.

Nature of Disease.	Under 1 Year			1 Year			2 Years			3 Years			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	M.	F.	Total	M.	F.	Total
Scarlet Fever	1	—	1	1	1	2	6	8	14	4	6	10	7	10	17	48	46	94	6	13	19	5	2	7	—	—	—	—	1	1	78	87	165
Whooping Cough ...	11	10	21	11	12	23	16	15	31	23	23	46	30	29	59	43	49	92	3	—	3	—	—	—	—	1	1	—	—	—	137	139	276
Acute Poliomyelitis:																																	
Paralytic	—	1	1	1	5	6	—	5	5	3	5	8	5	4	9	6	4	10	5	—	5	4	—	4	5	2	7	—	—	—	29	26	55
Non-Paralytic ...	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	2	3	2	1	3	—	—	—	1	—	1	—	—	—	5	3	8
Measles (excluding Rubella)	49	53	102	130	116	246	152	148	300	229	198	427	228	215	443	652	571	1223	31	28	59	1	5	6	2	5	7	6	3	9	1480	1342	2822
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	—	1	2	3	5	1	2	3	2	2	4	—	2	2	9	1	10	4	3	7	1	2	3	4	8	12	—	3	3	24	26	50
Meningococcal Infection	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	—	—	—	1	—	1	1	—	1	—	—	—	5	1	6

	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	3	11	14	13	6	19	22	12	34	38	18	56	22	18	40	—	—	—	98	65	163
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis:																					
Infective	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Post-Infectious	1	—	1	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	2	1	3
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	1	1	1	3	2	5	2	4	6	—	—	—	6	7	13
Food Poisoning	1	—	1	3	—	3	10	14	24	3	1	4	—	—	—	—	—	—	17	15	32
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	19	—	19	19
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.	Total	M.	F.	Total
Tuberculosis	Respiratory	4	5	9	20	6	26	23	22	45	36	36	72	40	14	54	6	4	10	—	1	1	129	88	217
	Meninges and C.N.S.	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	2
	Other	—	1	1	2	—	2	1	2	3	1	5	6	2	3	5	—	—	—	—	—	—	6	11	17

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

DIPHTHERIA IMMUNISATION FOR YEAR 1957.

Number of children in the Local Health Authority area on 31st December, 1957, who have completed a course of diphtheria immunisation at any time between 1st January, 1943, and 31st December, 1957.

Age on 31-12-1957. (*i.e.*, born in Year)	Under 1 1957.	1 to 4 1953-56.	5 to 9 1948-52.	10 to 14 1943-47.	Under 15 Total.
A. Number of children whose last course (primary or booster) was completed in the period 1953-1957.	1,011	10,974	12,555	10,384	34,924
B. Number of children whose last course (primary or booster) was completed in the period 1952 or earlier.	—	—	9,717	14,244	23,961
C. Estimated mid-year child population.	5,340	20,160	53,400		78,900
Immunity Index 100 A/C.	18.93	54.4	42.95		44.26

DIPHTHERIA IMMUNISATION FOR YEAR 1957.

	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 ended 31st December, 1957.	1,584	1,500	115	3,199
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, 1957.	—	91	266	357

SMALLPOX VACCINATION.

(1) Number of Persons Vaccinated (or re-vaccinated) During 1957.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	1,563	258	103	81	158	2,163
Number re-vaccinated ...	—	2	14	46	218	280

(2) Number of Cases Specially Reported During 1957. (Age Groups as above).

(*a*) Generalised Vaccinia	—	—	—	—	—	—
(*b*) Post-vaccinal Encephalomyelitis	—	—	1	—	—	—
(*c*) Death from complications of vaccination other than (*a*) and (*b*)	—	—	—	—	—	—

MOBILE PHYSIOTHERAPY SERVICE.

1st January, 1957—31st December, 1957.

