

**[Report 1971] / Medical Officer of Health, Monmouthshire County Council.**

**Contributors**

Monmouthshire (Wales). County Council.

**Publication/Creation**

1971

**Persistent URL**

<https://wellcomecollection.org/works/b6g8vpw2>

**License and attribution**

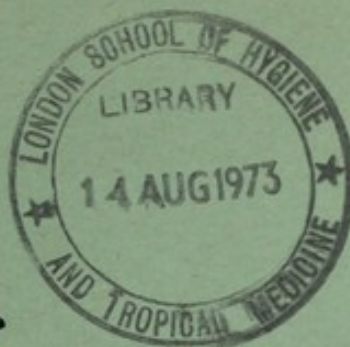
You have permission to make copies of this work under a Creative Commons, Attribution license.

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

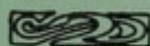
Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



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



**MONMOUTHSHIRE COUNTY COUNCIL**



**1971**

# **ANNUAL REPORT**

**OF THE**

**COUNTY MEDICAL OFFICER OF HEALTH**

**AND**

**PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR**



**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

My Chairman, Ladies and Gentlemen,

I regret that again I must apologise for the late appearance of the annual report. I have always believed that the annual report should appear as soon as possible after the end of the financial year. The delay in the appearance of this report for 1971 is due in part to delays in this department and in part to hold-ups elsewhere. I can only hope that, notwithstanding these delays, the report is an interesting and readable account of the work of the County Council.



I would respectfully request that the report be taken into consideration by the body of the report which I feel is a most important document.

Respectfully,  
Anthony J. Essex-Cater

## MONMOUTHSHIRE COUNTY COUNCIL

Deaths from cancer of the lung continued to rise, but were not as high as in 1970 and were at the highest level ever in the County.

Deaths from ischaemic heart disease also climbed, in females, to the highest level ever in the County.



The lowest overall death rate was recorded in the Glamorgan and Cheshire (and area), where there is a young population. The highest rates were in Rhymney and Blaenau, which have old populations.

1971

# ANNUAL REPORT

The infant mortality rate was the lowest ever recorded in the County, 15 per 1,000, compared with the England and Wales average of 21.2 in 1970 - a most pleasing level.

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

The hospital admission rate climbed - a clear justification of the national policy to favour maternity delivery in suitable hospital.

AND

PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR

Concentration on development screening continued with a more limited assessment of infants on an appointment basis. This facility will be gradually extended from a few clinics to cover most of the County.



A careful watch was maintained for handicapping conditions. The level of congenital malformations in the County still caused concern e.g. 21 children (3 stillborn) suffered from spina bifida.

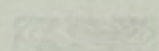
ANTONY J. ESSEX-CATER

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.



MONMOUTHSHIRE COUNTY COUNCIL



1971

# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR



ANTHONY J. LESSEX-CATER

1, THE WOODS, DOLGOCH, DOLGOCH, DOLGOCH

CARDIFF HOUSE

CARLTON

NEWPORT, MON.

1971

## **TO THE CHAIRMAN AND MEMBERS OF THE COUNTY HEALTH COMMITTEE**

Mr. Chairman, Ladies and Gentlemen,

I regret that again I must apologise for the belated appearance of the annual report. I have always believed that a report for any stated year should appear as soon as possible after the end of that year. The late publication of this report for 1971 is due in part to delays in this department and in part due to hold-ups elsewhere. I can only hope that, notwithstanding its lateness, it will prove an interesting and readable account of the work of the department for 1971.

I would respectfully draw your attention to some items culled from the main body of the report which I feel may be of particular relevance or concern.

### **Statistics and General Matters**

There were no major changes in the population of the County. The fall in deaths from cancer of the lung recorded last year was not maintained and such deaths were at the highest level ever in the County.

Deaths from ischaemic heart disease also climbed, in females, to the highest level ever in the County.

The lowest overall death rates were in Cwmbran and Chepstow rural area, where there is a young population, the highest rates were in Rhymney and Blaenavon, which have old populations.

The birth rate, as in recent years, slightly exceeded the national rate - the stillbirth rate was considerably higher than the national rate, the case for many years. The infant mortality rate was the lowest ever recorded in the County, 15 per 1,000, compared with the England and Wales rate of 18, and a fall from 21.2 in 1970 - a most pleasing level.

The perinatal mortality rate continued to decline dramatically as the hospital confinement rate climbed - a clear justification of the national policy to favour maternity delivery in suitable hospital units.

### **Maternal and Child Welfare Services**

Concentration on developmental screening continued with a more detailed assessment of infants on an appointment basis. This facility will be gradually extended from a few clinics to cover most of the County.

A careful watch was maintained for handicapping conditions. The level of congenital malformations in the County still caused concern e.g. 21 children (8 stillborn) suffered from spina bifida.

Screening for metabolic disorders detected 15 cases in the early days of infant life who needed referral to paediatric departments for further investigation.

### **Battered Babies**

A County Conference involving the Police, paediatricians, general practitioners, social workers, nurses etc. discussed the problem of battered babies and drew up a plan to detect such cases at the earliest possible stage when preventive measures were most likely to be effective.

### **Health Centres**

The department continued to be actively engaged in extending the number of purpose-built health centres in the County and twelve are at various stages of planning. It takes an average of three years from first planning to opening. The percentage of Monmouthshire patients served by general practitioners in health centres was 14% compared with a rate in Wales of 7% and in England of 5.3%.

An impressive new health centre at Blaenavon was opened during the year.

### **School Health**

Due to a change in procedure the number of examinations reduced slightly but re-inspections increased. Defects detected continued to be dominated by visual impairment, impaired hearing, ear, nose and throat disorders, skin diseases and lung abnormalities.

An unfortunate finding was a further marked increase in the number of infested children, detected partly due to increased staffing; 23 children were temporarily excluded from school for this reason.

Contact lenses were provided for certain children who would otherwise have been partially-sighted.

Particularly worrying was the continued inability to recruit sufficient speech therapists to deal with the considerable number of children with speech defects known to the department.

The school dental service, notwithstanding continued staff shortages, played a most essential role. Orthodontic work received particular attention. Nearly 60% of pupils inspected required dental attention.

### **Care and after-care**

A major change in the management structure of the community nursing service was effected in 1971.

A Chief Nursing Officer was appointed with responsibility for the hitherto separate sections of health visitors, district nurses and midwives. The County was divided into four areas, each with an area nursing officer.

All the casual relief district nurses were absorbed within the full-time service and teams of nurses were related to groups of general practitioners, so that a more effective working partnership could develop. The early results of this attachment scheme were most encouraging.

In all district nurses made 293,000 visits, 203,000 to persons aged over 65 years. The average number of visits per patient 30.8 indicated the role the nurse played in providing continuous nursing care in the home. A limited number of patients were treated at the premises of family doctors.

The domiciliary physiotherapy service arranged over 500 visits for case assessment. This is a most valuable community support service and it is difficult to understand why its expansion is so rigidly opposed by central government. Monmouthshire is almost unique amongst local health authorities in having any service at all.

It, like the nursing service, maintains a close working contact with the social workers from the social services department.

The night-sitter service is another facility which seems well worthy of expansion.

Chiropody services increased during the year, essentially because a full establishment was reached and treatments reached the highest ever total of 41,300; six years ago the number was only 28,300, virtually a 50% increase in the period.

The amount of medical comforts loaned during the year also increased rapidly, almost twice the number of patients visited in 1970, were served in 1971.

The health committee have always been most active in the home care of patients needing renal dialysis and 17 patients were either under home treatment or receiving training preparatory to such treatment. The majority are provided with a special unit rather than have their homes adapted.

#### **Prevention of Illness**

The health education section had a notable year which included exhibiting at the Royal Welsh Show, the development of the comprehensive five year health education programme for secondary schools, a number of study days organised for various groups and the development of a community nutrition service.

#### **Notifiable Diseases**

A quiet year apart from a small crop of acute meningitis cases in the County in the Summer.

#### **Family Planning**

For the second successive year, there was a very large increase in the number of attendances at family planning clinics - from under 2,000 in 1969 to well over 9,000 in 1971.

Vasectomy became available during the year and more domiciliary work was undertaken with problem families.

## **Mental Health**

Responsibility for much of the mental health services e.g. training centres, remedial workshops, day centres and mental welfare officers transferred to the new social services department in March but advisory services continued to be given by some of the senior medical staff and every effort was taken to achieve a smooth hand-over of the service.

## **Ambulance Service**

The staff was further increased by 21 driver/attendants in the year, while 13 improved automatic transmission vehicles were received.

A comprehensive re-planning of ambulance stations in the County is under way.

Much improved training facilities were available and, in all, 6 officers and 90 men attended various courses.

Ambulance mileage continued to climb as in the previous two years but there was a small decline in the number of patients carried.

## **Environmental Service**

I am indebted to Mr. Bird, County Health Inspector, for this section of the report, which includes an extract from a report on a river pollution survey as it affects waterways in the County.

## **Appendix**

Details a survey carried out in the County in the light of the possible relationship between water hardness and cardiovascular mortality. The findings were inconclusive.

In conclusion I would like to thank all members of the department for their continuing support and for their efforts to provide as efficient a service as staff shortages and financial limitations permit. I would also like to thank the Chairman and members of the Health Committee for their constant interest and support.

I have the honour to be,

Your obedient servant,

**ANTONY J. ESSEX-CATER**

**County Medical Officer.**

## STAFF

at the 31st December, 1971.

**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**

Brian 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 Councils	Area No. 3	K.E. Howells, M.B., B.S., D.P.H.
Ebbw Vale Urban District Council	Area No. 4	T. 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

### Maternity and Child Welfare

#### Ophthalmology

#### Geriatrics

#### Mental Health

#### Audiology

### Diseases of Women

### School Health and Occupational Health

### Psychiatric Day Centre and Health Centre

#### Building Programme

- Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
- Esther Hughes Rees, M.B., B.Ch., B.Sc., D.P.H.
- 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., D.P.H.
- Norah Keevil, M.D., B.S., M.R.C.O.G., M.R.C.S., L.R.C.P., M.B.
- P.M. Hardiman, L.M.S.S.A., D.P.H.
- N.H.N. Mills, M.B., B.Ch., D.P.M., D.P.H.

## Departmental Medical Officers

Elsa S. Alliot, M.B., Ch.B.

Ida C.M. Burn, L.R.C.P. and S.I., C.P.H.

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

Joyce J.C.E. Mc Gowan, M.B., Ch. B.

R.B. Shah, M.B., B.S., D.O.M.S., Z.O., D.O.

