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MONMOUTHSHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

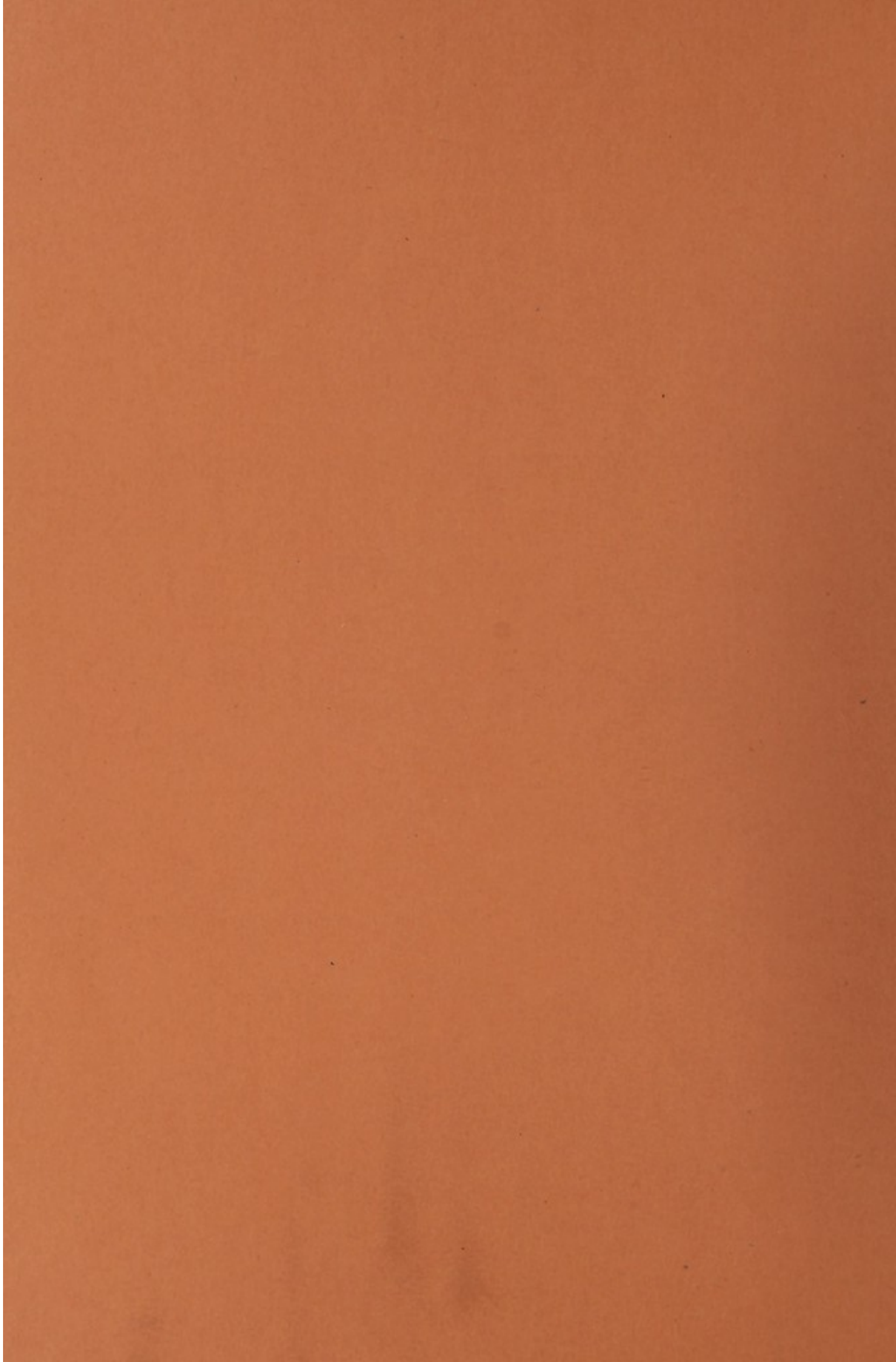
PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1969



ANTONY J. ESSEX-CATER

L.R.C.P., M.R.C.S., D.C.H., D.P.H., D.I.H., F.R.A.I.,

**CAMBRIA HOUSE,
CAERLEON,
NEWPORT, MON.,
NP6 1XG.**



TO THE CHAIRMAN AND MEMBERS OF THE COUNTY HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen

I have the pleasure of presenting to you the Annual Report of the Health Department for the year 1969.

The year has not been without its difficulties, but only in the health services has there been a general decline in the quality of the work of the Health Department.

The collaboration between the Health Department and the County Council has been a most successful one and it is a pleasure to have had the opportunity to discuss the work of the Health Department with you.



MONMOUTHSHIRE COUNTY COUNCIL

During the year I have had the opportunity to visit various parts of the County and to meet with the staff of the Health Department and the County Council.

It is a pleasure to have had the opportunity to discuss the work of the Health Department with you and to have your views on the work of the Health Department.



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1969


Mr. K. Wyderley as Principal Medical Officer, he has been most actively engaged with the consultation of the Health Department with the County Council.



ANTONY J. ESSEX-CATER

L.R.C.P., M.R.C.S., D.C.H., D.P.H., D.I.H., F.R.A.I.,

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CAERLEON,
NEWPORT, MON.,
NP6 1XG.



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TO THE CHAIRMAN AND MEMBERS OF THE COUNTY HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the pleasure of presenting to you my annual report on the work of the Health Department for the year 1969.

The year has not been an easy one as the prospect of re-organisation, not only in the health services but more widely in local government, has had a somewhat disturbing influence on the work of the department.

The consolidation which should be achieved by the concentration of all sections of the department at Cambria House may suffer from these long-term uncertainties. However, notwithstanding the disturbances which threaten in the future, an opportunity has been taken during the year of strengthening some of the services provided by the department.

Shortages of key personnel have made for difficulties in certain sections and it is unfortunate that a rapid staff turnover, as well as staff shortages, make a progressive improvement in the scope and quality of the department's services a little erratic. The staffing difficulties have meant that a heavy burden has fallen on some individuals and it is a credit to their resilience that output has been maintained.

I see an important part of the work of the Health Department as co-ordinating its effort with the work of the other arms of the National Health Service and active steps have been taken during the year to improve such co-ordination. I have endeavoured to attend whenever possible, meetings of the two Hospital Management Committees in the County and thus work more closely with the hospital service while, through the Local Medical Committee and meetings with individual general practitioners, I have sought to improve our working relationship with the general practitioner services.

The department was for several months without a Deputy County Medical Officer until Dr. Brian Deere took up his appointment on 1st April. He has been a most conscientious officer, taking a special interest in the Ambulance Service, amongst his wide duties.

Another important appointment was that of Mr. P.W. Philpott, who succeeded Mr. K. Wycherley as Principal Mental Welfare Officer. He has been most actively concerned with the consolidation of the department's work with the mentally ill in the community.

Perhaps the most disappointing feature of the year has been our failure to make more than trivial progress in providing new buildings for the department. Difficulties which seemed to counter our hopes are frequently beyond the control of the Authority but they are, none the less, discouraging to the staff, though it is pleasing to report the official opening of the first fully integrated health centre in Monmouthshire, at Cwm, in February.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY HEALTH COMMITTEE

I would again like to thank the Chairman of the Health Committee, Alderman F.I. Whatley and the Vice-Chairman, Councillor E.J. Gibson, for their consistent help during the year; also Mr. H.G. Hughes, Chief Administrative Officer, who has had to surmount enumerable problems, which he has always managed to do; and finally Mr. K.W. Jones whose seemingly encyclopaedic knowledge of the past history of the department is of tremendous value.

I have the honour to be

Your obedient servant,

ANTONY J. ESSEX-CATER

County Medical Officer

September, 1970.

COMMITTEES

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COMMITTEES

Health

Alderman F.I. Whatley, B.E.M., J.P. (Chairman)
County Councillor E.J. Gibson J.P. (Vice-Chairman).

Alderman L. Budden	Councillor L.W. Carpenter
.. (Mrs.) M. Davies	.. (Mrs.) M. Edwards
.. D.W. Evans J.P.	.. O. Edwards
.. (Mrs.) L.P. Jones J.P.	.. V.L.H. Etheridge J.P.
.. W.J. King	.. J.A. Holley
.. A.J. Phipps	.. O. James M.B.E.
.. J. Richards	.. (Mrs.) G.D. Morgan J.P.
.. F.O. Sainsbury J.P.	.. R.G. Owen
.. A.E. Smith	.. D.W. Puddle B.E.M.
.. A.C. Williams B.E.M., M.P., J.P.	.. R.G. Rice B.E.M., J.P.
.. D.J. Williams	.. A.J. Robins
.. J. Williams J.P.	.. D.H. Thomas
.. (Mrs.) M. Williams	.. K. Tiley
Councillor P. Abraham	
.. E.D. Bloor	

Co-opted Members: (3)

Dr. T.R. Bryant

Dr. W.F. Mulvey

Dr. P.M. Vasey

No. 1 Sub-Committee

Alderman F.I. Whatley B.E.M., J.P. (Chairman)
County Councillor E.J. Gibson J.P. (Vice-Chairman).

Alderman L. Budden	Councillor L.W. Carpenter
.. D.W. Evans J.P.	.. (Mrs.) M. Edwards
.. A.J. Phipps	.. O. Edwards
.. J. Richards	.. V.L.H. Etheridge J.P.
.. F.O. Sainsbury J.P.	.. O. James M.B.E.
.. A.C. Williams B.E.M., M.P., J.P.	.. A.J. Robins
.. (Mrs.) M. Williams	.. D.J. Thomas
	.. K. Tiley

Co-opted Members: (3)

Dr. T.R. Bryant

Dr. W.F. Mulvey

Dr. P.M. Vasey

No. 2 Sub-Committee

Alderman F.I. Whatley B.E.M., J.P. (Chairman)
County Councillor E.J. Gibson J.P. (Vice-Chairman).

Alderman (Mrs.) M. Davies	Councillor E.D. Bloor
.. (Mrs.) L.P. Jones J.P.	.. J.A. Holley
.. W.J. King	.. (Mrs.) G.D. Morgan J.P.
.. A.E. Smith	.. R.G. Owen
.. D.J. Williams	.. D.W. Puddle B.E.M.
.. J. Williams J.P.	.. R.G. Rice B.E.M., J.P.
Councillor P. Abraham	

Co-opted Members: (3)

Dr. T.R. Bryant

Dr. W.F. Mulvey

Dr. P.M. Vasey

Special Services Sub-Committee

Councillor J. Holley, Chairman
Alderman J.E. Pask, Vice-Chairman

Alderman	W.G. Bevan	Councillor	L.W. Carpenter
..	L. Budden	..	B.E. Chicken
..	(Mrs.) L.P. Jones, J.P.	..	(Mrs.) M. Davies
..	W.J. King	..	(Mrs.) M. Edwards
..	A.T.B. O'Neill	..	O. Edwards
..	A.J. Phipps	..	T. Gale, M.B.E.
..	C. Rawlings, J.P.	..	A.P. Griffiths
..	J. Richards	..	T.G. Howell
..	F.O. Sainsbury, J.P.	..	G. Powell
..	E.J. Thomas	..	R.G. Rice, B.E.M., J.P.
..	T.E. Walkley	..	K. Tiley
..	F.I. Whatley, B.E.M., J.P.	..	S.T. Williams
..	D.J. Williams	..	Mr. N. Jeffries
..	(Mrs.) M. Williams	..	Mr. S.R. Parry

STAFF

at the 31st December, 1969.

**County Medical Officer of Health and Principal
School Medical Officer**

Antony J. Essex-Cater, L.R.C.P., M.R.C.S.,
D.C.H., D.P.H., D.I.H., F.R.A.I.

**Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer**

B.E. Deere, M.B., B.Ch., D.P.H.

MEDICAL

Consultant Medical and Surgical Staff:

D.E.M. Sturdy, M.B., M.S., F.R.C.S. (Surgical)

G.W. Hoare, M.A., M.B., F.R.C.S., M.R.C.S., L.R.C.P. (Ophthalmic)

R. Vaughan-Jones, M.B., Ch.B., D.O.M.S., F.R.C.S. (Ophthalmic)

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

R. Griffith-Evans, M.D., M.R.C.P. (Geriatric)

V.A. Wills, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M., D.P.H. (Child Psychiatric)

G. Leitch, F.R.C.S. (Ear, Nose and Throat)

J.L.D. Williams, M.D., F.R.C.S. (Ear, Nose and Throat)

District and Area Medical Officers of Health

Rhymney and Tredegar Urban District Councils

Area No. 1

M.J. Donelan, M.B., B.Ch.,
D.P.H.

Bedwellty Urban District Council

Area No. 2

A. Trenhaile, L.M.S.S.A.,
D.P.H.

Abercarn and Mynyddislwyn Urban District
Council Councils

Area No. 3

K.E. Howells, M.B., B.S.,
D.P.H.

Ebbw Vale Urban District Council

Area No. 4

Thomas Stephens, M.C., B.Sc.
M.R.C.S., L.R.C.P., D.P.H.

Nantyglo & Blaina and Abertillery
Urban District Councils

Area No. 5

J. Walters Bowen, M.B.,
B.Ch., D.P.H.

Magor & St. Mellons Rural District Council
and Bedwas & Machen and Risca Urban
District Councils

Area No. 6

Lilian J. Powell, B.Sc., M.B.,
B.Ch., D.Obst.R.C.O.G.,
D.P.H.

Blaenavon and Pontypool Urban District
Councils

Area No. 7

F.J. Hallinan, M.B.E., M.B.,
B.Ch., B.A.O., D.P.H.

Cwmbran and Caerleon Urban District
Councils

Area No. 8

H.G. Jenkins, M.B., B.S.
D.P.H.

Chepstow Urban and Monmouth Borough
Councils and Chepstow and Monmouth
Rural District Councils

Area No. 9

M.S. Matharu, L.R.C.P.,
S.I.L.M., D.P.H.

Abergavenny Borough and Usk Urban District
Councils and Abergavenny and Pontypool
Rural District Councils.

Area No. 10

Sadie M.R. James, M.B.
B.Ch., B.Sc., D.P.H.

Senior Medical Officers of Health

Maternity and Child Welfare

Ophthalmology

Geriatrics

Mental Health

Audiology

Diseases of Women

School Health and Occupational Health

- Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

- Esther Hughes Rees, M.B., B.Ch.

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

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

- Margaret M. Salmon, M.B., B.Ch., D.Obst. R.C.O.G.

- Norah Keevil, M.D., B.S., M.R.C.O.G.

- Peter M. Hardiman, L.M.S.S.A., D.P.H.

Department Medical Officers

Mary L. Williams, M.B., B.Ch., D.Obst.R.C.O.G.

Catherine Hayes, M.B., B.Ch., B.A.O.

H.A. Yerbury, M.B., B.S., D.P.H.

D. Daniels, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

R.B. Shah, M.B., B.S., D.O.M.S., Z.O. (Vienna)

W.J. Thompson, M.A., M.B., B.Ch., B.A.O.

Glenys G. Trenhaile, L.M.S.S.A. (Lond.)

Ida C. Burn, L.R.C.P., L.R.C.S. (Ireland)

N.H.N. Mills, M.B., B.Ch., D.P.M.

Mabli Ann Rickards, M.B., B.Ch.

Rosemary M. Robertson, M.D., B.Ch., D.P.H., D.C.H.

Margaret Davies M.B., B.Ch.

Ann Thomas, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G.

Principal Dental Officer

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

Consultant Dental Anaesthetist

Dr. G.A.D. Rees, M.B., B.Ch., F.F.A, R.C.S. (Sessional)

Dental Anaesthetists

Dr. M. Lewis, M.D., B.Ch. (Sessional)

Area Dental Officers

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

Maureen F.E. Vaughan-Jones, L.D.S.

H.J. Lewis, L.D.S.

S.J. Redding, B.D.S.

L. Jones, B.D.S.

D.J. Dymond, L.D.S.

Senior Dental Officer

Christine E. Beattie, B.D.S., L.D.S.

P.A. Jenkins B.D.S.

Dental Officers

W.S. Hazell, L.D.S., R.C.S. (Sessional)

T. Weston, L.D.S., R.C.S. ..

C.I.F. Morgan, L.D.S., R.C.S. ..

Greta McHarg, L.D.S. ..

W. Power, L.D.S., R.C.S. ..

P.R.V. Sinden, B.D.S., L.D.S. ..

D.R. James, B.D.S., F.D.S. ..

J.D. Scarratt, B.D.S. ..

DJ. Coughlin

Dental Auxiliaries

Hilary M. Farrall
Hilary Porter Jones
Isabel D. Shatlock

Dental Technicians

G.D. Mackenzie
J.A. Woodward
G.H. Probert (temporary)

Dental Health Organiser

Mrs. R.L. Fiveash

Oral Hygienist

Mrs. P. Schofield (Part-time)

Dental Surgery Assistants - 19

HEALTH VISITING

Superintendent Health Visitor

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

Deputy Superintendent Health Visitor

Mrs. S. Markland, S.R.N., S.C.M., H.V.

Health Visitors - 52

Clinic Nurses - 15

MIDWIFERY AND HOME NURSING

Joint Supervisors of Midwifery and Home Nursing

Miss E. Jeffries, S.R.N., S.C.M.
Mrs. C.P. Banton, S.R.N., S.C.M.
Miss A.R. Collins, S.R.N., S.C.M., H.V.

Midwives - 48

Home Nurse/Midwives - 9

Home Nurses - 65

Relief Home Nurses - 55

HEALTH EDUCATION

Health Education Organiser

Miss L.M. Tristram, S.R.N., S.C.M., H.V.

Deputy Health Education Organiser

Miss J.M. Jenkins, S.R.N., S.C.M., H.V.

Assistant Health Education Organiser

Miss S.R. Brazell, S.R.N., S.C.M., H.V.

MENTAL HEALTH

Principal Mental Welfare Officer

P.W. Philpott, B.A.(Hons.), A.A.P.S.W.

Senior Mental Welfare Officers

B. Price, C.S.W., S.R.N., R.M.N., R.M.P.A.
Mrs. J.K.B. Hughes, B.Sc.
M. Jones, C.S.W.
Mrs. D.E. Moore, R.M.N., R.M.P.A.
E.T. Pritchard, C.S.W., S.R.N., R.M.N., R.M.P.A.

Mental Welfare Officers

D. Anslow, C.S.W., S.R.N., R.M.N., R.M.P.A.
F.C. Cornwall, R.M.N.
Mrs. J.D. Davies, R.M.N., R.M.P.A.
A.L. Murr, R.M.N.
W.H. Jones, S.R.N., R.M.N.
I.A. Gregory, R.M.N.
T.J. Matthews, R.M.N.
Miss D. Warman, R.M.N.
E. Van. Eijkern, R.M.N.

Remedial Workshops

Manager R.J. Walter
Supervisor A.W.R. Smith, R.M.N.

Training Centres

Senior Supervisor	Miss A.M. Fuller
Supervisors	Miss J.M. Horner
	Miss M. Jeffries
	Mrs. E.W. Lewis
	Mrs. E. Lewis
	Mrs. A.G. Stevens
Assistant Supervisors	50
Trainee Assistant Supervisors	4
Instructors	5 (1 Temporary)

Day Centres

Senior Occupational Therapists	Mrs. A. Bennett M.A.O.T.	
	Miss L. Bissett, M.A.O.T.	
	Mrs. A.F. Williams, M.A.O.T.	
	Mrs. R.M. Boyle, M.A.O.T.	) Part-time
	Mrs. P.J. Green, M.A.O.T.)
Instructors	4	

Mental Health Social Worker

D.K. Davies, S.R.N., R.M.N.

Child Guidance Social Workers

Miss S. Readman, Dip. Soc., Science
J. Havard, Dip. Soc., Science
K. Harse, S.R.N., R.M.N.

PUBLIC HEALTH INSPECTORATE

County Health Inspector

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

Additional County Health Inspectors

A.H. Tomkins, M.A.P.H.I.

D.J. Herrington, M.A.P.H.I.

Milk Sampling Officer

F. Williams

HOME HELP

Home Help Organiser

Mrs. N. Powell

Home Help Assistant Organisers - 7

CHIROPODY

Chief County Chiropodist

T.G. Dowdeswell Childs, M.Ch.S., S.R.Ch.

Deputy Chief County Chiropodist

Mrs. Zillah Wintle, M.Ch.S., S.R.Ch.

Senior Chiropodists

Miss B. Pugh, L.Ch., S.R.Ch.

Mrs. A. Maidment, S.R.Ch.

Mr. R. Nuth, M.Ch.S., S.R.Ch.

Mrs. O. Holley, M.Ch.S., S.R.Ch.

Mr. T. Smith, M.Ch.S., S.R.Ch.

Miss A. Jones, M.Ch.S., S.R.Ch.

Miss M. Davies, M.Ch.S., S.R.Ch.

Mr. R. Sharp, M.Ch.S., S.R.Ch.

Mr. H. Hubery, M.Ch.S., S.R.Ch.

Mr. L. Chelm, M.Ch.S., S.R.Ch.

Mrs. J. Nuth, M.Ch.S., S.R.Ch.

Mr. J. Pears, M.Ch.S., S.R.Ch.)

Mrs. R. Pears, M.Ch.S., S.R.Ch.) Sessional

Mrs. B. Price, M.Ch.S., S.R.Ch.)

AMBULANCE

County Ambulance Officer

H.V. Price

Deputy County Ambulance Officer

Edgar Davies

Station Officers

F.H. Evans

J.S. Nicholas

G.W. Fry

H.T. Jones

W.M. Harris

G.S. Collins (Relief)

A.D. Glass (Relief)

Deputy Station Officers	-	5
Transport Liaison Officers	-	2
Driver/Attendants	-	120
Maintenance Staff	-	6
Driver/Handiman	-	1
Control Room Staff	-	
Supervisors		2
Telephonists	-	5

OTHER OFFICERS

Pharmacists

W. Rees, M.P.S.

K. Ellaway, M.P.S.

S. Davies, P.H.C., M.P.S.

D.H. Fearnside, M.P.S.

B.S.W. Jones, B.Pharm., M.P.S.

A. Richards, B.Sc., M.P.S.

D. Lloyd, P.H.C., M.P.S.

Pharmacy Technicians - 8

Trainee Pharmacy Technician - 1

Domiciliary Physiotherapists

E. Stratford Leach, M.C.S.P.

R.J. Holley, M.S.I.

Mrs. J.A. Ambler, M.C.S.P.

Mrs. E. Blakemore, M.C.S.P.

Speech Therapists

Mrs. A.M. Price, L.C.S.T., (R.M.A.)

Mrs. C.R. Jones, L.C.S.T., (R.M.A.)

Mrs. S.C. Cecil, L.C.S.T., (R.M.A.)

Mrs. S.P. Clark, L.C.S.T., (R.M.A.)

Miss S.J. Williams, L.C.S.T., (R.M.A.)

Orthoptists

Mrs. M.M. Jones, D.B.O.

Mrs. J.M. Savage, D.B.O.

Medical Comforts and Equipment Officer

Idris Williams

ADMINISTRATIVE STAFF

Chief Administrative Officer

H.G. Hughes

Deputy Chief Administrative Officer

F.P. Screen

Section Heads

R.J. Cleaves

S.D. Daniel

M.J. Harbinson, D.M.A., M.I.L.G.A.

G.T. Hutchings, D.M.A.

Administratives officers	-	12
Clerical officers	-	21
Typists	-	7
Technician	-	1
Miscellaneous officer	-	1
Clinic Clerks - 4 full-time		6 part-time

ADMINISTRATIVE STAFF

Chief Administrative Officer
H. G. Hughes

Deputy Chief Administrative Officer
P. P. Brown

Section Chiefs
S. A. Cramer
S. L. Davis

Administrative Officers
W. J. Hudson, D.M.A., M.I.D.A.
G. T. Hunsinger, D.M.A.

Technical Officers
11
12

Typists
7

Maintenance Officers
1

Clinic Clerks - 4 full time
4 part-time

Other Staff
Mrs. M. A. Jones
Mrs. J. M. Smith

Medical Conference and Educational Staff
John Williams

ADMINISTRATIVE STAFF

Chief Administrative Officer

H. G. Hughes

Deputy Chief Administrative Officer

P. P. Brown

Section Chiefs

S. A. Cramer

S. L. Davis

W. J. Hudson, D.M.A., M.I.D.A.

G. T. Hunsinger, D.M.A.

Administrative Officers

11

12

Technical Officers

7

Typists

Maintenance Officers

1

Clinic Clerks - 4 full time
4 part-time

Other Staff

Mrs. M. A. Jones

Mrs. J. M. Smith

Medical Conference and Educational Staff

John Williams

VITAL STATISTICS AND GENERAL MATTERS

Area of administrative county	251,325 acres
Population 1961	251,325
Female vote in April, 1961	111,181,474
Protest of 16, 1961 in April, 1961	11,111

SECTION I

Population

VITAL STATISTICS AND GENERAL MATTERS

The Registrar General's analysis of population for the administrative county for 1961 showed an increase of 1,100 over the previous estimate for 1960. A feature of this increase is that while the population of the urban districts rose by 290 only, the population of the rural districts rose by 810.

As the following table shows, this increase was shared by all the rural areas except Malmesbury.

The largest increase in the urban districts was again recorded in Chippenham where the population rose by 1,120.

SECTION I

VITAL STATISTICS AND GENERAL MATTERS

VITAL STATISTICS AND GENERAL MATTERS

Area of administrative county	335,570 acres
Population 1969	351,990
Rateable value, 1st April, 1969	£11,081,951
Product of 1d. rate 1st April, 1969	£41,478

Population

The Registrar General's mid-year estimate of population for the administrative county for 1969 showed an increase of 1,180 over the mid-year estimate for 1968. A feature of this increase is that, while the population of the urban districts rose by 290 only, the population of the rural districts rose by 890.

As the following table shows, this increase was shared by all the rural areas except Monmouth.

The largest increase in the urban districts once again occurred in Cwmbran where the population rose by 1,130.

District	Estimated mid-year home population 1968	Estimated mid-year home population 1969
Urban		
Abercarn	18,650	18,690 + 40
Abergavenny	9,560	9,600 + 40
Abertillery	22,950	22,610 + 340
Bedwas and Machen	11,940	12,380 - 440
Bedwellty	26,070	25,900 - 170
Blaenavon	7,860	7,760 - 100
Caerleon	5,850	6,030 + 180
Chepstow	7,710	7,840 + 130
Cwmbran	30,290	31,420 + 1,130
Ebbw Vale	26,760	26,470 - 290
Monmouth	6,130	6,280 + 150
Mynyddislwyn	15,710	15,780 + 70
Nantyglo and Blaina	11,000	10,940 - 60
Pontypool	37,210	36,600 - 610
Rhymney	8,720	8,700 - 20
Risca	16,220	16,030 - 190
Tredegar	19,070	18,920 - 150
Usk	2,180	2,220 + 40
Totals:	283,880	284,170 + 290
Rural		
Abergavenny	10,070	10,310 + 240
Chepstow	15,610	15,800 + 190
Magor and St. Mellons	17,930	18,340 + 410
Monmouth	6,150	6,080 - 70
Pontypool	17,170	17,290 + 120
Totals:	66,930	67,820 + 890
Grand Totals:	350,810	351,990 + 1180

It is important that such fluctuations are closely observed as they may have a bearing on the provision and siting of services. One feature of medical provisions is a tendency for them to be preserved by tradition rather than need.

The following table indicates the population changes in the County since 1901.

	Urban Districts	Rural Districts	County
Census			
1901	251,679	46,397	298,076
1951	275,191	44,377	319,568
1961	277,750	58,807	336,557
Registrar-general's estimate			
1969	284,170	67,820	351,990

Comparability factors

The birth and death rates of a community depend, to some extent, on the age and sex constitution of that community, i.e. a community with a large proportion of old people would have a lower birth rate and a higher death rate than a community with a relatively young population.

In order that such variables may be taken into account when contrasting either the birth or death rates of different areas, the Registrar-General issues "comparability factors" which, when applied to crude rates, provide corrected rates which permit accurate comparison.

The following is a comparison of the principal rates for Monmouthshire and for England and Wales for 1969.

	Monmouthshire	England and Wales
Live births (adjusted)	16.92	16.3)
Deaths (adjusted)	14.0	11.9)
Infant mortality	20.73	18.0)
Neonatal mortality	14.22	12.04)
Perinatal mortality	27.33	23.0)
Still-births	16.17	13.0)

) per 1,000
) population
) per 1,000
) live births
) per 1,000
) total births

Deaths

The total number of deaths registered in the administrative county as shown by the Registrar-General's return was 4,384, the highest recorded for more than ten years. The following is a comparison of the adjusted death rates per 1,000 population, for 1969 and nine previous years with those for England and Wales.

Year	Monmouthshire	England and Wales
1960	13.43	11.5
1961	14.36	12.0
1962	13.67	11.9
1963	13.67	12.2
1964	12.95	11.3
1965	12.31	11.5
1966	13.59	11.7
1967	12.87	11.2
1968	13.68	11.9
1969	14.00	11.9

The tables on pages 21, 23 and 25 set out all causes of death by age and county district. The chief causes of death for the county as a whole are summarised as follows:-

Cause	Total deaths	Percentage of total deaths
Heart and circulatory diseases	1,794	40.93
Cancer	784	17.89
Cerebrovascular disease	527	12.03
Respiratory diseases	694	15.83
Motor vehicle and other accidents	103	2.33
Other causes	482	10.99
All causes	4,384	100

Registrar-general's return of deaths from all causes, administrative county of Monmouthshire, 1969

TABLE 1

Causes of Death	Population		Urban Districts																Rural districts							
	18,690	Deaths from all causes	Abercarn	Abergavenny M.B.	Abertillery	Bredwas & Machen	Brecon	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebaw Vale	Monmouth M.B.	Mynyddislwyn	Nantyglo & Blaina	Pontypool	Rhymney	Risca	Tredgar	Uk	Abergavenny	Chepstow	Magor & St. Mellons	Monmouth	Pontypool	
			9,600	72,610	12,380	29,600	7,760	6,020	7,840	31,420	26,470	6,280	15,760	10,940	36,600	8,700	16,020	18,920	2,220	10,310	15,860	18,340	6,980	17,220		
B4	Enteritis and other diarrhoeal diseases	1	1	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
B5	Tuberculosis of respiratory system	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B6	Other tuberculosis incl. late effects	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B11	Meningococcal infection	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B18	Other infective and parasitic diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B19(1)	Malignant neoplasm - Buccalcavity etc.	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B19(2)	Malignant neoplasm - Stomach	10	6	7	2	2	2	2	3	3	3	4	1	1	7	13	3	4	11	1	2	2	1	5	1	3
B19(3)	Malignant neoplasm - Intestine	6	2	6	1	7	2	2	3	7	6	1	1	4	3	11	1	4	7	2	2	3	1	2	10	3
B19(4)	Malignant neoplasm - Larynx	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B19(5)	Malignant neoplasm - Lung, bronchus	8	4	20	3	13	3	4	2	11	11	3	5	2	22	3	7	13	1	2	2	12	5	5	5	5
B19(6)	Malignant neoplasm - Breast	6	3	8	3	3	2	3	4	6	1	1	1	1	6	1	11	3	2	2	2	3	3	3	3	3
B19(7)	Malignant neoplasm - Uterus	4	3	1	6	1	1	1	1	3	3	1	1	2	5	1	1	1	1	1	1	1	1	1	1	1
B19(8)	Malignant neoplasm - Prostate	1	3	4	1	2	2	2	2	1	2	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1
B19(9)	Leukaemia	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B19(10)	Other malignant neoplasms	12	5	12	10	18	6	2	8	17	21	1	10	8	18	7	18	10	1	7	4	9	9	9	9	9
B20	Benign and unspecified neoplasms	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B21	Diabetes mellitus	5	3	4	4	1	1	1	1	5	1	3	2	2	2	2	4	1	1	1	1	1	1	1	1	1
B46(1)	Other endocrine etc. diseases	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B23	Anaemias	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B46(3)	Mental disorders	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B24	Meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B46(4)	Other diseases of nervous system, etc.	1	2	1	1	1	1	1	1	1	1	2	1	2	3	2	1	3	3	3	3	3	3	3	3	3
B26	Chronic rheumatic heart disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B27	Hypertensive disease	7	2	5	2	7	9	6	3	5	6	3	8	9	1	2	12	1	1	1	1	1	1	1	1	1
B28	Ischaemic heart disease	54	41	70	42	77	27	15	39	54	104	25	58	41	156	28	55	85	5	47	58	57	18	43	43	43
B29	Other forms of heart disease	13	17	19	2	23	13	5	4	12	7	8	11	7	37	8	16	17	1	16	8	14	8	3	3	3
B30	Cerebrovascular disease	37	20	35	18	40	19	10	20	27	29	21	22	6	62	16	20	34	1	25	21	18	13	13	13	13
B46(5)	Other diseases of circulatory system	9	5	8	1	12	7	1	3	7	26	7	8	3	17	5	6	1	25	5	8	2	4	4	4	4
B31	Influenza	3	3	12	4	4	5	1	1	4	3	2	2	2	4	3	5	6	4	4	4	4	4	4	4	4
B32	Pneumonia	9	9	16	4	12	9	15	8	17	29	6	5	19	2	15	6	2	24	3	11	5	9	9	9	9
B33(1)	Bronchitis and emphysema	20	5	33	10	37	8	1	9	15	28	4	13	21	41	17	9	15	5	7	1	1	1	1	1	1
B33(2)	Asthma	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B46(6)	Other diseases of respiratory system	2	1	5	1	16	6	1	1	1	3	3	2	3	6	2	3	6	3	3	3	3	3	3	3	3
B34	Peptic ulcer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B35	Appendicitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B36	Intestinal obstruction and hernia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B37	Cirrhosis of liver	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
B46(7)	Other diseases of digestive system	1	2	2	1	2	1	1	1	3	1	1	2	1	4	1	3	1	2	2	2	2	2	2	2	2
B38	Nephritis and nephrosis	1	1	2	1	2	1	1	1	2	1	1	1	1	1	2	1	3	1	2	2	2	2	2	2	2
B39	Hyperplasia of prostate	1	1	3	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
B46(8)	Other diseases, genito-urinary system	3	1	2	2	6	1	1	2	3	2	1	1	1	4	1	1	1	2	2	2	2	2	2	2	2
B40	Abortion	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B46(9)	Diseases of skin, subcutaneous tissue	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B46(10)	Diseases of musculo-skeletal system	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B42	Congenital abnormalities	3	4	3	1	2	2	2	4	2	2	2	2	2	8	1	3	3	2	2	2	2	2	2	2	2
B43	Birth injury, difficult labour, etc.	1	2	2	3	1	1	1	1	2	3	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
B44	Other causes of perinatal mortality	1	1	3	3	1	1	1	2	3	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1
B45	Symptoms and ill-defined conditions	2	2	4	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
BE47	Motor vehicle accidents	1	1	4	2	1	1	1	3	3	3	1	4	4	3	1	1	3	1	1	1	1	1	1	1	1
BE48	All other accidents	5	3	5	4	5	1	1	2	7	5	2	1	1	6	1	1	1	1	1	1	1	1	1	1	1
BE49	Suicide and self inflicted injuries	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
BE50	All other external causes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B22	Avitaminoses, etc.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B41	Other complications of pregnancy etc.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Year	Population	Area	Density	Growth	Rate	Total	Per Cent	Increase	Decrease	Net	Total	Per Cent	Increase	Decrease	Net
1940	1,000,000	100,000	10.0	1.0	10.0	100,000	10.0	100,000	0	100,000	10.0	10.0	0	100,000	
1941	1,010,000	100,000	10.1	1.0	10.1	101,000	10.1	101,000	0	101,000	10.1	10.1	0	101,000	
1942	1,020,000	100,000	10.2	1.0	10.2	102,000	10.2	102,000	0	102,000	10.2	10.2	0	102,000	
1943	1,030,000	100,000	10.3	1.0	10.3	103,000	10.3	103,000	0	103,000	10.3	10.3	0	103,000	
1944	1,040,000	100,000	10.4	1.0	10.4	104,000	10.4	104,000	0	104,000	10.4	10.4	0	104,000	
1945	1,050,000	100,000	10.5	1.0	10.5	105,000	10.5	105,000	0	105,000	10.5	10.5	0	105,000	
1946	1,060,000	100,000	10.6	1.0	10.6	106,000	10.6	106,000	0	106,000	10.6	10.6	0	106,000	
1947	1,070,000	100,000	10.7	1.0	10.7	107,000	10.7	107,000	0	107,000	10.7	10.7	0	107,000	
1948	1,080,000	100,000	10.8	1.0	10.8	108,000	10.8	108,000	0	108,000	10.8	10.8	0	108,000	
1949	1,090,000	100,000	10.9	1.0	10.9	109,000	10.9	109,000	0	109,000	10.9	10.9	0	109,000	
1950	1,100,000	100,000	11.0	1.0	11.0	110,000	11.0	110,000	0	110,000	11.0	11.0	0	110,000	

Cause of death by age and sex

TABLE 2A.