Number of new Cases referred by Family Doctor	105
Number of new Cases referred by Hospital	18
Others	—
Total Number of Cases	123

Cases investigated come under the following Categories and Age Groups:—

	Improved with Treatment				No Improvement				Too Ill			
	20-39	40-59	Over 60	Total	20-39	40-59	Over 60	Total	20-39	40-59	Over 60	Total
Hemiplegia	1	10	40	51	—	—	—	—	—	—	—	—
Rheumatoid Arthritis ...	—	4	10	14	—	—	—	—	—	—	—	—
Paraplegia	—	1	—	1	—	—	—	—	—	—	—	—
Stroke	—	8	3	11	—	—	—	—	—	—	5	5
Loss of Power in Limbs	—	4	3	7	—	—	—	—	—	—	—	—
Fractures	—	—	9	9	—	—	1	1	—	—	1	1
Disseminated Sclerosis .	—	1	—	1	—	—	—	—	—	—	—	—
Senility	—	—	1	1	—	—	—	—	—	—	3	3
Osteo-Arthitis	—	—	2	2	—	—	—	—	—	—	—	—
Fibrositis	—	—	—	—	—	—	—	—	—	1	—	1
Others	—	4	8	12	—	—	—	—	1	1	1	3
	1	32	76	109	—	—	1	1	1	2	10	13

At the end of Prescribed Course of Treatment:—

	20-39	40-59	Over 60	Total
Patients who showed improvement with treatment	1	32	76	109
Patients who showed no improvement with treatment	—	—	1	1
Patients who received no domiciliary treatment being too ill or otherwise unsuitable, of which 4 entered hospital	1	1	11	13
	2	33	88	123

YEAR 1957.

RETURN OF WORK DONE BY THE AUTHORITY UNDER:—

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

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

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

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

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

———

PREMATURE BIRTHS FOR YEAR 1957.

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

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

(a) In hospital 328
(b) At home 182
*(c) In private nursing homes 2

Total 512

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

(a) In hospital 60
(b) At home 29
*(c) In private nursing homes —

Total 89

* "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					
(1)	Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	Total (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)	Born in hospital (17)	Born at home (18)	Born in nursing home (19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	42	18	9	—	—	—	13	5	3	—	—	—	—	—	—	34	12	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	69	7	56	14	3	10	14	1	9	1	—	—	—	—	—	19	5	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	64	3	59	16	—	15	6	—	5	—	—	—	—	—	—	1	3	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	153	—	151	112	1	111	7	—	4	1	—	1	—	—	—	6	9	—
Totals	328	28	275	142	4	136	40	6	21	2	—	1	—	—	—	60	29	—

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

AMBULANCE SERVICE, 1957.

Operational Return for the year ended 31st December, 1957.

	Directly Operated.			Supplementary Service.
	Ambulances.	*Sitting-Case Cars.*	*Total.*	*Hired Cars.*
A. No. of Patients:				
(1) Accidents and Emergencies	10,184	71	10,255	2
(2) Others	90,548	1,211	91,759	—
(3) Total of (1) & (2) ...	100,732	1,282	102,014	2
B. Journeys:				
(1) Patient Carrying ...	28,852	628	29,480	2
(2) Abortive & Service	988	17	1,005	—
(3) Analgesia & Midwives, etc. ...	29	—	29	—
(4) Total of (1) (2) & (3)	29,869	645	30,514	2
C. Total Mileage	768,156	20,957	789,113	40
D. No. of Operational Vehicles at 31-12-57 ...	44	1	45	—

	Driving Staff.	*Station Staff.*	*Control Staff.*	*Total.*
E. No. of Operational Staff as at 31-12-57	74 Ambulance Drivers. 1 Car Driver.	5 Leader Drivers. 5 Deputy Leader Drivers.	1 Supervisor. 4 Telephonists	90
F. No. of Ambulance Stations as at 31-12-57 ...	6 Zone Stations.	3 Depôts 1 Sub-Depôt.	Total 10.	

NATIONAL HEALTH SERVICE ACT, 1946, SECTION 27. NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949 SECTION 24.

In observance of the above Acts, the Council maintain a fleet of 45 radio-controlled ambulance vehicles, based at stations throughout the administrative area.

Ambulance Scheme.