Glenys G. Trenhaile L.M.S.S.A.

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

## Part-time and Sessional Medical Officers

Margaret Davies, M.B., Ch.B.

B.D. Dennis, M.B., B.Ch.

G. Goud, M.B., B.S.

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

Charlotte Jones, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst., R.C.O.G.

D.L. Parsons, M.B., B.Ch.

Edith P. Price, M.B., B.Ch., D.Obst., R.C.O.G.

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

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

Dorothy C. Watkins, M.R.C.S., L.R.C.P.

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

## Principal Dental Officer

E.F.T. 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 Anaesthetist

Dr. Margaret Lewis, M.D., B.Ch.

## Area Dental Officers

D.J. Dymond, L.D.S., R.C.S.

P.A. Jenkins, B.D.S.

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

C.L. Read, L.D.S.

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

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

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

**Senior Dental Officers**

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

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

**Dental Officers**

R.J. Lawrence, B.D.S.

D.J. Coughlin (sessional)

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

Greta McHarg L.D.S., R.F.P.S. (sessional)

C.I.F. Morgan, L.D.S., R.C.S. (sessional)

W. Power L.D.S., R.C.S. (sessional)

M.I. Thwaites, B.D.S., L.D.S., R.C.S. (sessional)

**Dental Auxiliaries**

Hilary M. Farrall

Rosemary Oakey

Lynne C. Pritchard

Zoe Scott

Isabel D. Shattock

**Dental Technicians**

G.D. MacKenzie

J.C. Paramore

J.A. Woodward

**Dental Health Organiser**

Mrs. Rita L. Fiveash

**Senior Dental Surgery Assistant**

Mrs. Olive Church

**Dental Surgery Assistants**

17 full-time

4 part-time

**NURSING SERVICES****Chief Nursing Officer**

Miss Norah I.P. Whatley, S.R.N., S.C.M., Q.N., H.V.

**Area Nursing Officers**

Miss Ada R. Collins, S.R.N., S.C.M., Q.N., H.V.

Miss Esme Jeffries, S.R.N., O.N.C., S.C.M., Q.N., H.V.

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

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

Health Visitors - 56

Clinic and school nurses - 22

Midwives - 44

District Nurse/Midwives - 9

District Nurses - 105

District Nurses - Part-time 5

Nursing Auxiliaries - 14 (equivalent of 7 full-time)

## HEALTH EDUCATION

### Health Education Organiser

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

### Deputy Health Education Organiser

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

### Assistant Health Education Organiser

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

### Dietitian

Mrs. Sylvia Robert - Sargeant

## PUBLIC HEALTH INSPECTORATE

### County Health Inspector

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

### Additional County Health Inspectors

A.H. Tompkins, M.A.P.H.I.

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

### Milk Sampling Officer

F. Williams

### Diseases of Animals Inspector

G. Barry

### Student Public Health Inspector

Vacant

## CHIROPODY

### Chief Chiropodist

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

### Deputy Chief Chiropodist

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

### Senior Chiropodists

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

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

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

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

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

M.R. Cavell, M.Ch.S., S.R.Ch.

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

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

Miss E.J. Francis, M.Ch.S., S.R.Ch.

Mrs. H.E. James, M.Ch.S., S.R.Ch.

Miss L.E. Jones, M.Ch.S., S.R.Ch.

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

M.C. Tippins, M.Ch.S., S.R.Ch.

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

)

) sessional

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

)

## CHILD GUIDANCE

### Social Workers

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

## AMBULANCE

### County Ambulance Officer

H.V. Price

### Deputy County Ambulance Officer

E. Davies

### Training Officer

A.D. Glass, F.I.A.I.

### Station Officers

I.L. Adlam  
F.E. Amos  
F.H. Evans  
G.W. Fry  
W.M. Harries  
B.T. Hughes  
H.T. Jones  
J.S. Nicholas  
W.C. Rees  
G.S. Collins (relief)  
B.G. Evans (relief)

Deputy Station Officers - 9

Transport Liaison Officers - 2

Control Officers - 5

Driver/Attendants - 162

Telephonists - 7

Workshop Foreman - 1

Maintenance Staff - 6

Semi-skilled Fitter - 1

Apprentice Fitter - 1

## OTHER OFFICERS

### Pharmacists

W. Rees, M.P.S.  
K. Ellway, M.P.S.  
S. Davis, P.M.C., M.P.S.  
D.H. Fearnside, M.P.S.  
D. Lloyd, M.P.S.  
J.M. Williams, M.P.S.

### Deputy Pharmacist

D.J. Jones, M.P.S.

Pharmacy Technicians - 8

Vacancy - 1

### Domiciliary Physiotherapists

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

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

Mrs. J.A. Ambler, M.C.S.P. ) Part-time

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

Miss M. Treverton Jones, M.C.S.P. )

### Senior Speech Therapist

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

### Speech Therapists

Mrs. V. Banham, L.C.S.T. )

Mrs. S.I. Brenchley, L.C.S.T. ) Part-time

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

Mrs. S.P. Clark L.C.S.T.

### Ophthoptists

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

Mrs. J.M. Savage, D.B.O. ) Part-time

### Audiometrician

Mrs. P.A. Tambini

### Medical Comforts and Equipment Officer

L.M. Arthur

## ADMINISTRATIVE STAFF

### Chief Administrative Officer

H.G. Hughes

### Section Heads

S.D. Daniel

R.B. Davies, D.M.A.

R.C. Fennell, D.M.A.

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

B. Oakley

F.P. Screen

Mrs. B.K. Stephens, D.M.A.

### County Medical Officers Secretary

Mrs. O. Parfitt

Administrative Officers - 6

Clerical Officers - 21

### Typing Pool Supervisor

Mrs. S.J. Webb

Typists - 5

x

Technician - 1 HEALTH COMMITTEE

Miscellaneous Officers - 2

Clinic Clerks

Full-time - 4

Part-time - 6

Alderman Abraham

L. Budden

D.W. Evans, J.P.

O. Edwards

(Mrs.) L.P. Jones, J.P.

W.J. King

(Mrs.) G.D. Morgan, J.P.

A.J. Phipps

F.O. Salisbury, J.P.

A.E. Seath

F.I. Whitley, B.E.M., J.P.

A.C. Williams, B.E.M., J.P.

D.J. Williams

J. Williams O.B.E., J.P.

Mrs. M. Williams

Councillor R. Adams

(Mrs.) M. Edwards, J.P.

V.L.H. Etheridge, J.P.

W. Forbes

E.J. Gibson, J.P.

O. James, M.B.E.

(Mrs.) O.G. Lloyd

P. Matthews

R.G. Owen, J.P.

R. Pidgeon

R.S. Powell

D.W. Puddle, B.E.M.

J.T. Rogers

D.H. Thomas

K. Tiley

Co-opted Member (3)

(one vacancy)

Dr. T.R. Bryant

Dr. F.S.A. Forbes

## HEALTH STANDING SUB-COMMITTEE

Same Members as HEALTH COMMITTEE

## SPECIAL SERVICES SUB-COMMITTEE

Alderman W.G. Brown, Chairman

Councillor B.E. Chicksen, Vice-Chairman

Alderman W.G. Brown

L. Budden

O. Edwards

(Mrs.) L.P. Jones, J.P.

W.J. King

A.T.B. O'Neill, J.P.

A.J. Phipps

C. Rocking, J.P.

F.O. Salisbury, J.P.

E.J. Thomas

T.E. Walkley

A.J. West, J.P.

F.I. Whitley, B.E.M., J.P.

D.J. Williams

(Mrs.) M. Williams

Councillor B.E. Chicksen

J.A. Derlet

(Mrs.) M. Edwards, J.P.

T. Gale, M.B.E., J.P.

A.P. Griffiths, M.B.E.

W. Harry

C.O. James

P. Matthews

R. Pidgeon

G. Powell

R.G. Rice, B.E.M., J.P.

(Mrs.) N. Stockford

K. Tiley

S.Y. Williams

Mr. S.R. Parry

(1 vacancy)

Deputy Pharmacist	1		Technician
D. J. Jones, M.P.S.	1		Miscellaneous Officers
Pharmacy Technicians	8		Clinic Clerks
Vacancy	1	4	Full-time
Dental/Physiotherapists	1	8	Part-time
E. Strickland, D.D.S., M.C.S.P.	1		
R. J. Hooley, M.S.J.	1		
Mrs. J. A. Ambler, M.C.S.P.	1	Part-time	
Mrs. E. Bickmore, M.C.S.P.	1		
Mrs. M. Traversing Jones, M.C.S.P.	1		
Senior Speech Therapist			
Mrs. M. Price, L.C.S.T. (R.M.A.)			
Speech Therapists			
Mrs. V. Danham, L.C.S.T.	1		
Mrs. S. J. Branchley, L.C.S.T.	1	Part-time	
Mrs. E. A. Cook, L.C.S.T. (R.M.A.)	1		
Mrs. S. P. Clark, L.C.S.T.	1		
Ophthalmists			
Mrs. M. M. Jones, D.B.O.	1		
Mrs. J. M. Savage, D.B.O.	1	Part-time	
Audiometrists			
Mrs. P. A. Tatham			
Medical Co-ordinator and Equipment Officer			
L. M. Arthur			

#### ADMINISTRATIVE STAFF

Chief Administrative Officer			
R. L. Hughes			
Section Heads			
S. D. Tait			
F. E. Davis, D.M.A.			
A. J. Fennell, D.M.A.			
G. J. Gillingham, D.M.A.			
B. Galloway			
P. E. Jones			
Mrs. B. J. Stephens, D.M.A.			
General Medical Officers Secretary			
Mrs. O. Powell			
Administrative Officers	8		
Clerical Officers	21		
Typing Pool Supervisor			
M. J. J. Webb			
Typists	22		

## HEALTH COMMITTEE

Councillor E.J. Gibson, J.P., Chairman  
Councillor O. James, M.B.E., Vice-Chairman

Alderman	P. Abraham	Councillor	R. Adams
..	L. Budden	..	(Mrs.) M. Edwards, J.P.
..	D.W. Evans, J.P.	..	V.L.M. Etheridge, J.P.
..	O. Edwards	..	W. Forbes
..	(Mrs.) L.P. Jones, J.P.	..	E.J. Gibson, J.P.
..	W.J. King	..	O. James, M.B.E.
..	(Mrs.) G.D. Morgan, J.P.	..	(Mrs.) O.G. Lloyd
..	A.J. Phipps	..	F. Matthews
..	F.O. Sainsbury, J.P.	..	R.G. Owen, J.P.
..	A.E. Smith	..	R. Pidgeon
..	F.I. Whatley, B.E.M., J.P.	..	R.S. Powell
..	A.C. Williams, B.E.M., J.P.	..	D.W. Puddle, B.E.M.
..	D.J. Williams	..	J.T. Rogers
..	J. Williams O.B.E., J.P.	..	D.H. Thomas
..	Mrs. M. Williams	..	K. Tiley