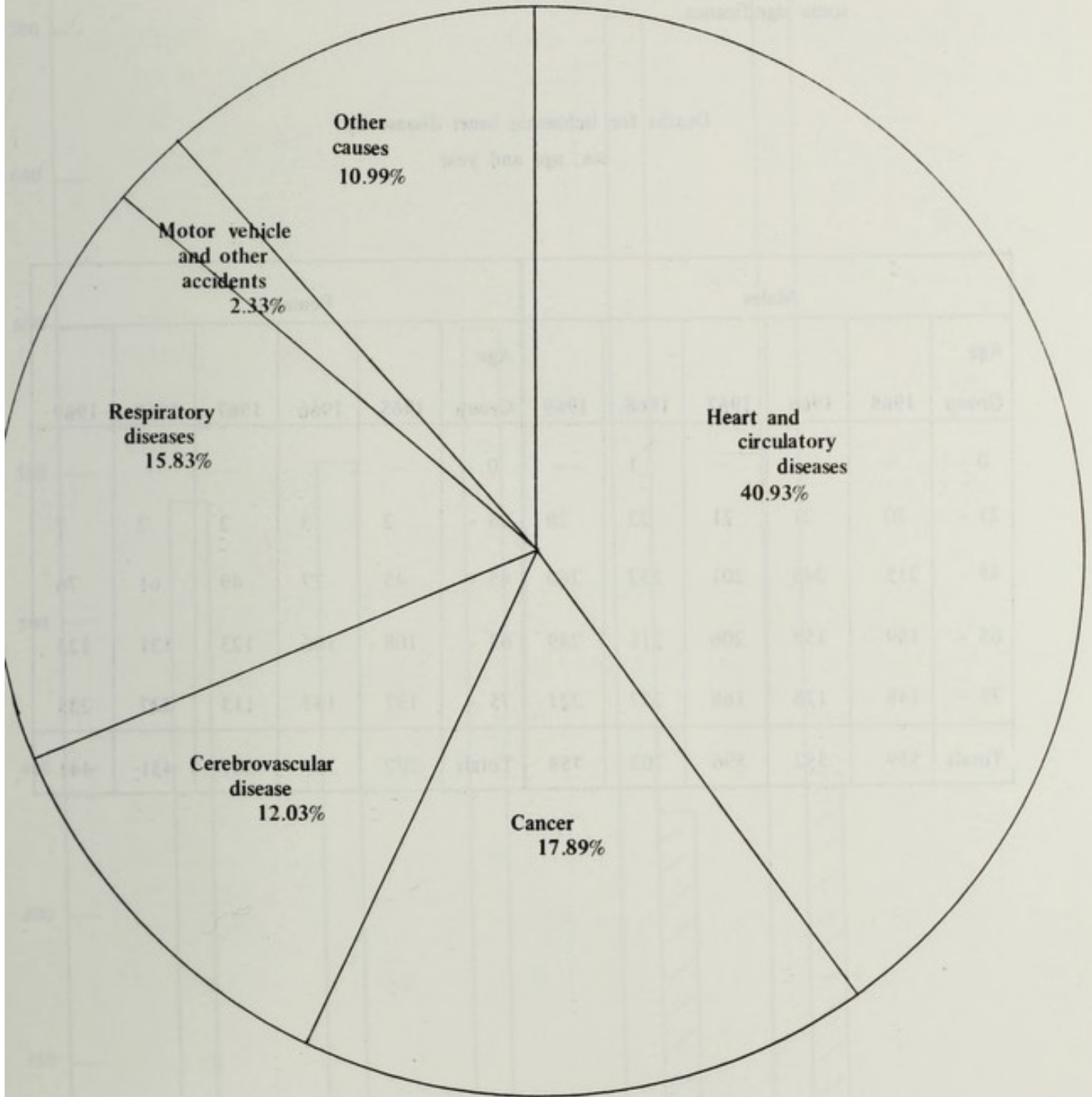
Causes of Death	Males										Urban areas										Totals				
											Females														
	0-4 weeks	4 Wks. - 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	Totals	0-4 weeks	4 Wks. - 1 yr.	1-	5-	15-	25-	35-	45-		55-	65-	75 and over	Totals
4 Enteritis and other diarrhoeal diseases																									
5 Tuberculosis of respiratory system		2										2													
8 Other tuberculosis incl. late effects												1													
11 Meningococcal infection																									
19(1) Other infective and parasitic diseases																									
19(2) Malignant neoplasm - Buccalcavity etc.																									
19(3) Malignant neoplasm - Oesophagus																									
19(4) Malignant neoplasm - Stomach																									
19(5) Malignant neoplasm - Intestine																									
19(6) Malignant neoplasm - Larynx																									
19(7) Malignant neoplasm - Lung, bronchus																									
19(8) Malignant neoplasm - Breast																									
19(9) Malignant neoplasm - Uterus																									
19(10) Malignant neoplasm - Prostate																									
20 Leukaemia																									
21 Other malignant neoplasms																									
22 Benign and unspecified neoplasms																									
23 Diabetes mellitus																									
24 Other endocrine etc. diseases																									
25 Anemias																									
26 Mental disorders																									
27 Meningitis																									
28 Other diseases of nervous system, etc.																									
29 Chronic rheumatic heart disease																									
30 Hypertensive disease																									
31 Ischaemic heart disease																									
32 Other forms of heart disease																									
33 Coronary disease																									
34 Other diseases of circulatory system																									
35 Influenza																									
36 Pneumonia																									
37(1) Bronchitis and emphysema																									
37(2) Asthma																									
37(3) Other diseases of respiratory system																									
38 Peptic ulcer																									
39 Appendicitis																									
40 Intestinal obstruction and hernia																									
41 Cirrhosis of liver																									
42 Other diseases of digestive system																									
43 Nephritis and nephrosis																									
44 Hyperplasia of prostate																									
45 Other diseases, genito-urinary system																									
46 Abortion																									
47 Diseases of skin, subcutaneous tissue																									
48 Diseases of musculo-skeletal system																									
49 Congenital abnormalities																									
50 Birth injury, difficult labour, etc.																									
51 Other causes of perinatal mortality																									
52 Symptoms and ill-defined conditions																									
53 Motor vehicle accidents																									
54 All other accidents																									
55 Suicide and self inflicted injuries																									
56 All other external causes																									

Cause of death by age and sex
Rural areas

TABLE 2B

Causes of Death	Males										Females													
	0-4 weeks	4 Wks. - 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	Totals	0-4 weeks	4 Wks. - 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	Totals
Enteritis and other diarrhoeal diseases	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Other tuberculosis incl. late effects	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
(1) Malignant neoplasm - Buccalcavity etc.	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-	-	-	-	-	-	-	1	1	2
(2) Malignant neoplasm - Oesophagus	-	-	-	-	-	-	-	2	-	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-
(3) Malignant neoplasm - Stomach	-	-	-	-	-	-	1	-	1	3	2	7	-	-	-	-	-	-	-	-	-	1	2	3
(4) Malignant neoplasm - Intestine	-	-	-	-	-	-	3	2	2	-	5	12	-	-	-	-	-	-	1	-	-	1	2	5
(6) Malignant neoplasm - Lung, bronchus	-	-	-	-	-	-	3	9	-	5	3	20	-	-	-	-	-	-	-	2	1	2	1	6
(7) Malignant neoplasm - Breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	4	1	2	10
(8) Malignant neoplasm - Uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	2	6
(9) Malignant neoplasm - Prostate	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	1	3	4
(10) Leukaemia	-	-	1	-	-	-	-	-	-	1	1	3	-	-	-	-	-	-	-	-	-	-	-	-
(11) Other malignant neoplasms	-	-	-	-	1	-	1	3	6	3	3	17	-	-	-	-	-	-	1	-	-	4	4	12
Benign and unspecified neoplasms	-	-	-	-	-	-	-	-	-	-	1	3	-	-	-	-	-	-	2	2	-	4	4	12
Diabetes mellitus	-	-	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	-	-	1	-	-	-	1
Avitaminoses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	5	5
(1) Other endocrine etc. diseases	-	-	-	-	-	-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	-	1	1	1
Anaemias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	4
(3) Mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(4) Other diseases of nervous system, etc.	-	-	-	-	-	-	1	-	-	1	1	3	-	-	-	-	-	-	-	-	-	2	-	1
Chronic rheumatic heart disease	-	-	-	-	-	-	-	1	-	1	1	3	-	-	-	-	-	-	-	-	-	1	-	1
Hypertensive disease	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-	-	-	2	1	1	2
Ischaemic heart disease	-	-	-	-	-	-	1	2	-	2	5	-	-	-	-	-	-	-	-	-	-	1	7	8
Other forms of heart disease	-	-	-	-	-	6	19	30	-	46	40	141	-	-	-	-	-	1	5	13	21	42	82	
Cerebrovascular disease	-	-	-	-	-	-	1	3	2	15	21	-	-	-	-	-	-	-	-	-	5	23	28	
(5) Other diseases of circulatory system	-	-	-	-	-	-	2	4	9	19	34	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza	-	-	-	-	-	-	-	3	5	10	18	-	-	-	-	1	1	1	2	8	18	28	56	
Pneumonia	-	-	-	-	-	-	1	4	2	2	8	-	-	-	-	-	-	-	-	-	3	21	26	
(1) Bronchitis and emphysema	1	2	-	-	1	-	-	4	4	13	26	-	-	-	-	-	-	2	-	-	7	19	26	
(2) Asthma	-	-	-	-	-	-	-	2	2	8	25	-	-	-	-	-	-	-	-	-	-	1	2	5
(6) Other diseases of respiratory system	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	1
Peptic ulcer	2	-	-	-	1	-	-	-	1	2	7	-	-	-	-	-	-	-	-	-	-	-	3	3
Intestinal obstruction and hernia	-	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	2	-	2
Cirrhosis of liver	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
(7) Other diseases of digestive system	-	-	-	-	-	-	1	-	-	2	2	-	-	-	-	-	-	-	-	1	-	-	-	1
Nephritis and nephrosis	-	-	-	-	-	-	1	1	-	2	3	-	-	-	-	-	-	1	-	-	-	1	3	3
Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	1
(8) Other diseases, genito-urinary system	-	-	-	-	-	-	-	-	-	2	4	-	-	-	-	-	-	-	-	-	-	2	2	2
Other complications of pregnancy etc.	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(10) Diseases of musculo-skeletal system	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	1
Congenital abnormalities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Birth injury, difficult labour, etc.	4	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	2	
Other causes of perinatal mortality	-	-	-	-	-	-	-	-	-	-	4	2	-	-	-	-	-	-	-	-	-	-	-	2
Symptoms and ill-defined conditions	3	-	-	-	-	-	-	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Motor vehicle accidents	-	-	-	1	1	-	-	1	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-
17 All other accidents	-	-	-	-	-	-	-	-	-	4	4	-	-	-	-	-	-	-	-	-	-	1	-	1
18 Suicide and self inflicted injuries	-	-	1	-	2	-	1	-	2	2	9	-	-	-	-	-	-	2	-	-	-	8	10	
19 All other external causes	-	-	-	-	-	-	1	-	1	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-
20	-	-	-	-	-	2	-	1	-	3	-	-	-	-	-	-	-	2	1	-	-	-	3	

Principal causes of death in Monmouthshire 1969



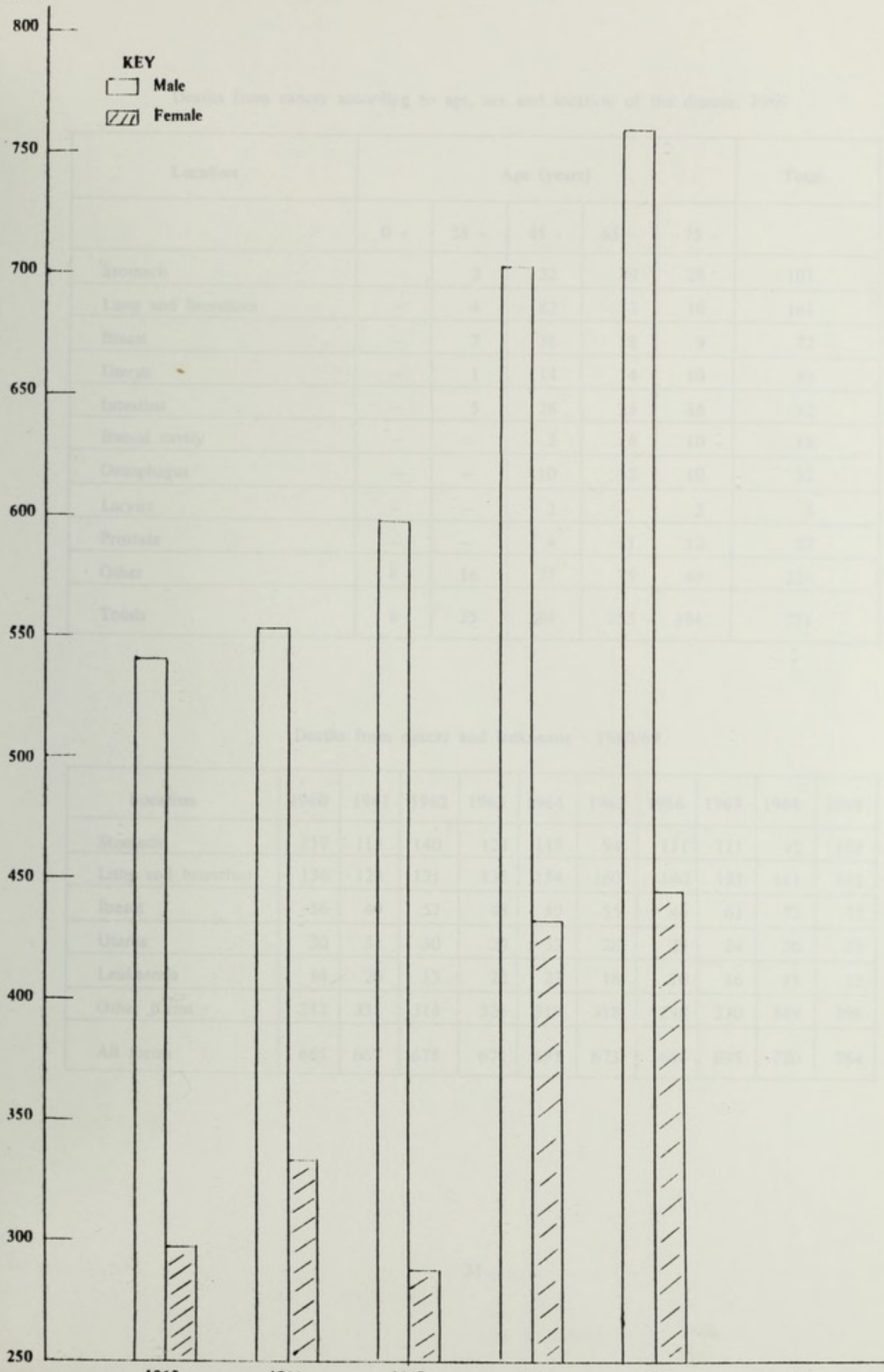
By far the main cause of death is related to the heart and diseases of circulation. Of the 1,794 deaths in this group 1,199, resulted from coronary artery disease. This is essentially a disease of middle life and some of the possible contributing factors such as excess weight, lack of exercise, smoking etc., are avoidable and the disease is, therefore, one that has preventable elements of some significance.

**Deaths for ischaemic heart disease by
sex, age and year**

Males						Females					
Age Group	1965	1966	1967	1968	1969	Age Group	1965	1966	1967	1968	1969
0 -	—	—	—	1	—	0 -	—	—	—	—	—
25 -	20	21	21	22	28	25 -	2	3	2	2	7
45 -	212	245	201	232	260	45 -	45	77	49	61	76
65 -	159	158	206	211	249	65 -	108	106	123	131	123
75 -	148	128	168	237	221	75 -	137	147	113	237	235
Totals	539	552	596	703	758	Totals	292	333	287	431	441

Deaths

KEY
 □ Male
 ▨ Female



and the 1991 group was a mean 90.1% of the 1990 group. This is mainly a result of the fact that the 1991 group was a mean 90.1% of the 1990 group. This is mainly a result of the fact that the 1991 group was a mean 90.1% of the 1990 group.

1991
1990
1989

Age Group	France										
	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
0-4	100	100	100	100	100	100	100	100	100	100	100
5-14	100	100	100	100	100	100	100	100	100	100	100
15-24	100	100	100	100	100	100	100	100	100	100	100
25-34	100	100	100	100	100	100	100	100	100	100	100
35-44	100	100	100	100	100	100	100	100	100	100	100
45-54	100	100	100	100	100	100	100	100	100	100	100
55-64	100	100	100	100	100	100	100	100	100	100	100
65-74	100	100	100	100	100	100	100	100	100	100	100
75-84	100	100	100	100	100	100	100	100	100	100	100
85+	100	100	100	100	100	100	100	100	100	100	100
Total	100	100	100	100	100	100	100	100	100	100	100



Deaths from cancer according to age, sex and location of the disease, 1969

Location	Age (years)					Total
	0 -	25 -	45 -	65 -	75 -	
Stomach	—	2	32	39	28	101
Lung and bronchus	—	4	82	57	18	161
Breast	—	7	38	18	9	72
Uterus	—	1	14	14	10	39
Intestine	—	5	28	23	36	92
Buccal cavity	—	—	2	6	10	18
Oesophagus	—	—	10	12	10	32
Larynx	—	—	2	—	3	5
Prostate	—	—	4	11	12	27
Other	8	16	77	75	48	224
Totals	8	35	289	255	184	771

Deaths from cancer and leukaemia - 1960/69

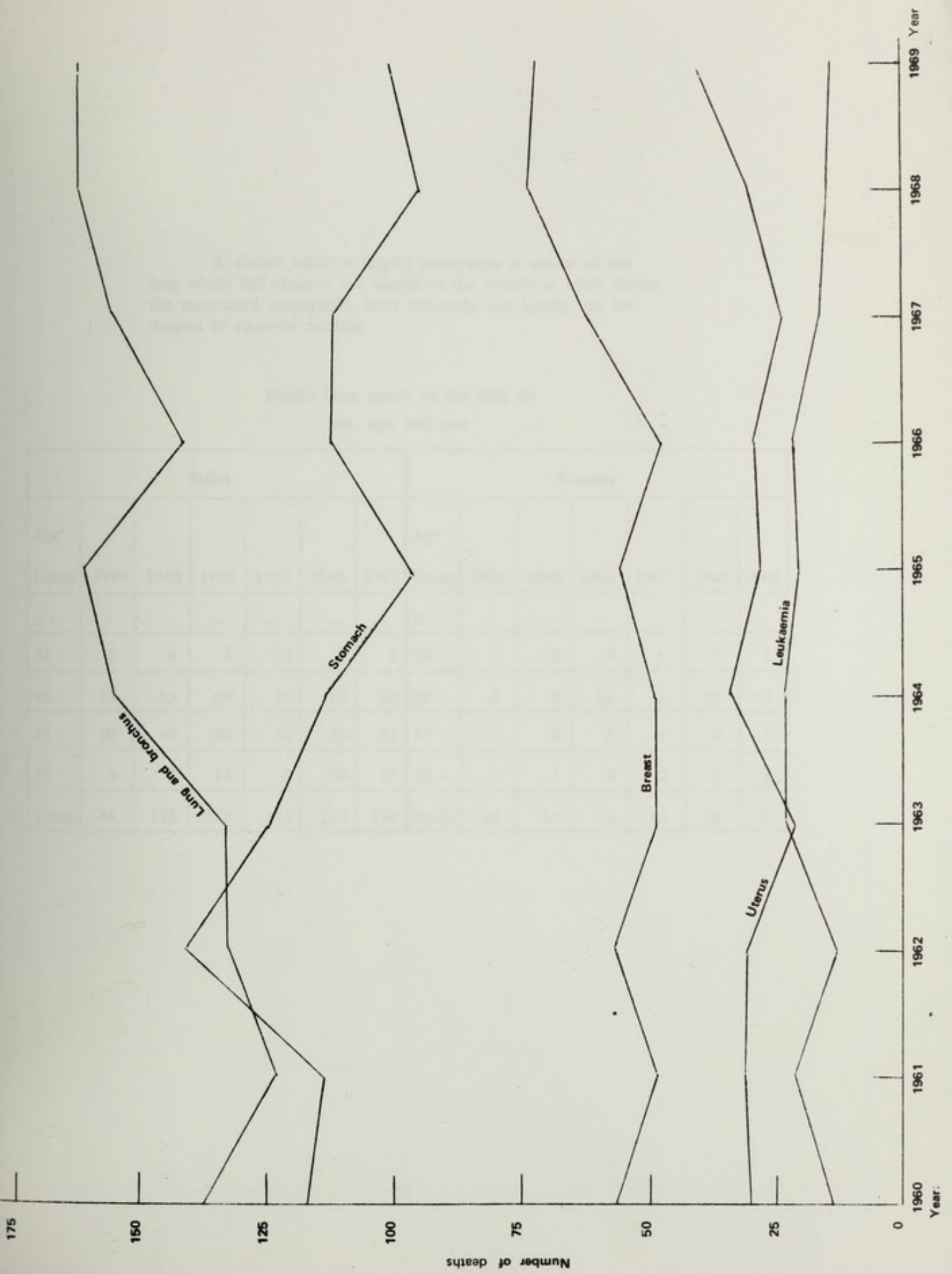
Location	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Stomach	117	113	140	124	113	94	111	111	92	101
Lung and bronchus	136	123	131	132	154	160	140	153	161	161
Breast	56	49	57	48	49	55	46	61	73	72
Uterus	30	31	30	20	33	28	29	24	30	39
Leukaemia	14	20	13	22	23	18	20	16	15	13
Other forms	312	331	314	325	319	318	298	330	349	398
All forms	665	667	675	671	691	673	644	695	720	784

Deaths from cancer according to age, sex and location of the disease 1967

Location	Age Group					Total
	0 - 24	25 - 44	45 - 64	65 - 84	85 -	
Bladder	-	-	1	1	1	3
Large and Small Intestine	-	-	4	8	1	13
Stomach	-	-	7	18	9	34
Liver	-	-	1	14	10	25
Intestine	-	-	2	28	24	54
Rectum and Sigmoid	-	-	1	6	10	17
Ovary	-	-	10	13	10	33
Lung	-	-	2	2	2	6
Prostate	-	-	4	11	15	30
Other	2	16	77	52	44	191
Total	2	16	180	121	104	423

Deaths from cancer and unknown - 1957-67

Location	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Bladder	113	113	150	124	113	98	111	111	111	111	111	107	101
Large and Small Intestine	156	152	131	132	134	140	140	140	140	140	140	141	141
Stomach	38	40	27	48	42	32	46	46	46	46	46	43	35
Liver	30	31	30	30	32	28	28	28	28	28	28	28	28
Intestine	34	30	43	33	33	18	20	20	20	20	20	18	21
Other	313	321	314	322	319	318	308	308	308	308	308	308	308
All from	662	667	672	671	671	673	674	674	674	674	674	670	664





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A disease which is largely preventable is cancer of the lung which still claimed 161 deaths in the county in 1969 despite the maintained propaganda, both nationally and locally, on the dangers of cigarette smoking.

Deaths from cancer of the lung by
sex, age, and year

Males							Females						
Age Group	1950	1960	1965	1967	1968	1969	Age Group	1950	1960	1965	1967	1968	1969
0 -	-	-	-	-	-	-	0 -	-	-	-	-	-	-
25 -	5	6	7	2	5	2	25 -	2	3	2	1	1	2
45 -	27	63	68	76	63	68	45 -	9	5	12	2	12	14
65 -	10	49	49	56	50	52	65 -	2	2	5	4	9	5
75 -	3	7	14	9	19	17	75 -	1	1	3	3	2	1
Totals	45	125	138	143	137	139	Totals	14	11	22	10	24	22

A disease which is largely preventable is common in the
 long which still claimed 101 deaths in the country in 1959 despite
 the continued propaganda, both nationally and locally, on the
 dangers of cigarette smoking.

Graphic from census of the lung by
 sex, age, and year

Age	Males						Females					
	1920	1930	1940	1950	Group	1960	1920	1930	1940	1950	Group	1960
0 - 4	-	-	-	-	0	-	-	-	-	-	-	-
5 - 9	2	4	7	2	2	2	1	1	1	1	1	1
10 - 14	37	63	76	68	42	9	2	12	2	12	2	14
15 - 19	10	40	25	20	22	2	2	4	4	4	4	2
20 - 24	2	7	14	19	17	1	1	3	3	3	3	1
Total	4	122	138	143	129	14	11	22	10	24	23	23

150

125

100

75

50

25

0

No. of deaths

Total

Male

Female

YEAR

1960

1960

1965

1967

1968

1969



There were 39 deaths from malignant neoplasms of the uterus. To an extent this condition is also preventable and the department's cervical cytology service has continued to expand. However, because of the nature of the disease, it may take many years before we can expect reliable statistical confirmation of the value of this service in preventing carcinoma of the cervix.

The following table sets out by sex, deaths in the urban and rural districts and gives the rate per 1,000 population. These rates do not necessarily indicate the more favourable areas of the County for residence if longevity is desired.

Deaths by district for year 1969

District	Estimated population	Deaths			Rate per 1,000 of population	Area
		Male	Female	Total		
Urban						
Abercarn	18,690	124	110	234	12.5	No. 3
Abergavenny	9,600	73	77	150	15.6	No. 10
Abertillery	22,610	168	152	320	14.2	No. 5
Bedwas and Machen	12,380	75	50	125	10.1	No. 6
Bedwellty	25,900	190	139	329	12.7	No. 2
Blaenavon	7,760	73	51	124	16.0	No. 7
Caerleon	6,030	51	50	101	16.7	No. 8
Chepstow	7,840	72	51	123	15.7	No. 9
Cwmbran	31,420	141	96	237	7.5	No. 8
Ebbw Vale	26,470	201	141	342	12.9	No. 4
Monmouth	6,280	43	56	99	15.8	No. 9
Mynyddislwyn	15,780	98	79	177	11.2	No. 3
Nantyglo and Blaina	10,940	90	59	149	13.6	No. 5
Pontypool	36,600	295	222	517	14.1	No. 7
Rhymney	8,700	62	50	112	12.9	No. 1
Risca	16,030	99	102	201	12.5	No. 6
Tredeggar	18,920	148	125	273	14.4	No. 1
Usk	2,220	7	9	16	7.2	No. 10
Urban totals	284,170	2,010	1,619	3,629	12.8	
Rural						
Abergavenny	10,310	104	91	195	18.9	No. 10
Chepstow	15,800	87	55	142	9.0	No. 9
Magor & St. Mellons	18,340	104	86	190	10.4	No. 6
Monmouth	6,080	41	39	80	13.2	No. 9
Pontypool	17,290	78	70	148	8.6	No. 10
Rural totals	67,820	414	341	755	11.1	
Grand totals 1969	351,990	2,424	1,960	4,384	12.5	
Totals for year 1968	350,810	2,395	1,894	4,289	12.25	

**Principal vital statistics relating
to mothers and infants**

	1960	1965	1967	1968	1969
Number of live births	5,727	6,600	5,912	6,029	5,835
Live birth rate (crude) per 1,000 population	17.29	18.68	16.80	17.10	16.58
Illegitimate live births per cent of total live births	3.1	4.60	5.93	6.12	6.27
Number of still-births	160	152	102	110	92
Still-birth rate per 1,000 live and still-births	27.2	22.50	16.99	17.92	16.17
Total number of live and still-births ..	5,887	6,752	6,014	6,139	5,927
Total number of infant deaths (under 1 year of age)	146	140	129	113	121
Infant mortality rate per 1,000 total live births	25.5	21.21	21.82	18.74	20.73
Mortality rate of legitimate infants per 1,000 legitimate live births ..	25.4	20.65	21.57	18.72	21.02
Mortality rate of illegitimate infants per 1,000 illegitimate live births ..	28.0	32.78	25.64	18.97	16.39
Neo-natal mortality rate per 1,000 live births	17.6	14.39	14.88	13.76	14.22
Early neo-natal mortality rate per 1,000 live births	15.2	12.27	12.51	11.27	11.99
Perinatal mortality per 1,000 total live and still-births	42.0	35.98	29.09	28.99	27.33
Number of maternal deaths (including abortions)	Nil	4	3	4	2
Maternal mortality rate per 1,000 live and still-births	Nil	0.59	0.49	0.65	0.34

Births

During 1969 there were, according to the Registrar-General's returns, 5,835 live births in the administrative county and 92 still births. Further details are as follows:-

	Legitimate		Illegitimate		Totals	Comparability factor
	M	F	M	F		
Urban districts						
Live births	2,313	2,145	151	153	4,762	1.02
Still births	46	23	1	6	76	
Rural districts:						
Live births	539	472	36	26	1,073	1.02
Still births	9	6	1	—	16	
Totals	2,907	2,646	189	185	5,927	1.02

The number of registered live births showed a decrease of 194 compared with the year 1968.

The live birth rate per 1,000 population for 1969 is compared with previous years and with those figures for England and Wales in the following table.

Year	Live births		Totals	Rate per 1,000 population		Rate for England and Wales
	Male	Female		Crude	Adjusted	
1960	2,991	2,736	5,727	17.29	17.29	17.1
1961	3,125	2,845	5,070	17.85	17.85	17.4
1962	3,161	3,033	6,194	18.17	17.99	18.0
1963	3,309	3,182	6,491	18.94	19.32	18.2
1964	3,369	3,172	6,541	18.76	19.14	18.4
1965	3,417	3,183	6,600	18.68	19.05	18.1
1966	3,117	3,046	6,163	17.53	17.88	17.7
1967	3,046	2,866	5,912	16.80	17.13	17.2
1968	3,029	3,000	6,029	17.10	17.44	16.9
1969	3,039	2,796	5,835	16.58	16.92	16.3

The number of live births in the county during 1969 gave a crude live-birth rate of 16.58 per 1,000 population. As the comparability factor for the county is 1.02, adjustment converts this rate to 16.91 which compares with 16.3 for England and Wales. The diagram shows clearly the fall in the number of live births in the county since the early 1960's.