CONTROL STATIONS.	SUB-STATIONS.	NUMBER OF VEHICLES.	AREA SERVED.
Main County Control, Ambulance Service Headquarters, Cambria House, Caerleon. Telephone: Caerleon 283/4/5 (Operational). Caerleon 421 (Ambulance Officer and Administratve). (24 hour service).	Cambria House, Caerleon.	2 5 (Res.)	Caerleon U. Magor & St. Mellons (East of Newport). Pontypool R. Usk U.
	Welsh Street, Chepstow.	2	Chepstow U. & R.
	Drybridge House, Monmouth.	2	Monmouth B. & R.
	St. Mary's Road, Abergavenny.	2	Abergavenny B. & R.
Tredegar Zone Control, Vale Terrace, Tredegar. Telephone: Tredegar 341/2. (24 hour service).	—	7	Tredegar U. Rhymney U. Ebbw Vale U.
Bedwellty Zone Control, Maesruddud, Argoed. Telephone: Blackwood 2333/4. (24 hour service).	—	7	Bedwellty U. Mynyddislwyn U. Bedwas & Machen U. (Maesycwmmer).
Abertillery Zone Control, Abertillery Hospital, Aberbeeg. Telephone: Aberbeeg 292/3. (24 hour service).	—	5	Blaina & Nantyglo U. Abertillery U. Llanhilleth & Trinant (Abercarn U.).
Pontypool Zone Control, Ashgrove, Upper George Street, Pontypool. Telephone: Pontypool 475/6. (24 hour service).	—	7	Blaenavon U. Pontypool U. Cwmbran U.
Bassaleg Zone Control, Whitehead's Sports Ground, Bassaleg. Telephone: Newport 59951/2. (24 hour service).	—	6	Bedwas & Machen U. (exclude Maesycwmmer). Abercarn U. (exclude Llanhilleth & Trinant). Risca U. Magor & St. Mellons R. (West of Newport).

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

The Main Ambulance Control telephone number—*Caerleon* 283, is exhibited at telephone exchanges throughout the County and in *Real Emergency* the public may obtain service by the following procedure: dial "999" or "0" or "01" according to local arrangements, ask the operator for "Ambulance" and the call will be put through to the Main Ambulance Control.

HOME NURSING, 1957.

(1)	ADMINISTRATIVE AND SUPERVISORY NURSING STAFF			STATE REGISTERED NURSES (S.R.N., R.S.C.N., and R.F.N.)			ENROLLED ASSISTANT NURSES			STUDENT HOME NURSES		
	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 ... 48. 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. ...	7,620	2,275	37	222	141	1,279	11,574	4,850	707	3,859
(b) Vol. Org. under arrangements with the Authority ...	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year:— (c) L.H.A. ...	254,369	55,420	287	13,272	1,203	21,559	346,110	188,841	6,004	266,715
(d) Vol. Org. under arrangements with the										

YEAR 1957.

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.

	HEALTH VISITORS										TUBERCULOSIS VISITORS
	Number of children under 5 years of age visited during year	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	Total visits paid to tuberculous households
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A. "Access" Visits	21,483	263	447	5,470	17,051	10,005	22,023	1,401	39	15,606	—
"No Access" Visits	—	—	—	—	1,520	1,433	2,968	—	—	—	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

B. Clinics.

(*a*) Total number of attendances made by Health Visitors at local Health Authority Clinic Sessions during the year 1957 11,359

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

Samples of Milk submitted to the Public Health Laboratory Service, County Hall, Newport, during the years 1954-57 for Bacteriological and Biological Examination.

By:—	1954.	1955.	1956.	1957.
MONMOUTHSHIRE COUNTY COUNCIL ...	713	1,006	1,350	1,266
URBAN DISTRICTS:				
Abercarn	—	—	1	8
Abergavenny	10	9	23	28
Abertillery	4	5	—	1
Bedwas & Machen	—	—	—	—
Bedwellty	16	22	46	51
Blaenavon	12	57	52	53
Caerleon	1	—	—	—
Chepstow	—	2	6	12
Cwmbran	—	—	9	4
Ebbw Vale	136	101	52	69
Monmouth	34	47	39	58
Mynyddislwyn	10	14	16	10
Nantyglo & Blaina	12	12	6	11
Pontypool	166	171	159	168
Rhymney	69	79	65	79
Risca	9	30	51	54
Tredegar	93	124	142	85
Usk	9	—	1	—
RURAL DISTRICTS:				
Abergavenny	—	—	8	6
Chepstow	—	—	—	—
Magor & St. Mellons	17	25	51	48
Monmouth	1	—	—	—
Pontypool	8	7	8	—
Total ..	1,320	1,711	2,085	2,011

(By courtesy of R. D. Gray, M.D. D.P.H., Director of Laboratory).