### Co-opted Members (3)

Dr. T.R. Bryant (one vacancy)  
Dr. F.S.A. Forbes

## HEALTH STANDING SUB-COMMITTEE

Same Members as HEALTH COMMITTEE

## SPECIAL SERVICES SUB-COMMITTEE

Alderman W.G. Bevan, Chairman  
Councillor B.E. Chicken, Vice-Chairman

Alderman	W.G. Bevan	Councillor	B.E. Chicken
..	L. Budden	..	J.A. Davies
..	O. Edwards	..	(Mrs.) M. Edwards, J.P.
..	(Mrs.) L.P. Jones, J.P.	..	T. Gale, M.B.E., J.P.
..	W.J. King	..	A.P. Griffiths, M.B.E.
..	A.T.B. O'Neill, J.P.	..	W. Harry
..	A.J. Phipps	..	C.O. James
..	C. Rawlings, J.P.	..	F. Matthews
..	F.O. Sainsbury, J.P.	..	R. Pidgeon
..	E.J. Thomas	..	G. Powell
..	T.E. Walkley	..	R.G. Rice, B.E.M., J.P.
..	A.J. West, J.P.	..	(Mrs.) M. Strickland
..	F.I. Whatley, B.E.M., J.P.	..	K. Tiley
..	D.J. Williams	..	S.T. Williams
..	(Mrs.) M. Williams	..	Mr. S.R. Parry
			(1 vacancy)

# HEALTH COMMITTEE

Councillor E.J. Gibson, J.P., Chairman  
Councillor G. James, M.B.E., Vice-Chairman

Alderman R. Adams		Alderman E. Adams	
(Mr.) M. Edwards, J.P.		L. Badden	
V.L.M. Edwards, J.P.		D.W. Evans, J.P.	
W. Forbes		O. Edwards	
E.J. Gibson, J.P.		(Mr.) L.P. Jones, J.P.	
G. James, M.B.E.		W.J. King	
(Mrs.) G.G. Lloyd		(Mr.) G.D. Morgan, J.P.	
F. Matthews		A.J. Phipps	
R.G. Owen, J.P.		F.O. Sainsbury, J.P.	
R. Pidgeon		A.E. Smith	
R.S. Powell		F.I. Waddy, B.E.M., J.P.	
D.W. Puddie, B.E.M.		A.C. Williams, B.E.M., J.P.	
J.T. Rogers		D.J. Williams	
D.H. Thomas		I. Williams, O.B.E., J.P.	
K. Tiley		Mrs. M. Williams	

Councillor Members (2)

(one vacancy)

Dr. T.R. Bryant  
Dr. P.S.A. Forbes

## HEALTH STANDING SUB-COMMITTEE

### Some Members as HEALTH COMMITTEE

## SPECIAL SERVICES SUB-COMMITTEE

Alderman W.G. Bevan, Chairman  
Councillor B.E. Chisken, Vice-Chairman

Alderman W.G. Bevan		Alderman B.E. Chisken	
L. Badden		J.A. Davies	
O. Edwards		(Mr.) M. Edwards, J.P.	
(Mr.) L.P. Jones, J.P.		T. Gale, M.B.E., J.P.	
W.J. King		A.R. Gubbins, M.B.E.	
A.T.B. O'Neill, J.P.		W. Harty	
A.J. Phipps		C.O. James	
C. Rawlings, J.P.		F. Matthews	
F.O. Sainsbury, J.P.		R. Pidgeon	
E.I. Thomas		G. Powell	
T.E. Waddy		R.G. Rice, B.E.M., J.P.	
A.J. West, J.P.		(Mrs.) M. Skelton	
F.I. Waddy, B.E.M., J.P.		K. Tiley	
D.J. Williams		S.T. Williams	
(Mrs.) M. Williams			

Mr. S.R. Parry  
(1 vacancy)

### **Table of contents**

Section I	Vital statistics and general matters	Page 1
Section II	Maternity and child health services	Page 25
Section III	School health service	Page 41
Section IV	Care and aftercare	Page 67
Section V	Prevention of illness	Page 79
Section VI	Mental health services	Page 97
Section VII	Ambulance service	Page 105
Section VIII	Environmental services	Page 113

# Table of contents

Section I	Vital statistics and general matters	Page 1
Section II	Maternity and child health services	Page 22
Section III	School health services	Page 41
Section IV	Care and aftercare	Page 67
Section V	Prevention of illness	Page 79
Section VI	Mental health services	Page 97
Section VII	Ambulance service	Page 102
Section VIII	Environmental services	Page 113

## VITAL STATISTICS AND GENERAL MATTERS

Area of administrative county	335,570 acres
Population 1971	369,860
Notable value, 1st April, 1971	£11,883,332
Product of 1p rate 1st April, 1971	£312,945

### POPULATION

The Registrar-General's mid-year estimate of population for the administrative county for 1971 showed a decrease of 2,922 over the mid-year estimate for 1970.

A feature of this decrease is that while the population of the urban districts fell by 4,270, the population of the rural districts rose by 1,350. The decrease originates from the heavy industrial areas of the west of the county in the north and east but is offset by the increase in the urban districts in the south and west. Comparison of the census returns for 1971 and comparison with figures from previous years should prove interesting.

## SECTION I

### VITAL STATISTICS AND GENERAL MATTERS

VITAL STATISTICS AND GENERAL MATTERS

SECTION I

## VITAL STATISTICS AND GENERAL MATTERS

Area of administrative county	335,570 acres
Population 1971	349,860
Rateable value, 1st April, 1971	£11,883,332
Product of 1p rate 1st April, 1971	£112,935

### POPULATION

The Registrar-General's mid-year estimate of population for the administrative county for 1971 showed a decrease of 2,920 over the mid-year estimate for 1970.

A feature of this decrease is that while the population of the urban districts fell by 4,270, the population of the rural districts rose by 1,350. The slow migration from the heavy industrial areas of the west of the county to the south and east has continued. Close scrutiny of the census returns for 1971 and comparison with figures from previous years should prove interesting.

District	Estimated mid-year home population 1970	Estimated mid-year home population 1971	Fluctuation in 12 months
<b>Urban</b>			
Abercarn	18,660	18,460	- 200
Abergavenny	9,520	9,290	- 230
Abertillery	22,350	21,220	- 1130
Bedwas and Machen	12,530	12,600	+ 70
Bedwellty	25,750	25,280	- 470
Blaenavon	7,640	7,150	- 490
Caerleon	6,390	6,600	+ 210
Chepstow	7,850	8,340	+ 490
Cwmbran	32,230	31,650	- 580
Ebbw Vale	26,360	26,030	- 330
Monmouth	6,360	6,680	+ 320
Mynyddislwyn	15,820	15,360	- 460
Nantyglo and Blaina	10,860	10,670	- 190
Pontypool	36,090	36,850	+ 760
Rhymney	8,610	8,010	- 600
Risca	16,050	15,810	- 240
Tredegar	18,740	17,870	- 870
Usk	2,270	1,940	- 330
<b>Totals</b>	<b>284,080</b>	<b>279,810</b>	<b>- 4270</b>
<b>Rural</b>			
Abergavenny	10,300	10,660	+ 360
Chepstow	16,240	16,170	- 70
Magor and St. Mellons	18,880	19,850	+ 970
Monmouth	6,050	6,310	+ 260
Pontypool	17,230	17,060	- 170
<b>Totals:</b>	<b>68,700</b>	<b>70,050</b>	<b>+ 1350</b>
<b>Grand Totals:</b>	<b>352,780</b>	<b>349,860</b>	<b>- 2920</b>

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.

Census	Urban Districts	Rural Districts	County
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			
1971	279,810	70,050	349,860

#### 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 1971.

	Monmouthshire	England and Wales
Live births (adjusted)	16.4	16.0 ) per 1,000 population
Deaths (adjusted)	13.4	11.6 )
Infant mortality	15.0	18.0 ) per 1,000 live births
Neonatal mortality	10.0	12.0 )
Perinatal mortality	24.0	22.0 ) per 1,000 total births
Still-births	16.0	12.0 )

## DEATHS

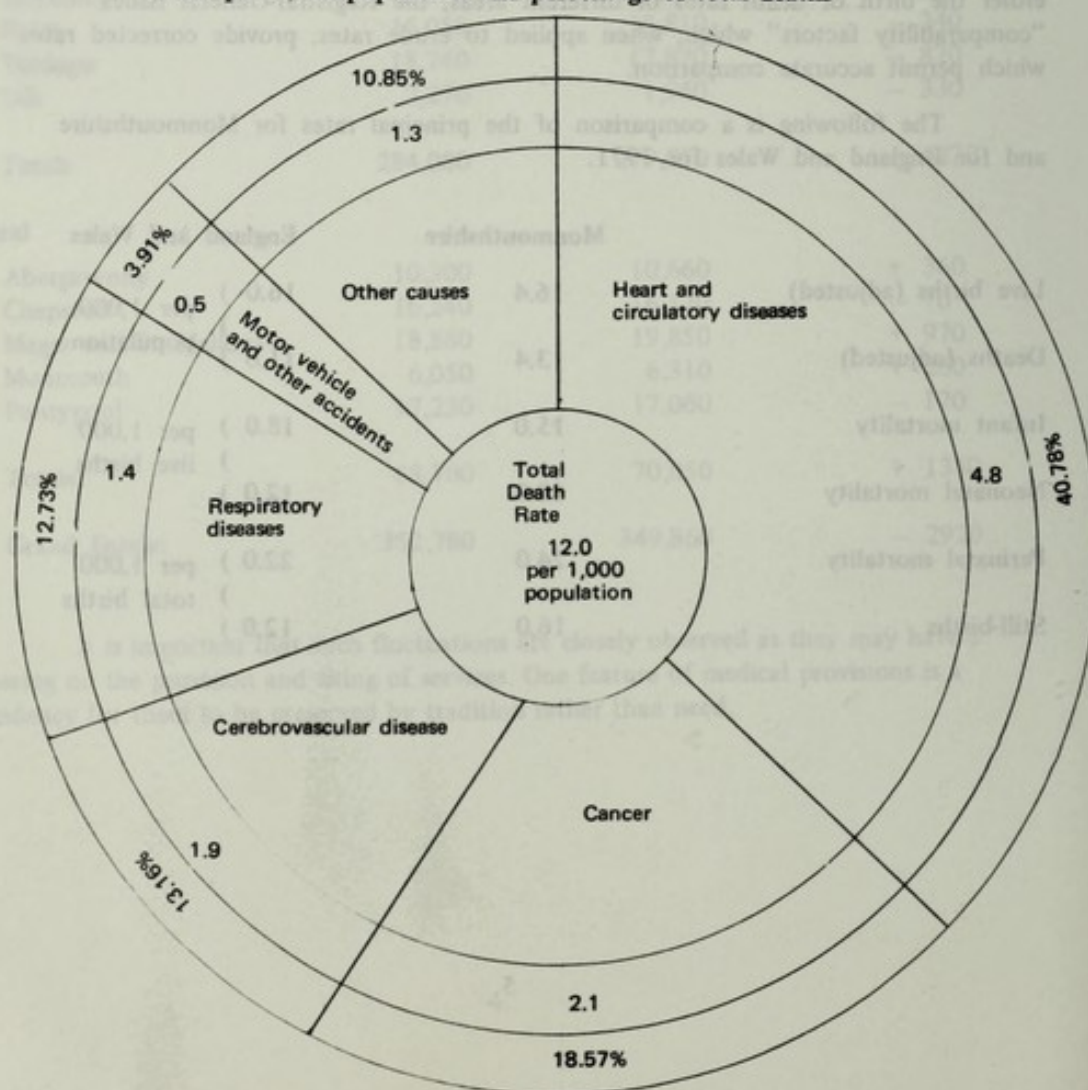
The total number of deaths registered in the administrative county as shown by the Registrar-General's return was 4,195. The following is a comparison of the adjusted death rates per 1,000 population, for 1971 and nine previous years with those for England and Wales.