During 1959 there were, according to the Registrar-General's returns, 2,822 live births in the county of Wiltshire and 91 still births. Further details are as follows:

Comparsibility Factor	Total	Legitimate		Illegitimate	
		Male	Female	Male	Female
1959	2,822	1,307	1,515	189	183
1958	2,737	1,279	1,462	187	171
1957	2,681	1,241	1,430	179	162
1956	2,625	1,203	1,392	171	156
1955	2,569	1,165	1,354	163	150
1954	2,513	1,127	1,316	155	142
1953	2,457	1,089	1,278	147	136
1952	2,401	1,051	1,240	139	128
1951	2,345	1,013	1,202	131	120
1950	2,289	975	1,164	123	112
1949	2,233	937	1,126	115	104
1948	2,177	899	1,088	107	96
1947	2,121	861	1,050	99	88
1946	2,065	823	1,012	91	80
1945	2,009	785	974	83	72
1944	1,953	747	936	75	64
1943	1,897	709	898	67	56
1942	1,841	671	860	59	48
1941	1,785	633	822	51	40
1940	1,729	595	784	43	32
1939	1,673	557	746	35	24
1938	1,617	519	708	27	16
1937	1,561	481	670	19	8
1936	1,505	443	632	11	0
1935	1,449	405	594	3	0
1934	1,393	367	556	0	0
1933	1,337	329	518	0	0
1932	1,281	291	480	0	0
1931	1,225	253	442	0	0
1930	1,169	215	404	0	0
1929	1,113	177	366	0	0
1928	1,057	139	328	0	0
1927	1,001	101	290	0	0
1926	945	63	252	0	0
1925	889	25	214	0	0
1924	833	0	176	0	0
1923	777	0	138	0	0
1922	721	0	100	0	0
1921	665	0	62	0	0
1920	609	0	24	0	0
1919	553	0	0	0	0
1918	497	0	0	0	0
1917	441	0	0	0	0
1916	385	0	0	0	0
1915	329	0	0	0	0
1914	273	0	0	0	0
1913	217	0	0	0	0
1912	161	0	0	0	0
1911	105	0	0	0	0
1910	49	0	0	0	0

The number of registered live births showed a decrease of 1.02 per cent during 1959 compared with 1958. The live birth rate per 1,000 population for 1959 is compared with previous years in the following table:

Year	Live Births		Total	Rate per 1,000 population	
	Male	Female		Crude	Adjusted
1959	1,307	1,515	2,822	17.39	17.11
1958	1,279	1,462	2,741	17.32	17.04
1957	1,241	1,430	2,671	17.25	16.97
1956	1,203	1,392	2,595	17.18	16.90
1955	1,165	1,354	2,519	17.11	16.83
1954	1,127	1,316	2,443	17.04	16.76
1953	1,089	1,278	2,367	16.97	16.69
1952	1,051	1,240	2,291	16.90	16.62
1951	1,013	1,202	2,215	16.83	16.55
1950	975	1,164	2,139	16.76	16.48
1949	937	1,126	2,063	16.69	16.41
1948	899	1,088	1,987	16.62	16.34
1947	861	1,050	1,911	16.55	16.27
1946	823	1,012	1,835	16.48	16.20
1945	785	974	1,759	16.41	16.13
1944	747	936	1,683	16.34	16.06
1943	709	898	1,607	16.27	15.99
1942	671	860	1,531	16.20	15.92
1941	633	822	1,455	16.13	15.85
1940	595	784	1,379	16.06	15.78
1939	557	746	1,303	16.00	15.72
1938	519	708	1,227	15.93	15.65
1937	481	670	1,151	15.86	15.58
1936	443	632	1,075	15.79	15.51
1935	405	594	1,000	15.72	15.44
1934	367	556	924	15.65	15.37
1933	329	518	847	15.58	15.30
1932	291	480	771	15.51	15.23
1931	253	442	695	15.44	15.16
1930	215	404	619	15.37	15.09
1929	177	366	543	15.30	15.02
1928	139	328	467	15.23	14.95
1927	101	290	391	15.16	14.88
1926	63	252	315	15.09	14.81
1925	25	214	239	15.02	14.74
1924	0	176	176	14.95	14.67
1923	0	138	138	14.88	14.60
1922	0	100	100	14.81	14.53
1921	0	62	62	14.74	14.46
1920	0	24	24	14.67	14.39
1919	0	0	0	14.60	14.32
1918	0	0	0	14.53	14.25
1917	0	0	0	14.46	14.18
1916	0	0	0	14.39	14.11
1915	0	0	0	14.32	14.04
1914	0	0	0	14.25	13.97
1913	0	0	0	14.18	13.90
1912	0	0	0	14.11	13.83
1911	0	0	0	14.04	13.76
1910	0	0	0	13.97	13.69
1909	0	0	0	13.90	13.62

The number of live births in the county during 1959 gave a crude live-birth rate of 17.39 per 1,000 population. As the comparability factor for the county is 1.02 adjustment gives a rate of 17.11 which compares with 16.3 for England and Wales. The diagram below shows the fall in the number of live births in the county since the early 1900's.

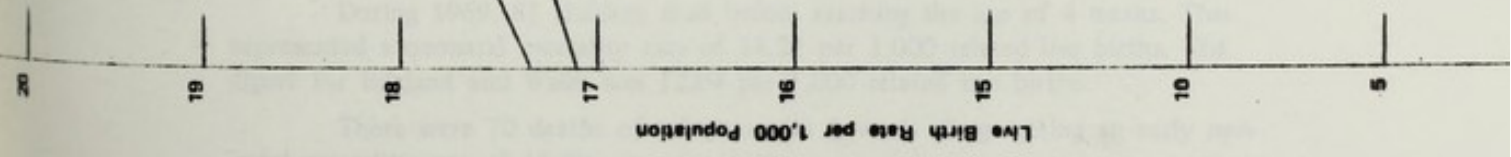
The number of stillbirths in 1959 was 16,17 per 1,000 live and still births. The overall per cent of stillbirths was 0.35 per cent. In 1959, the stillbirth rate was at the high level of 21.5 in Monmouthshire and the general decline in stillbirths throughout the year in this country was significantly higher than that in England and Wales, and lower than that in other countries.

Year	Stillbirth rate in Monmouthshire	Stillbirth rate in England and Wales
1959	21.5	15.2
1958	21.2	15.0
1957	20.4	14.7
1956	21.4	14.5
1955	20.2	14.3
1954	19.6	14.1
1953	19.0	13.9
1952	18.4	13.7
1951	17.8	13.5
1950	17.2	13.3
1949	16.6	13.1
1948	16.0	12.9
1947	15.4	12.7
1946	14.8	12.5
1945	14.2	12.3
1944	13.6	12.1
1943	13.0	11.9
1942	12.4	11.7
1941	11.8	11.5
1940	11.2	11.3
1939	10.6	11.1
1938	10.0	10.9
1937	9.4	10.7
1936	8.8	10.5
1935	8.2	10.3
1934	7.6	10.1
1933	7.0	9.9
1932	6.4	9.7
1931	5.8	9.5
1930	5.2	9.3
1929	4.6	9.1
1928	4.0	8.9
1927	3.4	8.7
1926	2.8	8.5
1925	2.2	8.3
1924	1.6	8.1
1923	1.0	7.9
1922	0.4	7.7
1921	0.8	7.5
1920	1.2	7.3
1919	1.6	7.1
1918	2.0	6.9
1917	2.4	6.7
1916	2.8	6.5
1915	3.2	6.3
1914	3.6	6.1
1913	4.0	5.9
1912	4.4	5.7
1911	4.8	5.5
1910	5.2	5.3
1909	5.6	5.1
1908	6.0	4.9
1907	6.4	4.7
1906	6.8	4.5
1905	7.2	4.3
1904	7.6	4.1
1903	8.0	3.9
1902	8.4	3.7
1901	8.8	3.5
1900	9.2	3.3

The number of stillbirths in 1959 was 16,17 per 1,000 live and still births. The overall per cent of stillbirths was 0.35 per cent. In 1959, the stillbirth rate was at the high level of 21.5 in Monmouthshire and the general decline in stillbirths throughout the year in this country was significantly higher than that in England and Wales, and lower than that in other countries.

Year	Monmouthshire	England and Wales
1959	21.5	15.2
1958	21.2	15.0
1957	20.4	14.7
1956	21.4	14.5
1955	20.2	14.3
1954	19.6	14.1
1953	19.0	13.9
1952	18.4	13.7
1951	17.8	13.5
1950	17.2	13.3
1949	16.6	13.1
1948	16.0	12.9
1947	15.4	12.7
1946	14.8	12.5
1945	14.2	12.3
1944	13.6	12.1
1943	13.0	11.9
1942	12.4	11.7
1941	11.8	11.5
1940	11.2	11.3
1939	10.6	11.1
1938	10.0	10.9
1937	9.4	10.7
1936	8.8	10.5
1935	8.2	10.3
1934	7.6	10.1
1933	7.0	9.9
1932	6.4	9.7
1931	5.8	9.5
1930	5.2	9.3
1929	4.6	9.1
1928	4.0	8.9
1927	3.4	8.7
1926	2.8	8.5
1925	2.2	8.3
1924	1.6	8.1
1923	1.0	7.9
1922	0.4	7.7
1921	0.8	7.5
1920	1.2	7.3
1919	1.6	7.1
1918	2.0	6.9
1917	2.4	6.7
1916	2.8	6.5
1915	3.2	6.3
1914	3.6	6.1
1913	4.0	5.9
1912	4.4	5.7
1911	4.8	5.5
1910	5.2	5.3
1909	5.6	5.1
1908	6.0	4.9
1907	6.4	4.7
1906	6.8	4.5
1905	7.2	4.3
1904	7.6	4.1
1903	8.0	3.9
1902	8.4	3.7
1901	8.8	3.5
1900	9.2	3.3

The number of stillbirths in 1959 was 16,17 per 1,000 live and still births. The overall per cent of stillbirths was 0.35 per cent. In 1959, the stillbirth rate was at the high level of 21.5 in Monmouthshire and the general decline in stillbirths throughout the year in this country was significantly higher than that in England and Wales, and lower than that in other countries.





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The number of still-births, 92, gives a still-birth rate of 16.17 per 1,000 live and still-births. The overall gradual downward trend of recent years continues. As lately as 1965, the still-birth rate stood at the high level of 22.5 in Monmouthshire and the general decline is welcomed. Nevertheless the rate in this county is still significantly higher than that for England and Wales, and leaves no room for complacency.

Year	Still-birth rate in Monmouthshire	Still-birth rate in England and Wales
1960	27.20	19.8
1961	23.39	19.0
1962	25.64	18.1
1963	22.88	17.2
1964	21.24	16.3
1965	22.50	15.8
1966	20.03	15.4
1967	16.99	14.8
1968	17.92	14.4
1969	16.17	13.0

The number of illegitimate births in 1969 was 366 which represents 6.27% of the total births. This shows an increase in the proportion for 1968 - 6.12% but compares favourably with the overall rate for England and Wales.

Infant deaths

The infant mortality rates for Monmouthshire and for England and Wales are compared in the following table.

Year	Monmouthshire	England and Wales
1961	27.97	21.6
1962	25.02	21.6
1963	25.57	21.1
1964	28.58	19.9
1965	21.21	19.0
1966	24.99	19.0
1967	21.82	18.3
1968	18.74	18.0
1969	20.73	18.0

During 1969, 83 children died before reaching the age of 4 weeks. This represented a neonatal mortality rate of 14.22 per 1,000 related live births. The figure for England and Wales was 12.04 per 1,000 related live births.

There were 70 deaths of infants under 1 week of age giving an early neonatal mortality rate of 11.99.

Perinatal mortality

As in previous years the perinatal mortality (still-births plus deaths of infants under one week) continued to drop in 1969 and now stands at its lowest level ever at 27.33 per 1,000 live and still births. As reported last year, the declining rate of perinatal mortality has been associated with an increase in the hospital confinement rate.

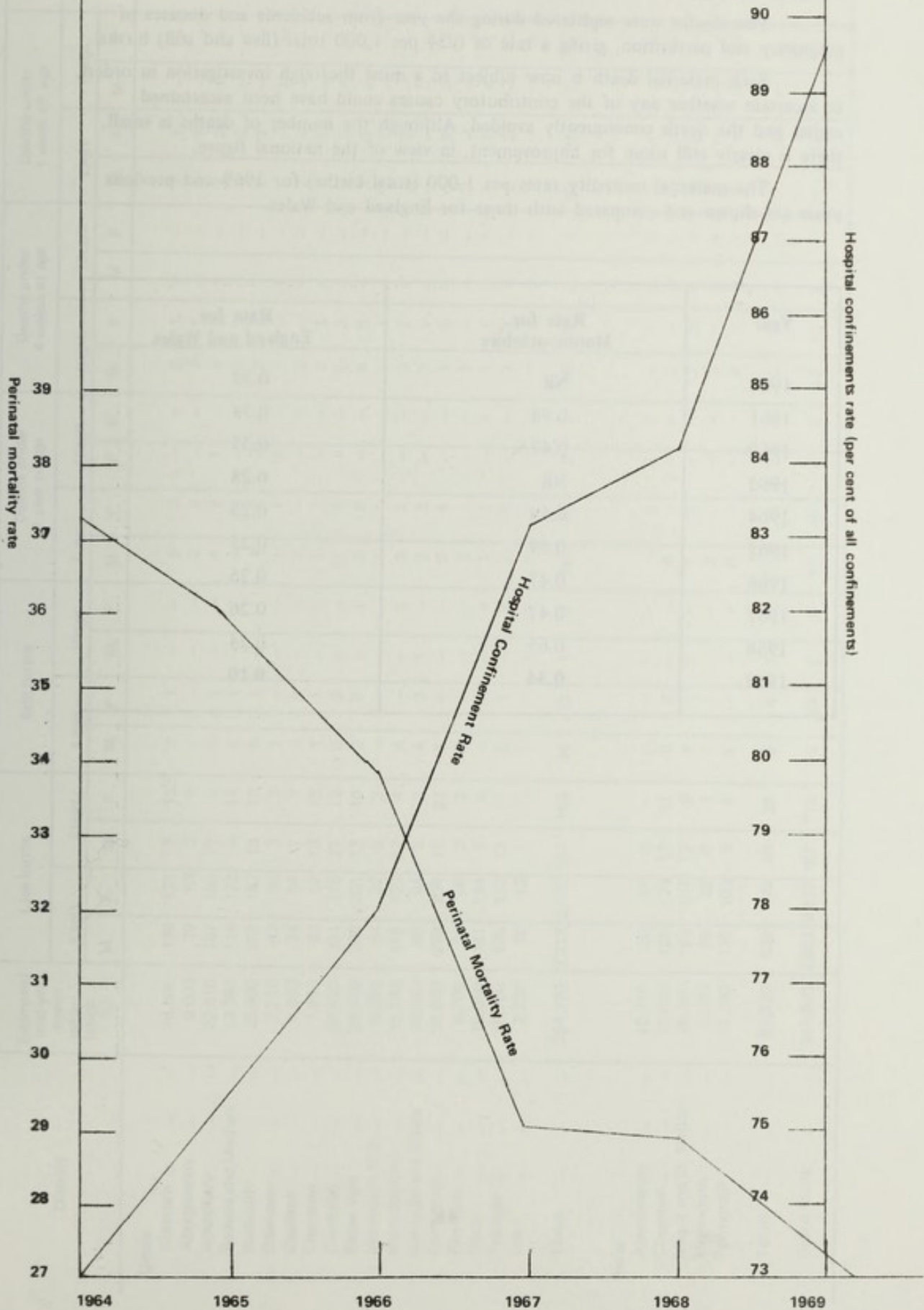
The accompanying table and graph show how the fall in the perinatal mortality rate has coincided with the sharp increase in hospital confinements. There can be no doubt that the hospital policy of early discharge of maternity cases, in order to accommodate as many expectant mothers as possible, has been justified.

Year	Perinatal mortality per 1,000 total births	Hospital confinements rate % of all confinements
1965	35.98	75.5
1966	33.87	78.2
1967	29.09	83.2
1968	28.99	84.2
1969	27.33	89.5

Comparison of the county rate of 27.33 per 1,000 live and still-births with the figure of 23.0 for England and Wales, indicates that there is still room for improvement.

Year	Perinatal mortality per 1,000 total births	Hospital confinements rate % of all confinements
1965	35.98	75.5
1966	33.87	78.2
1967	29.09	83.2
1968	28.99	84.2
1969	27.33	89.5

Perinatal mortality and hospital confinements by year



Maternal mortality

Two deaths were registered during the year from accidents and diseases of pregnancy and parturition, giving a rate of 0.34 per 1,000 total (live and still) births.

Each maternal death is now subject to a most thorough investigation in order to ascertain whether any of the contributory causes could have been ascertained earlier and the death consequently avoided. Although the number of deaths is small, there is clearly still room for improvement, in view of the national figure.

The maternal mortality rates per 1,000 (total births) for 1969 and previous years are shown and compared with those for England and Wales.

Year	Rate for Monmouthshire	Rate for England and Wales
1960	Nil	0.39
1961	0.98	0.34
1962	0.47	0.35
1963	Nil	0.28
1964	0.59	0.25
1965	0.59	0.25
1966	0.47	0.26
1967	0.47	0.26
1968	0.65	0.24
1969	0.34	0.19

SECTION II

MATERNITY AND CHILD HEALTH SERVICES



Interior of purpose-built
Mobile Child Health Clinic

MATERNITY AND CHILD HEALTH SERVICES

CHILD HEALTH SERVICES

Premises

Two new clinics were opened in 1969, one at Maesycwmmmer and one at Goytre.

At Maesycwmmmer, a demountable classroom became available and after adaptation was used for clinic sessions instead of a chapel hall previously rented for the purpose.

Goytre had previously been served by the mobile clinic but with the housing development in the area clinic attendances had increased and a static clinic was considered necessary. Arrangements were made to use the village hall on a sessional basis.

The total number of premises used as clinics during the year are shown below.

	Purpose built	Adapted	Sessional	Total
No. of premises in use for maternity and child welfare at end of 1969	23	18	19	60

Attendances

The total number of children attending child health clinic sessions showed an increase of 1,241 as compared with last year, while the total number of sessions held was increased by 59.

No. of children who attended during the year				No. of sessions held by		
Born in 1969	Born in 1968	Born 1964-1967	Total	Medical Officers	Health Visitors	Total
5,842	4,966	12,707	23,515	2,103	756	2,859

Included in the total number of sessions held are 300 on the mobile clinics serving the rural areas of the County; a total of 1,852 children attended these clinics during the year.

Developmental assessment

Developmental assessments were made of babies and young children known to be suffering from handicapping conditions. These were identified by means of the registering of congenital abnormalities on the notification of birth card and by referrals from paediatricians and medical officers, which included those babies suspected of falling behind as judged by the developmental milestones. The screen used in these cases was mainly the Ruth Griffiths test, applied at about nine months of age. Following the assessment, advice and guidance was offered to the mothers and a follow up examination of the infant arranged where appropriate. These examinations were arranged to take place before school entry and in many cases at intermediate ages as well.

Conditions for which children were examined in 1969 were:-

General retardation	34
Spina bifida and hydrocephalus	17
Mongolism	4
Cerebral palsy	3
Slow speech development	3
Other	12

The number of re-assessments carried out during the year was 28.

In addition to these full assessments an attempt was made to screen, for handicapping conditions, all babies born at risk. Unfortunately, towards the end of the year, shortage of medical officers again prevented this procedure being completed on all "at risk" children. The following table shows details of the work carried out.

Details of screening of "at risk" babies in 1969 and the two preceding years.

Year of birth	No screened	No further action	Referred for full assessment	Referred for re-assessment	Referred to consultant	Referred for audiology
1969	82	67	1	6	0	8
1968	706	631	4	30	6	35
1967	210	175	3	16	4	12
Totals	998	873	8	52	10	55

"At risk" register

The risk factors requiring notification at birth were as follows:-

Multiple birth	Malpresentation
Toxaemia	Instrumental delivery
Maternal diabetes	Severe birth asphyxia
Haemorrhage	Blood group incompatibility
Threatened abortion	Exposure to X-rays
Maternal rubella	Maternal illness

1,685 babies born during the year were notified as being "at risk".

Notification of babies born with congenital malformations were also recorded as follows:-

Condition	No. live born children affected	No. stillborn children affected
1. Spina bifida	10	4
2. Anencephalus	—	10
3. Hydrocephalus	—	5
4. Mongolism	4	—
5. Cleft palate	6	—
6. Talipes	14	—
7. Polydactyly	4	—
8. Other	12	—

Testing for phenylketonuria

From June 1st 1969, the Guthrie blood test replaced the phenistix urine test as a routine screening test, on all new born children, for phenylketonuria. Domiciliary midwives were made responsible for obtaining the blood sample and to ensure that they were familiar with the correct technique, Dr. Prosser, Consultant Paediatrician at the Royal Gwent Hospital demonstrated to the midwives how to obtain samples.

Health visiting service

Two health visitors retired during 1969 and one health visitor left the staff to take a senior post in another county. All three vacancies were filled but there still remained one persisting area vacancy on the establishment, and two areas were covered by part-time health visitors. Nevill Hall Hospital requested part-time attachment of a health visitor to the medical wards but no applications were received although the post was advertised on two occasions.

In some areas there was a much closer working relationship between the health visitors and the general practitioners, although there are, as yet no formal attachment arrangements.

The total number of babies and children visited by health visitors show a slight decrease. This was due to shortage of staff as well as a slight fall in the birth rate during 1969. The visiting of aged persons increased.

During 1969 health visitors from Monmouthshire attended refresher and post graduate courses arranged by a number of organisations and included such subjects as family psychiatry and field work instruction.

Pupil nurses from two hospitals spent time with health visitors as part of their study of the community services.

Cases visited by health visitors	Number of cases		
	1967	1968	1969
1. Total number of cases	30,973	31,358	29,661
2. Children born during year	5,804	5,827	5,707
3. Children born in previous year	5,709	5,669	5,627
4. Children born in four year period previous to 3 above.	16,828	17,239	15,483
5. Total number of children in lines 2 - 4	28,341	28,735	26,817
6. Persons aged 65 or over	832	985	1,124
7. Number included in line 6 who were visited at the special request of a general practitioner or hospital	216	258	382
8. Mentally disordered persons	128	120	151
9. Number included in line 8 who were visited at the special request of a general practitioner or hospital	36	15	20
10. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals).	41	30	60
11. Number included in line 10 who were visited at the special request of a general practitioner or hospital	15	3	11
12. Number of tuberculosis households visited	276	228	280
13. Number of households visited on account of other infectious diseases.	97	49	73
14. Other cases	1,631	1,488	1,509

Childrens' department

In compliance with Home Office regulations, the medical examinations of children in care, were carried out by medical officers of the Authority.

The County Medical Officer was represented at meetings of the County Children's Committee by Dr. R. Morgan, senior medical officer.

Nurseries and child minders

Since the Health Services and Public Health Act, 1968 required the registration of premises and persons who look after unrelated children under five years for two hours or longer per day, the numbers seeking registration have increased three-fold. Even so, it is evident that more places are required than are available.

Details of premises and persons registered under section 1 of the Nurseries and Child Minders' Regulation Act, 1948 are given below.

	Premises	Persons
Number of premises or persons registered at end of year	29	28
Number of children permitted	691	152

Type of care (all day or sessional)

	Premises		Persons	
	All Day	Sessional	All Day	Sessional
Number of premises or persons providing care	4	25	20	8
Number of children permitted	100	591	77	75

Griffithstown play group

As a pilot scheme a play group of sixteen children was commenced in Griffithstown clinic in October. It was held on one morning each week. The supervisor in charge agreed to include a small number of handicapped children referred by the health visitor. On this condition only a small rental was charged. It has proved to be very satisfactory and there is a waiting list of children for admission.

Sale of welfare foods

Sales of national dried milk and orange juice in child health clinics increased considerably during 1969. There were no price increases during the year.

Table showing sales 1967 - 1969:-

	National dried milk	Cod liver oil	Vitamin A. and D. tablets	Orange juice	Total cost
1967	7,777	3,904	3,382	72,188	£6,415
1968	10,183	4,048	3,566	72,407	£6,953
1969	12,071	4,021	4,033	82,468	£8,069

Sales of proprietary brands of foods

The sale of proprietary brands of foods continued to decrease during 1969. The value of sales was approximately £26,000, similar to the previous year but, there were several price increases.

In 1969 ten clinic clerks were employed for the sale of foods - four full-time and six part-time. Foods have been sold in fifty-eight clinics; unfortunately in seventeen clinics this task had to be undertaken by health visitors in addition to their other duties.

MATERNITY SERVICES

Two clinics ceased to function from January 1969; these were at Newbridge and Six Bells. In other areas a reduction was made in the number of sessions held. Throughout the county the number of sessions held during the year was reduced by 153.

The number of women attending county ante-natal clinics during the year fell by a little over four hundred.

No. of women in attendance		No. of sessions held
For ante-natal examination	For post-natal examination	
1,478	511	511

Attendances at ante-natal and relaxation classes:-

Number of mothers	849
Total attendances	4,006

Attendances at mothercraft classes:-

Number of mothers	926
Total attendances	8,806

Midwifery services

Cases attended by domiciliary midwives during 1969:-

No. of confinements attended under National Health Service		No. of cases delivered in hospitals and other institutions and discharged before the 10th day
Doctor booked	Doctor not booked	
48	564	4,690

In 1969 there was a further fall in domiciliary confinements - only 621 babies were born at home out of a total of 5,927 births; i.e. 10.5%.

	1965	1966	1967	1968	1969
Babies born in hospital	5,101	4,919	5,002	5,243	5,306
Babies born at home	1,651	1,370	1,012	896	621
Total births	6,752	6,289	6,014	6,139	5,927

Although statistics show that the decline in home confinements continues, the role of the district midwife is still vital to the community. Apart from attending home confinements, she attends all those mothers discharged from hospitals between the 2nd and 10th day after delivery. The midwife has become an educator and advisor to her patients. Midwives often make a social visit to the homes of hospital booked patients to assess the suitability of the home for early discharge.

In May, 1969, the Authority was approached by the North Monmouthshire Hospital Management Committee under section 10 of the National Health Services and Public Health Act, 1968. Due to a shortage of midwives at St. James Hospital, the temporary attachment of county midwives to the hospital was requested. Subject to certain conditions and with the co-operation of the county midwives, the assistance was arranged.

Domiciliary training of pupil midwives

Miss M.E. Turner, the education supervisor for the Central Midwives Board visited the department during the year; she also made a visit of inspection to the teaching midwives in the Tredegar and Rhymney areas.

Premature births

In 1969 the premature birth rate was 7.4% as compared with 8.4% in 1968. Three hundred and seventy seven premature babies were born alive and sixty-four were stillborn. Of those born alive, 15.1% (fifty - nine) died within twenty-eight days of birth.

Details are given in the accompanying table.

Number of premature births (as adjusted by any notifications transferred in or out of the area)

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1. 2lb. 3 oz. or less	15	11	1	1	-	-	-	-	-	-	-	-	11	2
2. Over 2lb. 3 oz. up to and including 3lb. 4 oz.	27	7	7	1	1	1	-	-	3	1	1	1	15	1
3. Over 3lb 4 oz. up to and including 4lb. 6 oz.	66	7	5	-	2	-	-	-	3	1	1	-	14	-
4. Over 4lb. 6 oz. up to and including 4lb. 15 oz.	79	1	-	2	3	-	-	-	-	-	-	-	12	-
5. Over 4lb. 15 oz. up to and including 5lb. 8oz.	161	4	3	1	15	1	-	-	2	-	-	1	8	1
6. Total	348	30	16	5	21	2	-	-	8	2	2	2	60	4

1 = 1,000g. or less, 2 = 1,001 - 1,500g. 3 = 1,501 - 2,000g. 4 = 2,001 - 2,250g. 5 = 2,251 - 2,500g.

Maternity Liaison Committees

The County Medical Officer was represented on the three Maternity Liaison Committees serving the County. Both the Cardiff North Committee and the Newport and East Monmouthshire Committee met twice during the year. The North Monmouthshire Committee met four times, with an additional special meeting to discuss the difficulties arising from acute staff shortages at the Rookery Maternity Home, Ebbw Vale. It was eventually agreed that the closure of the Rookery would be brought forward and alternative arrangements for patients were made at St. James Hospital, Tredegar and at Blaina and Nantyglo Hospital.

Care of unsupported mothers

All the facilities available to expectant and nursing mothers were also offered to the unsupported mother.

Those with special problems were visited and in some instances, cases were referred to other agencies.

Number of new cases dealt with:-

	1968	1969
Single women	246	241
Married women	13	20
Widows	1	1
Divorced women	2	6
Total:	262	268
Number of visits made:	473	469

The "Oaklands", Llanhennock

The under-occupancy of this home had been a cause of concern for some time and it was finally decided to close it, due to the small number of applicants. Admissions ceased on August 31st, and the last mother left on December 3rd.

Details of admissions to the Oaklands in 1969 were as follows:-

	No. of Cases	Average duration of stay
Ante-natal	8	38 days
Post-natal	5	42 days

Admissions to other Mother and Baby homes:

Barsham House, Malvern	1
St. Ann's Convent, Chepstow	3

Dental inspections and treatment

Dental inspections and treatment of expectant and nursing mothers and young children were undertaken by the dental staff of the School Dental Service.

During 1969 it was found possible to increase the number of dental inspections of pre-school children both in nursery schools and at child health centres. There was also an increase in the number of expectant and nursing mothers inspected. All treatment was given by appointment at dental clinics.

Of those pre-school children and expectant and nursing mothers found to need treatment it was gratifying to note an increase in the proportion who attended clinics for treatment. Over the previous year there were increases in the numbers of dentures fitted and teeth filled but a decrease in the number of extractions.

All the dentures, crowns, inlays etc. provided at dental clinics were made by the departmental technicians in the laboratories at Cwmbran and Tredegar.

Details of the numbers of patients treated and the types of treatment given are as follows:-

A. Attendances and treatment

Number of visits for treatment during year:

	Children 0-4 (incl.)	Expectant and nursing mothers
First visit	427	186
Subsequent visits	644	608
Total visits	1,071	794
Number of additional courses of treatment other than the first course commenced during year	69	26
Treatment provided during the year - number of fillings	358	338
Teeth filled	346	329
Teeth extracted	215	217
General anaesthetics given	181	75
Emergency visits by patients	180	25
Patients X-rayed	37	32
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	324	87
Teeth otherwise conserved	113	-
Teeth root filled		5
Inlays		3
Crowns		2
Number of courses of treatment completed during the year	374	117

B. Prosthetics

Patients supplied with full upper or full lower (first time)	53
Patients supplied with other dentures	78
Number of dentures supplied	161

C. Anaesthetics

General anaesthetics administered by dental officers	59
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Attendances and treatment cont'd

D. Inspections

Number of patients given first inspections during year

Number of patients in A and D above who required treatment

Number of patients in B and E above who were offered treatment

Children 0-4 (incl.)		Expectant and nursing mothers	
A.	684	D.	245
B.	624	E.	224
C.	624	F.	175

F. Sessions

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients.

For treatment

For health Education

G. 229

H. 66

Analysis and Treatment Table

Analysis and Treatment	Analysis (A)	Treatment (B)
Analysis 1	100	100
Analysis 2	100	100
Analysis 3	100	100
Analysis 4	100	100
Analysis 5	100	100
Analysis 6	100	100
Analysis 7	100	100
Analysis 8	100	100
Analysis 9	100	100
Analysis 10	100	100

Analysis and Treatment	Analysis (A)	Treatment (B)
Analysis 1	100	100
Analysis 2	100	100
Analysis 3	100	100
Analysis 4	100	100
Analysis 5	100	100
Analysis 6	100	100
Analysis 7	100	100
Analysis 8	100	100
Analysis 9	100	100
Analysis 10	100	100

F. Results

Results of the analysis and treatment table are as follows:

Analysis and Treatment	Analysis (A)	Treatment (B)
Analysis 1	100	100
Analysis 2	100	100
Analysis 3	100	100
Analysis 4	100	100
Analysis 5	100	100
Analysis 6	100	100
Analysis 7	100	100
Analysis 8	100	100
Analysis 9	100	100
Analysis 10	100	100

100

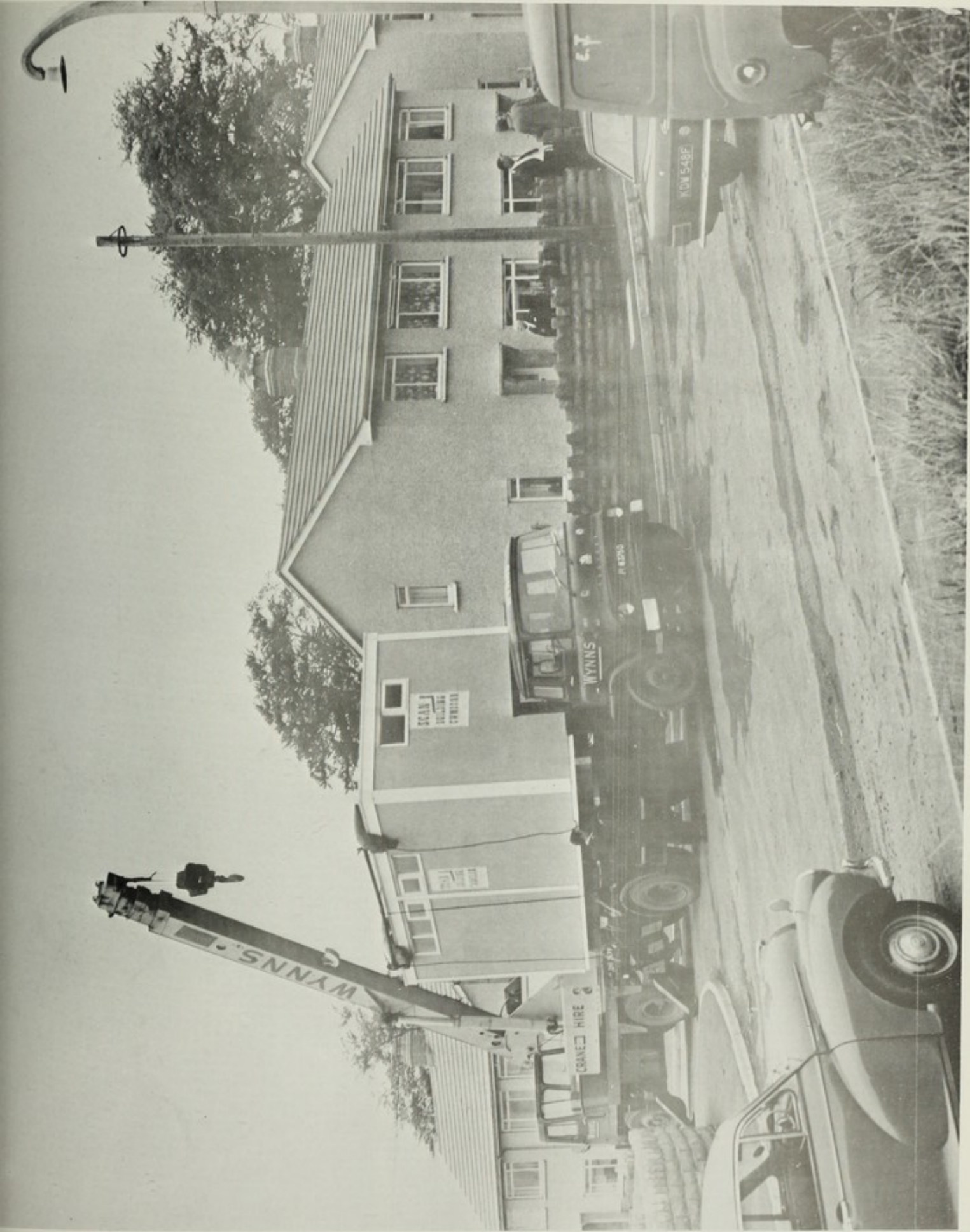
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100

100

SECTION III
CARE AND AFTER CARE

SECTION III
CARE AND AFTER CARE



Delivery of home dialysis unit.