REGISTRAR-GENERAL'S RETURN OF BIRTHS AND INFANT DEATHS IN URBAN AND RURAL DISTRICTS IN 1957

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.		
Urban.																			
Abercarn	18,590	197	153	2	3	5	6	—	—	11	6	1	—	9	5	—	—	0.99	1.22
Abergavenny ...	8,980	73	55	2	1	1	1	—	—	5	3	1	—	4	1	—	—	1.00	0.97
Abertillery	26,580	208	215	6	7	9	4	—	—	6	3	—	—	5	3	—	—	1.03	1.15
Bedwas & Machen ...	9,710	95	84	4	4	—	4	—	—	3	—	—	—	1	—	—	—	0.95	1.26
Bedwellty	28,000	273	237	9	8	10	15	—	—	10	5	—	—	9	3	—	—	1.01	1.34
Blaenavon	9,230	57	60	3	—	4	1	—	—	2	2	—	—	—	1	—	—	1.05	1.14
Caerleon	3,980	21	18	2	1	1	1	—	—	—	1	—	—	—	1	—	—	1.08	0.52
Chepstow	5,910	54	54	2	1	2	—	—	—	1	2	—	—	—	2	—	—	1.00	0.82
Cwmbran	19,220	250	193	7	7	10	6	—	—	4	4	—	—	4	2	—	—	0.82	1.39
Ebbw Vale	28,350	220	218	13	3	12	11	—	—	11	9	1	—	6	6	1	—	1.05	1.23
Monmouth	5,710	37	44	3	4	1	1	—	—	1	1	1	—	1	1	—	—	1.01	0.91
Mynyddislwyn ...	15,340	128	131	2	4	4	2	—	—	4	2	—	—	2	2	—	—	1.00	1.34
Nantyglo & Blaina ...	11,030	88	99	4	5	—	5	—	—	3	3	—	—	3	2	—	—	1.05	1.11
Pontypool	40,610	308	268	10	7	7	9	—	1	11	9	1	—	9	6	1	—	1.03	1.11
Rhymney	8,790	68	74	1	2	3	2	—	—	6	2	—	—	3	1	—	—	1.03	1.16
Risca	14,580	109	104	2	2	2	2	—	—	3	1	—	—	3	—	—	—	1.01	1.08
Tredegar	20,210	194	160	4	4	9	1	—	—	12	4	—	—	7	3	—	—	1.00	1.16
Usk	1,680	11	9	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1.09	1.02
Totals Urban Districts	276,500	2391	2176	76	64	80	72	—	1	93	57	5	—	66	39	2	—	1.01	1.16
Rural.																			
Abergavenny ...	8,660	59	63	1	3	2	—	—	—	—	1	1	—	—	1	1	—	1.27	0.43
Chepstow	10,740	100	81	2	1	1	2	—	—	3	—	—	—	3	—	—	—	1.02	1.09
Magor & St Mellons	14,190	121	109	2	5	2	1	—	—	4	4	—	1	3	4	—	1	1.00	1.02
Monmouth	5,870	45	37	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1.08	0.88
Pontypool	9,240	100	114	1	—	3	2	—	—	2	1	—	—	1	1	—	—	0.83	1.28
Total Rural Districts	48,700	425	404	7	9	8	5	—	—	9	6	1	1	7	6	1	1	1.02	0.88
Grand Totals ...	325,200	2816	2580	83	73	88	77	—	1	102	63	6	1	73	45	3	1	1.01	1.12

INFANT DEATHS UNDER ONE YEAR OF AGE, 1957.

District.	0 to 4 Weeks.																				
	Tuberculosis. Respiratory	Tuberculosis. Other	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
URBAN.																					
Abercarn	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	10	6	—	—
Abergavenny ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	1
Bedwas & Machen ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Abertillery	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	4	—	—
Bedwellty	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	7	—	—
Blaenavon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Caerleon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Chepstow	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Cwmbran	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	3	—	—
Ebbw Vale	—	—	—	—	—	—	—	—	—	—	—	1	—	—	4	—	2	—	4	1	—
Monmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Nantyglo & Blaina ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	1	—
Mynyddislwyn ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	1
Pontypool	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	2	10	1	—
Rhymney	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—
Risca	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—
Tredegar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	8	1	—
Usk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Urban Totals ...	—	—	—	—	—	—	—	—	—	—	—	9	—	—	12	1	2	24	52	7	4
RURAL.																					
Abergavenny ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1
Chepstow	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1
Magor & S. Mellons	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	3	3	—
Monmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontypool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Rural Totals ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	3	6	3	2
Grand Totals ...	—	—	—	—	—	—	—	—	—	1	—	9	—	—	13	1	2	27	58	10	6

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

Infant Deaths under One Year of Age. 1956. (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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Abergavenny ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1
Bedwas & Machen ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Abertillery	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Bedwellty	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	3
Blaenavon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Caerleon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Cwmbran	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Ebbw Vale	—	—	—	—	—	—	—	—	—	—	—	2	—	—	4	1	1	—	—	—	—
Monmouth	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Nantyglo & Blaina ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Mynyddislwyn ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Pontypool	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	2	—	—	—
Rhymney	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—
Risca	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Tredegar	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	—	—
Usk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Urban Totals ...	—	—	—	—	—	—	—	—	—	1	—	9	1	—	13	3	1	11	—	—	4
RURAL.																					
Abergavenny ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magor & S. Mellons	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Monmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontypool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Rural Totals ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
Grand Totals ...	—	—	—	—	—	1	—	—	—	2	—	9	1	—	14	3	1	11	—	—	4

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

REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1957.