Year	Monmouthshire	England and Wales
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
1970	12.99	11.7
1971	13.40	11.6

The tables on pages 7, 9 and 11 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	1,711	40.78
Cancer	779	18.57
Cerebrovascular disease	552	13.16
Respiratory diseases	534	12.73
Motor vehicle and other accidents	164	3.91
Other causes	455	10.85
All causes	4,195	100.00

Deaths from principal causes 1971  
Rate per 1,000 population and percentage of total deaths



Registrar-general's return of deaths from all causes, administrative county of Monmouthshire, 1971

TABLE 1

Causes of Death	Population	Urban Districts										Rural Districts									
		Abercarn	Aberavenny M.B.	Abertillery	Bedwas and Machen	Bedwellty	Blisnau	Carlton	Chepstow	Cwmbran	Ebbw Vale	Monmouth M.B.	Mynddylwyn	Nantyglo and Blaina	Pontypool	Rhymney	Risca	Tredgar	Usk	Aberavenny	Chepstow
	Deaths from all causes	18,460	9,280	21,220	12,600	25,280	7,150	6,600	8,340	31,850	26,030	6,680	15,380	10,670	36,850	8,010	15,810	17,870	1,940	10,680	16,170
		192	147	258	123	288	121	74	136	251	345	112	165	154	502	135	202	237	24	174	136
B4 Enteritis and other diarrhoeal diseases		1	1	—	—	—	—	—	—	1	—	—	—	—	3	—	—	—	—	—	—
B5 Tuberculosis of respiratory system		—	1	1	—	—	—	—	—	1	—	—	—	—	3	—	—	—	—	—	—
B6(1) Late effects of respiratory T.B.		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B11 Meningococcal infection		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B18 Other infective and parasitic diseases		—	—	1	—	2	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—
B19(1) Malignant neoplasm - Buccalcavity etc.		—	—	3	—	—	—	—	—	1	—	—	—	—	1	1	—	1	—	—	—
B19(2) Malignant neoplasm - Oesophagus		—	1	2	1	1	—	—	—	1	1	—	—	—	2	2	1	—	—	1	3
B19(3) Malignant neoplasm - Stomach		3	2	11	1	14	6	3	3	4	5	1	6	2	12	2	7	5	—	2	1
B19(4) Malignant neoplasm - Intestine		6	3	7	2	4	—	1	4	8	8	2	4	2	14	3	3	—	—	4	3
B19(5) Malignant neoplasm - Larynx		—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	1	—	—	—	1
B19(6) Malignant neoplasm - Lung bronchus		6	7	7	10	14	4	3	5	13	14	1	7	6	20	7	7	14	2	3	4
B19(7) Malignant neoplasm - Breast		9	1	7	2	3	3	1	1	5	9	—	3	4	18	2	5	2	—	—	3
B19(8) Malignant neoplasm - Uterus		2	1	1	—	1	—	1	1	4	2	—	—	—	2	—	—	3	—	1	2
B19(9) Malignant neoplasm - Prostate		3	2	2	1	3	2	—	—	1	2	1	2	—	4	2	1	4	1	—	1
B19(10) Leukaemia		1	1	1	—	1	1	—	—	1	2	—	—	1	2	—	1	1	—	1	3
B19(11) Other malignant neoplasms		14	12	14	3	15	9	1	3	9	15	8	4	12	25	7	8	10	2	7	12
B20 Benign and unspecified neoplasms		—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	1	1	—	—	—
B21 Diabetes mellitus		1	1	3	1	3	1	1	3	2	2	1	5	2	7	1	3	4	—	—	1
B46(1) Other endocrine etc. diseases		—	1	1	1	1	—	—	—	1	1	—	—	—	1	2	1	—	—	2	1
B23 Anaemias		—	—	2	—	—	—	—	—	4	4	—	—	1	2	—	—	—	—	1	—
B46(3) Mental disorders		—	1	—	—	1	—	7	—	—	1	—	1	1	—	—	—	—	—	1	—
B24 Meningitis		—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
B46(5) Other diseases of nervous system, etc.		—	—	1	—	5	—	2	3	7	1	1	—	—	3	—	—	2	—	3	—
B26 Chronic rheumatic heart disease		3	1	2	2	5	1	—	1	3	8	2	2	1	11	2	4	1	—	3	—
B27 Hypertensive disease		8	4	7	4	5	5	1	5	6	9	5	2	5	14	5	—	14	—	2	5
B28 Ischaemic heart disease		58	39	50	39	76	33	14	42	68	94	25	62	53	143	42	64	59	9	44	50
B29 Other forms of heart disease		5	8	26	6	19	3	4	7	10	9	11	7	9	28	3	11	10	2	17	2
B30 Cerebrovascular disease		24	21	24	18	32	23	8	15	27	45	19	17	16	63	19	27	30	3	27	25
B46(6) Other diseases of circulatory system		4	6	7	4	9	9	—	8	9	17	5	6	5	13	3	11	10	1	10	5
B31 Influenza		—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B32 Pneumonia		11	5	12	3	12	5	13	12	14	22	2	5	2	24	2	14	14	1	20	4
B33(1) Bronchitis and emphysema		9	5	31	3	27	7	2	9	12	23	7	3	11	30	12	4	20	1	4	3
B33(2) Asthma		1	2	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	1
B46(7) Other diseases of respiratory system		2	2	3	—	8	—	—	1	—	6	3	5	1	8	2	3	5	1	2	2
B34 Peptic ulcer		3	—	1	3	2	1	1	—	4	1	1	3	—	—	—	3	1	—	—	2
B14 Measles		—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
B36 Intestinal obstruction and hernia		—	1	3	—	1	1	—	1	1	1	1	—	—	4	—	—	1	—	1	—
B37 Cirrhosis of liver		—	—	1	—	1	—	—	1	1	1	—	—	2	1	—	1	—	—	—	—
B46(8) Other diseases of digestive system		1	6	4	—	4	—	1	1	2	5	3	1	1	5	1	2	2	—	3	—
B38 Nephritis and nephrosis		—	1	1	1	1	—	—	—	3	4	1	1	1	2	3	1	2	—	—	2
B46(9) Other diseases, genito-urinary system		2	2	4	3	2	—	—	—	1	—	—	—	—	4	—	3	2	—	2	1
B40 Abortion		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(10) Diseases of skin, subcutaneous tissue		—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
B46(11) Diseases of musculo-skeletal system		—	—	—	—	—	—	1	—	2	2	—	2	1	3	1	1	1	—	—	—
B42 Congenital abnormalities		1	—	—	3	1	—	—	1	7	1	1	3	1	1	—	2	3	—	—	1
B43 Birth injury, difficult labour, etc.		1	—	—	—	2	—	—	1	2	3	—	—	—	2	—	1	1	—	—	—
B44 Other causes of perinatal mortality		—	3	2	1	—	—	—	—	3	—	—	—	—	3	2	1	—	—	—	—
B45 Symptoms and ill-defined conditions		—	1	1	—	1	—	—	—	1	1	1	1	—	1	3	3	—	—	1	—
BE47 Motor vehicle accidents		6	2	1	3	2	—	—	1	2	2	2	1	1	1	1	1	1	—	2	4
BE48 All other accidents		5	2	5	8	6	3	4	5	7	10	3	3	3	21	1	5	8	1	3	5
BE49 Suicide and self inflicted injuries		—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
BE50 All other external causes		—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
B22 Avitaminoses, etc.		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B41 Other complications of pregnancy etc.		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(4) Multiple sclerosis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(2) Other diseases of blood etc.		—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B39 Hyperplasia of prostate		—	1	4	—	—	1	1	—	—	1	1	—	—	—	—	1	—	—	—	—
B17 Syphilis and its sequelae		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