Interior of home dialysis unit.

CARE AND AFTER CARE

Services for the elderly and disabled

During the year the work of the section increased considerably. There is very close integration with the work of the welfare department particularly through co-operation with the occupational therapists. Unfortunately, four occupational therapists resigned during the year, and only two of these vacancies were filled. This caused increase in work for the mobile physiotherapy service in the assessment of physical capabilities so that correct equipment etc., was provided in the homes. The correct use and placement of equipment relieves the pressures on the home nursing services considerably. It also helps to relieve the pressures on the hospital services, reducing the out-patient attendances necessary for individual patients. It is essential to further expand this service in the future to meet the increasing demand.

With the opening of Nevill Hall Hospital, Abergavenny, and the closure of many of the smaller hospitals serving the North Monmouthshire area, the co-ordination of services has become even more essential and to further this a "Rehabilitation Advisory Committee" was set up in November, 1969. Dr. M.C. Jenkins, senior medical officer for services to the elderly and disabled was appointed to this committee, which consists of consultants at Nevill Hall Hospital, the senior physiotherapist and occupational therapist, and is chaired by Mr. Perris Edwards, Consultant Orthopaedic Surgeon. It considers all patients who are to be discharged to their own homes when supervision, equipment, home adaptations or the services of a home nurse would be required. Co-operation and liaison between hospital and local authority services has benefited from the formation of this committee. There is also good liaison with all other hospitals, and it is hoped that this can be furthered in the future.

The assistance of the home nursing and home help services contributed tremendously to the working of an efficient geriatric service.

In co-operation with the health education section several study days were arranged. These proved very useful and created lively interest.

Home nursing service

During the year six nurses were seconded to the City of Cardiff home nursing service for a twelve week course which included instruction in the adaptation of nursing techniques to the home situation, the social services, and the care of the aged in their own homes. All six nurses gained the National Certificate of District Nursing granted by the Department of Health and Social Security on completing the course.

Study days were arranged at which Dr. Essex-Cater spoke on the attachment of home nurses to general practitioners, and Dr. Deere spoke on the value of statistics to the home nursing service.

At a study day at Tyleri Court, Abertillery, aids for the disabled were demonstrated and the principle of the ripple bed was explained. These beds are made of a plastic material, in several separate sections. An electric motor pumps air into alternate sections of the bed, producing an alternating inflation and deflation, so that the area of maximum pressure on the patient's body changes rhythmically, preventing the development of bedsores.

Meetings were held with Dr. Deere, Dr. Morgan and the supervisors to discuss such matters as the attachment of nurses to general practitioners, and the formation of area nursing teams.

Home nursing statistics

	1966	1967	1968	1969
Number of persons nursed during year	8,454	8,627	8,479	8,655
Number of persons aged under 5 years at first visit	467	460	466	699
Number of persons aged 65 years and over at first visit	4,286	4,272	4,372	4,342
Total visits made in 1969	.....	.....	.....	227,998
Visits to persons aged under 5 years at first visit	.....	.....	.....	3,883
Visits to persons aged 65 years and over at first visit	.....	.....	.....	193,909

Home help service

The service was administered by a home help organiser, aided by a deputy and six assistants.

The majority of home helps employed by the County Council are part-time, working for a few hours each day. To a large extent, this policy is determined by the nature of help required, as in the main it occurs at peak periods during the day.

The majority of the cases assisted by the service were over 65 years of age.

Help for persons					
Aged 65 or over on first visit during the year	Aged under 65 on first visit during the year				Total
	Chronic sick and tuberculosis	Mentally disordered	Maternity	Other	
4,180	209	16	20	226	4,651

Monmouthshire has, in the past, adopted the policy of giving maximum support to the older members of the community to enable them to remain in their own homes, rather than providing extensive welfare accommodation. This policy tends to increase the demands on the service. The appointment of assistant organisers on an area basis has helped to contain the service by allowing closer supervision. The following table shows how the hours of help provided to each household has decreased despite an increase in the number of households assisted over the last ten years.

Home help statistics 1960-69

Year	Total hours of help supplied	Total households	Hours of help per household
1960	840,143	2,877	292
1961	855,235	3,123	283
1962	894,961	3,324	277
1963	885,235	3,556	249
1964	1,015,040	4,026	252
1965	1,047,379	3,882	269
1966	1,038,506	4,177	249
1967	1,004,787	4,248	236
1968	1,000,484	4,564	219
1969	1,009,397	4,651	217

The provision of a home help is often the deciding factor in whether a person can remain in his home or needs to be admitted to welfare or hospital accommodation. A shortage of hospital beds often results in more people being treated at home and requiring the assistance of the home help and other domiciliary services.

The home help service also frequently prevents the break-up of a family, an example of this is provided by the following case:-

"The mentally backward parents of five healthy children were reported to this authority. After much investigation, it was decided that the best interests of the children would be served by their remaining at home, where there was a considerable amount of love. The

only way this could be achieved was by the provision of a home help, who would attend 40 hours per week. In a short time the picture changed. The home was cleaner, the children adequately clothed, better behaved and certainly much better fed. There is little chance of the parents being able to cope adequately, whilst the children are young, but these children will certainly grow up in an improved environment, and in all probability with an improved outlook on life. The alternative would have been to take the five children into care, which would have cost approximately £70 per week. We are thus able to keep this family together as a unit, at considerable financial benefit to the authority, as well as to the great benefit of the family unit."

The type of case cited is not unusual but may be hidden in bare statistics.

As will be seen from the following table the number of hours per household for the different county areas varied considerably, though there is no evidence to suggest that the standard of service given also varied. Attempts are being made to introduce closer uniformity between the organisers, in the assessment of the amount of help required.

Home Help Statistics 1969 by area

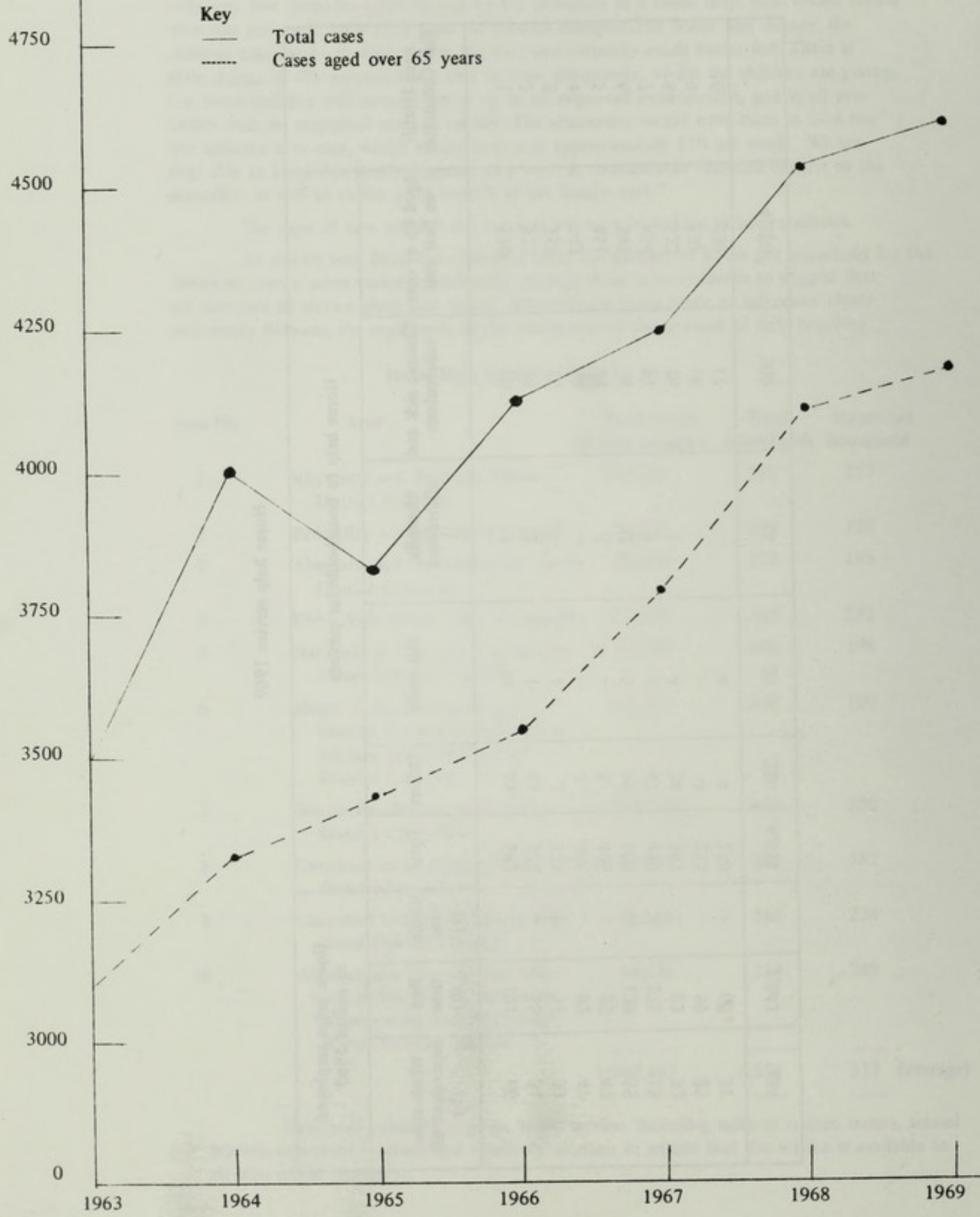
Area No.	Area	Total hours of help supplied	Total households	Hours per household
1	Rhymney and Tredegar Urban District Councils	137,799	582	237
2	Bedwellty Urban District Council	64,238	372	173
3	Abercarn and Mynyddislwyn Urban District Councils	69,354	373	186
4	Ebbw Vale Urban District Council	97,376	386	252
5	Nantyglo & Blaina and Abertillery Urban District Councils	98,289	696	198
6	Magor & St. Mellons Rural District Council and Bedwas & Machen and Risca Urban District Councils	115,241	605	190
7	Blaenavon and Pontypool Urban District Councils	239,610	959	250
8	Cwmbran and Caerleon Urban District Councils	66,772	367	182
9	Chepstow Urban and Monmouth Rural District Councils	56,548	253	224
10	Abergavenny Borough and Usk Urban District Councils and Abergavenny and Pontypool Rural District Councils	64,170	258	249
		1,009,397	4,651	217 (average)

Maximum publicity is given to the service, including talks to trainee nurses, school leavers, expectant mothers and voluntary workers to ensure that the service is available to all who might require it.

Home help service 1969

Area Health Sub-Committee	Home help to households for persons						Home helps employed at end of 1969		
	Aged 65 or over on first visit	Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	Total	Whole-time (a)	Part-time (b)	Whole-time equivalent of (b)
1	530	10	3	4	35	582	—	121	66
2	323	33	2	1	43	372	—	58	31
3	357	13	—	1	2	373	1	71	33
4	343	40	—	—	3	386	—	92	47
5	451	34	3	—	8	496	2	95	47
6	543	6	2	5	49	605	—	129	55
7	854	52	5	1	47	959	—	275	115
8	322	16	1	4	24	367	—	83	32
9	231	18	—	—	4	253	—	59	27
10	226	17	—	4	4	258	—	60	31
	4,180	209	16	20	226	4,651	3	1,043	484

Home Help Service
Cases dealt with 1963 - 1969.



Domiciliary physiotherapy service

This service was provided for housebound chronic sick persons irrespective of age, if they were unable to travel to hospital departments for treatment.

Requests for the service were accepted from medical and social welfare agencies and hospital consultants, and in all cases the consent of the general practitioner was obtained.

The number of requests for treatment continue to increase each year; nevertheless there was no waiting period during 1969. The success of the service ensured that each person received individual treatment. All treatments normally available in hospital departments were provided.

Retirement clinics were held fortnightly at Risca and Tredegar and continued to fill a need for people who were reasonably well in themselves but needing advice from a doctor, health visitor, chiroprapist or physiotherapist.

Residential welfare homes were visited to treat individual residents requiring treatment, on the request of the general practitioner concerned. Except in the case of the residential home at Monmouth, a physiotherapist attended weekly mainly to see that wheel-chair cases maintained mobility and general health. Class exercises were carried out, and approximately forty residents took part in each.

The mental health training centres were visited approximately once every fortnight when every child on treatment was re-assessed. A physiotherapy assistant carried out treatment as instructed on other days. During the winter months, this routine lapsed when some centres had to close because of bad weather.

Number of treatments carried out at training centres during the year	366
Number of persons treated	
Adult centres	18
Junior centres	19

At Hafodyrynys, during the summer months, pony riding was arranged for pupils. Thanks are extended to Mrs. Sage the District Commissioner of the North Monmouthshire Pony Club and all the other helpers who came with her. The 'Riding for the Disabled Association' promotes interest in the beneficial effect that riding can have for handicapped persons. Although progress can be slow with training centre pupils, riding frequently improves mobility and general physical conditions.

The superintendent physiotherapist represents Wales on a special interest group affiliated to the 'Riding for the Disabled Association' to help consolidate and promote the well-being of disabled persons through riding.

Night attendant service

The object of the service is to provide short-term emergency care for the elderly sick who fall into three main categories:-

1. Patients suffering from a terminal illness.
2. Elderly people awaiting hospitalisation whose families have themselves often become exhausted by disturbed nights caring for the relative.
3. Elderly persons, living alone, who, through advancing years, have become unstable physically and/or mentally, but who cling tenaciously to their independence.

Since the institution of the night attendant service, many families have benefitted, but experience has shown a need for a more comprehensive service.

In the case of a patient suffering from an acute terminal illness, the service is rarely required for more than two weeks.

Persons in the second category, namely those awaiting admission to hospital or welfare home, most often have need of a night attendant for a longer period. Many of the relatives do not wish them to leave the shelter of their own homes, but find it impossible to cope adequately during the night. It has been suggested on several occasions that if a prolonged service at night could be provided, the relatives would willingly provide the rest of the care needed to keep the patient at home.

The third category includes the patient who lives alone and is in need of more constant care at night. These patients are at particular risk, often being very restless at night. Their vision being poor and their gait uncertain, they are very prone to falls and fractures, and the isolation in which they normally live makes them subject to more rapid senile changes.

A comprehensive night attendant service should be a prime feature in any programme of preventive medicine.

Convalescent treatment

During 1969 one hundred and ninety five applications for convalescence at the 'Rest' Home, Porthcawl, were received and one hundred and forty five admissions to the home were subsequently arranged. Only in exceptional circumstances is a person provided with convalescence in successive years.

As in previous years the majority of applications were received from the industrial valleys, very few coming from the eastern and more rural parts of the county.

The 'Rest' Home does not have the staff to deal with patients who require medical or nursing care beyond that already provided in their own home so that applications are only considered from persons who are ambulant and can attend to their own toilet. In effect, the stay of two weeks at the 'Rest' provides a recuperative holiday rather than a period of convalescence and is a means of allowing aged persons, who are the biggest group of applicants, the benefit of a holiday which they would not have had otherwise.

Transport to and from the home was arranged by the ambulance section.

Chiropody service

In keeping with the national trend, the demand on the service continued to increase in the county during 1969. The population in general has become more foot conscious and with the longer life expectancy, a higher ratio of elderly patients now seek treatment. As in previous years, the service was available free of charge to:

1. Old age pensioners (women 60 men 65)
2. Registered handicapped persons of all ages.
3. Expectant mothers.
4. Diabetics.
5. School children (verrucae treatment only).

A comprehensive service for children is impossible at present due to staff shortage.

The establishment of the Section is 16, but the actual number employed is only the equivalent of 14 whole-time, made up of a chief chiropodist, a deputy chief chiropodist, eleven full-time chiropodists and three part-time chiropodists (who together work the equivalent of 4½ days per week).

Thirty-five static clinics were in operation, located as follows:

Aberbargoed	Cwmbran	Oakfield
Abergavenny	Cwmcarn	Pontllanfraith
Abersychan	Cwmfelinfach	Pontypool
Abertillery	Cwm	Rhymney
Bedwas	Ebbw Vale	Risca
Blackwood	Garndiffaith	Rogerstone
Blaenavon	Griffithstown	Tredeggar
Blaina	Llanmartin	Trevethin
Caerleon	Maesycwmmmer	Trinant
Caldicot	Monmouth	Usk
Chepstow	Newbridge	West Pontnewydd
Croesyceiliog	Oakdale	

During the year a severe strain was placed on the clinics at Monmouth and Ebbw Vale due to an epidemic of verrucae among the school children in those areas. In order to cope with this influx of cases, an additional half day session per week was allocated to each clinic.

In parts of the county where the services of private practitioners were in short supply, permission was granted for any member of the chiropody staff to hold evening sessions in county clinics, whereby private patients, not eligible for treatment under the county chiropody service, could receive attention. Three members of the staff participated in this scheme, with the result that private patients received treatment at Rhymney, Abersychan and Pontypool.

The full-time mobile chiropody clinic was in operation visiting the rural villages at monthly or two monthly intervals, according to the number of persons requiring treatment.

Each chiropodist looked after the domiciliary cases in his/her area. The amount of time devoted to domiciliary work varied from one to two days per week, depending on the number of static clinics in the area, priority being given to patients who might have to travel a considerable distance to a static clinic. In the larger areas, other chiropodists were provided to assist e.g. three chiropodists usually carry out domiciliary duties in Area No. 6.

Priority was given to new cases and infected conditions. The majority of domiciliary cases required visits approximately once every three months.

In an attempt to cover the staff vacancies, evening sessions were arranged to reduce waiting lists. This proved to be highly successful, to the benefit of the patients and staff alike.

The welfare homes and training centres were visited by the deputy chief chiropodist at regular intervals according to need, and the chief chiropodist attended Hafod Dawel, Nantyglo and the social centre for the handicapped at Tyleri Court, Abertillery one or two half days each week; the day of the visits varied from week to week so that patients in all groups visiting the centre on different days, could receive attention.

The following table shows the number of treatments given to patients during the years 1966 to 1969.

	1966	1967	1968	1969
a) Static clinics	19,229	22,092	24,023	25,492
b) Mobile clinics	2,808	3,248	2,713	2,933
c) Welfare homes and training centres	3,126	2,934	3,082	3,416
d) Domiciliary	3,153	5,271	6,865	6,604
Totals:	28,316	33,545	36,683	38,445

Only five pensioners' clubs now receive a local authority grant to assist in the payment for treatment by private chiropodists, they are at Aberbeeg, Abertysswg, Llanhilleth, New Tredegar and Princetown.

Cytology service

Screening for cervical and breast cancer was carried out at 18 centres in Monmouthshire during 1969, sited at Abergavenny, Abertillery, Bedwas, Blaina, Caerleon, Croesyceiliog, Cwmbran, Caldicot, Chepstow, Ebbw Vale, Llanmartin, Oakfield, Monmouth, Pontllanfraith, Pontypool, Risca, Rogerstone and Tredegar.

The centre at Stanley Road, Newport, closed on May 1st.

The following summarises the work and findings of the service during the year:

Smears taken	-	5,267
Smears showing malignant changes	-	13
Repeat smears requested (excluding above)	-	289
Breast abnormalities referred to general practitioner	-	36
Other gynaecological conditions referred to general practitioner	-	252

Staffing problems were acute at times, but in keeping with other years, a high standard of work was achieved. A smear rate of approximately 100 per week places heavy demands on medical officers, clinic nurses and the cytology clerk.

Each patient is sent an appointment and records are kept of attendances and non-attendances, and re-appointments given as required. Reports are sent to general practitioners and to all patients, advising them of the result of test. Grateful thanks are due to Dr. M. Davies and the team of cytologists at St. Woolos Hospital for their co-operation and assistance in this important field of preventive medicine.

Family planning

Advice on fertility control and infertility was given at all the centres mentioned in the cytology report. Three extra clinics at Blackwood, Newbridge and Abertillery also specialised in family planning advice and a total of 1,781 clients were seen during the year.

This is a very personal service and clients were helped to choose the most suitable method of contraception applicable to the partnership. Husbands and fiancés were also encouraged to attend. An unrecorded aspect of the work was the number of discussions about marital problems that took place. The atmosphere of these clinics and the nature of the work conducted within them was conducive to the discussion of topics which many women normally hesitate to mention.

Family planning advice also included investigation of the infertile couple. These consultations were often very lengthy and involved tests and also referrals to general practitioners or gynaecologists for further advice.

The Children's department was sometimes consulted to arrange legal adoption, when infertility of one partner was proven.

All the usual methods of contraception were discussed and made available to clients. Payment was made by the Monmouthshire County Council to the Family Planning Association for clients who required an intra-uterine device fitted or male sterilisation performed.

A domiciliary service, closely linked with the health visiting service, was available. The Superintendent Health Visitor co-ordinated appointments from all areas in Monmouthshire for problem families who could not attend clinics for advice. The families were visited in their homes and advice given on the most suitable method of contraception.

Fifty-six families were visited during 1969 and the following methods advised:

Oral contraception	40 patients
Intra-uterine device	5 ..
Sheath	2 ..
Vaginal foam or tablets	2 ..
Female sterilisation	3 ..
Male sterilisation	4 ..
	—
	56
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Home adaptations for artificial kidney machines

In recent years success has been obtained in the treatment of chronic renal failure by renal transplantation and/or intermittent haemodialysis.

It is unlikely that transplantation would be the treatment of choice for all who suffered from the disease; contra-indications have been indicated. The future success of transplantation surgery will depend on an adequate supply of donor organs together with the combined skills of surgical technique and tissue typing. Until the problem of rejection has been overcome and the arguments that rage over organ transplantation have been settled, the number of patients treated in this way will be limited.

Meanwhile intermittent haemodialysis will remain either as an interim or more permanent treatment for the majority of patients with chronic renal failure. The rate of provision of dialysis treatment is not restricted by the availability of artificial kidney machines, but more so by the shortage of hospital accommodation and staff trained for this work. Those hospitals that have been able to provide the necessary facilities have found that the number of cases that could be dealt with is limited by the speed at which patients can be trained and provision can be made for dialysis to be carried out in the patient's own home.

In 1965, the Minister of Health gave approval under section 28 of the National Health Service Act, 1946, for the making of arrangements by Local Health Authorities for the adaptation of any dwelling, or the provision of any additional facilities which may be necessary for installing equipment for intermittent haemodialysis, for the use of any person suffering from illness.

Initially this authority carried out structural adaptations to the homes of those patients suitable for home dialysis, converting a room in the house for this purpose.

It soon became apparent that few families could conveniently spare a room for the adaptations necessary, so in conjunction with the County Architect and the Home Dialysis Administrator at the Cardiff Royal Infirmary a sectional mobile unit was designed.

One of the advantages of such a unit is that should home dialysis be no longer required the unit can be moved to another site for another patient or even used for another purpose.

The unit is a compact prefabricated building measuring 16' 6" by 8' 6", fitted with a bed, kidney machine, sink unit with hot and cold water supply, fluorescent lighting, electric heating and a direct telephone extension to the house in case of emergency. A separate compartment provides storage space.

Delivery of one of these units from the local firm producing them is within 5 to 6 weeks of the order being placed. This gives ample time for the necessary foundation, plumbing and drainage work to be carried out, during which time the patient is undergoing training at the Cardiff Royal Infirmary, for home dialysis.

At present there are three of these units in operation in the county and they have proved to be very satisfactory.

Medical comforts

The Authority continued to provide certain nursing equipment and apparatus on loan for the care and after care of persons nursed at home. Emergency needs were met from local depots operated by the St. John ambulance brigade and the British Red Cross. The more specialised equipment such as hoists, bed poles and chains, wheelchairs and ripple beds, needing specialised supervision or instruction in use and care were issued from the central stores at Cambria House. Requests for equipment were made through the family doctors or home nurses.

Care of the blind and partially sighted persons

In accordance with the National Assistance Act, 1948, the authority made arrangements for the examination of patients who might be registered as blind or partially sighted.

Mr. G. Wishart Hoare, F.R.C.S., consultant ophthalmologist held 43 clinics during the year and a total of 333 patients were examined. In addition 17 Monmouthshire residents were examined by other ophthalmic specialists.

The County Welfare Officer maintained the register of the blind and partially sighted residents within the administrative county and I am indebted to him for the following statistics for 1969:-

County Register

	Male	Female	Total
Blind	465	756	1,221
Partially-sighted	154	312	466

Results of examination by consultant ophthalmologists

	Clinic	Hospital or Home
New cases certified blind	13	95
New cases certified partially-sighted	36	56
Old cases certified still blind	9	11
Old cases certified still partially-sighted	34	32
Old cases previously partially-sighted now certified blind	14	30
Old cases previously blind now certified partially-sighted.	1	1
Old cases no longer blind or partially-sighted.	1	1

SECTION IV
PREVENTION OF ILLNESS

Table 1

Year	1950	1951	1952
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Table 2

Year	1950	1951	1952
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SECTION IV
PREVENTION OF BLISS



A corner of a Health Education Exhibition



Prevention of Illness

Health Education

1969 was a year of considerable progress. A large increase occurred in the number of requests for help from schools, the section continuing to act as a source of books, films, filmstrips, flannel-graphs, posters, charts, leaflets and displays on health education topics. Teachers increased their use of this service, some of them visiting the health education pavilion to review films, etc. and to obtain further information and help from the staff. An increased use of projectors by health visitors at junior and primary schools provided evidence of the usefulness of teaching aids in health education in schools.

Classes and clinics:- Due to poor attendance it became necessary to close ante-natal classes at Cwmcarn, Brynithel, Ty-Sign and Llanmartin. Arrangements were made for expectant mothers from these areas to attend nearby classes. To ensure better attendances at the remaining classes, arrangements were made with the consultant obstetricians and hospitals concerned, for health visitors to attend maternity clinics at Panteg Hospital, Griffithstown and St. James Hospital, Tredegar where the health visitor acted as advisor to the expectant mother on services available, etc., and ensuring that the place and time of classes in her area were known.

During the year, mothercraft classes at Aberbargoed, Bedwas, Blackwood and Caldicot were also closed. In the remaining classes, interesting and varied programmes were arranged by the local health visitor, in conjunction with the health education section.

Expectant father classes were held in Tredegar, Rhymney, Griffithstown, Monmouth, Trevechin, Pontypool and Garndiffaith on request.

Displays on various topics were designed and made in the section for exhibition in child health clinics, where they remained on show for approximately one month before being changed. During the latter part of the year, efforts were concentrated on producing displays on immunisation and vaccination, as the percentage of children receiving such protection in the County appeared to be low in comparison with national figures. More notice appears to be taken of displays than of posters.

Exhibitions:- These were held at agricultural shows at St. Mellons on Thursday, 13th August, at Bedwelty on Saturday, 16th August and at Usk on Thursday, 11th September 1969.

The number of people visiting the exhibitions at Usk and St. Mellons was disappointing though, consequently, staff had more time to answer questions and discuss the exhibits. However, the weather was very wet for the Usk show and attendances were below the level of previous years.

A short questionnaire was prepared for people visiting the exhibitions to see how much information had been absorbed. In Usk and St. Mellons answers to the questions were disappointing but after adjustments to the exhibits for the Bedwelty show, an increase in the number of correct questionnaires handed in was found. This provided invaluable information for future use at such exhibitions.

The subjects chosen for the exhibitions were:

- Venereal diseases
- Home safety for the under fives
- Immunisation and vaccination

At Bedwelty the displays were enlarged, and as electricity was available, films were shown on a variety of subjects.

Inservice training:-The lecture room in the health education pavilion was frequently used for meetings and inservice training of various members of staff.

Health visitors attended the pavilion for refresher courses on psychoprophylaxis. In addition a programme of lectures on the following subjects, related to the work of the health visitor, was organised during the months of March, April and May -

Battered babies	Dr. R.C. Evans (Consultant paediatrician)
Alimentary disorders	Dr. R. Prosser (Consultant paediatrician)
Battered child syndrome	Dr. David Thomas (Consultant psychiatrist)
Nutritional anaemia in the elderly	Dr. F.L. Willington (Consultant geriatrician)
Mental health services in Monmouthshire	Dr. M. Stewart (Senior medical officer, Mental Health)

A three-day training course was organised in September by the Health Education Council on the subject 'Class control, teaching techniques and questioning', and was conducted by Mr. David Lynton Porter, L.M.R.S.H. The health visitors spent part of the course in the health education pavilion and part in Caldicot secondary school.

A study day for midwives and district nurses, held in October, included talks on 'General practitioner attachment' by the County Medical Officer; 'The value of record keeping' by the Deputy County Medical Officer; and on 'Cystic fibrosis' by Dr. R. Prosser.

Two study days for district nurses were held at the social centre for the disabled, Tyleri Court, Abertillery, during October when Dr. M.C. Jenkins, senior medical officer in charge of the domiciliary geriatric services gave a lecture, illustrated by filmstrips, on various aspects of domiciliary care for the geriatric patient. Nurses were conducted around the centre, where apparatus designed to assist the handicapped patient to become more self-supporting were exhibited.

A series of films on mental health subjects was arranged for mental welfare officers at six weekly intervals during the year. The films shown were 'The addict alone', 'A psychopath', 'Pathological anxiety', 'Paranoid schizophrenia' and 'Depression'.

The films were used to stimulate discussion on the various subjects.

The programme of monthly discussion groups for child care officers, started in September 1968, continued until April 1969. Filmstrips and sound films were used and such subjects as drugs, alcoholism, fear of school and the effect on young children separated from their parents for brief periods were covered and members of the medical staff led some of the discussions.

A study day for superintendents and matrons of the county welfare homes was held in April. The programme was introduced by the County Medical Officer and the sound film 'Balance is life' was used to introduce a lecture by Dr. E. Dipple, consultant physician at the Royal Gwent Hospital, on the subject of diabetes in geriatrics. Talks were also given by a physiotherapist, an occupational therapist and a dietitian and the proceedings concluded with a panel discussion on the day's programme.

Students from colleges and universities visited the section seeking information and help on subjects such as 'Congenital dislocation of the hip', 'The rhesus factor', 'Phenylketonuria', 'At risk groups,' 'Immunisation and vaccination', 'Aspects of home safety', 'Dangers of smoking', 'Drug, use and abuse', 'Alcoholism', and 'Child care'. Students of Caerleon College of Education were frequent visitors. The college was also supplied with posters and leaflets on subjects of interest to the students.

Student health visitors from the Welsh National School of Medicine attended the pavilion for two days in January. The programme included lectures on techniques of health education and narcotics. The construction and use of visual aids was demonstrated, and sound films on health education topics were screened and discussed.

The Health Education Officer and her deputy acted as tutors in the "Child care and health section" of a two-year basic training course for staffs of training centres organised at "The Hill, Residential College", Abergavenny. This involved arranging and assessing assignments and practical work, in addition to lecturing.

Occupational therapy students visited the pavilion monthly.

A student from Yugoslavia spent a half day in the section. It was interesting to appreciate that Yugoslavia appeared to be well ahead of this country in health education.

Health visitors from other authorities continued to visit the department. Instruction is given on design and making of displays and visual aids. The visitors appear to be greatly impressed by the facilities that are available for health education in the county.

Health education in schools:-The demand for speakers and help in arranging programmes for health education in schools greatly increased in the year. Where possible local health visitors were encouraged to help with teaching sessions, but the bulk of the work was done by the health education staff. This is a very important and satisfying part of the section's work and the closer co-operation between health and education is very gratifying.

A panel of head teachers, an education administrator and representatives from the department continued to meet to discuss a syllabus of health education and personal relationships for secondary schools. It is hoped the syllabus, covering five years, will be completed early in 1970.

Weekly health education sessions were held at "Troy House approved school for girls", the range of subjects covered being very wide.

Arrangements were made for students at Cross Keys technical college to see films and receive lectures on venereal diseases and the use and abuse of drugs.

Students at the North Monmouthshire College of Technology also received a lecture and film on the use and abuse of drugs.

Other activities of the section - The staff were requested to lecture and, in some instances, assess participants in the Duke of Edinburgh Award Scheme.

A basic training course for workers in the voluntary social services was attended by representatives of nineteen local organisations, including old age pensioners clubs, Womens Royal Voluntary Service, British Red Cross, St. John Ambulance, British Legion, Rotary and Hospital Management Committees.