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 Diseases, Angina	Hypertension, with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes
		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	18,590	1	—	1	—	—	—	1	—	—	5	2	3	2	16	—	2	40	21	2	36	11	2	10	24	1	3	—	3	2	—	1	24	2	6	3	—	227
Abergavenny	8,980	4	—	—	—	—	—	—	—	—	5	—	—	1	14	—	—	15	21	3	12	1	2	8	4	3	—	3	—	1	—	5	8	—	2	—	—	112
Abertillery	26,580	3	—	—	—	—	1	—	—	—	14	7	6	4	30	2	2	51	40	13	50	7	10	11	40	3	6	1	—	4	—	3	21	2	4	4	—	339
Bedwas & Machen ...	9,710	—	—	—	—	—	—	—	—	—	3	2	1	—	6	—	1	16	9	1	8	7	1	3	5	4	—	1	—	—	—	—	14	—	3	2	—	87
Bedwellty	28,000	1	—	—	—	—	—	—	—	—	7	8	3	5	29	—	3	40	41	6	47	12	4	3	33	20	3	3	4	4	—	3	38	5	8	2	—	332
Blaenavon	9,230	1	—	—	—	—	—	—	—	2	3	3	1	—	6	—	—	19	12	1	26	8	4	5	15	3	—	1	2	—	1	3	3	—	1	2	—	122
Caerleon	3,980	—	—	1	—	—	—	—	—	—	—	2	1	—	1	—	1	11	5	2	20	8	—	—	—	—	1	—	—	2	—	—	3	—	—	—	—	58
Chepstow	5,910	—	—	—	—	—	—	—	—	1	2	1	—	—	7	—	—	5	9	2	8	2	—	1	5	3	2	—	—	—	1	1	7	—	2	—	—	59
Cwmbran	19,220	4	—	—	—	—	—	—	—	—	5	3	1	1	18	—	—	37	25	2	44	4	1	2	10	3	1	2	1	—	—	2	23	1	4	—	—	194
Ebbw Vale	28,350	2	—	2	—	—	1	—	—	1	9	7	3	2	19	—	4	40	64	8	24	10	12	19	28	4	6	2	7	2	1	9	46	3	9	1	—	345
Monmouth	5,710	—	—	—	—	—	—	—	—	—	2	3	1	1	7	2	—	12	13	—	12	8	1	6	2	3	—	—	3	—	—	—	3	1	—	—	—	80
Mynyddislwyn	15,340	1	—	1	—	—	—	—	—	—	10	4	2	1	12	1	2	17	20	4	27	4	—	1	14	7	1	1	3	4	—	—	13	1	4	1	—	156
Nantyglo & Blaina ...	11,030	—	—	—	—	—	—	—	—	—	8	4	1	3	7	—	1	21	27	7	13	13	—	2	15	—	1	—	7	—	—	1	14	—	4	1	—	150
Pontypool	40,610	2	—	—	—	—	1	1	—	—	20	10	6	7	37	—	—	61	89	10	67	21	9	15	37	5	1	3	3	2	—	1	48	3	8	8	—	475
Rhymney	8,790	1	—	—	—	—	—	—	—	—	3	3	1	—	5	—	2	17	15	—	24	5	2	4	5	1	2	—	—	1	—	1	10	—	2	—	—	104
Risca	14,580	3	—	—	—	—	—	—	—	—	8	4	3	—	13	1	—	15	41	2	31	9	2	7	9	2	—	1	4	3	1	1	10	1	6	4	—	181
Tredegar	20,210	4	—	—	—	—	—	—	—	—	14	8	2	2	22	1	2	46	40	14	33	10	3	10	13	10	—	—	2	1	—	4	27	1	4	2	—	275
Usk	1,680	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	7	1	—	—	—	—	—	—	—	—	—	—	2	—	2	2	—	19
Rural Districts.																																						
Abergavenny	8,660	—	—	—	—	—	—	—	—	1	5	1	2	—	8	—	1	24	24	7	52	12	2	4	11	3	1	—	2	1	—	1	9	—	2	—	—	173
Chepstow	10,740	1	—	1	—	—	—	—	1	—	6	5	1	2	7	2	—	8	12	5	24	4	1	—	6	—	—	1	3	1	—	—	9	1	3	1	1	106
Magor & St. Mellons ..	14,190	—	—	—	—	—	1	—	—	1	7	9	2	2	10	2	1	16	29	6	28	7	3	4	12	—	1	—	5	2	—	3	15	2	3	1	—	172
Monmouth	5,870	1	—	—	—	—	—	1	—	—	4	2	1	1	4	—	—	4	12	2	12	5	1	—	—	—	—	—	2	2	—	1	9	—	1	1	—	66
Pontypool	9,240	1	—	—	—	—	—	—	—	—	4	1	—	1	5	2	—	9	11	1	14	1	—	3	2	1	—	—	—	—	—	1	4	1	3	—	—	65
Total	325,200	30	—	6	—	—	4	3	1	6	144	89	41	35	283	13	22	528	581	98	619	170	60	118	290	76	29	19	51	32	4	44	360	24	81	35	1	3,897