## Cause of death by age and sex

## Urban areas

TABLE 2A

		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	
4	Enteritis and other diarrhoeal diseases	—	—	1	—	—	—	—	—	1	—	—	2	—	1	2	—	—	—	—	—	—	1	—	4	
6	Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	2	2	1	5	—	—	—	—	—	—	—	—	—	2	—	2	
1	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
8	Meningococcal infection	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
9(1)	Other infective and parasitic diseases	—	—	—	—	1	—	1	—	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	
9(2)	Malignant neoplasm - Buccalcavity etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9(3)	Malignant neoplasm - Oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9(4)	Malignant neoplasm - Stomach	—	—	—	—	—	—	—	1	2	4	—	7	—	—	—	—	—	—	—	—	—	—	—	—	
9(5)	Malignant neoplasm - Intestine	—	—	—	—	—	—	—	8	13	20	12	54	—	—	—	—	—	—	—	—	1	2	1	4	
9(6)	Malignant neoplasm - Larynx	—	—	—	—	—	—	—	1	6	4	12	15	3	—	—	—	—	—	—	—	2	5	13	33	
9(8)	Malignant neoplasm - Lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9(9)	Malignant neoplasm - Breast	—	—	—	—	—	—	—	2	12	39	52	24	129	—	—	—	—	—	—	—	—	—	—	1	1
9(10)	Malignant neoplasm - Uterus	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	4	5	4	5	
9(11)	Malignant neoplasm - Prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	14	20	18	
0	Leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	2	4	6	
1	Other malignant neoplasms	—	—	—	3	—	—	—	1	16	14	31	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(1)	Benign and unspecified neoplasms	—	—	2	1	—	3	—	6	23	32	13	80	—	—	—	—	1	1	1	7	12	25	20	91	
3	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(3)	Other endocrine etc. diseases	—	—	—	—	—	—	—	1	3	9	3	16	—	—	—	—	—	—	—	—	1	1	—	—	
4	Anaemias	—	—	—	—	—	—	—	2	—	—	1	4	—	—	—	—	—	—	—	—	3	13	8	25	
6(5)	Mental disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8	Other diseases of nervous system, etc.	—	—	1	—	1	—	1	—	4	3	1	12	—	—	—	—	—	—	—	—	—	1	—	3	
9	Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
0	Hypertensive disease	—	—	—	—	—	—	—	—	3	7	5	22	—	—	—	—	—	—	—	—	1	1	4	5	
6(6)	Ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9	Other forms of heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(7)	Cerebrovascular disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
0	Other diseases of circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3(1)	Bronchitis and emphysema	—	7	—	—	—	—	—	1	3	7	24	41	78	2	2	2	—	—	—	—	—	—	—	—	
3(2)	Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(7)	Other diseases of respiratory system	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4	Peptic ulcer	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(8)	Other diseases of digestive system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8	Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(9)	Other diseases, genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
0	Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(10)	Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(11)	Diseases of musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	Congenital abnormalities	6	4	1	2	—	1	—	—	—	2	7	2	—	—	—	—	—	—	—	—	—	—	—	—	
3	Birth injury, difficult labour, etc.	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4	Other causes of perinatal mortality	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5	Symptoms and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
47	Motor vehicle accidents	—	1	2	1	—	—	—	1	1	—	4	6	—	—	—	—	—	—	—	—	—	—	—	—	
48	All other accidents	—	—	2	6	3	2	3	—	1	2	13	—	—	—	—	—	—	—	—	—	—	—	—	—	
49	Suicide and self inflicted injuries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
50	All other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(2)	Other diseases of blood etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6(4)	Multiple sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	Avitaminoses etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1	Other complications of pregnancy etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
all causes		32	13	6	14	13	18	43	171	374	601	584	1869	19	11	11	11	7	8	35	86	185	406	818	1597	



Cause of death by age and sex  
Rural areas

TABLE 2B

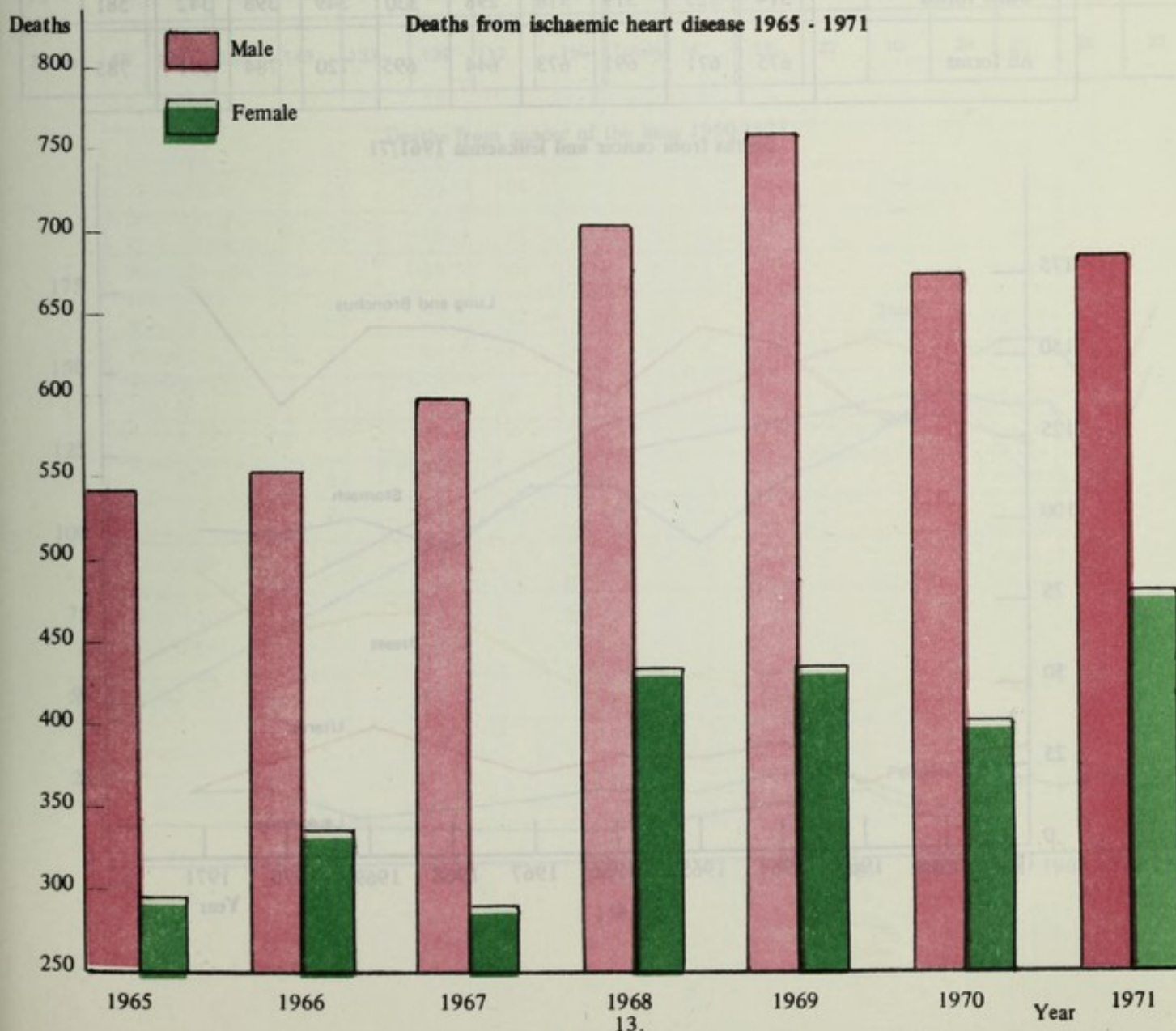
Causes of Death	Males											Females												
	0 - 4 weeks	4 Wks. - 1 yr.	1 - 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 and over	Totals	0 - 4 weeks	4 Wks. - 1 yr.	1 - 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 and over	Totals		
Enteritis and other diarrhoeal diseases	—	—	1	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—		
Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Late effects of respiratory T.B.	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	1		
Malignant neoplasm - Buccalcavity etc.	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm - Oesophagus	—	—	—	—	—	—	3	2	1	6	—	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm - Stomach	—	—	—	—	—	—	2	1	—	3	—	—	—	—	—	—	—	—	—	—	2	2		
Malignant neoplasm - Intestine	—	—	—	—	—	—	5	5	2	12	—	—	—	—	—	—	1	3	2	4	10			
Malignant neoplasm - Lung, bronchus	—	—	—	1	—	—	2	6	10	21	—	—	—	—	—	—	—	1	1	1	7	7		
Malignant neoplasm - Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	2	1	4		
Malignant neoplasm - Uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	3	12			
Malignant neoplasm - Prostate	—	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	2	2	—	5	5		
Leukaemia	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—		
Other malignant neoplasms	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	1	—	2	1	1	6		
Benign and unspecified neoplasms	—	—	1	1	1	2	1	7	4	2	19	—	—	—	1	—	2	4	5	2	5	19		
Diabetes mellitus	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—		
Avitaminoses etc.	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1		
Other endocrine etc. diseases	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
Anaemias	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	3		
Mental disorders	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2		
Other diseases of nervous system, etc.	—	—	1	1	1	—	1	—	1	7	—	—	—	—	—	—	—	—	1	—	—	1		
Chronic rheumatic heart disease	—	—	—	—	—	—	2	2	—	4	—	—	—	—	—	—	—	—	—	—	—	—		
Hypertensive disease	—	—	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—		
Ischaemic heart disease	—	—	—	—	—	1	13	25	33	40	112	—	—	—	—	1	1	2	5	12	62	83		
Other forms of heart disease	—	—	—	—	1	1	—	—	4	13	19	—	—	—	—	—	—	—	—	7	17	24		
Cerebrovascular disease	—	—	—	—	1	—	3	5	22	20	51	—	—	—	—	—	1	3	4	13	49	70		
Other diseases of circulatory system	—	—	—	—	—	—	—	2	1	9	12	—	—	—	—	—	—	—	—	2	17	19		
Influenza	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1		
Pneumonia	—	—	2	—	—	—	—	—	—	13	24	1	—	—	1	2	—	1	1	2	15	23		
Bronchitis and emphysema	—	—	—	—	—	—	2	2	13	4	21	—	—	—	—	—	—	—	—	3	6	6		
Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other diseases of respiratory system	—	—	1	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	1	1	2		
Peptic ulcer	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	3	4		
Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2	2		
Cirrhosis of liver	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	1	—	1	—	2		
Other diseases of digestive system	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	1	1	3	5		
Nephritis and nephrosis	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—		
Other diseases, genito-urinary system	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm (larynx)	—	—	—	—	—	—	1	—	1	2	5	—	—	—	—	—	—	—	1	—	—	1		
Other diseases of blood etc.	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—		
Congenital abnormalities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1		
Birth injury, difficult labour, etc.	2	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2		
Other causes of perinatal mortality	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—		
Symptoms and ill-defined conditions	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—		
Motor vehicle accidents	—	—	1	1	2	—	—	1	3	2	10	—	—	—	1	—	1	—	1	—	1	4		
All other accidents	—	—	—	1	1	1	2	2	1	3	11	—	—	—	1	—	1	—	1	—	8	13		
Suicide and self inflicted injuries	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
All other external causes	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
Meningitis	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Diseases of skin subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1		
Multiple sclerosis	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	1		
tal all causes	4	2	4	5	7	5	9	29	72	111	378	2	2	—	4	4	3	8	23	35	55	215	351	

Study	Case 57 Control 56 Cases 55	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
-------	-----------------------------------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