The demand from outside organisations for speakers continued to rise. Talks on the use and abuse of drugs were frequently requested, although subjects such as home safety, cancer and child development were not forgotten.

Lectures and films on food hygiene were given to the kitchen staff of Nevill Hall Hospital at the request of the Catering Officer. Due to shift work this meant repeating the programme three times.

In the latter part of 1969, discussions took place with the Training Officer of the Gwent Constabulary on the problem of drug addiction and the respective roles of the police and health department staff in educating school children on this subject.

Police representatives subsequently visited Cambria House to review the film "Narcotics - the decision".

Conferences and committees attended during the year:-

The Royal Society of Health Congress held at Eastbourne was attended by Miss Tristram. At the exhibition, held in conjunction with the congress, discussions took place with representatives of various firms, resulting in these firms donating material which was used in exhibitions during the year.

National Home Safety Conference - As has been previously mentioned home safety is a very important subject and information received at these conferences was put to great use.

Home Safety Council for Wales - meetings were held quarterly, alternately in North and South Wales. The setting up of local home safety committees has not progressed as was anticipated.

Women's Advisory Committee of the British Standards Institution - the 1969 annual meeting of the above council was held in Cardiff, the first time it had been held outside London. About 400 women attended representing various organisations.

Newport and Monmouthshire Retirement Council - Miss Tristram was elected to the Executive Committee and to the Publicity Sub-Committee of this Council.

Designers and manufacturers of exhibition equipment, invited representatives from the section to Bristol to view new display materials. This was a most interesting and extremely helpful visit particularly as it provided opportunity to talk directly to the manufacturers and put forward new suggestions on design.

In conclusion I should like to express gratitude to the County Land Agent and his staff for their help in erecting the exhibitions at agricultural shows for a number of years. Unfortunately their assistance will not be available in future years.

Notifiable diseases

No case of poliomyelitis, smallpox, acute pneumonia, typhoid or paratyphoid fever, erysipelas or puerperal pyrexia was notified during the year.

The comments on the need for constant vigilance coupled with a high rate of community protection against these diseases for which the efficient immunising preparations are available, contained in last year's report, were borne out by an outbreak of diphtheria in Ebbw Vale in December. The first case occurred in a six-year-old girl. An extensive search followed, involving throat swabbing of over 350 contacts, which uncovered two further cases, one, the eight-year-old sister of the first case and the second the latter's play-mate. None of the children had been vaccinated. Fortunately, all three cases were mild and responded quickly to treatment. Unless immunisation rates in the County improve, we can expect similar out-breaks, possibly with more serious consequences, in the future.

Five cases of whooping cough were notified during the year, compared with 40 in 1968.

The number of notifications of measles, at 1626, was the same as the previous year. It is anticipated that with the improvement in supply of measles vaccine and consequently more children being vaccinated, the eradication of this common infectious disease of childhood will occur in future years.

Notifications of cases of food poisoning increased from seventy-six in 1968 to 226 in 1969. It is felt that much of this increase was related to the better awareness by general practitioners of the need for notification rather than a true increase in incidence of the condition. Nevertheless, much is being done in an attempt to eradicate sources of infection and Appendix 1 page 185 is an interesting report from Dr. L.J. Powell, Area Medical Officer, on the occurrence of potential food poisoning organisms in two food factories in the County.

In June, an outbreak of food poisoning occurred amongst pupils and staff of a primary school, out of a total of one-hundred-and-seventy-one persons at risk (one-hundred and fifty-three pupils and eighteen teaching and kitchen staff) ninety-eight pupils and thirteen staff experienced abdominal pains and diarrhoea. In most cases the symptoms were mild, lasting for a few hours. A common factor in all persons affected was that they had taken their mid-day meal at school the previous day. The causative organism was identified as *Clostridium Welchii* isolated from boiled beef, which was on the menu at school on the day in question. The cause appeared to be slow cooling of the meat after cooking. If cooked meats are to be left for any length of time before being eaten, it is essential that they are cooled rapidly and refrigerated until required. Although this incident was clinically of a mild nature, it affected over 50% of those at risk and emphasised the need to employ the strictest control of hygiene in school canteens.

Infective jaundice now accounts for the third highest number of notifications in the County. This condition became notifiable in 1968 in order to facilitate epidemiological study. It is already obvious that the disease is more common than was once appreciated and several outbreaks in schools in the County caused concern during the year.

There were sixty-one cases of tuberculosis notified during the year.

The following is a summary of tuberculosis notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations 1952, for 1969 together with the number of deaths notified by the Registrar-General.

Age periods	Primary notifications of new cases					Age periods	Deaths				
	Respiratory		Non-respiratory		Total		Respiratory		Non-respiratory		Total
	Males	Females	Males	Females			Males	Females	Males	Females	
0 -	-	-	-	-	-	0 -	-	-	-	-	-
1 -	2	-	-	-	2	1 -	-	-	-	-	-
2 -	4	1	-	-	5	2 -	-	-	-	-	-
5 -	1	2	-	1	4	5 -	-	-	-	-	-
10 -	-	1	-	-	1	10 -	-	-	-	-	-
15 -	1	1	1	1	4	15 -	-	-	-	-	-
20 -	3	1	-	-	4	20 -	-	-	-	-	-
25 -	3	3	1	-	7	25 -	-	-	-	-	-
35 -	4	2	-	-	6	35 -	-	1	-	1	2
45 -	3	1	-	-	4	45 -	1	1	2	2	6
55 -	9	2	-	1	12	55 -	3	1	1	-	5
65 -	4	3	-	-	7	65 -	3	-	1	2	6
75 and Upwards	1	2	-	2	5	75 -	1	-	-	-	1
	35	19	2	5	61		8	3	4	5	20

	1968	1969
Number of primary cases of respiratory tuberculosis notified	58	54
Number of deaths from respiratory tuberculosis	11	11
Number of non-respiratory tuberculosis cases notified	18	7
Number of deaths from non-respiratory tuberculosis	3	9

The following table giving the notification rate and death rate per 1,000 of 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	
	Respiratory	Non-respiratory	Respiratory	Non-respiratory
1960 ...	0.46	.05	.08	.006
1961 ...	0.35	.05	.08	.009
1962 ...	0.27	.04	.06	.006
1963 ...	0.26	.04	.04	.012
1964 ...	0.26	.04	.07	.006
1965 ...	0.25	.03	.03	.02
1966 ...	0.14	.02	.03	.006
1967 ...	0.15	.05	.04	.02
1968 ...	0.17	.05	.03	.009
1969 ...	0.15	.02	.03	.023

Work of the Mass radiography service

I am indebted to Dr. T. Francis Jarman, Medical Director of the static mass radiography unit based at Newport for the details of work carried out in 1969.

Of 10,292 persons X-rayed, 1,214 (11.8%) presented some radiographic abnormality.

Further details of persons seen are contained in the following table.

Details of examinations analysed by sex and age groups indicating total number of abnormalities found

	Grand Total	Under 15 years		15 - 24 years		25 - 34 years		35 - 44 years		45 - 59 years		60 years and over		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total number of persons examined	10,292	136	118	1,195	1,420	1,008	1,061	879	1,015	1,135	1,151	691	483	5,044	5,248
Total number found to be abnormal	1,214	6	3	39	33	51	45	92	92	281	155	290	124	759	455
Referred to Chest Physician for further investigation	343	3	2	16	13	12	14	16	19	92	36	90	30	229	114
Other pulmonary abnormalities	871	3	1	23	20	39	31	76	73	189	122	200	94	530	341

It should be noted that this unit deals with cases from Newport County Borough as well as from County areas.

Infectious diseases

Head teachers are supplied with a 'Memorandum' on the period of exclusion to be applied for pupils and staff suffering from, or contacts of, infectious diseases, based on recommendations made by the Ministry of Education in 1956. Updating of the recommendations in this memorandum are now overdue.

Head teachers are requested to inform the school health section of any pupil suffering from certain infectious diseases and the following table details notifications received in 1968 and 1969.

Disease	Number of Notifications	
	1968	1969
Smallpox	—	—
Chicken pox	239	313
Scarlet fever	21	19
Diphtheria	—	3
Measles	288	267
Mumps	57	642
German measles (Rubella)	106	315
Whooping cough	11	5
Poliomyelitis	—	—
Encephalitis	—	—
Meningococcal infection	—	5
Influenza	—	5
Ringworm	4	6
Impetigo	2	1
Dysentery	3	—
Scabies	—	6
Infective hepatitis	—	36

Sexually transmitted diseases

It is not possible to accurately ascertain the incidence of the various conditions that collectively come under the heading sexually transmitted diseases as these conditions are not notifiable.

Diagnosis and treatment is the responsibility of the Hospital Board, though health department staff assist the special treatment centres with follow-up and contact tracing visits.

I am indebted to Dr. J. Ribeiro, physician in attendance at the treatment centre, Royal Gwent Hospital, for supplying the following information.

'Eight hundred and twenty-two new cases attended the Royal Gwent Hospital in 1969, an increase of 154 over the previous year. Of these, 291 patients gave Monmouthshire addresses compared with two-hundred and seventy-four in 1968. In addition, thirty-three residents of the county attended the Cardiff treatment centre during the year.

Of the total of two-hundred and ninety-one new cases from the County, fifty-five (forty-seven males and eight females) were suffering from gonorrhoea. The ratio of males to females is interesting and supports the theory that there is probably a residual 'carrier state' in the female population of the county, as national figures show a lower male/female ratio.

The age groups of patients seen are shown in the following table:

Age	Males	Females
Under 16 years	1	—
16 and 17 years	1	—
18 and 19 years	12	1
20 to 24 years	17	2
Over 25 years	16	5
Total	47	8

There were two new cases of early syphilis in males and one in a female seen during the year, the patients were all aged over 25 years.

Two hundred and thirty-three patients suffering from 'other venereal conditions' attended the centre in 1969, one hundred and seventy six were males and fifty-seven females'.

Notifications of infectious and other notifiable diseases 1969

District	Estimated population	Scarlet fever	Whooping cough	Acute Poliomyelitis	Measles	Diphtheria	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis	Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Meningococcal infection	Food poisoning	Puerperal pyrexia	Ophthalmia neonatorum	Tuberculosis	Infective hepatitis
Urban																			
Abercarn	18,690	1	-	-	64	-	-	13	-	-	-	-	-	1	150	-	-	5	6
Abergavenny	9,600	-	-	-	19	-	-	-	-	-	-	-	-	-	-	-	-	4	-
Abertillery	22,610	11	-	-	13	-	-	5	-	-	-	-	-	-	28	-	-	2	9
Bedwas & Machen	12,380	-	-	-	61	-	-	1	-	-	-	-	-	-	-	-	-	2	5
Bedwellty	25,800	-	-	-	244	-	-	5	-	-	-	-	-	-	-	-	-	2	1
Blaenavon	7,760	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Caerleon	6,030	-	-	-	55	-	-	-	-	-	-	-	-	-	-	-	-	4	-
Chepstow	7,840	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Cwmbran	31,420	3	-	-	222	-	-	23	-	-	-	-	-	1	6	-	-	1	15
Ebbw Vale	26,470	2	-	-	12	3	-	-	-	-	-	-	-	1	21	-	-	3	52
Monmouth	6,280	-	-	-	40	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Mynyddislwyn	15,780	1	-	-	65	-	-	-	-	-	-	-	-	-	2	-	-	-	45
Nantyglo & Blaina	10,940	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Pontypool	36,600	9	-	-	34	-	-	1	-	-	-	-	-	-	-	-	-	7	15
Rhydney	8,700	8	2	-	28	-	-	-	-	-	-	-	-	-	-	-	1	8	-
Risca	16,030	15	-	-	338	-	-	-	-	-	-	-	-	-	2	-	-	2	6
Tredegarr	18,920	-	-	-	13	-	-	-	-	-	-	-	-	-	8	-	-	4	-
Usk	2,220	-	3	-	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rural																			
Abergavenny	10,310	-	-	-	23	-	-	-	-	-	-	-	-	-	-	-	-	3	-
Chepstow	15,800	1	-	-	73	-	-	-	-	-	-	-	-	-	-	-	1	7	12
Magor & St. Mellons	18,340	3	-	-	126	-	-	1	-	-	-	-	-	1	9	-	-	1	4
Monmouth	6,080	-	-	-	28	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Pontypool	17,290	3	-	-	147	-	-	-	-	-	-	-	-	-	-	-	-	-	1
TOTALS	351,990	57	5	-	1620	3	-	50	-	-	-	-	-	5	226	-	2	59	171

Immunisation and vaccination

As in previous years immunisation and vaccination against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox was available at all child health clinics in the County.

There was no change in the immunisation schedule, the procedure adopted in 1968 continuing as follows:-

Age	Vaccine
5 - 6 months	Diphtheria/tetanus and whooping cough Oral polio
6 - 8 months	Diphtheria/tetanus and whooping cough Oral polio
12 - 14 months	Diphtheria/tetanus and whooping cough Oral polio
18 months	Measles
22 months	Smallpox
School entry	Diphtheria/tetanus and Oral polio (booster)

The following table shows the percentages of Monmouthshire children who had completed vaccination by December 31st 1968, the most recent figures available, together with the equivalent national figures.

	Children born in 1967			Smallpox (children under 2 years)
	Whooping cough	Diphtheria	Poliomyelitis	
England and Wales	76	78	74	38
Wales	72	73	67	23
Monmouthshire	55	59	55	11

Nowadays our children are probably healthier and fitter than at any other time in history; no longer do we see many children crippled in one way or another by the effects of the common infectious diseases of childhood.

Much of the improvement in child health has been a direct result of the availability of vaccines etc., capable of protecting our children against infectious diseases.

To ensure that this state of good health is maintained it is imperative that a high degree of immunity continues in the community against these infectious diseases.

As is shown above, the response to immunisation and vaccination in Monmouthshire is far from satisfactory and in an attempt to raise these figures an intensive health education campaign is to be held throughout the county in 1970.

Following three cases of encephalitis after vaccination with a particular brand of measles vaccine, vaccination was suspended in March on the advice of the Chief Medical Officer of the Department of Health and Social Security. Subsequently a limited supply of another vaccine became available, but it became necessary to offer vaccination only to priority groups of children.

The following tables give details of the number of children who received protection against the infectious diseases listed, in 1969.

Table 1 - Completed primary courses

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962 - 1965		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	77	2,225	628	112	125	47	3,214
3. Diphtheria/whooping cough	-	-	-	-	-	-	-
4. Diphtheria/tetanus	-	51	31	10	83	9	184
5. Diphtheria	-	1	-	-	-	-	1
6. Whooping cough	-	-	-	-	-	-	-
7. Tetanus	2	4	4	1	26	173	210
8. Polio (Salk)	-	-	-	-	-	-	-
9. Polio (Sabin)	143	2,403	734	140	242	114	3,776
10. Measles	-	46	246	287	778	18	1,376
1. Lines 1+2+3+4+5 (Diphtheria)	77	2,277	659	122	208	56	3,399
2. Lines 1+2+3+6 (Whooping cough)	77	2,225	628	112	125	47	3,214
3. Lines 1+2+4+7 (Tetanus)	79	2,280	663	123	234	229	3,608
4. Lines 1+8+9 (Polio)	143	2,403	734	140	242	114	3,776

Table 2 - Reinforcing doses

Type of vaccine	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962 - 1965		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	3	60	1,019	388	1,191	23	2,684
3. Diphtheria/whooping cough	-	-	-	-	-	-	-
4. Diphtheria/tetanus	-	7	201	73	2,097	61	2,439
5. Diphtheria	1	-	-	-	4	-	5
6. Whooping cough	-	-	-	-	2	-	2
7. Tetanus	-	-	7	9	35	120	171
8. Polio (Salk)	-	-	-	-	-	-	-
9. Polio (Sabin)	-	27	30	48	4,507	248	4,860
10. Measles	-	-	-	-	-	-	-
11. Lines 1+2+3+4+5 (Diphtheria)	4	67	1,220	461	3,292	84	5,128
12. Lines 1+2+3+6 (Whooping cough)	3	60	1,019	388	1,193	23	2,686
13. Lines 1+2+4+7 (Tetanus)	3	67	1,227	470	3,323	204	5,294
14. Lines 1+8+9 (Polio)	-	27	30	48	4,507	248	4,860

Smallpox vaccination
persons aged under 16

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during period)	
	Number vaccinated	Number re-vaccinated
0 - 3 months	17	—
3 - 6 months	8	—
6 - 9 months	6	—
9 - 12 months	15	3
1 year	561	3
2 - 4 years	754	10
5 - 15 years	86	92
Totals	1,447	108

B.C.G. vaccination

B.C.G. vaccination was offered to those pupils who had attained thirteen years of age. A preliminary skin test was carried out, and those pupils found to have no protection against tuberculosis were vaccinated.

Children found positive on skin testing, and with no history of having had B.C.G. vaccination, were referred to the chest clinic for radiological and physical examination, to ensure that they were not suffering from active disease.

The following figures relate to the scheme during 1969:

Number of pupils skin tested and present for reading of test	=	5,199
Number found positive	=	895
Number found negative	=	4,304
Number vaccinated	=	4,171

The 895 positive reactors represents 17.2% of pupils tested, which is a figure appreciably lower than that found in previous years as those pupils who had received B.C.G. at an earlier date have been separated from the other positive reactors. This provides a truer indication of the level of naturally acquired immunity.

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

B.C.C. vaccination
 B.C.C. vaccination was first introduced in 1952 when the first vaccine was given to a child. A programme for the vaccination of children was started in 1953 and no protection against infectious diseases was provided.
 Children found positive on the Mantoux test and with an history of measles were vaccinated. B.C.C. vaccination was introduced in 1954 when the Mantoux test was given to children to check for tuberculosis. The following table is the summary of the results of the Mantoux test.
 Number of persons vaccinated
 Number found positive
 Number found negative
 Number vaccinated
 The B.C.C. programme was first introduced in 1952 when the first vaccine was given to a child. A programme for the vaccination of children was started in 1953 and no protection against infectious diseases was provided. B.C.C. as an early child care programme was first introduced in 1954 when the Mantoux test was given to children to check for tuberculosis. The following table is the summary of the results of the Mantoux test.
 Number of persons vaccinated
 Number found positive
 Number found negative
 Number vaccinated

SECTION V
MENTAL HEALTH SERVICES

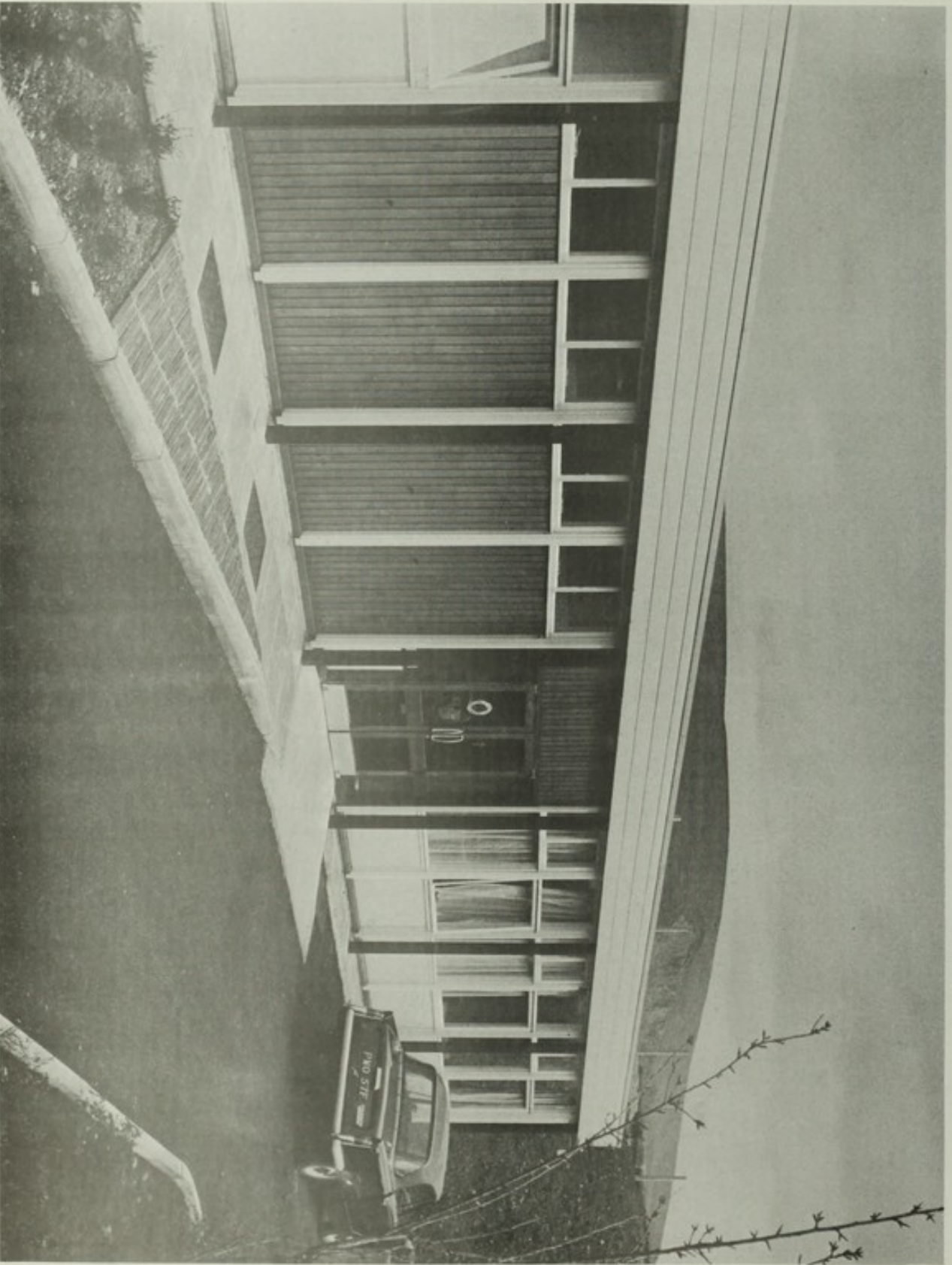
Working at Computers day course for the severely ill

SECTION V

MENTAL HEALTH SERVICES



Workshop at Cwmcarn day centre for the mentally ill



Day centre for the mentally ill, Blaina

Mental Health Services

The year 1969 marked the tenth anniversary of the passing of the Mental Health Act, and it is worth noting the expansion of the mental health services in Monmouthshire during the decade. The establishment in 1959 numbered forty-five and there were three training centres; by the end of 1969 the establishment had risen to one hundred and five and there were thirteen 'mental health' buildings consisting of five training centres, four day centres, three group homes and one remedial workshop.

Mental health services provide care, after-care and training of the mentally disordered in the community by the provision of day centres, training centres, a remedial workshop, the group homes and organised holidays. Field services are provided by the mental welfare officers, whose duties include domiciliary visits, attendance at day centres, consultant psychiatrists out-patients' clinics and supervision at the group homes. They also provide a twenty-four hour statutory service, throughout the year, for the admission of disturbed patients under the relevant section of the Mental Health Act.

Staff

The present complement of mental welfare officers is as follows:-

Principal mental welfare officer	(1)
Senior mental welfare officers	(5)
Mental welfare officers	(9)
Social worker for the mentally sub-normal	(1)

Staff changes

There have been several changes in staff during the year. The principal mental welfare officer resigned in June and a successor was appointed in August. A new senior mental welfare officer was appointed in February following a retirement. In April the number of senior mental welfare officers was increased from three to five, two of the existing staff being promoted to fill the posts. Following this, there was a re-organisation of districts, so that each senior mental welfare officer is responsible for an area with a population of about 70,000. Four of the five senior mental welfare officers are also responsible for therapy at day centres.

One of the mental welfare officers resigned in January and was replaced in July, while the three temporary mental welfare officers were given permanent posts. A social worker for the mentally sub-normal was appointed to fill a new post and he commenced duties in October. Two trainee mental welfare officers were appointed in November to fill new posts, and will start in January, 1970.

Training

During the year, one officer successfully completed the two year 'Certificate in Social Work Course'. In September, one officer entered his second year of the two year 'Certificate in Social Work Course' and another officer started the one year course.

One officer completed the day release 'Staff Development Course for Social Workers' at the Newport and Monmouthshire College of Technology and two commenced the current one.

The second year of the two year 'In-Service Course' for training centre assistant supervisors held at the Hill Residential College, Abergavenny, began in September, 1969.

Students

Students came to the Department during the year from the following courses:-

One year 'Certificate in Social Work Course' at Cardiff College of Food Technology and Commerce (one student)

Two year 'Certificate in Social Work Course' at Cardiff College of Food Technology and Commerce (three students)

'Certificate in Child Care Course' at Cardiff College of Food Technology and Commerce (three students)

'Social Science Degree Course' at Liverpool University (one student)

These students were under the supervision of the principal mental welfare officer and three of the senior mental welfare officers.

Mental Health Establishments

Day Centres

Blaina day centre opened in April, 1969, bringing the number of such centres in the county to four, all of which are now open five days per week.

The primary aim of the day centres is the rehabilitation of the mentally ill, towards re-integration into the community, so that they can once again live a full and useful family, working, and social life. It is not easy to measure the amount of success achieved in something as fundamental as this, but there is considerable evidence that the day centres are playing a central part in the community care of the mentally ill.

The four day centres at Blackwood, Blaina, Cwmcarn and Griffithstown are all different in character. The varying techniques used in the day centres are fruitful in that they give the opportunity for experiment. There are frequent staff meetings of the senior mental welfare officers and senior occupational therapists so that the staff concerned know the progress made at other day centres and they can adapt to their own centre activities pioneered in another.

The primary aim of the 1959 Mental Health Act was the provision of community care for the mentally disordered. The realisation of the evils of institutionalisation had already opened up the psychiatric hospitals, and in the last ten years it has been the policy to keep the mentally ill in hospital only when absolutely necessary. The fact that since 1960 the field staff in Monmouthshire's mental health service have increased from five to eighteen is a witness to the county's realisation of the urgent need for this care, and the establishment of the four day centres over the years has provided buildings which are

becoming focal points for patients, staff and the local community.

The number on the register of these four day centres as at 31st December, 1969, was as follows:-

Blackwood	-	19
Blaina	-	39
Cwmcarn	-	36
Griffithstown	-	77

Patients are referred to the day centres by consultant psychiatrists, general practitioners, and not infrequently, from magistrate's courts. For these patients the day centres provide a place where they can attend full or part-time to help them bridge the gap between hospital and community life. Their response to the treatment provided (treatment used in its widest sense) can be observed and assessed, and the influence of mental welfare officers, occupational therapists, instructors and indeed of one another, can be noted. At three of the four day centres, psychiatrists from Pen-y-Val Hospital and St. Cadoc's Hospital visit regularly to see the patients, discuss any problems with the staff, and their co-operation is very much appreciated. Various patients' groups are held; in the more elementary ones they are encouraged to raise day to day problems arising in the centre. At the other end of the scale, psychodrama, that is the acting out and talking out their life experiences in connection with their breakdown, is used to a very beneficial effect. Craft work and woodwork is also used and the patients are encouraged to help in the routine work of the centre. Outside speakers, for example, the local minister, a councillor, a policeman, a teacher, a member of the Samaritans or W.R.V.S. visit the centres and in so doing, become acquainted with the day centre and the mentally ill, thus helping to break-down the prejudice which still exists today.

Not only are the patients themselves helped but their relatives are relieved of what at times can be a very considerable burden. Furthermore, relatives are encouraged to visit the staff at the day centres whenever they feel they need help and advice.

The desired end result of all this is that the patients should cease to need the day centre any further. Links with the Disablement Re-settlement Officer at the local Department of Employment and Productivity Office and with the local firms are thus very important. At one day centre alone, thirteen patients were either returned to their original employment or were helped to find other jobs during the year.

The day centres have also proved enormously helpful to the mental welfare officers working in the field. They can devote more time to the visiting of new cases, secure in the knowledge that a considerable number of their case load is receiving intensive care at the day centres. Their role is seen more positively by patients and relatives, but perhaps most important is the fact that they are much less isolated. Other workers visit these officers at the day centres and social welfare officers, probation officers, health visitors, 'Ministry of Social Security' officials, district nurses and general practitioners, are only a few of those who visit from time to time.

In the community the day centres have already become known and appreciated. They are ideally placed to become centres where the public can be helped to understand that mental illness is not frightening or shameful, but a fact of life which needs to be coped with, and, where possible, cured. If they can be successful in this, they will have shown that community care means not just care within the community, but also care by the community.

Training Centres

Junior centres

The three junior centres situated at Neville House, Garndiffaith, Hafodyrynys and Ty-Bont, Tredegar, give a comprehensive programme for teaching and training to pupils under sixteen years of age. At two of the centres, Neville House and Hafodyrynys, the numbers have reached the maximum (this includes the adult special care pupils accommodated), and there is a waiting list for admission. The nursery programme is being hampered by the inclusion of junior special care pupils, a situation which should improve, during 1970, with the opening of the new demountable adult special care unit.

Adult centres

The two adult centres, Glengariff, Griffithstown, and Sunninghill, Tredegar, are now under the auspices of the Factory Inspector.

Improvement in work undertaken by adult trainees has resulted in substantial contracts from the new supplies department of the County Council. Trainees continue to receive pocket money and an increase to a maximum of 7/6d. weekly was made in May, 1969. The problem of over-crowding is apparent here also, and there is now a waiting list for both the centres.

There were four trainees who, because of behaviour difficulties, became impossible to supervise adequately at training centres. These now attend Llanfrechfa Grange Hospital on a daily basis, and we are indebted to the Physician Superintendent for his assistance in this matter.

Remedial Workshop

The remedial workshop at Star House, Pontllanfraith, is an establishment catering for twelve to fourteen young mentally handicapped pupils, aimed at training for sheltered or open employment. Training is carried out in a programme geared towards standards expected in open employment. Girls are trained in the art of packing and boys in wood-work construction. The effect on the pupils of being allowed to work on their own and make decisions after a preliminary period of close supervision is rewarding. They receive pocket money of 7/6d. per week. During 1969, the results achieved were very encouraging; two girls and four boys entered open employment, two boys entered Monwel and one a government training centre. Only two boys and two girls failed to reach the required standard and had to return to an adult training centre.

Group homes

The three group homes at Cwmbran, one catering for five males and two for five females each, continue to operate successfully, due mainly to the supervision from a senior mental welfare officer and a mental welfare officer. The male home benefits from the assistance of the home help service. The homes play an important role in re-habilitating former hospital patients to a normal community life.

Holiday scheme

The holiday scheme benefited two hundred and forty-two mentally disordered patients living in the community. One hundred and twelve mentally ill patients spent a holiday in Seaton, Devon and one hundred and thirty training centre pupils at Rhyl, North Wales.

Permanent and short-term care

Owing to the extra demand made on Llanfrechfa Grange Hospital, Cwmbran, due to Hensol Hospital, Pontyclun being temporarily closed for emergency admissions and Ely Hospital, Cardiff being able to admit only a limited number of patients, it became increasingly difficult to obtain permanent or short-term care accommodation for patients. The situation is not likely to improve in the near future and the number of patients on the waiting list for permanent admission rose to fifty-nine. In addition, the National Society for Mentally Handicapped Children closed St. Margarets Home, Weston-Super-Mare, one which was used frequently by the authority for short-term care, and in certain cases, it has been necessary to accommodate patients at private homes a distance away, these being at Shedfield, Hants., and Reading, Berks.

Another problem which is becoming increasingly acute and is causing concern to mental welfare officers is the non-availability of beds for psycho-geriatric patients.

Psychiatric health clinics

Psychiatric health clinics held at Risca and Rogerstone were discontinued in September, 1969, due to shortage of medical staff, but it is anticipated that they may re-open during 1970.

Future Building Programme

Training Centres

At present the five training centres all function in converted accommodation. The overcrowding, common to all centres, is particularly acute in the adult special care section of two junior centres. In order that the position be partly rectified, it is planned to erect a demountable adult special care unit (as a temporary measure) on the Sunnybank site, Griffithstown, and this is due to open in September, 1970. Plans are also in hand to provide a new adult training centre and a purpose built adult special care unit to replace the demountable building.

Hostels

Hostels are an essential addition to the mental health services. At present there are none in the county, but plans are well advanced to provide a hostel in the Cwmbran area. Consideration has also been given to further hostels being provided in other towns in the county.

Group homes

There are three group homes at present, and it is anticipated that one or two more may be opened during the next year.

Remedial workshops

There are plans to increase the accommodation at the Pontllanfraith workshop so that twenty-four trainees may be accommodated. Construction is about to begin on a further workshop at Abertillery, which will be included in a multi-storey health centre and will be sited on the first two floors. Plans are also under consideration for another workshop on the Sunnybank site, Griffithstown.

Number of mentally disordered persons under the Local Health Authority's care at 31.12.69.

	Mentally ill		Elderly mentally infirm		Psychopathic		Sub-normal		Severely sub-normal		Grand total									
	Under age 16		16 and over		Under age 16		16 and over		Under age 16			16 and over								
	M	F	M	F	M	F	M	F	M	F		M	F							
(a) Total number receiving home visits from mental welfare officers	3	4	275	387	21	41			13	6	10	7	284	226	64	64	130	149	1,684	
(b) (i) Attending workshops, day centres or training centres			54	72	7	12			3	3	3	5	61	48	34	47	71	68	485	
(b) (ii) Awaiting entry to workshops, day centre or training centres			15	10					2	2	2	2	21	14	5	4		1	74	
(c) Patients under guardianship			1	1													2	1	5	
(d) Patients awaiting urgent admission to hospitals													2	1	9	5	12	5	3	42
(e) Patients admitted temporarily for short-term care				1								7	2	17	21	8	5	19	15	95
(f) Resident of Group Homes			2	5									3	5					15	
(g) Number of persons attending day hospitals			4	13									4	4				1	26	

Male Female

Number of young children who are attending training centres under observation. 39 31

Total number of visits paid to mentally disabled persons (i.e. subnormal, severely subnormal and mentally ill) 10,781

Admissions to psychiatric hospitals

Over the age of 16

Under the age of 16

Over the age of 16

1. Severely subnormal/subnormal

M F. Total

2. Mentally ill

M F. Total

144 139 283

Ambulance Service

Review of the Service

The records of the service during the year reflected an increase in the number of calls for ambulance service. By the end of the year most of the ambulances and the patients in the South Western Hospital were being covered by the service. The full effect of the closure of the district hospital should not be felt until 1970. Through the ambulance transport from the hospital, the patient and ambulance services were particularly busy.