CAUSES OF DEATH IN VARIOUS AGE GROUPS IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1957.

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
	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.																																					
Males 0—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	10	2	1	—	1	—	—	—	15	61	—	7	—	—	98
Males 1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—	—	2	3	—	1	—	—	10
Males 5—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2	1	2	—	—	12
Males 15—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	2	—	2	—	—	1	—	—	1	—	—	—	1	4	4	1	—	18
Males 25—	3	—	1	—	—	—	—	—	—	—	5	—	—	7	—	—	4	10	—	5	3	1	2	4	2	—	1	7	—	—	—	6	2	10	—	—	73
Males 45—	8	—	—	—	—	—	—	—	2	25	43	—	—	42	1	1	46	117	10	38	13	12	14	64	33	9	3	4	2	—	1	28	4	9	6	—	535
Males 65—	10	—	2	—	—	—	—	—	1	32	15	—	—	43	—	2	61	130	12	52	21	10	16	80	21	9	—	5	8	—	—	23	1	7	8	—	569
Males 75—	—	—	—	—	—	—	—	—	—	19	3	—	—	46	—	1	104	64	19	137	36	10	22	54	6	2	2	7	16	—	—	39	2	3	5	—	594
Total Males ...	21	—	3	—	—	—	1	—	4	76	66	—	—	142	3	4	213	321	41	234	73	35	66	204	63	20	10	24	26	—	19	163	14	43	20	—	1,909
Females 0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	—	—	3	—	—	—	15	29	—	3	—	—	57
Females 1—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	2	1	2	—	—	10
Females 15—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	2	—	—	1	—	2	—	—	1	—	2	1	3	3	—	2	—	20
Females 25—	4	—	—	—	—	—	—	—	—	2	1	4	3	7	—	1	5	—	—	9	—	—	2	2	—	1	—	2	—	2	—	6	1	2	3	—	57
Females 45—	2	—	1	—	—	1	—	—	—	16	4	16	16	38	3	2	37	47	5	30	12	8	4	9	2	3	3	4	—	—	2	37	—	—	4	—	306
Females 65—	—	—	—	—	—	—	—	—	—	10	—	9	8	34	1	8	87	65	19	48	11	6	11	15	—	2	—	2	—	—	—	29	1	4	3	—	373
Females 75—	—	—	1	—	—	—	—	—	—	14	—	6	1	27	—	5	125	60	12	166	45	4	17	27	5	1	2	5	—	—	—	45	—	15	—	—	583
Total Females ...	6	—	2	—	—	3	1	—	—	42	5	35	29	107	4	16	254	172	36	255	68	18	41	55	9	7	8	15	—	4	19	151	6	26	12	—	1,406
Rural Districts.																																					
Males 0—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	1	6	—	—	—	—	10
Males 1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	4
Males 15—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	4
Males 25—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	2	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	12
Males 45—	3	—	1	—	—	—	—	—	1	5	6	—	—	4	—	—	4	11	3	5	3	1	3	6	1	1	—	1	—	—	1	1	1	—	—	—	69
Males 65—	—	—	—	—	—	—	—	—	—	5	5	—	—	7	1	—	10	19	6	16	4	1	—	10	2	—	—	1	—	—	—	5	1	1	2	1	91
Males 75—	—	—	—	—	—	—	—	—	—	7	2	—	—	6	—	—	13	23	5	40	6	2	1	8	—	—	—	2	6	—	—	6	—	4	—	—	131
Total Males ...	3	—	1	—	—	1	1	—	1	17	14	—	—	18	2	1	27	56	14	63	14	5	6	25	3	1	—	6	6	—	2	21	2	8	2	1	321
Females 0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	—	—	—	—	7
Females 25—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	8
Females 45—	—	—	—	—	—	—	—	—	1	3	1	2	2	3	1	1	8	6	2	2	1	—	—	2	—	—	—	1	—	—	1	4	1	—	1	—	43
Females 65—	—	—	—	—	—	—	—	—	—	1	3	3	2	8	1	—	4	9	5	13	3	1	1	1	1	1	—	2	—	—	—	2	—	1	—	—	62
Females 75—	—	—	—	—	—	—	—	—	—	5	—	—	2	5	1	—	22	17	—	51	11	1	3	2	—	—	1	3	—	—	—	14	—	3	—	—	141
Total Females ...	—	—	—	—	—	—	—	1	1	9	4	6	6	16	4	1	34	32	7	67	15	2	5	6	1	1	1	6	—	—	4	25	2	4	1	—	261
Grand Totals	30	—	6	—	—	4	3	1	6	144	89	41	35	283	13	22	528	581	98	619	170	60	118	290	76	29	19	51	32	4	44	360	24	81	35	1	3,897