By far the main cause of death is related to diseases of the heart and circulation. Of the 1,711 deaths in this group 1,165 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 from ischaemic heart disease by sex, age and year

Males						Females					
Age Group	1967	1968	1969	1970	1971	Age Group	1967	1968	1969	1970	1971
0 -	—	1	—	—	—	0 -	—	—	—	—	—
25 -	21	22	28	23	30	25 -	2	2	7	2	5
45 -	201	232	260	247	244	45 -	49	61	76	59	65
65 -	206	211	249	206	214	65 -	123	131	123	133	135
75 -	168	237	221	198	197	75 -	113	237	235	207	275
Totals	596	703	758	674	685	Totals	287	431	431	401	480

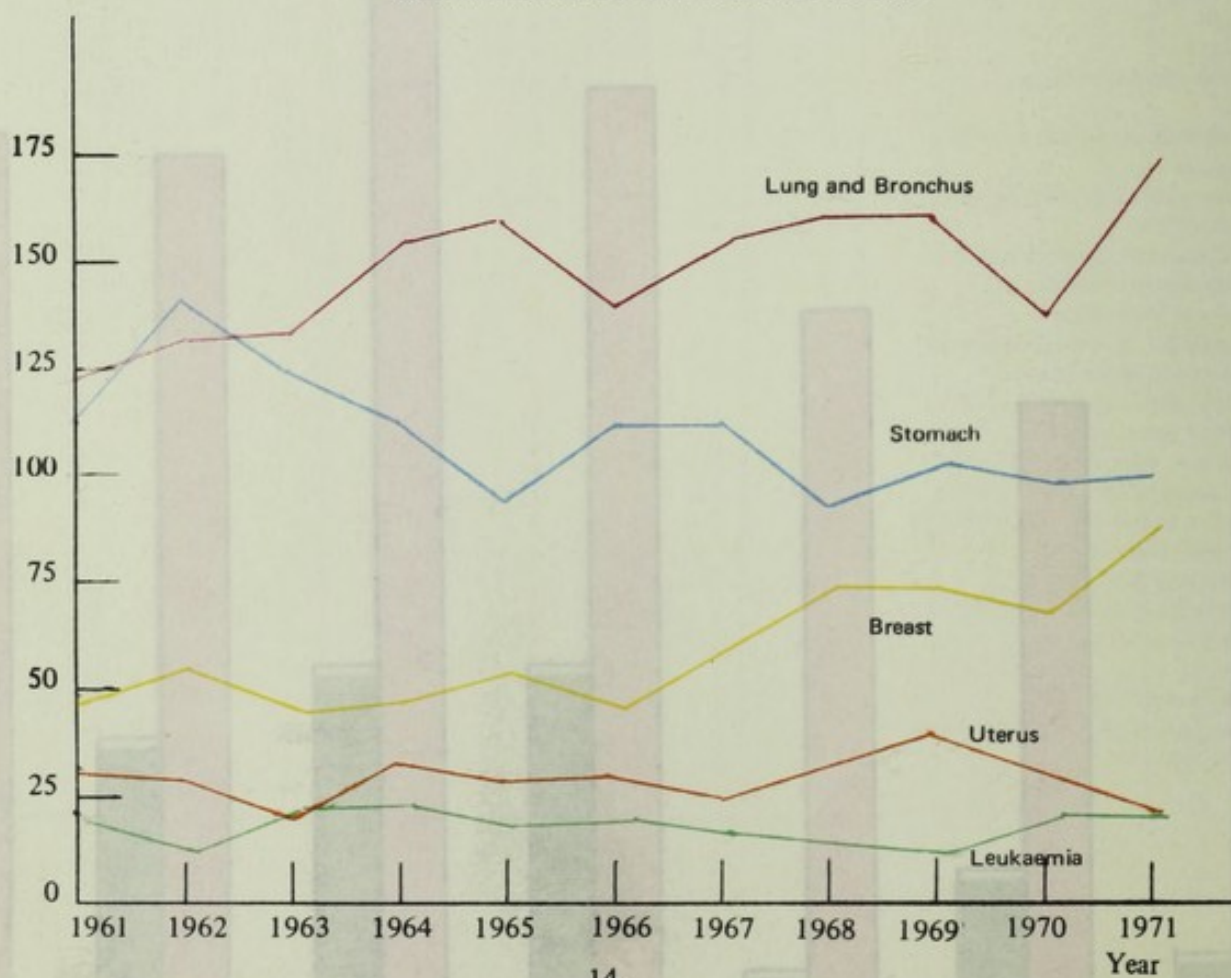


There were 785 deaths from cancer and leukaemia in 1971 representing 18.57% of all deaths. These are summarised according to location and compared with statistics of previous years in the following table and graph.

Deaths from cancer and leukaemia 1962/71

Location	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Stomach	140	124	113	94	111	111	92	101	98	100
Lung and bronchus	131	132	154	160	140	153	161	161	137	172
Breast	57	48	49	55	46	61	73	72	66	87
Uterus	30	20	33	28	29	24	30	39	28	23
Leukaemia	13	22	23	18	20	16	15	13	20	22
Other forms	314	325	319	318	298	330	349	398	342	381
All forms	675	671	691	673	644	695	720	784	691	785

Deaths from cancer and leukaemia 1961/71

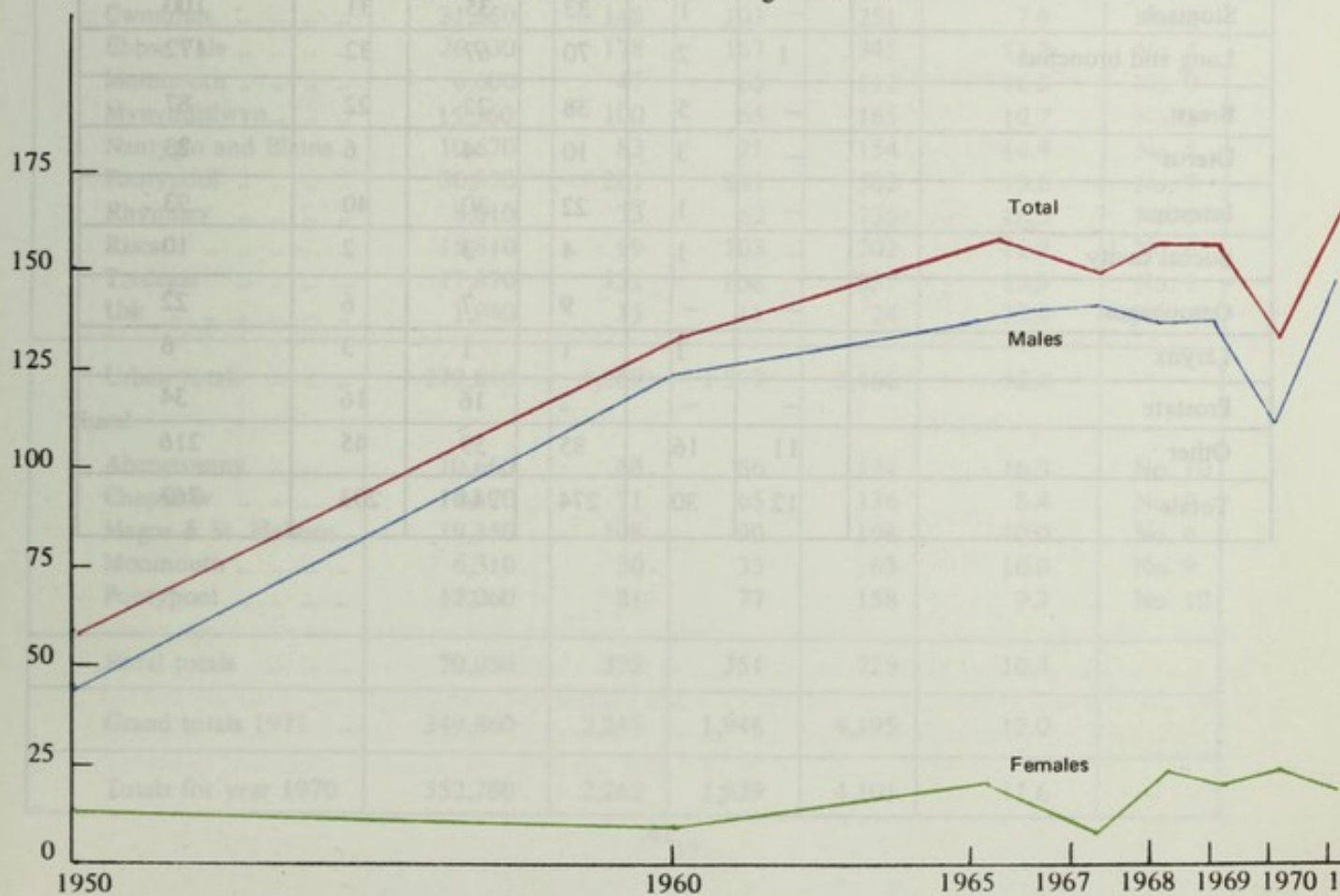


The encouraging fall in deaths from cancer of the lung noted in last years report has not been maintained, and deaths from this disease so closely associated with cigarette smoking were the highest ever recorded in this county.

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

Males									Females								
Age Group	1950	1960	1965	1967	1968	1969	1970	1971	Age Group	1950	1960	1965	1967	1968	1969	1970	1971
0 -	-	-	-	-	-	-	-	1	0 -	-	-	-	-	-	-	-	-
25 -	5	6	7	2	5	2	2	2	25 -	2	3	2	1	1	2	2	-
45 -	27	63	68	76	63	68	56	59	45 -	9	5	12	2	12	14	12	1
65 -	10	49	49	56	50	52	39	62	65 -	2	2	5	4	9	5	7	-
75 -	3	7	14	9	19	17	15	26	75 -	1	1	3	3	2	1	4	-
Totals	45	125	138	143	137	139	112	150	Totals	14	11	22	10	24	22	25	2

Deaths from cancer of the lung 1950-1971



There were 23 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 local statistical confirmation of the value of this service in preventing carcinoma of the cervix.