There were no deaths during the year. It was noted that some ambulance drivers were not aware of the fact that the ambulance service was not to be used for patients who could be transported by other means if necessary.

There was a decrease in the number of patients transported and ambulance drivers were not aware of the fact that the ambulance service was not to be used for patients who could be transported by other means if necessary.

SECTION VI

AMBULANCE SERVICE

During the year the ambulance service was reviewed. The ambulance service was reviewed during the year and the ambulance service was reviewed during the year.

Staff

In order to improve the policy of staff selection, when necessary, and to meet other necessary demands, the number of staff members increased in 1970 during the year.

An ambulance service was provided for the South Western Hospital in order to allow better contact between the hospital and ambulance service in dealing with out-patient transport.

In order to improve the ambulance service, an ambulance service was provided for the South Western Hospital in order to allow better contact between the hospital and ambulance service in dealing with out-patient transport.

Training of personnel is provided by the South Western Hospital and the ambulance service. The ambulance service is provided by the ambulance service.

One of the ambulance services provided a service at Wokingham Hall in December. The ambulance service was provided by the ambulance service.

ambulance service

During the year, ambulance services for the ambulance service were provided. The ambulance service was provided by the ambulance service.

SECTION XI
PUBLIC SERVICE

Ambulance Service

Review of the service

The demands on the service during the year continued to increase.

One of the main causes of the increase resulted from the opening of Nevill Hall Hospital, Abergavenny. By the end of the year most of the casualties and out-patients in the North Monmouthshire area were being conveyed to this hospital but the full effect of the closure of the district hospitals should not be felt until 1970. The calls for ambulance transport upon the Aberbeeg, Tredegar, Blackwood and Abergavenny ambulance stations were particularly heavy.

There seems little doubt that transport is being authorised for many out-patients who could travel by other means if bus fares were not so high and distances so great.

There has been an increase in the number of geriatric patients conveyed and additional training centre transport is being directly provided by the ambulance service.

All these factors have served to substantially increase the number of patients carried, the journeys undertaken and the mileage travelled.

During the year, the County's Organisation and Methods team investigated the section and several changes were recommended for implementation in 1970.

Staff

To continue to implement the policy of double manning, where necessary, and to meet other increasing demands, the number of driver/attendants increased to 120 during the year.

An ambulance transport officer was appointed for Nevill Hall Hospital in order to afford better liaison between the hospital and ambulance service in dealing with out-patients transport.

In order to commence re-organisation at central control, an assistant control officer was appointed.

Training of personnel, as recommended by the Millar Report, continued and further members of the staff attended courses at the City of Birmingham Ambulance Training School.

Two of the station officers attended a course, at Wrenbury Hall in Cheshire, for ambulance instructors. Both successfully completed the course.

Ambulance stations

During the year, new quarters for the men and extra garage accommodation were brought into use at Pontypool and Chepstow and a new training/recreation building at Aberbeeg was also completed.

The start on a new ambulance station at Blackwood was further delayed and difficulties were experienced in acquiring a site for a new station at Abergavenny.

Radio communication

Towards the end of the year, Pye Telecommunications Ltd., installed new equipment at Wentwood Lodge and as a consequence improved radio control resulted, particularly in the east and north east parts of the County.

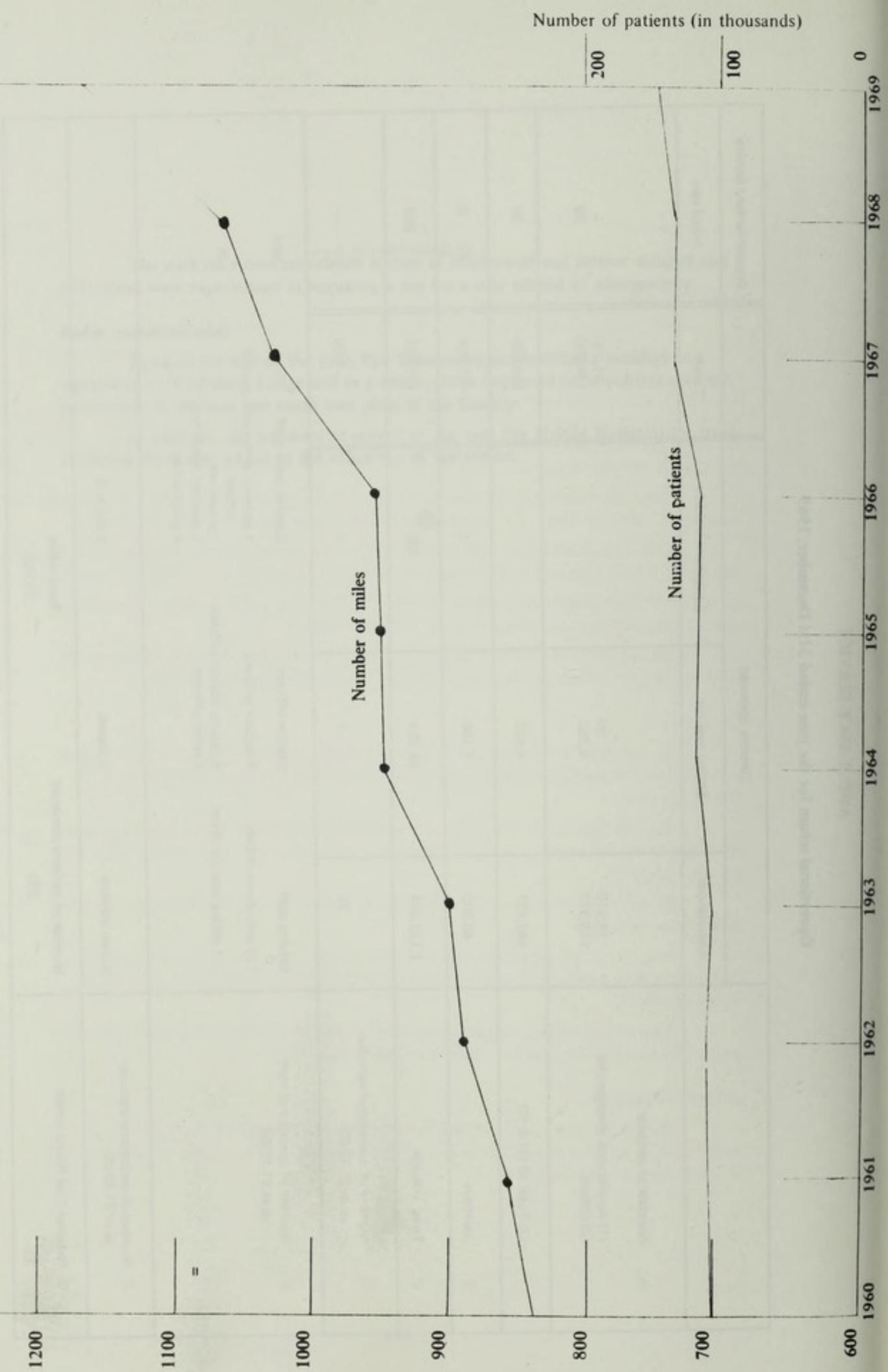
In addition, the purchase of several of the new Pye Mobile Westminster transmitter/receivers also added to the efficiency of the service.

AMBULANCE SERVICE

Operational return for the year ended 31st December, 1969

	Directly operated			Total	Supplementary Service
	Ambulances	Sitting-case car	Equipment Vehicle		
A. Number of patients (1) Accidents & emergencies (2) Others	11,910 130,517	20 4,382		11,930 134,899	— 39
(3) Total of (1) & (2)	142,427	4,402		146,829	39
B. Journeys	40,802	1,199	3	42,004	6
C. Total mileage	1,123,884	48,854	199	1,172,937	262
D. Number of operational vehicles as at 31.12.69.	78	1	1	80	—
E. Number of operational staff as at 31.12.69.	Driving staff 119 ambulance drivers 1 sitting case car driver	Station officers 5 station officers 5 deputy station officers 2 relief officers	Control room staff 1 assistant ambulance control officer 1 supervisor 1 assistant supervisor 4 telephonists	Total 139	
F. Number of ambulance stations as at 31.12.69.	6 zone stations	3 depots	Total = 9		
G. National Coal Board details	Number of patients conveyed 939	Total miles 17,102			

Patients carried and mileage covered by ambulances between the years 1960 and 1970.



Control stations	Sub-stations	Number of vehicles	Area served
Main county control Ambulance Service H.Q., Cambria House, Caerleon. (Ambulance officer & administrative) (24 hour service)	Cambria House, Caerleon. Vauxhall road, Chepstow. Drybridge Park, Monmouth St. Mary's road, Abergavenny.	24* 4 4 5	Caerleon U. Magor & St. Mellons R. (East of Newport) Pontypool R. Usk U. Chepstow U & R Monmouth B & R Abergavenny B & R
Tredegar zone control Vale Terrace, Tredegar. (24 hour service)	—	7	Tredegar U Rhymney U Ebbw Vale U
Bedwellty zone control "Maesruddud," Argoed. (24 hour service)	—	10	Bedwellty U Mynyddislwyn U Bedwas & Machen U (Maesycwmmmer)
Abertillery zone control Warm Turn, Aberbeeg (24 hour service)	—	11	Blaina & Nantyglo U Abertillery U Llanhilleth & Trinant) (Abercarn U)
Pontypool zone control Ashgrove, Upper George St., Pontypool. (24 hour service)	—	8	Blaenavon U Pontypool U Cwmbran U
Bassaleg zone control Whitehead's Sports Ground, Bassaleg. (24 hour service)	—	7	Bedwas & Machen (Ex- clude Maesycwmmmer) Abercarn U (Exclude Llanhilleth & Trinant) Risca U Magor & St. Mellons R (West of Newport)

*Including 12 vehicles held in reserve, in the workshops or waiting disposal.

Number of pages	Description	Control reference
1	Main county control	Main county control
2	Ambridge branch H.D.	Ambridge branch H.D.
3	Carlisle branch	Carlisle branch
4	Carlisle branch	Carlisle branch
5	Ambridge office A	Ambridge office A
6	Administrative	Administrative
7	(24 hour service)	(24 hour service)
8	Tadcaster town control	Tadcaster town control
9	Vale Tarns Tadcaster	Vale Tarns Tadcaster
10	(24 hour service)	(24 hour service)
11	Bedouin town control	Bedouin town control
12	Mansfield Agard	Mansfield Agard
13	(24 hour service)	(24 hour service)
14	Atherley town control	Atherley town control
15	Wain Tarn Atherley	Wain Tarn Atherley
16	(24 hour service)	(24 hour service)
17	Ponypool town control	Ponypool town control
18	Atherley town control	Atherley town control
19	Ponypool	Ponypool
20	(24 hour service)	(24 hour service)
21	Banding town control	Banding town control
22	Whitwood (Ponypool control)	Whitwood (Ponypool control)
23	Banding	Banding
24	(24 hour service)	(24 hour service)

*including 12 which are held in reserve in the warehouse at Wetherby

10/11/66

10/11/66

SECTION VII
ENVIRONMENTAL SERVICES

Sanitary Circumstances of the Area

I am indebted to the County Health Inspector for the following comprehensive report:-

Water

Adequacy:-

It was reported last year "that the populous industrial western half of the county is, generally, adequately supplied with mains piped water for present demand." With some reservations, that had been the experience since 1963, when many privations were suffered as a result of restricted water supplies during an almost unprecedented period of autumn drought followed by the most severe winter for one hundred years, which was again followed by a dry summer. The completion of the extensive Llandegveth Reservoir and other improvements to supplies followed and it appeared that reasonably sufficient additional provision had been made. However, 1969 proved these measures to be inadequate and once again efforts must be made to harness more water for the needs of the people of Monmouthshire. This is one of the challenges which faces the existing Usk River Authority in conjunction with the newly formed Gwent Water Board which will be taking up its responsibilities during 1970.

During the year, rainfall was the lowest since 1964 and very considerably below the average of some 20 years although appreciable amounts of rain fell during May. Of that which fell in both February and June almost half fell in one day and in July, over three quarters of the month's supply fell in one day; these conditions do not favour percolation into the soil with subsequent benefit to plant life and to reservoir collection.

Monmouthshire, having no great natural underground reservoirs, depends upon surface reservoirs supplied from springs, rivers and upland surfaces. Its water storage is thus directly related to current rainfall. The problem which the river authorities and water boards in the county have to face is how to store adequate water, for the occasional dry summer, without being involved in prohibitive costs in the artificial drowning of valuable agricultural land. De-salination of the sea waters around the coasts of Britain is not yet a viable project. Regard must also be taken of the steadily increasing demand for water for industrial purposes and for the requirements of improved domestic and catering facilities.

At one time or another during the year caution in the use of water was advised by every water authority in the county. After one short period of restriction early in the summer, the biggest suppliers - the Newport and South Monmouthshire Water Board - coped adequately until well into October, by which time, the dry autumn was having its effect upon the quantity of stored supplies. The areas most affected by shortage were Monmouth, Abergavenny and the Nantyglo and Blaina area. At Nantyglo and Blaina the trouble experienced was not so much from water shortage as from the poor bacteriological quality of the water as a result of accumulated pollution in the small quantity of water in the reservoir. One day's heavy rain only served to flush further accumulations

into the reservoir without the benefit of soil percolation and it became necessary for a period to require all water to be boiled before consumption. Such measures are a considerable nuisance domestically but present a much more serious problem for hospitals and other public institutions.

Provision of a piped mains supply of water to the northern areas of the Monmouth Rural District is proceeding slowly. This is the last extensive area of the county to be without such a supply.

The Usk River Authority is closely examining schemes for the conservation of water in the Usk and Honddu Valleys.

The Gwent Water Board has now been formed and will take over the responsibility for supplying the whole of the County except for the Rhymney Valley on the 1st April, 1970.

Quality

Altogether, 1,696 samples of water were taken by the County Council and district councils during the year from drinking supplies and swimming baths. 1,669 of these samples were submitted for bacteriological examination and 27 for chemical examination.

It is not normally necessary to submit samples for chemical examination at frequent intervals as the chemical composition of water does not change a great deal. There has been, however, increased activity in this respect in recent years as a result of a Ministry warning regarding lead depositions in some small local water supplies. On the other hand, due to modern tendency to utilise, for human consumption, water which has possibly been subjected to many forms of pollution before treatment, greater care will need to be taken in the future in searching for traces of many other extraneous and possibly harmful substances. The greatest care has always been necessary in the control of the bacteriological quality of water, whether untreated or whatever the form of treatment, and the routine work of sampling and eradicating bacteriological forms of contamination needs to be scrupulously maintained.

Of the 1,669 samples of water submitted for bacteriological examination, 1,353 were submitted by district councils and 316 by the county inspectors from supplies to County Council premises. Of the 1,669 samples, 54 were taken from source supplies for public mains before treatment, to assess the degree of treatment required; 287 were from untreated or partially treated local supplies; 1,238 were from public mains treated supplies; and 90 were from swimming baths.

The figure of 287 samples taken from untreated supplies gives but little indication of the extent of pollution in the several hundred known individual small untreated supplies which are still being used in the County. Most of these supplies, from wells, springs and streams etc., have been sampled at one time or another and are known to be of poor bacteriological quality and of fluctuating yield. 89 samples were taken from the partially treated supplies at schools and gave satisfactory results. The unsatisfactory samples taken from untreated supplies included samples from schools supplies prior to treatment and from supplies at County Council small-holdings prior to their being connected to mains supplies.

The percentage of samples of public mains treated supplies which were unsatisfactory was 13.2. This compares with a percentage of 10.2 in 1968 and an average of 7.7% over the years 1963-67. The further increase experienced in 1969 was due in part to the attention focussed on the Nantyglo and Blaina supply at one period during the drought conditions. Nevertheless, it must be emphasised that far too many unsatisfactory samples are taken from public mains treated supplies to permit complacency.

The 21 samples taken from Monmouthshire Education Committee swimming baths were all satisfactory.

The district public health inspectors had the following observations to make in their areas:- Bedwas and Machen Urban District: some contamination was found to take place during repairs to supply pipes. Blaenavon Urban District: one supply was found to be slightly plumbo-solvent and protective measures were taken. Cwmbran Urban District: some private supplies were found to be unsatisfactory. Samples from public supplies showed an improvement on 1968. Monmouth Borough: shortage during the drought period was less than the national average. The filters were found to be incapable of dealing with more than the normal supply from river source. Nantyglo and Blaina Urban District: the supply is known to be plumbo-solvent and lead service pipes are not permitted. It was necessary to flush mains due to iron deposits. The bacteriological state of the water was poor until August but improved thereafter. Abergavenny Rural District: the chlorination plant at Llanthony was changed at the end of the year. Most of the unsatisfactory samples came from that supply.

Details of water analyses, 1969

Districts	Bacteriological examination of untreated water			Bacteriological examination of treated water		Chemical analysis	Swimming bath water bacteriological examination
	Public supplies	Other supplies		Public supplies			
	Number of samples taken	Number satisfactory	Number unsatisfactory	Number satisfactory	Number unsatisfactory			Number of samples taken	Number of samples taken
Urban							
Abercarn	—	—	—	6	—	—	8
Abergavenny	6	2	4	21	4	—	2
Abertillery	—	—	5	4	—	—	2
Bedwas and Machen	1	—	—	9	2	—	—
Bedwellty	—	—	—	90	9	—	20
Blaenavon	2	—	—	39	7	2	1
Caerleon	—	—	—	20	—	—	10
Chepstow	—	—	—	34	4	—	—
Cwmbran	3	—	13	85	8	—	—
Ebbw Vale	17	1	1	95	3	16	24
Monmouth	—	13	3	103	3	—	—
Mynyddislwyn	—	—	—	6	—	—	—
Nantyglo and Blaina	—	—	—	153	38	5	—
Pontypool	—	1	4	83	3	—	—
Rhymney	—	—	—	23	—	—	—
Risca	—	—	—	—	—	—	—
Tredeggar	20	—	—	28	—	3	2
Usk	—	—	—	28	3	—	—
Rural							
Abergavenny	2	4	18	53	14	—	—
Chepstow	—	20	44	26	—	—	—
Magor and St. Mellons	—	7	5	14	5	—	—
Monmouth	3	3	13	3	3	—	—
Pontypool	—	4	3	30	3	—	—
District totals	54	55	113	953	109	26	69
Monmouthshire County Council	—	*89	30	140	36	1	21
County totals	54	144	143	1,093	145	27	90

* All from partially treated supplies.

The above information in respect of district councils was supplied by the district public health inspectors.

Fluoridation

While discussion continued throughout the country on the question of fluoridation of water supplies the Health Committee, in November, re-affirmed its previous decision to encourage the fluoridation of water supplies. This will be one of the early matters to be faced by the newly formed Gwent Water Board.

Rural Water Supplies and Sewerage Acts

Considerable advantage has been taken since 1944 of grants provided by the Ministry and County Council to provide water supplies to the less accessible and less populated regions, under the provisions of the above Acts. Altogether, nearly sixty water supply schemes have been assisted in this way. Thus the rural as well as the urban areas of the county, with the exception of the northern areas of the Monmouth Rural District - where some progress in laying pipes has been made - and a portion of the Pontypool Rural District, are now reasonably well served by a network of water mains. For this reason and because of the financially stringent conditions of the time, little progress can be reported on schemes contemplated or submitted for County Council and Ministerial grant under the above Acts during the year. The following is an outline of schemes currently under consideration.

- | | |
|----------------------------|--|
| Abergavenny R.D. | A start having been made on Part II of the Joint Northern Areas Scheme of the Abergavenny and Monmouth Rural District Councils, it is hoped to provide a piped supply of water for Llangua and to supplement the existing supply at Grosmont during the year 1970. |
| Magor and St. Mellons R.D. | The Scheme to serve Llanvaches and Parc Seymour is well under way. A small scheme at Pilmawr on the edge of Newport, has proceeded without grant. |
| Monmouth R.D. | Work for the major scheme for the northern areas at a cost of some £125,000, has begun and is expected to be completed in 1972. A small scheme at Lydart and a small extension at Raglan have been completed. |

Swimming baths

The councils at Abercarn, Bedwellty, Blaenavon, Caerleon, Ebbw Vale, Monmouth, Mynyddislwyn, Pontypool and Tredegar either own or have control of public swimming baths. The position at Cwmbran is not yet resolved. The County Education Authority owns one covered heated pool at Pontypool and a small open-air bath at Usk. It is intended to cover the latter. Elsewhere, the Education Authority makes considerable use of the public baths.

Control of the purity of the water is by way of frequent 'on the spot' tests for the presence of free chlorine, and by periodical bacteriological examination. Scrupulous care is also needed over the condition of surrounds, changing rooms and other offices.

During the year, 90 samples of swimming bath water were submitted by the County Council and the district councils to the Public Health Laboratory for examination, compared with 75 in 1968.

Flooding

The scheme of flood prevention being carried out by the Usk River Authority to protect the township of Usk has proceeded. One or two detailed works are still in hand but should be completed by the summer of 1970. Work is beginning on an investigation of the tidal embankment from Caerleon to Newbridge-on-Usk. In connection with the River Ebbw, the scheme undertaken at Cwm has been completed. So too, have the schemes above and below Ebbw Bridge, except for grass seeding which will be carried out in the summer when the river level is low enough. The suggested scheme on the Avon Llwyd between Llanyravon and Llantarnam has been abandoned as being too expensive and a review scheme is still in the design stage. The survey of the Olway Brook has been completed and work is in progress on a design to improve the position,

Sewerage

The main authorities for sewage disposal in the county are:-

The Rhymney Valley Sewerage Board

The Western Valleys (Mon) Sewerage Board

The Eastern Valleys (Mon) Joint Sewerage Board.

These boards deal with the sewage from the western populous half of the county. They are each responsible for main trunk sewers which convey sewage from north to south down the valleys and discharge into the Bristol channel.

Sewage from the Rhymney valley is still being discharged untreated into the Bristol Channel. The two million pound scheme which is planned to take place over the next ten years will remedy this situation and also improve the sewer facilities for the area. A start on Phases I and II is imminent. The immediate works involved will include a partial treatment plant at St. Mellons linked with the provision of storm tanks near the Draethen, and the improvement of some sections of sewer. A suitable site for the storm tanks has now been found and approved and the consent of the Glamorgan River Authority is being sought. The work involved in phases I and II is anticipated to take two years to complete.

The Western Valleys Sewerage Board also has a ten year programme of improvements. Phase I has been completed and phases II and III are nearing completion. Together, these cover about one half of the anticipated programme. The works have included the provision of a partial treatment plant, a five million gallon storage tank, and the duplicating of the trunk sewer from Forge Lane to Cross Keys. During the next five years the trunk sewer will be renewed in the Sirhowy, Ebbw Fawr and Ebbw Fach Valleys. This is necessary because the existing sewer is laid over coal measures and damage due to subsidence has been severe north of Crosskeys. It is necessary to divert the trunk sewer from its original line to accommodate land reclamation works, which are being carried out in the valleys to provide factory accommodation.

Sewage from the eastern valley is treated at a conventional plant at Ponthir which now discharges effluent into the River Usk. Work is nearly completed on the duplication of the trunk sewer from Ponthir to New Inn and the provision of extensions further north to accommodate new industrial development. These additions entail an extension of the plant at Ponthir and this work should begin before the end of 1970.

In the eastern rural portion of the county the townships of Abergavenny, Chepstow, Monmouth and Usk have their own separate works of sewerage and sewage disposal.

Rural Water Supplies and Sewerage Acts

Since 1944 the five rural districts in the county have received considerable assistance by way of grant from the Treasury and the County Council by virtue of the above Acts. The intention of the grants is to balance the cost of providing sewers in scattered rural areas as compared with costs in urban areas. Very little by way of new work was begun during the year - in some instances due to financial considerations. The Chepstow and the Magor and St. Mellons areas have been involved in extensive works which might be considered to be of a regional nature and which have lasted several years. The following is a brief summary of schemes at present in progress under the above Acts:-

Magor and St. Mellons R.D.	With the completion of stage I of the comprehensive Eastern Areas scheme, progress has continued on stage II. In this provision of sewers for Langstone, Llanmartin and Penhow has been completed and work is proceeding on sewers for Llanwern and Bishton. Thus the end is in sight for this prolonged and extensive project. Other schemes with only slightly less need, for Mathern and Pwllmeyric, and for Shirenewton and Mynyddbach, are still in abeyance for financial reasons.
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Housing

Accompanying tables supply the following information in respect of the year 1969:-

The number of separate dwellings owned by each local authority in the County and the Cwmbran Development Corporation at the end of the year under review.

The numbers of separate dwellings completed during the year

- (a) by local authorities
- (b) by private enterprise and
- (c) by Cwmbran Development Corporation.

- The numbers of standard improvement grants made by local authorities.
- The numbers of improvement loans effected.
- The ratio of permanent publicly owned dwellings per 1,000 of population.
- The numbers of dwellings owned by public authorities in Monmouthshire at the end of each of several years.
- The numbers of new dwellings erected in Monmouthshire.

New development

The total number of new dwellings completed under the three forms of development was 2,031 in 1969 compared with 2,936 in 1968 and 3,206 in 1967. The 1967 figure was the highest ever recorded in the county but the decrease experienced in 1968 was continued so that the 1969 figure was the lowest since 1960.

The decrease in 1969 was due to the low numbers of dwellings completed by local authorities (the lowest since 1960) and the Cwmbran Development Corporation (the lowest since 1963). On the other hand, the number completed by private enterprise (1,096) was the highest ever recorded in the County, following three other years out of four when over 1,000 dwellings were completed by this means during the year.

Housing, Monmouthshire 1969

District	No. of separate dwellings owned by local authority on Dec. 31st 1969.		No. of separate dwellings completed during 1969			No. of standard improvement grants	No. of other improvement grants	No. of improvement loans	Ratio of permanent publicly owned dwellings per 1,000 of population.
	Temporary	Permanent	By local authority	By private enterprise	Total				
Urban									
Abercarn	47	1,920	—	43	43	11	29	8	102
Abergavenny	27	1,546	—	17	17	18	5	2	161
Abertillery	97	1,132	86	2	88	7	9	16	50
Bedwas and Machen	—	1,702	6	25	31	31	4	1	137
Bedwellty	25	2,616	—	58	58	37	1	5	101
Blaenavon	—	635	11	9	20	7	10	1	81
Caerleon	20	523	—	165	165	10	—	—	86
Chepstow	—	1,050	—	38	38	7	—	4	133
Cwmbran	100	2,371	31	8	39	2	6	6	234
Ebbw Vale	—	3,241	164	26	190	14	42	62	122
Monmouth	—	799	29	31	60	4	2	—	127
Mynyddislwyn	50	1,382	60	89	149	11	2	—	87
Nantyglo and Blaina	—	1,559	38	—	38	4	31	16	141
Pontypool	—	4,869	133	180	313	53	18	7	133
Rhymney	—	792	77	—	77	3	2	2	91
Risca	—	2,462	32	9	41	5	45	10	153
Tredegar	79	1,788	29	19	48	4	8	6	94
Usk	—	70	—	22	22	2	1	—	31
Rural									
Abergavenny	—	587	—	22	22	12	10	3	56
Chepstow	—	1,676	1	102	103	7	11	5	106
Magor and St. Mellons	—	2,342	131	170	301	8	20	5	127
Monmouth	—	285	18	24	42	38	7	10	46
Pontypool	—	296	—	34	34	11	—	—	158
TOTALS	445	35,643	846	1,093	1,939	306	263	169	101

Housing under Cwmbran Development Corporation

	In the Cwmbran U.D. area	In the Pontypool R.D. area	Total
Number of separate dwellings completed during 1969	92	—	92
Total number of separate dwellings built by the Corporation to 31.12.69.	4,983	2,447	7,430

Where possible the above information has been obtained from the Welsh Office tables of local housing statistics, otherwise from district public health inspectors and the Cwmbran Development Corporation.

Housing by public authorities

Houses owned by public authorities				
	Local authorities		Cwmbran Development Corporation	Total
	Pre-fabs	Permanent houses		
1938	—	6,831	—	6,831
1964	1,048	29,672	5,119	35,839
1965	924	30,472	5,829	37,225
1966	733	31,741	6,365	38,839
1967	638	33,235	7,000	40,873
1968	554	35,035	7,338	42,927
1969	445	35,643	7,430	43,518

New dwellings erected in Monmouthshire 1938-69

Year	Council houses		Private enterprise	Cwmbran Development Corporation	Total
	Permanent	Pre-fabs			
1938	520	—	429	—	949
1946	20	525	26	—	571
1947	515	403	79	—	997
1948	1,850	86	51	—	1,987
1949	1,133	—	76	—	1,209
1950	1,010	—	116	—	1,126
1951	1,091	—	114	—	1,205
1952	1,171	—	214	210	1,595
1953	1,399	—	425	212	2,036
1954	1,782	—	396	835	3,013
1955	1,247	—	283	267	1,797
1956	1,521	—	266	578	2,365
1957	910	—	294	572	1,776
1958	663	—	248	747	1,658
1959	862	—	296	454	1,612
1960	807	—	432	457	1,696
1961	1,375	—	606	136	2,117
1962	1,252	—	673	299	2,224
1963	1,433	—	580	62	2,075
1964	1,280	—	913	325	2,518
1965	1,033	—	1,058	710	2,801
1966	1,303	—	827	537	2,667
1967	1,529	—	1,042	635	3,206
1968	1,568	—	1,029	338	2,936
1969	846	—	1,096	92	2,034

Over 43,000 dwellings are now owned by public authorities (mostly the local housing authorities) in Monmouthshire. The maintenance of these dwellings in a proper state of repair and decoration entails a great deal of house-keeping. It would be a sad thing if public property of this nature was allowed to deteriorate to the state which led to the revolution against private rented properties. For many years it had become very difficult to get repairs, replacements and improvements effected in council houses. The last year or so has seen a great change in this respect in many local authority areas. If 1969 was a bleak year in Monmouthshire for the completion of new council dwellings this was off-set to a great extent by vigorous action in work of preservation of property.

Many difficulties beset the compilation of accurate statistics on housing, with differing systems operating in the various district council offices. As suggested last year, a national census day (which could be the 31st December on an appropriate year) would help considerably in establishing a precise basis for future statistics.

On a population basis, the areas in Monmouthshire with the highest ratio of publicly owned permanent dwellings are:-

Cwmbran Urban District	(234 per 1,000 of population)	
Abergavenny Borough	(161 - do -)	
Pontypool Rural District	(158 - do -)	
Risca Urban District	(153 - do -)	
Nantyglo and Blaina Urban District	(141 - do -)	
Bedwas and Machen Urban District	(137 - do -)	

Cwmbran Urban District and Pontypool Rural District include dwellings provided by Cwmbran Development Corporation.

Those with the lowest ratio are:-

Usk Urban District	(31 per 1,000 of population)	
Monmouth Rural District	(46 - do -)	
Abertillery Urban District	(50 - do -)	
Abergavenny Rural District	(56 - do -)	

The areas completing the highest numbers of new dwellings in 1969 were Ebbw Vale, Pontypool, Abertillery and Rhymney Urban Districts and Magor and St. Mellons Rural District, while no new council houses were completed by Abercarn, Abergavenny, Bedwellty, Caerleon, Chepstow and Usk Urban Districts and Abergavenny and Pontypool Rural Districts.

The ratios of new dwellings built by District Councils (excluding Cwmbran Development Corporation) to private enterprise for several years are:-

1938	..	..	..	..	1.2	:	1
1954	..	..	..	..	4.5	:	1
1963	..	..	..	..	2.5	:	1
1964	..	..	..	..	1.4	:	1
1965	..	..	..	..	.97	:	1
1966	..	..	..	..	1.5	:	1
1967	..	..	..	..	1.4	:	1
1968	..	..	..	..	1.5	:	1
1969	..	..	..	..	.77	:	1

House preservation

Nationally, for many years, it has been recognised that however speedy the building of new dwellings might be, a sufficient number of new dwellings with modern amenities could not be provided for all the people of the country in a reasonable time. Successive efforts have therefore been made by different Governments to encourage owners to provide these environmental health amenities in the older substantial houses with the aid of public grant and loan. Owner-occupiers of dwellings have taken some advantage of these facilities but neither owners of rented properties nor their tenants have shown any enthusiasm for the schemes. Similarly, optional powers given to local authorities compulsorily to require improvements by areas within their districts have not been operated, to any extent.

During 1969 new legislation was introduced and a fresh publicity campaign launched to endeavour to accelerate the work of preservation and improvement of the suitable older houses.

The standard grants, which owners of suitable houses can now obtain as of right for the provision of a fixed bath and shower, wash-basin and sink, all with hot and cold water, and a water closet in or readily accessible from the dwellings, have been increased and can now amount to £200. Improvement grants given at the discretion of the local authority for the improvement, conversion and repair of suitable property, can amount to £1,000, or £1,200 in the case of a dwelling provided by the conversion of a building of three or more storeys. Special provision is made for houses in multiple occupation. Although these inducements are available to all owners, local authorities are strongly urged to use intensive persuasive methods to secure improvements by areas, in which case a small government grant is also available for the improvement of the environs of the dwellings.