VITAL STATISTICS FOR THE YEAR 1957

District	Estimated Population.	Live Births: Legitimate Male	Live Births: Legitimate Female	Live Births: Illegitimate Male	Live Births: Illegitimate Female	Live Births: Total Male	Live Births: Total Female	Live Births: Grand Total	Live Births: Rate per 1000 of population	Still Births: Legitimate Male	Still Births: Legitimate Female	Still Births: Illegitimate Male	Still Births: Illegitimate Female	Still Births: Total Male	Still Births: Total Female	Still Births: Grand Total	Still Births: Rate per 1000 of population	Deaths: Male	Deaths: Female	Deaths: Total	Deaths: Rate per 1000 of population	Infantile Mortality: Deaths under 1 year of age: Leg.	Infantile Mortality: Deaths under 1 year of age: Illegitimate	Infantile Mortality: Deaths under 1 year of age: Total	Infantile Mortality: Rate per 1,000 Live Births	Tuberculosis Death-rate (Pulmonary and non-Pulmonary) per 1000 of estimated population.	AREA	District Medical Officer of Health at End of 1957
URBAN.																												
Abercarn	18590	197	153	2	3	199	156	355	19·10	5	6	—	—	5	6	11	0·59	134	93	227	12·21	17	1	18	50.70	0·05	No. 3	H. V. M. Jones, M.B., D.S., D.P.H.
Abergavenny	8980	73	55	2	1	75	56	131	14·59	1	1	—	—	1	1	2	0·22	58	54	112	12·47	8	1	9	68·70	0·45	No. 10	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Abertillery	26580	208	215	6	7	214	222	436	16·40	9	4	—	—	9	4	13	0·49	196	143	339	12·75	9	—	9	20·64	1·12	No. 5	J. Walters Bowen, M.B., B.CH., D.P.H.
Bedwas and Machen ...	9710	95	84	4	4	99	88	187	19·26	—	4	—	—	—	4	4	0·41	55	32	87	8·96	3	—	3	16·04	—	No. 6	K. P. Giles, M.B., CH.B., D.P.H.
Bedwellty	28000	273	237	9	8	282	245	527	18·82	10	15	—	—	10	15	25	0·89	199	133	332	11·86	15	—	15	28·46	0·04	No. 2	R. A. Hoey, M.R.C.S., L.R.C.P., D.P.H.
Blaenavon	9230	57	60	3	—	60	60	120	13·00	4	1	—	—	4	1	5	0·54	75	47	122	13·22	4	—	4	33·33	0·11	No. 7	F. J. Hallinan, M.B.E., M.B., B.CH., B.A.O., D.P.H.
Caerleon	3980	21	18	2	1	23	19	42	10·55	1	1	—	—	1	1	2	0·50	32	26	58	14·57	1	—	1	23·81	—	No. 8	Evelyn D. Owen, M.D., D.S., M.R.C.S., L.R.C.P., D.P.H.
Chepstow	5910	54	54	2	1	56	55	111	18·78	2	—	—	—	2	—	2	0·34	38	21	59	9·98	3	—	3	27·03	—	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Cwmbran	19220	250	193	7	7	257	200	457	23·78	10	6	—	—	10	6	16	0·83	104	90	194	10·09	8	—	8	17·51	0·21	No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Ebbw Vale	28350	220	218	13	3	233	221	454	16·01	12	11	—	—	12	11	23	0·81	204	141	345	12·17	20	1	21	46·26	0·07	No. 4	Thos. Stephens, M.C., B.SC. M.R.C.S., L.R.C.P.