**Deaths from cancer according to age, and location of the disease 1971.**

Location	Age (years)					Total
	0 -	25 -	45 -	65 -	75 -	
Stomach	—	1	33	35	31	100
Lung and bronchus	1	2	70	67	32	172
Breast	—	5	38	22	22	87
Uterus	—	3	10	4	6	23
Intestine	—	1	22	30	40	93
Buccal cavity	—	1	4	3	2	10
Oesophagus	—	—	9	7	6	22
Larynx	—	1	1	1	3	6
Prostate	—	—	2	16	16	34
Other	11	16	85	59	45	216
Totals	12	30	274	244	203	763

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 1971

District	Estimated population	Deaths				Area
		Male	Female	Total	Rate per 1,000 of population	
<b>Urban</b>						
Abercarn .. .. .	18,460	101	91	192	10.4	No. 3
Abergavenny .. .. .	9,290	73	74	147	15.8	No. 10
Abertillery .. .. .	21,220	143	115	258	12.2	No. 5
Bedwas and Machen ..	12,600	64	59	123	9.8	No. 6
Bedwellty .. .. .	25,280	172	116	288	11.4	No. 2
Blaenavon .. .. .	7,150	72	49	121	16.9	No. 7
Caerleon .. .. .	6,600	38	36	74	11.2	No. 8
Chepstow .. .. .	8,340	73	63	136	16.3	No. 9
Cwmbran .. .. .	31,650	148	103	251	7.9	No. 8
Ebbw Vale .. .. .	26,030	178	167	345	13.3	No. 4
Monmouth .. .. .	6,600	47	65	112	16.8	No. 9
Mynyddislwyn .. .. .	15,360	100	65	165	10.7	No. 3
Nantyglo and Blaina ..	10,670	83	71	154	14.4	No. 5
Pontypool .. .. .	36,850	261	241	502	13.6	No. 7
Rhymney .. .. .	8,010	73	62	135	16.9	No. 1
Risca .. .. .	15,810	99	103	202	12.8	No. 6
Tredegar .. .. .	17,870	131	106	237	13.3	No. 1
Usk .. .. .	1,940	13	11	24	12.4	No. 10
Urban totals .. .. .	279,810	1,869	1,597	3,466	12.4	
<b>Rural</b>						
Abergavenny .. .. .	10,660	88	86	174	16.3	No. 10
Chepstow .. .. .	16,170	71	65	136	8.4	No. 9
Magor & St. Mellons ..	19,850	108	90	198	10.0	No. 6
Monmouth .. .. .	6,310	30	33	63	10.0	No. 9
Pontypool .. .. .	17,060	81	77	158	9.3	No. 10
Rural totals .. .. .	70,050	378	351	729	10.4	
Grand totals 1971 ..	349,860	2,247	1,948	4,195	12.0	
Totals for year 1970	352,780	2,262	1,839	4,101	11.6	

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

	1960	1967	1968	1969	1970	1971
Number of live births .. ..	5,727	5,912	6,029	5,835	5,541	5,619
Live birth rate (crude) per 1,000 population .. ..	17.29	16.80	17.10	16.58	15.7	16.1
Illegitimate live births per cent of total live births .. ..	3.1	5.93	6.12	6.27	5.72	6.0
Number of still-births .. ..	160	102	110	92	87	90
Still-birth rate per 1,000 live and still-births .. ..	27.2	16.99	17.92	16.17	15.46	16.0
Total number of live and still-births ..	5,887	6,014	6,139	5,927	5,628	5,709
Total number of infant deaths (under 1 year of age) .. ..	146	129	113	121	117	85
Infant mortality rate per 1,000 total live births .. ..	25.5	21.82	18.74	20.73	21.12	15.0
Mortality rate of legitimate infants per 1,000 legitimate live births ..	25.4	21.57	18.72	21.02	21.64	15.0
Mortality rate of illegitimate infants per 1,000 illegitimate live births ..	28.0	25.64	18.97	16.39	12.62	16.0
Neo-natal mortality rate per 1,000 live births .. ..	17.6	14.08	13.76	14.22	14.26	10.0
Early neo-natal mortality rate per 1,000 live births .. ..	15.2	12.51	11.27	11.99	12.63	8.0
Perinatal mortality per 1,000 total live and still-births .. ..	42.0	29.09	28.99	27.33	27.9	24.0
Number of maternal deaths (including abortions) .. ..	Nil	3	4	2	1	1
Maternal mortality rate per 1,000 live and still-births .. ..	Nil	0.49	0.65	0.34	0.18	0.18

## BIRTHS

During 1971 there were, according to the Registrar-General's return, 5,619 live births in the administrative county and 90 still births. Further details are as follows:-

	Legitimate		Illegitimate		Totals	Comparability factor
	M	F	M	F		
<b>Urban districts</b>						
Live births	2,268	2,093	130	138	4,629	1.02
Still births	30	41	4	5	80	
<b>Rural districts</b>						
Live births	516	429	24	21	990	1.02
Still births	2	8	—	—	10	
<b>Totals</b>	<b>2,816</b>	<b>2,571</b>	<b>158</b>	<b>164</b>	<b>5,709</b>	<b>1.02</b>

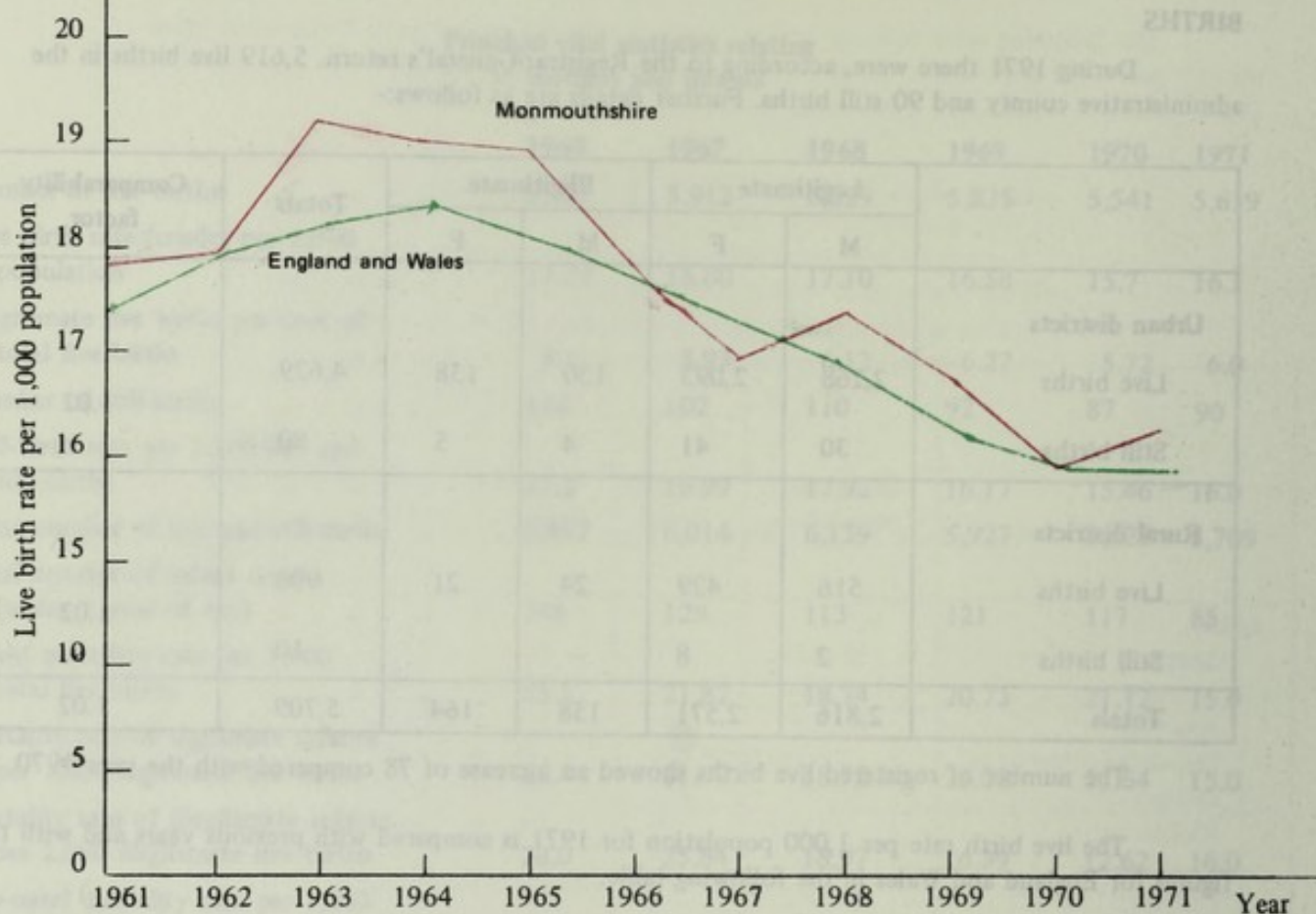
The number of registered live births showed an increase of 78 compared with the year 1970.

The live birth rate per 1,000 population for 1971 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	
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
1970	2,859	2,682	5,541	15.7	16.01	16.0
<b>1971</b>	<b>2,938</b>	<b>2,681</b>	<b>5,619</b>	<b>16.1</b>	<b>16.4</b>	<b>16.0</b>

The number of live births in the county during 1971 gave a crude live-birth rate of 16.4 per 1,000 population. As the comparability factor for the county is 1.02, adjustment converts this rate to 16.4 which compares with 16.0 for England and Wales. The diagram shows clearly the fall in the number of live births in the county since the early 1960's.

Comparative live birth rates for Monmouthshire and England and Wales



The number of still-births, 90, gives a still-birth rate of 16.0 per 1,000 live and still-births. The overall gradual downward trend of recent years was not continued. As late as 1965, the still-birth rate stood at the high level of 22.5 in Monmouthshire and the general decline is welcomed. 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
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
1970	15.46	13.0
1971	16.0	12.0

The number of illegitimate births in 1971 was 313 which represents 6.0% of the total births.

### Infant deaths

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

Year	Monmouthshire	England and Wales
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
1970	21.12	18.0
1971	15.0	18.0

During 1971, 57 children died before reaching the age of 4 weeks. This represented a neonatal mortality rate of 10.0 per 1,000 related live births. The figure for England and Wales was 12.0 per 1,000 related live births.

There were 45 deaths of infants under 1 week of age giving an early neonatal mortality rate of 8.0.

I must notify with pleasure that for the first time on record the neonatal and infant mortality rates in Monmouthshire were lower than those for England and Wales in 1971.