The legislation had been anticipated for some time. It may be that the period of uncertainty which preceded the new arrangements affected applications under the older conditions, resulting in fewer grants being made than in previous years. 306 standard grants were made during 1969 compared with 400 in 1968 and 278 in 1967. 263 other improvement grants were made compared with 167 in 1968 and 233 in 1967. Improvement loans totalled 169 compared with 167 in 1968 and 233 in 1967.

No certificates of disrepair were issued during the year.

Caravans

There are no large holiday sites in the county. A few smaller permanent sites appear to operate successfully. Although some of the modern caravans are excellent units when new, deterioration is rapid compared with traditional dwellings and great care in maintenance becomes even more necessary. Where this is not carried out, squalid conditions of living soon result. All caravan sites are in need of vigorous supervision.

Gypsies

The joint operation between the County Council and the Nantyglo and Blaina Urban District at Nantyglo is now firmly established. No progress has been reported in respect of a suggestion for a similar site at Pontypool.

Shops and Offices

A great deal of new industrial development has taken place in recent years. This has entailed the provision of factories and offices with modern facilities and designed in accordance with modern ideas of light, warmth, ventilation and space. They have proved an example and a target for established institutions. Many of the latter have responded well to the challenge. For many of the remainder, however, it has fallen the lot of district councils to secure the low standards for offices compulsorily required by the Act of 1963. Most of the work requiring structural changes has now been carried out but many places are in need of frequent supervision of maintenance.

Schools

The county has benefited by the erection of many new schools of modern design and equipment. Excellent work has also been accomplished in re-designing and improving many of the old buildings. This has included the provision of indoor toilet accommodation protected by central heating in the severe conditions experienced by many of the valleys. This can, however, lead to nuisance from smell unless great care is taken in design, supervision of use, and cleanliness.

Six schools in the county are still without mains water supplies.

Conservation of the environment

As we approach European Conservation Year there are many obvious matters which require close and urgent attention. To some extent industry is bound to affect

environment adversely by noise, liquid effluent and emissions to the atmosphere. Rigorous enquiry into all sources of pollution is essential to eradicate immediately what is unnecessary and to prepare and embark upon a positive programme of improvement in all spheres to ensure that future amenities are safeguarded.

Many forms of blight, pollution and vandalism, are inexcusable. Mention has been made in previous reports of the state of public conveniences which are not supervised. This is still a serious problem. As a nation we are not yet litter-conscious. As more wrappings are used for snack and sweet coverings, so more abound on our streets, yards, forecourts and in public places. Lay-bys on our major roads and our hedge-rows often harbour offensive domestic rubbish. Noise is abated, not out of a sense of considerate neighbourliness, but as the result of official pressure. There is no excuse for motor tyres, bicycle and car parts, mattresses, beds, corrugated iron sheeting and debris of various kinds which abound in the rivers flowing through the populated areas in the west of the county. These forms of pollution are a disgrace to our so-called civilisation. No doubt the senseless acts, which cause these conditions, are perpetrated by a minority of the population who have not yet learned to appreciate the value of their heritage. Nevertheless, if our habitat is to be enjoyed to the full, improvement in the behaviour of this small personal sector of the community is as necessary as in the great industries which, after all, do provide us with our present day enhanced standards of living.

Noise

Noise - described as "sound which is unwanted by the recipient" is now accepted as an environmental nuisance. While modern civilization seems synonymous with an increase in noises present legislation is designed to restrict it as far as possible. Concentration is centred on its origin in industry, from traffic and from social sources. The development of the science of noise prevention and reduction is proceeding apace. The County Council has purchased noise measuring apparatus for hire to the district councils to assist them to meet their responsibilities under the Noise Abatement Act.

One of the frequent and unnecessary nuisances caused to the general public is the use of un-muffled road-breaking machinery. Most local authorities now use muffled machinery themselves and have an appropriate clause included for contract work. The nationalised services are, however, exempt from control and are frequently the cause of justifiable complaint. Some way is urgently needed to bring these services into line with general concept in this matter.

During the year, the public health inspectors at Abertillery, Cwmbran, Ebbw Vale, Risca, Tredegar, Usk and the Monmouth Rural District reported co-operation on the part of industry in the abatement or reduction of noise to tolerable levels without the trouble and expense of formal action. At Caerleon, a social source of noise was eliminated when formal action was threatened.

Refuse disposal

A close and comprehensive review of methods and facilities for refuse disposal in Monmouthshire is required. The following are some of the factors that need to be considered.

1. There is a shortage of suitable sites for traditional methods of tipping in some areas.
2. The state of some existing tips leaves much to be desired.
3. Many tips are in close proximity to dwelling houses, and with the improved environmental conditions to which people have been educated strong reaction is taken to public authorities creating, in the immediate vicinity of their homes, the conditions which invariably accompany tipping activities.
4. Much refuse is now unsuitable for traditional tipping but more suitable for other means of disposal.

Clean air

Appendix 1 of this report for 1968 reproduced a report prepared for a conference of local authorities in Monmouthshire held in April 1969 which was called to consider the results of the measurements of atmospheric pollution in the county. Details of measurements taken from 1961 to 1968 were discussed and at the conference supplemented by large graphs. Grit, dust and fume are found to be the major causes of atmospheric pollution in certain areas of the county. This is due to the nature of the main industries carried on in the area.

A separate table compiled from the reports of the Warren Spring Laboratory, with the results of depositions of these matters in standard gauges, showed the relatively high positions held by some six sites in the county during the summer period of 1967, the winter period of 1967-68 and the summer period of 1968. Unfortunately comparison cannot be made with a later period as the Warren Spring Laboratory reports are not yet available.

It is hoped that in a year specially dedicated to the conservation of the environment some reduction of these gross emanations will occur. Without doubt the means can be found technically, but they would affect production/costs, which might have disastrous effects upon a nation's place in international competition. The result of the present system is merely to provide cheap cars, machinery etc. at the expense of the conditions of those who work and live in the producing areas. With the conservation concept encompassing Europe and already spreading beyond it is conceivable that out of the current effort will develop a realization that genuine inter-national co-operation can, should and will put an end to this state of affairs.

That the grit, dust, fume, smut emissions etc., are the major cause of pollution, rather than smoke from domestic and industrial chimneys as is found in many parts of the country, is due very largely to the nature of the coal mined and used in South Wales. The effect of this natural advantage remains with us. Recordings of the amount of smoke in the atmosphere already show that whereas London readings were very considerably higher than those of Monmouthshire some fifteen years ago, they no longer are so. Readings taken in the vicinity of St. Paul's Cathedral are consistently below those of some Monmouthshire stations - and the county is not adequately covered with a smoke monitoring system in some of its more polluted areas.

Sulphur in the atmosphere is an important form of pollution, but in this case Monmouthshire at least holds its own, compared with the other big industrial and commercial areas of the country, at the moment.

Interest continues to be taken in one of the more obvious, sometimes visible, forms of atmospheric pollution - that from motor vehicles. It would appear sensible, where comparatively minor adjustments in manufacture are known to be effective in reducing pollution and where these adjustments are already required in some countries, for them to be adopted in this country.

The County Council continues to co-operate with the following district councils in their atmospheric pollution observations and the collection and distribution of information within the county:-

Bedwellty, Chepstow, Cwmbran, Ebbw Vale, Risca and Tredegar Urban Districts and Chepstow, Magor and St. Mellons and Pontypool Rural Districts. Caerleon Urban District is also being added to the list.

Observations may shortly re-commence in the Bedwas and Machen Urban District. Arrangements are in hand for observations to be taken at Cwmcarn Secondary School as an experimental project for educational purposes in connection with meteorological observations which are already being taken.

Food

Milk

The majority of milk sold in the county is 'pasteurised'. The other forms of heat treatment of milk sold in the County are 'sterilisation' and 'ultra heat treatment'. There are two plants operating in the county to pasteurise milk, at Marshfield and Llanhennock and one plant for sterilising milk at Marshfield. The three plants are licensed by the County Council and regularly supervised by the county health inspectors. A great deal of pasteurised milk is exported to neighbouring areas, while there is also a great deal of milk consumed in the county but pasteurised at Porth, Trecynon, Merthyr, Brynmawr, Hereford and Sedbury. The number of pasteurising plants has been considerably reduced in recent years and all of these plants process milk in considerable quantities. There is no ultra heat treatment plant in the county but some milk of this designation is imported in pre-packed form. The object of this form of treatment is to considerably lengthen the keeping period of the milk.

Approximately 5% of the milk consumed in the county is 'untreated'. The majority of this is under license of the Ministry of Agriculture, Fisheries and Food, but a small number of licences are issued by the County Council in cases where the producer is not the retailer of the milk.

Where appropriate, the supervision of premises, plant, equipment and methods are carried out by the county health inspectors in the area for which the County Council is the Food and Drugs Authority. Routine sampling is also carried out by those officers and the milk sampling officer appointed for the purpose. The inspectors are also

responsible for investigating samples which fail to satisfy the statutory tests or give any indication that disease might possibly be conveyed by milk and, where the origin is in the area, for ensuring that remedial action is taken. The samples are examined at the Public Health Laboratory, Newport, with whose staff we have had very happy co-operation over many years. A cordial association has also been established with the officers of the Ministry.

The routine programme is for the pasteurising and sterilising plants to be inspected and the milk from them to be sampled at least weekly; for supplies to hospitals, schools, residential homes for the aged, special schools etc., to be sampled monthly; and for other milk sold in retail, including that sold from shops and cafes, to be sampled quarterly. Milk sold as 'untreated' is retail and the few instances where exemption for licensing is granted by the Ministry, it is sampled and examined monthly for brucellosis, and between nine and twelve monthly for tuberculosis. No evidence of tuberculosis has been found in milk in the county for about 20 years, but the Ministry continued to advise the taking of the occasional check sample. More concern has been experienced in recent years in connection with brucellosis in milk, as is evidenced by the Ministry's requirements as to frequency of sampling. The result from samples and subsequent investigations at farms are given later in the report.

The table below shows the number of the various dealers' licences in operation on the 31st December of each of the years 1961, 1968 and 1969.

	1961		1968		1969	
	Licences	Premises	Licences	Premises	Licences	Premises
To pasteurise	4	4	2	2	2	2
To sterilise	1	1	1	1	1	1
Pasteurisers' pre-packed (own pasteurising)	5	9	2	4	3	5
Sterilisers' pre-packed (own sterilising)	1	1	1	2	1	2
Pre-packed/untreated/pasteurised/ sterilised	—	—	4	4	4	4
Pre-packed pasteurised/sterilised	257	277	397	458	425	484
Pre-packed sterilised	2	6	1	1	1	1
Pre-packed ultra heat treated	—	—	15	17	25	27
Pre-packed untreated (to 1963 tuberculin tested)	9	9	5	5	8	8
Untreated (own bottling) (to 1963 tuberculin tested)	13	13	3	3	3	3
	292	320	431	497	473	537

There were 42 more licences, involving 40 more premises, in operation at the end of 1969 compared with 1968, but due to the constant changing of personnel engaged in the milk trade the actual licence changes involved were 142, seventy-six of which were in respect of premises and sixty-six in respect of other amendments.

The following is a summary of 1) samples taken during 1967, 1968 and 1969; 2) their sampling points; and 3) the results of samples taken during 1969.

1. Samples taken

	1967	1968	1969
Pasteurised milk	2,065	2,648	3,132
Sterilised milk	98	132	120
Untreated milk	189	286	244
Ultra heat treated milk	1	22	30
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Total taken under Milk (Special Designation) Regulations	2,353	3,088	3,526
For tuberculosis	186	117	77
For brucellosis	225	392	1,000
Other examinations	—	—	65
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	2,764	3,597	4,668

2. Origin of above samples

From pasteurising plants	209	237	231
From sterilising plants	48	49	52
On delivery at schools	252	382	483
On delivery at hospitals, childrens' homes, etc.	267	294	366
Other samples taken in retail	1,894	2,503	3,257
Samples taken during investigations farms	94	132	279
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	2,764	3,597	4,668

3. Results of samples, 1969

	Satisfactory	Unsatisfactory	Void
(i) Methylene blue test (for keeping quality)	3,008	138	150
(ii) Phosphatase test (for efficiency of pasteurisation)	3,125	7	—

	Satisfactory	Unsatisfactory	Void
(iii) Turbidity test (for efficiency of sterilisation)	120	—	—
(iv) Colony plate count (for U.H.T. Milk)	28	2	—
(v) Churn rinsings	—	24	—
for disease	Negative	Positive	Inconclusive
(vi) Tuberculosis	77	—	—
(vii) Ring test for brucellosis	944	56	—
(viii) Culture for brucellosis	13	3	40
(ix) Salmonellosis	33	1	—

Samples originating from outside the county (which give unsatisfactory results) are referred to the appropriate authorities and are subsequently re-sampled until satisfaction is achieved.

In the case of samples which are unsatisfactory and are the county's responsibility, close inspection is made into the conditions of treatment, bottling, storage, transport and handling, as appropriate in each case and re-sampling continued until the supply returns to normal. During the year it was necessary for special warning to be given in respect of three supplies which consistently gave adverse reports on the efficiency of pasteurisation and/or keeping quality.

The two samples of ultra heat treated milk which failed to satisfy the statutory colony plate count test were from the same batch of one processor and the whole batch withdrawn from sale.

The 24 churn rinsings were taken at the request of the Milk Marketing Board. All were unsatisfactory and the results were conveyed to the Board.

In connection with the positive results for brucellosis, 11 investigations were carried out at farms. As a result, three animals were sold for slaughter; two were otherwise removed from herds; district councils were advised to issue notices requiring all of the milk of a herd to be pasteurised in two instances; and the sale of untreated milk ceased voluntarily by two producer/retailers.

The 32 samples examined for salmonellosis were in respect of instances referred by the Ministry of Agriculture, as a result of infection in animals. In one case, the organism was isolated from the milk, and the district council was advised to require all milk to be pasteurised.

Ice-cream

All the ice-cream is required to be heat-treated during production to ensure its freedom from disease. Hygienic forms of equipment and methods of production are also required. Supervision is by district councils. There is also available a methylene blue test for advisory purposes in connection with such supervision. Attempts were being made at one time to devise a test suitable for statutory purposes to ensure that the ice-cream sold was in such a state of cleanliness, as well as being disease-free, that the consumer might expect. Technical difficulties were encountered in formulating such a test and, as ice-cream has had a good disease-free record, the present test has continued on an advisory basis. Some experienced administrators now feel that the time has come for another look to be taken into this matter with a view to making further attempts at devising a test suitable for statutory requirements, and to consider suitable arrangements for the taking, storing and transport of samples, many of which would have to be taken during the course of the evening.

Meat

The large slaughterhouses at Abergavenny, Maesycwmmmer and Tredegar and several smaller units in the county continue in operation. The county is also served by facilities at Brynmawr and Cardiff. The meat of all animals killed at these establishments is examined, by the district public health inspectors, as to its fitness for human consumption.

Throughout the country there is some concern about poultry, much of which is imported. Although salmonellosis has frequently been found to be associated with the preparation and consumption of poultry it has not been found possible to exercise the same degree of inspection at poultry packing stations as in the case of slaughterhouses. Visual inspection is of no assistance in detecting the disease.

There are two poultry packing stations in the county. Concentration is centred on securing the most hygienic methods possible at these centres. A great deal of activity is also being displayed nationally and internationally in tracing the origin of infecting organisms and the various ways in which it is conveyed to the food of man.

Long awaited regulations, requiring the sterilisation of meat which has been condemned as being unfit for human consumption, came into operation during the year. Numerous loop-holes were found in operating the regulations but official guidance has been given in respect of their application which make them more acceptable.

Food and Drugs Act, 1955

Sampling

The Chief Inspector of Food and Drugs has submitted the following report:-

During the year 1,071 samples of all kinds of goods were submitted by the sampling officers of the Weights and Measures Department to the Public Analyst under the provisions of the above Act.

These samples were procured from all parts of the county excluding those areas covered by the Pontypool Urban District Council and Newport Borough Council.

There were 529 milk samples, 495 samples of other food, 32 samples of intoxicating liquor and 15 samples of ice cream. Included in the samples of other foods were 97 pharmaceutical products. The samples of other food were of various kinds of tin, jar and packet varieties.

The Public Analyst certified 520 milk samples, 481 samples of other food, 32 samples of intoxicating liquor and 15 samples of ice-cream, to be in accordance with standards required.

9 samples of milk and 14 samples of other food were found to be not up to standard.

Proceedings were instituted in 9 instances as follows:-

	Fines			Costs		
Milk deficient in fat	£10.	0s.	0d.	£2.	2s.	0d.
Milk contained added water	£10.	0s.	0d.			
Milk contained larvae	£10.	0s.	0d.	£5.	5s.	0d.
Parts of fly in apple milk pudding	£20.	0s.	0d.	£10.	0s.	0d.
Sausage rolls affected with mould	£15.	0s.	0d.	£5.	5s.	0d.
Pasty contained rubber band	£25.	0s.	0d.	£5.	5s.	0d.
Bread affected with mould	£10.	0s.	0d.	£5.	0s.	0d.
Bread contained dirty oily dough	£20.	0s.	0d.	£10.	10s.	0d.
Pineapple jam contained spiral piece of metal	£16.	0s.	0d.	£7.	7s.	0d.

In other circumstances no further action was considered advisable, but where necessary the manufacturers were written to and in some cases cautions were issued.

229 samples of milk were tested for the presence of antibiotics and all were satisfactory.

The average composition of the milk was as follows:-

Fat	3.65%
Solids not fat	8.94%
Total solids	12.59%

The percentage of samples not up to standard was 2.15%.

The Public Health Laboratory Service

The following summary of the work carried out by the Public Health Laboratory Service for Monmouthshire County Council in 1969, has been submitted by the Public Analyst.

Food and Drugs Act

A total of 1,071 samples was received, of these 529 were samples of milk, 97 were samples of drugs and the remaining 445 were samples of a variety of foodstuffs.

The 529 samples of milk had an average composition of:-

3.65% Fat	8.94% Solids not fat	12.59% Total solids
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9 samples of milk were considered to be adulterated either by fat deficiency or presence of foreign bodies.

The 97 samples of drugs and medicines were all satisfactory and conformed with the British Pharmacopoeia or the labelling requirements.

The 445 varied samples contained 14 adulterated samples invariably due to contamination.

The total adulterated samples (23) gave an adulteration rate of 2.15% which is satisfactorily low.

In addition to the compositional examination of milk 229 of the above samples were examined for the presence of antibiotics and, where found were all within the recommended limits of 0.05 I.U.'s per ml.

Fertilisers and Feeding Stuffs Act

A total of 91 samples (30 fertilisers and 61 feeding stuffs) were received and all conformed with the guarantees.

Toys Safety Regulations

Twelve samples were received and one sample was reported as containing an excess of lead and chromium.

Water

Samples of water from various public supplies in the county were submitted at frequent intervals by local authorities, and these samples were without exception, fit for consumption.

Atmospheric pollution

This may be considered under two headings:-

- (a) Radioactivity About 600 samples of air filters per annum were submitted and examined, and the radioactivity levels were well within safe levels.
- (b) General Pollution Various stations are maintained throughout the county with the intention of monitoring specific sources of pollution. The extent of pollution is diminishing as the sources are brought under control and anti-pollution devices fitted.

A total of 1,011 samples were analyzed, of these 520 were samples of milk...

The 520 samples of milk had an average composition of 12.7 per cent...

The number of milk cans contained in the analyzed milk by the...

The 447 samples of milk and condensed milk were analyzed and compared with...

The total analyzed samples (121) give an adulteration rate of 1.12 per cent...

In addition to the compositional examination of milk 119 of the above samples...

Further and feeding trials...

A total of 93 samples (100 bottles) and 61 bottles of baby food were analyzed and all...

These samples were analyzed and the results were compared with...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

Results of the analysis...

1982 SCHOOL HEALTH SERVICE

The number of children in school, by type of school, in 1982

Type of school	Number of schools	Number of children		
		1981	1982	% change
Primary schools	214	1,120,000	1,120,000	0%
Secondary schools	102	1,120,000	1,120,000	0%
Special schools	10	1,120,000	1,120,000	0%
Total	326	3,360,000	3,360,000	0%

SECTION VIII

SCHOOL HEALTH SERVICE

SECTION VIII

SCHOOL HEALTH SERVICE

THE SCHOOL HEALTH SERVICE

The number of children on school registers at December 1969 was:-

Type of school	Number of schools	Number of children		
		Boys	Girls	Totals
Nursery schools	10	299	283	582
Primary schools	274	20,840	19,617	40,457
Secondary schools	45	12,389	12,071	24,460
Special schools	4	146	52	198
Totals	333	33,674	32,023	65,697

Medical Inspections

Arrangements for medical inspections

Routine medical inspections were carried out in the traditional manner at three stages in children's educational career:-

1. In the first year at school.
2. In the year before proceeding to secondary school.
3. In the final year of compulsory school attendance.

Infants of pre-school age who were fortunate enough to secure a place in school were examined on entry and again when they had attained five years of age.

Personal invitations to parents, to be present at the examinations of their child, were sent out before each inspection; the importance of parent-doctor co-operation cannot be over emphasised.

The examination of children in the last year of compulsory school attendance was arranged early in the academic year to enable treatment of defects to be carried out before leaving school, and to advise the careers officer as to suitable placement where the pupil's medical condition limited the range of employment.

Where a pupil was found to have a defect requiring observation or treatment at a previous medical examination, re-examination was arranged during the year.

Special medical inspections were arranged at request of parent, teacher, health visitor, welfare officer or other interested person.

	1968	1969
Periodic medical inspections	14,327	14,375
Re-inspections	2,503	2,960
Special inspections	770	312

- Defects found at medical inspections.
Periodic inspections.

Defect or disease	Entrants		Leavers		Others		Totals	
	Requiring		Requiring		Requiring		Requiring	
	Treat-ment	Obser-vation	Treat-ment	Obser-vation	Treat-ment	Obser-vation	Treat-ment	Obser-vation
Skin	18	146	8	118	13	76	39	340
Eyes:-								
(a) Vision	58	227	93	412	91	190	242	829
(b) Squint	34	131	6	20	26	75	66	226
(c) Other	2	19	4	12	1	13	7	44
Ears:-								
(a) Hearing	46	80	6	22	14	51	66	153
(b) Otitis media	10	62	3	17	12	29	25	108
(c) Other	5	30	—	5	—	8	5	43
Nose and throat	136	569	20	138	58	232	214	939
Speech	38	87	3	11	13	37	54	135
Lymphatic glands	6	95	—	32	4	43	10	170
Heart	5	84	5	44	4	50	14	178
Lungs	10	163	1	59	6	100	17	322
Developmental:-								
(a) Hernia	8	16	2	6	3	15	13	37
(b) Other	19	134	8	42	6	55	33	231
Orthopaedic:								
(a) Posture	6	32	7	46	1	61	14	139
(b) Feet	126	145	16	65	47	97	189	307
(c) Other	11	79	6	58	6	40	23	177
Nervous system:								
(a) Epilepsy	2	30	—	16	3	43	5	89
(b) Other	5	35	—	15	3	35	8	85
Psychological:-								
(a) Development	8	51	1	17	8	77	17	145
(b) Stability	6	77	1	3	6	28	13	108
Abdomen	12	81	4	45	7	34	23	160
Other	6	45	1	24	9	19	16	88

Defects found at medical inspections

Special inspections

Defect or disease	Pupils requiring treatment	Pupils requiring observation
Skin	14	8
Eyes:		
(a) Vision	20	24
(b) Squint	11	25
(c) Other	3	1
Ears:		
(a) Hearing	6	14
(b) Otitis media	—	3
(c) Other	1	—
Speech	6	19
Nose and throat	23	37
Lymphatic glands	1	4
Heart	2	7
Lungs	3	9
Developmental:-		
(a) Hernia	—	1
(b) Other	—	5
Orthopaedic:-		
(a) Posture	2	7
(b) Feet	—	15
(c) Other	1	4
Nervous system:-		
(a) Epilepsy	3	6
(b) Other	3	5
Psychological:-		
(a) Development	9	10
(b) Stability	2	5
Abdomen	5	8
Other	4	5

**Pupils found to require treatment at periodic medical inspections
(excluding dental diseases and infestation with vermin)
by year of birth**

Age group inspected (by year of birth)	For defective vision (excluding squint)	For any other condition	Total individual pupils
1965 and later	5	17	20
1964	40	267	283
1963	27	285	286
1962	8	43	49
1961	2	9	10
1960	1	8	9
1959	1	8	9
1958	37	78	112
1957	17	28	45
1956	4	2	4
1955	27	30	55
1954 and earlier	90	79	155
TOTAL	259	854	1,037

Physical condition of pupils

Medical officers are required to assess clinically, the general physical condition of each pupil submitted to a periodic medical inspection.

The following table summarises the findings of medical officers in 1969.

Age groups inspected (by year of birth).	No. of pupils inspected.	Physical condition of pupils inspected.	
		Satisfactory	Unsatisfactory
1965 and later	586	585	1
1964	3,018	3,010	8
1963	2,651	2,613	38
1962	450	439	11
1961	138	137	1
1960	64	64	—
1959	166	164	2
1958	1,400	1,366	34
1957	667	652	15
1956	60	60	—
1955	1,241	1,218	23
1954 and earlier	3,934	3,886	48
TOTAL	14,375	14,194	181

Percentage of children considered of satisfactory physical condition 98.74%

Percentage of children considered of unsatisfactory physical condition 1.26%

Cleanliness

The small number of children seen in 1969 is a reflection of the shortage of health visitors. It was found necessary to change the inspections from "routine" to "on request from the head teacher" for primary schools and it is hoped that by health education in secondary schools it will be possible to infuse a sense of personal responsibility for cleanliness amongst the pupils. I am endeavouring to augment my staff of school nurses to free the health visitors for tasks more in keeping with their professional skills, and three such nurses commenced duties in the county during the year.

	1968	1969
Number of children seen at cleansing examinations	41,260	29,941
Number of children seen at 1st re-visit	1,113	390
Number of children seen at 2nd re-visit	417	113
Number of children infected	174	106
Number of children excluded from school	14	14

Defective vision, squint and other eye diseases

In the latter part of 1968, Mr. Vaughan Jones' children's clinics transferred to the newly opened ophthalmic department in St. Woolos hospital, and in June 1969, Mr. Hoare's children's clinic was transferred to the out-patient department in Nevill Hall Hospital, Abergavenny. The county staff of two medical refractionists and two ophthalmic nurses continued to attend these clinics to assist the consultants. At St. Woolos two part-time county orthoptists shared the work in the consultant's clinics while at Nevill Hall the hospital orthoptist was in attendance.

The three orthoptists continued to have treatment sessions at Stanley Road and Tredegar clinics, seeing children from the hospital catchment area in which those clinics lie.

All surgical treatment is carried out at St. Woolos hospital Newport.

In 1969, 1,090 children were seen at the consultants clinics; 339 of these were new cases, 232 being under the age of five. Of the children referred with suspected squints 55% were confirmed as suffering from the condition, while a further 20% showed refraction errors requiring treatment. In the refraction clinics 3,027 children were examined, of which 882 were new cases. The majority of these cases were referred as results of vision surveys in infants schools. The others were referred by school doctors, health visitors, teachers and family doctors.

During the year the department participated in a Welsh Office survey to discover the incidence of children with one "blind eye" and to determine whether this condition could be eliminated by early recognition and treatment.

In November, the senior medical officer attended a two-day conference on developmental ophthalmology at Guy's Hospital, London which proved to be very beneficial.

I am grateful to Mr. G. Wishart Hoare, Consultant Ophthalmic Surgeon, for the following comments:

"When I came to Monmouthshire in 1945, I held a weekly clinic in the Stanley Road premises, where I was aided by nursing staff but without any medical assistance and no orthoptist. At the time, the concept of a school eye service was rigidly adhered to and no child was referred to me until he had attended school. It has always been my belief that a child with a squint should receive expert attention as soon as the squint is diagnosed or even suspected, and that by early diagnosis and treatment it may be possible to prevent loss of vision and to restore normal function even before the child attends school. Medical officers and school nurses were requested to refer all children with squints, however young, for early examination and the first orthoptist was appointed to the authority.

In 1948 Mr. Vaughan Jones was appointed surgeon to the Welsh Regional Board and seconded to work with me in the school clinics of Monmouthshire. Medical officers were subsequently appointed as medical refractionists to the authority. Valuable work was done by Dr. Gould who has now retired and is still being done by Dr. Rees and by Dr. Shah who has recently been awarded the Diploma in Ophthalmology.

The process of rationalising and integrating the various services available for the care of children's eyes reached its final phase when the hospital eye service was concentrated in the new Eye Unit at St. Woolos serving the southern half of the county and the new Nevill Hall hospital serving the northern half of the county.

It is also necessary for me to certify children, suffering from defective sight, who require special educational treatment and in the course of this work I came across a very interesting family in Trinant near Aberbeeg. This family was written up in the British Journal of Ophthalmology in September 1965, and it has now been recognised that this family suffers from a new clinical entity which has been referred to by Sir Stewart Duke-Elder in his monumental work, "A System of Ophthalmology" and by Professor Arnold Sorsby in his "Modern Trends in Ophthalmology". The investigation of this family involved a great deal of work. There were twelve affected children and seven female carriers who had to be very extensively investigated. In addition, nearly 100 other non-affected relatives had to be investigated to make the records complete. As a result of the knowledge gained into the natural history of this rare disease, genetic counselling to a number of the younger members of the family has been possible.

I look forward to many more years of useful work amongst the children in the county of Monmouthshire."

Diseases of the ear, nose and throat

Combined ear, nose and throat and audiology clinics were held throughout the year at Abergavenny, Abertillery, Caldicot, Chepstow, Cwmbran, Ebbw Vale, Monmouth, Newport, Pontllanfraith, Pontypool, Risca and Tredegar Clinics. At these clinics investigations and simple treatment were carried out and hearing tests performed.

The number seen at these clinics was 1,883.

Children requiring specialist advice or treatment were referred to consultation clinics held at Stanley Road, Newport by Mr. J.L.D. Williams, and Mr. G.B. Leitch.

During 1969, Mr. Williams and Mr. Leitch held 41 clinics with a total attendance of 641 children. There were 469 new cases seen during the year.

Children requiring a comprehensive assessment of their hearing and speech development were seen at special clinics held at Stanley Road, Newport and attended by the teacher of the deaf, a consultant otologist and the senior medical officer.

Children with serious hearing defects were fitted with hearing aids and where necessary, supplied with speech trainers for use in their own homes.

Number of children supplied with hearing aids in 1969:

Medresco aids	Commercial aids	Speech trainers
10	23	9

Visits were regularly made to the partially hearing units to examine pupils in attendance and consult with the teachers.

Peripatetic teacher of the deaf

In 1969 the work of the teacher of the deaf included:

1. Visiting pre-school children with hearing defects in their homes for auditory training and parent guidance.
2. Visiting school children with impaired hearing in ordinary schools for auditory training, and for the help and support of the class teacher.
3. Liaison with the partially hearing units.
4. Assessment of children at the Audiology clinic.

Fifteen children and their parents were visited regularly at home for guidance and auditory training. In most cases the parents welcomed this and took the advice offered. Parents were generally sensible in their approach to the child's handicap, but in a few cases parents failed to show the necessary co-operation and language development was affected and behaviour problems increased.

Of these 15 children, 6 were partially hearing, 8 were deaf and 1 child was deaf and blind. All had severe language impairment. During the year 4 of these children entered ordinary nursery schools and appeared to benefit greatly, their play developed and they became more mature and independent. They all developed some language and began, in varying degrees, to use spontaneous speech.

Three children entered the partially hearing unit at Ty-Isaf.

The 7 hearing-impaired children in ordinary infant and junior schools were visited regularly for remedial work, auditory training and assessment of progress. As a result, 3 of these children were transferred to partially hearing units being in need of full-time special education.

One child was seen regularly at a training centre as, in addition to the mental handicap, a severe hearing loss was also present.

Speech defects

The speech therapy staff comprised three full-time therapists and two part-time therapists for most of the year but the staff situation fluctuated almost monthly and some difficulty was experienced in maintaining a full service at times.

Clinics were held weekly at Newport, Pontypool, Cwmbran, Risca, Blackwood, Abertillery, Ebbw Vale and Tredegar, and fortnightly at Abergavenny, Caldicot and Chepstow. Later in the year it was possible to return to weekly clinics for the above.

The speech therapists continued to visit the training centres throughout the county.

The special classes at Cwmcarn, Waunllwyd, Six Bells and Cwmffrwdroer schools, received weekly visits and valuable co-operation was gained with the class teachers. In many cases the children in most need were those whose parents were either unwilling or unable to take them to the clinic.

During the year the therapists gave advice at various careers evenings organised by the Youth Employment Service and also gave talks to several associations including Parent Teacher Associations and the North Monmouthshire Association of Nursery Teachers.

The number of referrals to the service continued to increase and many referrals were made by head teachers. Wherever possible visits to schools were arranged.

During the year, 819 patients with speech defects were treated at the following centres.

Centre	Number of patients treated
Abergavenny clinic	40
Abertillery clinic	67
Blackwood clinic	77
Caldicot clinic	36
Chepstow clinic	27
Cwmbran clinic	98
Ebbw Vale clinic	57
Monmouth clinic	20
Newport clinic	62
Pontypool clinic	70
Risca clinic	52
Tredegar clinic	33
Hilston Park residential school	8
Swffryd school	19
Garnfach school	23
Six Bells school	24
Cwmffrwdroer school	8
Forgeside school	4
Cwmcarn school	13
Trinant school	19
Crown school	11
Tredegar training centre	26
Hafodyrynys training centre	16
Tilleri Court (Welfare Department)	9
Total patients treated	819

Total number of sessions held	1,351
Total number of appointments offered	8,165
Total number of pupils discharged	237

Orthopaedic defects

The school orthopaedic service continued at several centres throughout the county in 1969 despite lack of consultant cover. Dr. Glenys Trenhaile reviewed cases already receiving treatment and advised parents of children referred with minor foot and postural defects. More serious congenital or acquired defects were sent to hospital out-patients for the opinion of a consultant orthopaedic surgeon. In addition, Dr. Trenhaile was seconded to the orthopaedic clinic at the Royal Gwent Hospital for one half day session per week.