Monmouth	5710	37	44	3	4	40	48	88	5·74	1	1	—	—	1	1	2	0·35	38	42	80	14·01	2	1	3	34·09	—	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Mynydd-islwyn	15340	128	131	2	4	130	135	265	17·28	4	2	—	—	4	2	6	0·39	89	67	156	10·17	6	—	6	22·64	0.0	No. 3	H. V. M. Jones, M.B., B.S., D.P.H.
Nantyglo and Blaina ...	11030	88	99	4	5	92	104	196	17·77	—	5	—	—	—	5	5	0·45	81	69	150	13·60	6	—	6	30·61	—	No. 5	J. Walters Bowen, M.B., B.CH., D.P.H.
Pontypool	40610	308	268	10	7	318	275	593	14·60	7	9	—	1	7	10	17	0·42	204	211	475	11·70	20	1	21	35·41	0.05	No. 7	F. J. Hallinan, M.B.E., M.B., B.CH., B.A.O., D.P.H.
Rhymney	8790	68	74	1	2	69	76	145	16·50	3	2	—	—	3	2	5	0·57	69	35	104	11·83	8	—	8	55·17	0·11	No. 1	M. J. Donelan, M.B., B.CH., D.P.H.
Risca	14580	109	104	2	2	111	106	217	14·88	2	2	—	—	2	2	4	0·27	92	89	181	12·41	4	—	4	18·43	0·21	No. 6	K. P. Giles, M.B., CH.B. D.P.H.
Tredegar	20210	194	160	4	4	198	164	362	17·91	9	1	—	—	9	1	10	0·50	173	102	275	13·61	16	—	16	44·20	0·20	No. 1	M. J. Donelan, M.B., B.CH., D.P.H.
Usk	1680	11	9	—	1	11	10	21	12·50	—	1	—	—	—	1	1	0·60	8	11	19	11·31	—	—	—	—	—	No. 10	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Urban Totals ...	276500	2391	2176	76	64	2467	2240	4707	17·02	80	72	—	1	80	73	153	0·55	1909	1406	3315	11·99	150	5	155	32·93	0.10		
RURAL.																												
Abergavenny	8660	59	63	1	3	60	66	126	14·55	2	—	—	—	2	—	2	0·23	94	79	173	19·98	1	1	2	15·87	—	No. 10	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Chepstow	10740	100	81	2	1	102	82	184	17·13	1	2	—	—	1	2	3	0·28	60	46	106	9·87	3	—	3	16·30	0·09	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Magor & St. Mellons ...	11190	121	109	2	5	123	114	237	16·70	2	1	—	—	2	1	3	0·21	95	77	172	12·12	8	1	9	37·98	—	No. 6	K. P. Giles, M.B., CH.B. D.P.H.
Monmouth	5870	45	37	1	—	46	37	83	14·14	—	—	—	—	—	—	—	—	38	28	66	11·24	—	—	—	—	0·17	No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Pontypool	9240	100	114	1	—	101	114	215	23·27	3	2	—	—	3	2	5	0·54	34	31	65	7·03	3	—	3	13·95	0·11	No. 7	Sadie M. R. Harvey, M.B., B.CH., B.SC., D.P.H.
Rural Totals ...	48700	425	404	7	9	432	413	845	17·35	8	5	—	—	8	5	13	0·27	321	261	582	11·95	15	2	17	20·12	0·06		
Grand Totals, 1957 ...	325200	2816	2580	83	73	2899	2653	5552	17·07	88	77	—	1	88	78	166	0·51	2230	1667	3897	11·98	165	7	172	30·98	0·09		
Totals for Year 1956 ...	*325400*	*2663*	*2611*	*72*	*76*	*2735*	*2686*	*5421*	*16·76*	*96*	*64*	*4*	*2*	*100*	*66*	*166*	*0·51*	*2164*	*1703*	*3867*	*11·96*	*146*	*11*	*157*	*28·96*	*0·11*		