During the year 75 sessions were held and 1,205 pupils with orthopaedic and postural defects were treated.

Paediatric surgical service

Mr. D.E. Sturdy, Consultant Surgeon, held paediatric surgical clinics at Stanley Road, Newport and saw 127 children in 10 sessions. The number of children found to be suffering from surgical defects at infant welfare clinics and school medical inspections continues to increase. Fortunately most of the defects are of a minor nature, but a waiting time (from date of referral to being seen) of one year is common. Consultation with Mr. Sturdy, to reduce the waiting list is being carried out.

14	St. David's school
24	St. John's school
8	St. Mary's school
4	St. Peter's school
11	St. Vincent's school
19	St. James' school
11	St. Anne's school
38	St. Elizabeth's school
10	St. Michael's school
9	St. Nicholas' school
819	Total patients treated

The School Dental Service

I am indebted to Mr. E.F.J. Sumner, Principal Dental Officer for the following report:-

Staff

i) Dental Officers

For many years past, the School Dental Service has been beset by difficulties in obtaining adequate members of dental officers and during 1969 the staff remained at eight full-time officers.

The Risca - Newbridge area post remained vacant following the resignation of Mrs. Ruth Morgan. Mr. J. Sinden, a part-time dental officer, who gave valuable service in the same area also resigned due to pressure of work in his own private practice. However, in September, Mr. Phillip Jenkins was appointed as a senior dental officer and worked largely in the Risca - Newbridge area.

In November, Mr. Leslie Jones, area dental officer for the rural areas was successful in obtaining the post of deputy principal dental officer for Dorsetshire. It is extremely difficult to compete with the more attractive remuneration offered by general practice and it also appears that there is an appreciable difference between the maximum of a dental officers' salary paid in this Authority and that paid by neighbouring Authorities, in spite of the generosity of Monmouthshire County Council in granting increments in respect of years of previous dental experience. This difference not only makes it difficult to compete in attracting new recruits, but lessens our attraction to the existing staff.

In addition to the foregoing, the Council has employed general dental practitioners, whenever available, on a sessional basis to minimise deficiencies.

The council is to be praised for its zeal in providing excellent premises and equipment for the use of its dental staff.

ii) Dental surgery assistants

During 1969 there was no difficulty in obtaining the services of an adequate number of capable surgery assistants. The scheme, organised by the County Council and conducted at the East Monmouthshire College of Further Education, for the training of these officers has been invaluable. The lectures were given by past and present dental officers of the Authority.

iii) Oral hygienist

The service still has the assistance of a part time oral hygienist, her treatment and advice being particularly valuable with orthodontic cases and expectant and nursing mothers, where oral hygiene is essential.

iv) Anaesthetics

For several years, use has been made of the services of general medical practitioners on a part time basis for the purpose of administration of dental anaesthetics and a consultant anaesthetist, Dr. Rees, also gave several sessions per week throughout 1969. Dr. Isaacs, a general medical practitioner, resigned in September 1969 and although Dr. Rees and Dr. Lewis continued to be available, the number of medical practitioner sessions was reduced. This made it necessary to resort to the use of dental officers as anaesthetists with consequent effect upon the amount of dental treatment.

v) Dental auxiliaries

There were three dental auxiliaries on the staff at the beginning of 1969 but in the early part of the year two left. In September, however, two newly qualified auxiliaries joined our staff so that the year ended with three officers and one vacancy.

It is only fitting that once again tribute should be paid to these officers for the inestimable value of their service in the treatment of pre-school children and the 5 - 6 year olds. They have also been of value to the dental health organiser.

Routine dental inspections

A total of 58,468 pupils were inspected during 1969, 54,302 at school inspections and 4,166 for the first time at school dental clinics. This total represents an increase of 343 over the previous year, whilst the number of first inspections undertaken at clinics showed an increase of 2,691. This reflects very favourably upon the dental health programme. Many children absent at the time of dental inspection at school were encouraged to attend at the local clinic for examination.

31,467 children were found to be in need of dental treatment and treatment was offered in 30,164 cases approved by parents. These figures showed a very slight reduction on those of 1968.

Dental treatment

The number of permanent teeth filled at 15,377, was 3,114 more than in 1968 and the number of fillings at 23,286 was up by 1,168 but the number of permanent teeth extracted at 4,381 was only 139 higher than the 1968 figure. The number of temporary teeth extracted was 11,313 compared with last year total of 11,098.

Every effort is still made to emphasise conservative treatment and the degree of interest and co-operation received from parents is much greater than a few years ago.

Fluoridation of water supplies is, unfortunately, still not practiced in this county but it is hoped that this aid to conservation will not be delayed too long.

Orthodontics

The position of orthodontic treatment was unchanged. In the absence of a full-time orthodontist, the Principal Dental Officer undertook most of the work, assisted by other dental officers. Special cases were referred to the Bristol Dental Hospital or to the Welsh Dental School at Cardiff.

Clinics

The year under review saw the County take delivery of a new large mobile dental clinic to visit the larger schools in the Cwmbran area. This will relieve some of the pressure on the Cwmbran clinic where there is only one surgery. It is anticipated that the attendance of the mobile clinic at schools will stimulate the pupils to take advantage of the dental treatment available without losing much time from their classrooms.

The mobile clinic is a large caravan with three compartments. The surgery compartment is spacious and well equipped with the latest apparatus.

Some of the older, fixed clinics received installations of modern equipment in 1969 continuing the policy of keeping the County's clinics fitted with the most modern instruments.

Dental health education

Miss Mary Nash, dental health education organiser, resigned her post in February 1969 and her work was carried on temporarily on a part-time basis by Mrs. Rita Fiveash, who had been assisting part-time in this work from mid. 1968. Mrs. Fiveash was subsequently appointed to the full-time vacancy in September.

Through the year, most schools were visited, talks and demonstrations were given, supported by sound films and film strips. A noticeable feature of the visits was the interest shown by school staff and the co-operation and assistance afforded by them greatly enhancing the beneficial results obtained.

Visits were also made to nursery schools, where children were particularly interested in the stories told and film strips shown. A brightly illustrated greeting card called "Now you have started School" was distributed.

A special feature was a visit to the County by the General Dental Council's mobile dental exhibition trailer, which toured the larger towns for two weeks. The County Medical Officer spoke prior to the visit on a B.B.C. radio programme.

As in 1967, a Christmas dental health exhibition was held in the Cwmbran clinic with a Christmas tree, a Father Christmas and gifts for correct answers to questions on dental health.

Poster exhibits were also used in many clinics in the County.

Dental laboratories

All the dentures, orthodontic appliances, inlays, crowns, etc., for school children were constructed by the Council's own technicians in the laboratories at Cwmbran and Tredegar.

Dental careers

Members of the staff of the School Dental Service, i.e. dental officers, dental auxiliaries and the dental health organiser attended many sessions organised by schools, to permit discussion with parents and pupils on careers open to senior pupils. There was considerable evidence of increased interest in dentistry as a career and there is no doubt that the number of would-be students is increasing.

Dental inspections and treatments

Attendances and treatment	No. of pupils aged 5-9	No. of pupils aged 10-14	No. of pupils 15 and over	Total No. of pupils
First visit	7,412	5,570	1,224	14,206
Subsequent visits	4,753	6,166	1,945	12,864
Total visits	12,165	11,736	3,169	27,070
Additional courses of treatment commenced	210	248	145	603
Fillings in permanent teeth	4,951	14,698	3,637	23,286
Fillings in deciduous teeth	3,511	567	-	4,078
Permanent teeth filled	3,745	9,856	1,776	15,377
Deciduous teeth filled	3,023	155	-	3,178
Permanent teeth extracted	894	2,590	923	4,407
Deciduous teeth extracted	9,645	1,669	-	11,314
General anaesthetics	6,437	2,166	293	8,896
Emergencies	1,622	1,566	105	3,293
Number of pupils X-rayed	331			
Prophylaxis	1,152			
Teeth otherwise conserved	176			
Number of teeth root filled	27			
Inlays	-			
Crowns	49			
Courses of treatment completed	9,180			
Orthodontics				
Cases remaining from previous year	221			
New cases commenced during year	222			
Cases completed during year	242			
Cases discontinued during year	30			
Number of removable appliances fitted	389			
Number of fixed appliances fitted	96			
Pupils referred to hospital or consultant	14			
Prosthetics				
Pupils supplied with full upper or full lower (first time)	-	-	2	2
Pupils supplied with other dentures (first time)	3	121	68	192
Number of dentures supplied	3	121	70	194
Anaesthetics				
General anaesthetics administered by dental officers	1,489			
Inspections				
(a) First inspection at school				
Number of pupils	54,302			
(b) First inspection at clinic				
Number of Pupils	4,166			
Number of (a) + (b) found to require treatment	31,467			
Number of (a) + (b) offered treatment	30,164			
(c) Pupils re-inspected at school or clinic	581			
Number of (c) found to require treatment	294			
Sessions				
Sessions devoted to treatment	4,998			
Sessions devoted to inspection	372			
Sessions devoted to dental health education	444			

Handicapped pupils

It is the duty of local education authorities under the Education Act of 1944, to ascertain the special educational needs of children above the age of two years.

The authority operates an "at risk" register to enable early recognition of infants affected by adverse factors before, during or after birth; these infants are kept under observation. When it is clear that a particular infant on the register is no longer at risk his name is deleted, but the surveillance of those found to be impaired is continued throughout school life.

In addition, where the school health section is notified of a defect likely to affect the school progress of a pupil, by a hospital consultant or family doctor recommendations for suitable school placement are made by a school medical officer. Handicaps come to light at the routine medical inspections and recommendations are made by the examining medical officer, either to the head teacher, or, to the school health section when further action is necessary.

It is important to foster an exchange of information between the teaching staff and medical officers. Both professions have much to contribute to the welfare and development of the school child and it is only right that experience and knowledge gained should be exchanged.

As far as possible the handicapped child is accommodated within the normal school community in accordance with modern thought and this has the following advantages:-

- i) the handicapped child is able to live at home
- ii) he is able to mix with his normal contemporaries and will attempt to compensate for his disabilities. When the disability is such that normal school placement is impossible, arrangements may be made for the child to attend a special class at an ordinary school. There are eight day schools in the county with special classes for slow learners of junior school age (8 - 11 years) and secondary schools have remedial classes for those pupils who find the normal pace too fast.

There is one day class for maladjusted pupils of junior school age in the county.

Day provision for handicapped pupils will be augmented in the future as better methods of identification and selection are developed.

- iii) normal children have an opportunity to appreciate the needs and difficulties of others less fortunate and to develop consideration and tolerance.

Places have been obtained in special day schools outside the county for a number of pupils:-

Special inspections and treatment

Maladjusted

Stow Hill special unit, Newport	3
The Gaer, Newport	1

Educationally Sub-normal

Greenfield School, Newport	24
Dean Hall, Gloucester	1
The Gaer, Newport	1

Where handicapped pupils could not be satisfactorily placed in ordinary school or in a special day school, residential schooling was arranged:-

Blind and partially sighted

Ysgol Penybont, Bridgend	17
Royal Normal College for the Blind, Shrewsbury	3
Rushton Hall, Northamptonshire	1
Overley Hall School, Wellington, Shropshire	1
Queen Alexandra College, Birmingham	1
Sunshine House Nursery School, Southerndown	1

Deaf and partially hearing

Llandrindod Wells	12
St. John's, Boston Spa, Yorkshire	1

Educationally sub-normal

* Hilston Park, Monmouth	35
Ysgol Cefn Glas, Bridgend	21
St. Christopher's, Bristol	2
Eryri Hospital, Caernarvon	2
Besford Court, Worcester	1

Epileptic

Lingfield Hospital School, Surrey	2
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Maladjusted

* The Mount, Chepstow	14
Pitt House, Torquay	6
St. Josephs School, East Finchley	1
Gaveston Hall, Horsham, Sussex	1

Physically handicapped

Erwr Delyn, Penarth	27
Thomas Delarue, Tonbridge, Kent	1
Coney Hill Residential Nursery Schools, Hayes, Kent	1
Ethel Davies School, London	1

Speech defect

Moor House School, Oxted, Surrey	1
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Delicate

* Mounton House, Chepstow	20
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Monmouthshire schools are marked with asterisk.

During the year 31 children were found unsuitable for education at school under Section 57(1) of the Education Act, 1944, as amended by Section II of the Mental Health Act, 1959, and were reported to the Local Health Authority for treatment, care or training.

During the year, two children, on review of their condition, were transferred from the care of the Local Health Authority to education at school.

At the end of the year, the number of handicapped pupils on the register was:-

Blind	16
Partially sighted	9
Deaf	12
Partially deaf	78
Educationally sub-normal	244
Epileptic	12
Maladjusted	46
Physically handicapped	122
Speech defect	11
Delicate	80

Home tuition was recommended for 69 pupils during the year.

Special transport arrangements were made for 90 pupils during the year.

The Local Health Authority was notified of six youths, of statutory school leaving age, who would require care and guidance after leaving school.

The handicapped school leaver

As well as being concerned with the assessment and placement of the handicapped pupil, the school medical officer must, in his advisory capacity, take an active part to ensure that the pupil is placed in a suitable occupation when he leaves school.

I am indebted to the Deputy Principal Careers Officer for the following report:-

The need to devote more time to the development of the work with handicapped young people was made clear last year. It was possible, in the first half of this year for the Deputy Principal Careers Officer to spend half her time on this specialised work of co-ordinating with many other departments of the Authority, with officers of the Department of Employment and Productivity and with medical and other staff of hospitals.

The Co-ordinating Committee of Officers which was set up last year met on three occasions to discuss handicapped young people who were likely to be difficult to place in employment or for whom some special action was required. This Committee considered 124 new cases (69 boys and 55 girls) five fewer than last year. The figure is surprisingly high when it is considered that the Committee was only set up in March 1968 and that last year consideration was given to all difficult cases which existed at that time. This emphasises the growing volume of work for handicapped young people and the need for an officer to undertake this work on a full-time basis within the next year or so.

The most significant factor of the analysis of disabilities was the high number of young people found to be educationally sub-normal. Over 50% (65 out of 124) of these had an additional handicap and, almost invariably, emotional immaturity accompanied educational sub-normality. Industry has few very simple routine jobs to offer and when it is realised that there are also young people leaving school who are educationally backward, although not sub-normal, the difficulty in placing these young people in employment is more fully appreciated. Many are in need of preparation for employment and eight entered the remedial workshop at Star House, Pontllanfraith. It is hoped that instruction in industrial tasks under the sympathetic supervision of officers who understand their difficulties and can help them to greater maturity and self-confidence will enable these young people to settle satisfactorily into employment. There were, however, many similar pupils suitable for the provisions available at Star House but for whom places were not available. It is hoped that the extension of the building which has been planned will enable more young people to enter a period of preparation for employment. Of the 65 mentioned 28 were placed in training centres or day centres so that they could be occupied beneficially until places became available at Star House or until simple employment under sheltered conditions became available.

Social centres at Abertillery and Monmouth accepted nine of the severely physically handicapped young people and it is hoped that the social training and self-confidence they will acquire will help them to overcome their handicaps and enter sheltered employment when suitable occupations arise for them.

Child and family guidance service

Dr. V.A. Wills, Consultant Psychiatrist has contributed the following comments:-

The facilities at the Stanley Road child guidance clinic deteriorated and in January 1969, clinics were temporarily suspended. As far as possible, arrangements were made for the children and parents to be seen at the out-patients department of St. Cadoc's Hospital. Inevitably, this presented many problems and the limited service given at the clinics was even more restricted.

Towards the end of 1969, temporary arrangements had been made at Stanley Road and clinics resumed. This accommodation falls far below what one expects in a child guidance clinic. Facilities for social workers and psychologists are not satisfactory and by the very lay-out a great deal of professional time is wasted.

Whilst this can be tolerated for a limited period, inevitably there will be a falling off in the standard of service given to patients and it is hoped that suitable accommodation will be forthcoming in the not too distant future.

Accommodation difficulties also arose at Tredegar and we were temporarily dispossessed, leading a nomadic existence for some months. Again this detracts from the efficiency of any service, and it is a tribute to the social workers, psychologists and secretarial staff that any service was maintained.

Shortage of psychiatric sessions limits work at the clinics. Coupled with long-standing deficiency of psychologists and social workers the service does not function as effectively as one might wish in 1969.

An important role of workers in the clinics is to participate in preventative measures and this is impossible when one is hampered by poor accommodation and lack of staff.

If indeed a service is to be provided it is hoped that all concerned with its planning and administration will recognise the deficiencies and do everything possible to remedy them as quickly as possible.

Details of cases referred to child guidance clinic service

	Newport		Tredegar		Total
Number of cases brought forward from 31.12.68		220		196	416
Number of cases referred in 1969 by:					
A. Medical sources:					
County health clinics	50		32		
Family doctors	24		19		
Hospital consultants	16	90	5	56	146
B. Educational sources:					
Educational psychologists	28		30		
Head teachers	2		11		
School welfare officers	6	36	—	41	77
C. Other agencies:					
Probation officers	6		13		
Children's officers	3		2		
Parents	9		7		
Youth employment officers	1		1		
Mental welfare officers	—		4		
N.S.P.C.C.	—	19	—	27	46
		145		124	
		<u>365</u>		<u>320</u>	685
Number of cases closed during the year		114		118	232
Number of cases continuing to 1970		251		202	453

No clinics held at Newport child guidance clinics until 4th November, 1969. A number of cases were referred to St. Cadoc's Hospital direct and did not come through School Health department (especially by educational psychologists).

The types of examination and/or treatment provided at the school clinics are shown in the following table:

Clinic	Average no. weekly sessions									
	Minor ailments	Ophthalmic	Ear, nose and throat	Orthopaedic	Speech therapy	Physiotherapy	Orthoptic	Child guidance	Surgical consultation	Dental
Abergavenny	-	.5	.25	.1	1.0	-	-	-	-	1.0
Abertillery	2.0	.5	.25	.1	2.0	-	-	-	-	8.0
Blackwood	-	1.5	-	.2	3.0	2.0	-	-	-	10.0
Blaenavon	-	-	-	-	-	-	-	-	-	2.0
Blaina	-	-	-	-	-	-	-	-	-	2.0
Caldicot	-	.25	.25	.1	.75	-	-	-	-	2.0
Chepstow	-	.25	.25	.1	.75	-	-	-	-	2.0
Cwmbran	-	2.0	1.0	.1	4.0	1.0	-	-	-	10.0
Ebbw Vale	1.0	.5	.25	.1	2.0	-	-	-	-	8.0
Monmouth	-	.3	.25	.04	1.0	-	-	-	-	.5
Newbridge	-	-	-	-	-	-	-	-	-	4.0
Newport	-	1.0	3.8	.2	2.0	12.0	6.0	3.0	.2	5.0
New Tredegar	-	-	-	-	-	-	-	-	-	2.0
Pontypool	-	1.5	.5	.2	4.0	-	-	-	-	10.0
Pontllanfraith	-	.5	1.0	-	-	-	-	-	-	-
Rhymney	-	-	-	-	-	.5	-	-	-	.5
Risca	-	.5	.25	.2	2.0	-	-	-	-	8.0
Tredegar	-	-	-	-	-	-	-	-	-	1.0
Tredegar (Grove)	-	1.0	1.0	.2	2.0	.5	-	2.0	-	-
Usk	-	-	-	-	-	-	-	-	-	-

A mobile clinic was available for dental clinics in the rural areas of the county and a caravan clinic was brought into use to operate in the areas of large schools and to relieve clinics in highly populated areas. All clinics were by appointment with the exception of weekly E.N.T. treatment clinic.

Medical examination of employees

Local education authorities are required to arrange for clinical examination and chest X-ray of all persons seeking admission to teacher training colleges. During 1969, 440 such examinations were carried out by medical officers in the department. Moreover, 298 qualified teachers were examined and arrangements made for chest X-rays on appointments to posts in the county.

A further 1,134 medical examinations were carried out on newly appointed staff; 36 persons were examined on behalf of other local authorities and 22 persons were examined for the Usk River Authority. In addition, 53 persons were examined by medical officers of other authorities on behalf of this county, where the appointee resided a considerable distance outside the county boundary.

It is intended to re-organise pre-employment and other medical examinations into an "Occupational Health Service" during 1970, in order to improve pre-employment surveillance to advise employees with health problems and to offer an advisory service to those employees working under conditions in which a health hazard may exist.

Medical examinations carried out during the year:-

Teachers

Male	99
Female	199

Student teachers

Male	166
Female	274

Other Staff

Clerk's department (Establishment Section)	304
Education department - Supervisory assistants	221
- Part-time helpers	184
- Nursery students	76
- Caretakers and cleaners	133
Welfare department	15
Health department	10
Surveyors department	47
Architects department	26
Ambulance department	26
Fire brigade	59
Treasurers department	3
Childrens department	18
Library department	6
Caerleon Training College	6
Usk River Authority	22

For other local authorities

36

1,930

Medical examinations carried out by other authorities

53

1,983

TABLES RELATING TO ABERTILLERY, NANTYGLO AND BLAINA DIVISIONAL EXECUTIVE

Defects found at medical inspections during the year -
Periodic inspections.

Defect or disease	Entrants		Leavers		Others		Totals	
	Requiring		Requiring		Requiring		Requiring	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	5	-	1	-	1	-	7	-
Eyes:								
(a) Vision	1	2	5	-	7	-	13	4
(b) Squint	2	-	-	-	-	-	2	-
(c) Other	1	2	2	-	-	-	3	2
Ears:								
(a) Hearing	2	-	-	-	3	-	5	-
(b) Otitis media	-	-	-	-	-	-	-	-
(c) Other	-	-	-	-	-	-	-	-
Nose and throat	12	6	1	-	6	7	19	13
Speech	2	-	1	-	-	-	3	-
Lymphatic glands	-	-	-	-	1	-	1	-
Heart	2	-	-	-	-	2	2	2
Lungs	1	-	-	-	2	2	3	2
Developmental:								
(a) Hernia	-	-	-	-	-	-	-	-
(b) Other	-	-	-	-	-	-	-	-
Orthopaedic:								
(a) Posture	-	-	1	-	-	-	1	-
(b) Feet	2	-	-	-	2	-	4	-
(c) Other	1	-	-	-	1	-	2	-
Nervous system:								
(a) Epilepsy	1	-	-	-	1	-	2	-
(b) Other	-	-	-	-	-	-	-	-
Psychological:								
(a) Development	1	-	-	-	1	-	2	-
(b) Stability	-	-	-	-	1	-	1	-
Abdomen	1	-	-	-	2	1	3	1
Other	1	-	-	-	3	-	4	-

Abertillery, Nantyglo and Blaina Divisional Executive
Special inspections

Defect or disease	Pupils requiring treatment	Pupils requiring observation
Skin	14	1
Eyes:		
(a) Vision	11	1
(b) Squint	9	7
(c) Other	3	1
Ears:		
(a) Hearing	2	1
(b) Otitis media	-	-
(c) Other	-	-
Nose and throat	12	7
Speech	1	3
Lymphatic glands	1	-
Heart	1	-
Lungs	3	-
Developmental:		
(a) Hernia	-	-
(b) Other	-	-
Orthopaedic:		
(a) Posture	1	1
(b) Feet	-	-
(c) Other	1	-
Nervous system:		
(a) Epilepsy	2	1
(b) Other	1	-
Psychological:		
(a) Development	5	1
(b) Stability	1	1
Abdomen	3	-
Other	3	1

Abertillery, Nantyglo and Blaina Divisional Executive

Pupils found to require treatment at periodic medical inspections.
(excluding dental diseases and infestation with vermin)
by year of birth

Age group inspected (by year of birth)	For defective vision (excluding squint)	For any other condition	Total individual pupils
1965 and later	—	—	—
1964	3	12	15
1963	—	18	18
1962	—	—	—
1961	—	—	—
1960	—	1	1
1959	—	2	2
1958	1	24	25
1957	—	7	7
1956	—	—	—
1955	2	1	3
1954 and earlier	3	3	6
TOTAL	9	68	77

Other inspections

Number of special inspections, i.e., those carried out at the special request of a parent, doctor, nurse, teacher, or other person	.. .. .	110
Number of re-inspections arising out of periodic medical inspections or out of a special inspection	.. .. .	201
	TOTAL =	311

Abertillery, Nantyglo and Blaina Divisional Executive

Physical conditions of pupils by year of birth

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
		(3)	(4)
1965 and later	8	8	—
1964	143	143	—
1963	102	102	—
1962	7	7	—
1961	17	17	—
1960	16	16	—
1959	39	39	—
1958	190	190	—
1957	83	83	—
1956	—	—	—
1955	88	88	—
1954 and later	221	221	—
TOTAL	914	914	—

TABLES RELATING TO EBBW VALE DIVISIONAL EXECUTIVE
 Defects found at medical inspection during the year.
 Periodic inspections

Defect or disease	Entrants		Leavers		Others		Totals	
	Requiring		Requiring		Requiring		Requiring	
	Treat-ment	Obser-vation	Treat-ment	Obser-vation	Treat-ment	Obser-vation	Treat-ment	Obser-vation
Skin	1	5	1	7	—	1	2	13
Eyes:								
(a) Vision	14	29	6	29	10	1	30	59
(b) Squint	3	7	—	2	2	1	5	10
(c) Other	1	—	1	1	—	1	2	2
Ears:								
(a) Hearing	5	5	3	2	1	—	9	7
(b) Otitis media	1	—	—	4	1	—	2	4
(c) Other	—	2	—	—	—	—	—	2
Nose and throat	12	40	1	18	5	11	18	69
Speech	3	2	—	—	1	—	4	2
Lymphatic glands	—	4	—	2	—	—	—	6
Heart	—	5	—	3	—	1	—	9
Lungs	1	13	—	8	—	4	1	25
Developmental:								
(a) Hernia	—	1	—	1	—	—	—	2
(b) Other	1	11	—	4	—	1	1	16
Orthopaedic:								
(a) Posture	4	—	1	6	—	1	5	7
(b) Feet	2	2	—	5	—	2	2	9
(c) Other	—	4	—	2	1	—	1	6
Nervous system:								
(a) Epilepsy	—	4	—	—	—	3	—	7
(b) Other	—	4	—	—	—	—	—	4
Psychological:								
(a) Development	—	—	—	5	—	—	—	5
(b) Stability	1	10	—	—	1	1	2	11
Abdomen	—	3	—	9	—	—	—	12
Other	—	6	—	6	2	4	2	16

Ebbw Vale Divisional Executive

Defects found at medical inspections
Special inspections

Defect or disease	Pupils requiring treatment	Pupils requiring observation
Skin	2	13
Eyes:		
(a) Vision	30	59
(b) Squint	5	10
(c) Other	2	2
Ears:		
(a) Hearing	9	7
(b) Otitis media	2	4
(c) Other	—	2
Speech	4	2
Nose and throat	18	69
Lymphatic glands	—	6
Heart	—	9
Lungs	1	25
Developmental:		
(a) Hernia	—	2
(b) Other	1	16
Orthopaedic:		
(a) Posture	5	7
(b) Feet	2	9
(c) Other	1	6
Nervous system:		
(a) Epilepsy	—	7
(b) Other	—	4
Psychological:		
(a) Development	—	5
(b) Stability	2	11
Abdomen	—	12
Other	2	16

Ebbw Vale Divisional Executive

Pupils found to require treatment at periodic medical inspections
(excluding dental diseases and infestation with vermin).
by year of birth

Age group inspected (by year of birth)	For defective vision (excluding squint)	For any other condition	Total individual pupils
1965 and later	4	3	7
1964	5	10	15
1963	4	7	11
1962	1	3	4
1961	—	—	—
1960	—	—	—
1959	—	—	—
1958	8	13	21
1957	8	2	10
1956	—	—	—
1955	1	7	8
1954 and earlier	5	5	10
TOTAL	36	50	86

Other inspections

Number of special inspections, i.e. those carried out at the special request of parent, doctor, nurse, teacher or other person 53

Number of re-inspections arising out of periodic medical inspections or out of a special inspection 349

TOTAL = 402

Ebbw Vale Divisional Executive

Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 2,792
- (b) Total number of individual pupils found to be infested 9
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1964).
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1964).

Physical condition of pupils by year of birth

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
1965 and later	234	234	—
1964	304	304	—
1963	164	164	—
1962	20	20	—
1961	6	6	—
1960	3	3	—
1959	1	1	—
1958	204	204	—
1957	121	121	—
1956	1	1	—
1955	129	129	—
1954 and later	309	309	—
TOTAL	1,496	1,496	—

Ebbw Vale Divisional Executive

Dental inspection and treatment

Attendances and treatment	Ages - 5 - 9	Ages - 10 - 14	Ages 15 and over	Total
First visit	630	506	126	1,262
Subsequent visits	150	472	173	795
Total visits	780	978	299	2,057
Additional courses of treatment commenced ..	3	18	1	22
Fillings in permanent teeth	144	982	341	1,467
Fillings in deciduous teeth	90	31	-	121
Permanent teeth filled	91	754	276	1,121
Deciduous teeth filled	51	28	-	79
Permanent teeth extracted	99	289	113	501
Deciduous teeth extracted	1,296	215	-	1,511
General anaesthetics	605	206	29	840
Emergencies	234	82	9	325
Number of pupils X-rayed				37
Prophylaxis				38
Teeth otherwise conserved				56
Number of teeth root filled				-
Inlays				-
Crowns				-
Courses of treatment completed				1,046
Orthodontics				
Cases remaining from previous year				13
New cases commenced during year				25
Cases completed during year				10
Cases discontinued during year				2
Number of removable appliances fitted				23
Number of fixed appliances fitted				8
Pupils referred to Hospital Consultant				-
Prosthetics				
Pupils supplied with full upper or full lower (first time)	-	-	-	-
Pupils supplied with other dentures (first time) ..		16	10	26
Number of dentures applied		16	10	26
Anaesthetics				
General anaesthetics administered by dental officers				-
Inspections				
(a) First inspection at school.				
Number of pupils				4,678
(b) First inspection at clinic.				
Number of pupils				180
Number of (a) + (b) found to require treatment				3,111
Number of (a) + (b) offered treatment				2,942
(c) Pupils re-inspected at school or clinic				-
Number of (c) found to require treatment				-
Sessions				
Sessions devoted to treatment				376
Sessions devoted to inspection				34
Sessions devoted to dental health education				40

(a) Total number of individuals in various divisions of the Edgewood Division and treatment

Division	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Admission and treatment of all legal 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APPENDIX I

Report on Salmonellosis in two Food Factories

It is policy to take routine faecal specimen from food handlers employed in two food factories in the County. At the first factory, sampling is normally restricted to personnel engaged in the handling of synthetic cream and in the latter factory to all persons engaged in the handling of raw and pasteurised egg.

Routine specimens were taken from sixteen employees of one factory a bakery, on Monday 23rd September 1969. Those employees so examined included:-

- (a) New 'cream room' personnel
and
- (b) food handlers returning from Mediterranean holidays.

The following Wednesday, the Public Health Laboratory, Newport, reported by telephone that six of the specimens submitted were found to contain an organism of the *Salmonella* group. This was later confirmed as being *Salmonella infantis*.

In view of the high percentage of positive carriers, it was decided to carry out a full and detailed investigation into the outbreak, commencing with faecal testing of all personnel employed in the factory. The co-operation of the management was sought and every facility was made available to the public health inspectors. The advice of the Public Health Laboratory Service was also sought in view of the high number of specimens, to be examined. It was finally agreed to submit the specimens in batches of approximately two-hundred and fifty specimens at weekly intervals.

A total of four hundred and eighty-seven specimens was submitted for examination. Of this number:-

- (i) four hundred and seventy-seven were negative
- (ii) ten were found to contain organisms of the *Salmonella* group (this figure includes the original six positive carriers).

The *Salmonella* organism was not found to be identical in every case. The organisms isolated were:-

- | | |
|-------------------------------------|---------|
| (i) <i>Salmonella infantis</i> | 7 cases |
| (ii) <i>Salmonella panama</i> | 1 case |
| (iii) <i>Salmonella enteritidis</i> | 1 case |
| (iv) <i>Salmonella</i> (unnamed) | 1 case |

Of the ten cases, all of whom were interviewed, only two disclosed any of the symptoms of food poisoning. One case had experienced severe 'Spanish tummy' whilst on holiday in Spain, and was ill for three days with severe stomach pains and diarrhoea. One other case experienced severe vomiting for one day, again whilst on holiday in Spain.

The homes of the affected persons were visited and faecal specimens were taken from each member of the family. In every case the result was negative.

Immediately a positive result was notified, the person concerned was served with a Notice under section 41 of the Public Health Act, 1961, and was forthwith instructed to cease work. A series of specimens were then taken and each case was allowed to return to work only after producing three consecutive negative results.

This course of action resulted in the Council paying compensation in respect of loss of earnings. The total cost to the Council amounted to £225. 15s. 5d. of which £18. 18. 5d. was recovered from the Council's insurers.

As the second firm supplies pasteurised whole egg to the bakery it was felt that the same course of action was necessary. Accordingly, all food handlers at this factory were also tested.

Of the fifty-nine specimens taken, one proved to be positive, the responsible organism was identified as an unnamed Salmonella. An identical course of action was taken, and the compensation payable is included in the aforementioned totals.

Conclusions:

The two factories concerned are regularly inspected and, apart from a few minor items which are brought to the management's notice from time to time, the hygiene standards are excellent. In both cases the co-operation of the management was given willingly and unreservedly. There was no evidence to suggest that any of the personnel were associated with any case of food poisoning and it is felt that the steps taken prevented any possible outbreak occurring.

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