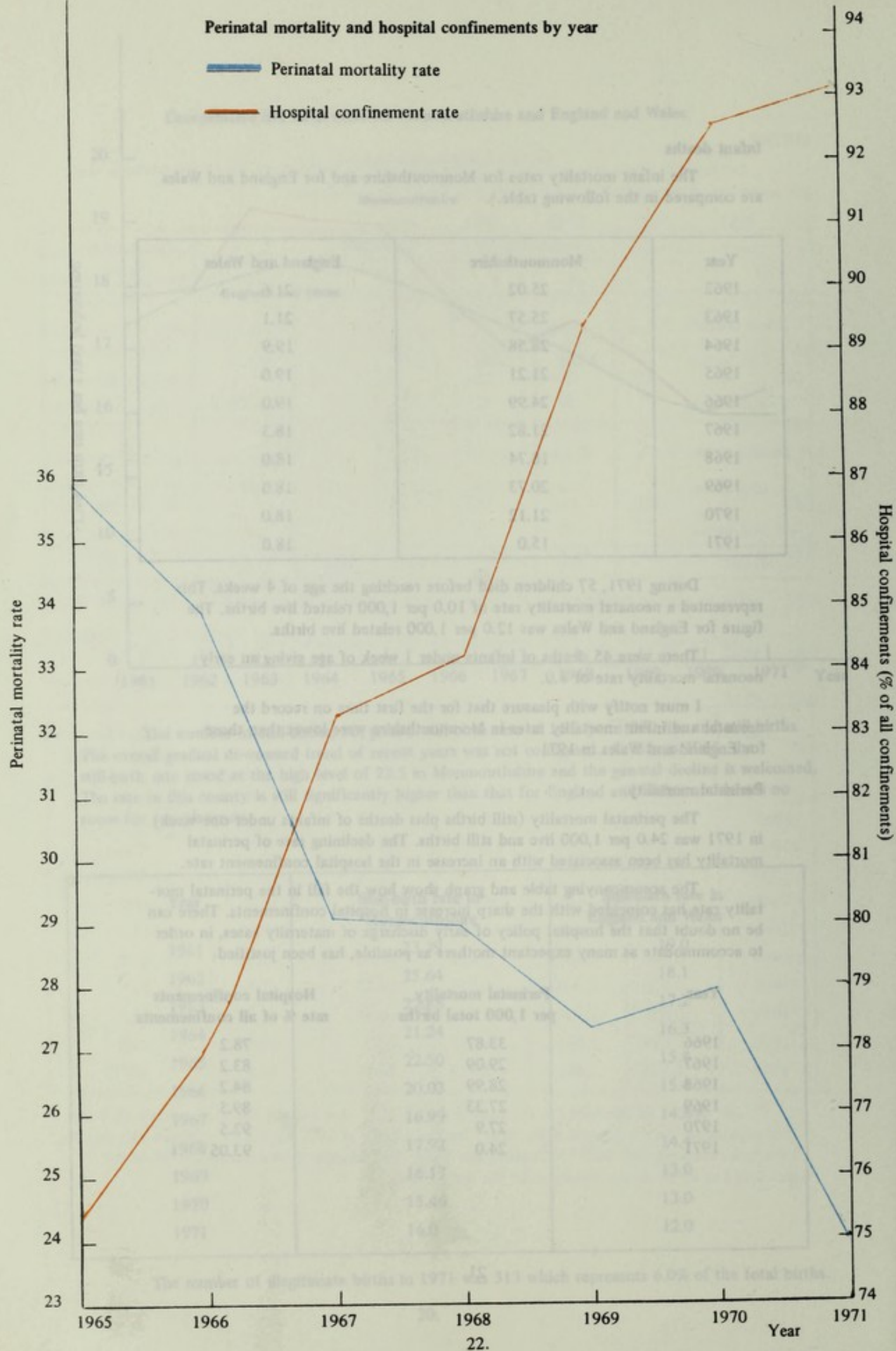
### Perinatal mortality

The perinatal mortality (still births plus deaths of infants under one week) in 1971 was 24.0 per 1,000 live and still births. 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
1966	33.87	78.2
1967	29.09	83.2
1968	28.99	84.2
1969	27.33	89.5
1970	27.9	92.5
1971	24.0	93.05

# Perinatal mortality and hospital confinements by year



### Maternal mortality

One death was registered during the year from accidents and diseases of pregnancy and parturition, giving a rate of 0.18 per 1,000 live and still births.

The case was one of massive pulmonary embolus due to venous thrombosis and associated with pregnancy. It was fully investigated and reported on in the usual way.

Maternal mortality rates per 1,000 total births for the years 1961-1971 are shown below:-

Year	Monmouthshire	England and Wales
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	0.24	0.19
1970	0.18	0.14
1971	0.18	0.17

**Registrar-General's return of births and infant deaths in Urban and Rural districts in 1971**

District	Estimated mid-year home population	Live Births						Still births						Deaths under 1 year of age						Deaths under 4 weeks of age						Deaths under 1 week of age						Comparability factors																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		Legit.			Illegit.			Legit.			Illegit.			Legit.			Illegit.			Legit.			Illegit.			Births	Deaths																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Urban																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						

## CHILD HEALTH SERVICES

As reported last year a new pattern of work has been established and reorganized in child health clinics.

The aim is to concentrate on preventive medicine and periodic medical examinations in addition to treatment and vaccination procedures. This requires considerable organization, as it involves an organized system, but it has been well established in these clinics, and a plan has been made to extend this plan to other clinics.

Details of attendance at clinics and of the use of these services are given below.

### Attendance

No. of children who attended during the year				No. of services rendered			
Boys to 1921	Boys to 1920	Girls to 1920-21	Total	Medical office	Home visits	Family centers	Total
5,401	6,816	12,191	24,408	2,000	487	1,100	3,587

### Services

#### Medical office

Maternity and child health services supplied:

Admitted

## SECTION II

### MATERNITY AND CHILD HEALTH SERVICES

Total

#### Early detection of handicapped children

The importance of the early detection of a child's physical condition is well appreciated. Children with physical handicaps are often overlooked by the general community.

Those which come to light in the first year of life are usually detected by family doctors, but the majority of cases are not detected until the child is two or three years of age.

All children who are under two years of age are given a physical examination by the family doctor, and a report is made to the health department. This report is then used by the health department to determine the need for special services.



## CHILD HEALTH SERVICES

As reported last year a new pattern of work has been introduced and encouraged at child health clinics.

The aim is to concentrate on developmental screening and periodic routine examinations, in addition to immunisation and vaccination procedures. This requires considerable organisation, as it involves an appointment system, but is now well established at three clinics, and a start has been made in others.

Details of attendances at clinics and of the use of clinic premises are given below:-

### Attendances

No. of children who attended during the year				No. of sessions held by			
Born in 1971	Born in 1970	Born 1966-69	Total	Medical officer	Health visitors	Family doctor	Total
5,481	5,828	13,245	24,554	2,082	627	125	2,834

### Premises

Health centres	5
Maternity and child health centres Purpose built	22
Adapted	14
Mobile	1
Premises (e.g. church halls) occupied on a sessional basis	16
Total	58

### Early detection of handicapped children

The importance of the early detection of a handicapping condition is well appreciated. Children suffering from malformations at birth are kept under observation by regular assessment.

Cases which come to light at a later age are referred by paediatricians, family doctors, medical officers and health visitors and are also seen regularly.

All handicapped children are re-examined when they reach school age, and a recommendation is made to the Director of Education with regard to school placement.

Unfortunately some handicapped children are very difficult to place, due to the limitations in the educational provisions which however are being improved.

Details of children examined are kept under review:-

Condition	Number of children examined for the first time in 1971
General retardation	43
High risk perinatal factor	13
Major C.N.S. malformation	9
Cerebral palsy (or suspected)	7
Epilepsy or convulsions	6
Cleft lip and/or palate	5
Delayed speech	5
Downs syndrome	4
Miscellaneous	9
Total	101

Re-assessments of children under observation  
(excluding the pre-school examination) = 39  
Children examined prior to school entry = 60  
Total number of handicapped children  
examined at special sessions = 200

### Congenital malformations

Major congenital malformations apparent at birth, are notified on the birth card. Conditions notified during the year were:-

Condition	No. live born affected children	No. stillborn affected children
Spina bifida	13	8
Anencephalus		18
Hydrocephalus	2	3
Downs syndrome	3	
Cleft palate	5	
Abnormalities of limbs including talipes	11	
Malformation of urino-genital system	9	
Malformation of heart and circulation		1
Malformation of skin, muscles or fascia	6	
Other	4	2

### **"At Risk" Register**

It has been felt for some time that a review of the conditions under which children were considered "at risk" was necessary in consultation with the local paediatricians. A meeting took place during the year and a new list of risk factors was agreed. Arrangements were also made for a medical officer to be attached to each of the two paediatric units serving the county, for the purpose of the developmental screening of "at risk" babies. This is a mutually satisfactory arrangement. The number of infants screened during the four month period September 1st to December 31st was 17 at Nevill Hall hospital, Abergavenny, and 26 at the Royal Gwent hospital, Newport.

### **Screening for metabolic disorders**

A Wolf test for metabolic disorders is carried out on all infants on or about the 12th day of life by health visitors. If the first test proves positive or doubtful, a further test is carried out. Should this also be positive the family doctor is consulted, and arrangements are made for referral to a paediatrician.

Abnormalities were detected as follows:-

Cystinuria	-	11
Glycosuria	-	1
Histidinuria	-	1
Proteinuria	-	1
Phenylketonuria	-	1

### **"Battered Babies"**

A conference of the various bodies interested in the problem of battered babies took place in the department in October, and was attended by representatives of the Gwent Constabulary, the Social Services department, the Health department, the Local Medical Committee and consultant paediatricians.

It was agreed that whenever a case of battering was suspected, by family doctor, health visitors, or social worker, reference would be made to a consultant paediatrician for investigation and confirmation. If necessary the paediatrician would convene at short notice a meeting of a special consultative committee of representatives of the Health department, the Social Services department and the Gwent Constabulary, together with the paediatrician, family doctor and other interested persons such as child psychiatrist or N.S.P.C.C. inspector to decide future management of the case.

### **Sales of welfare foods**

With the exception of orange juice sales of welfare foods have decreased considerably since 1969. One new item, "Children's Vitamin Drops", became available during the year.

There have been no price increases for several years.

Sales 1969 - 1971:-

	National dried milk	Cod liver oil	Vitamin A & D tablets	Children's vitamin drops	Orange juice	Total cost
1969	12,071	4,021	4,033	—	82,468	£8,069
1970	7,915	3,952	4,175	—	88,381	£7,806
1971	2,846	2,811	3,093	4,737	91,329	£6,984

Sales of proprietary brands of foods

Sales of proprietary brands of food have decreased by approximately 3% since 1969, but the prices have increased by approximately 28% over the same period.

Sales 1969 - 1971:-

1969	£26,000
1970	£28,500
1971	£32,300

In 1971 ten clinic clerks were employed for the sale of foods - four full-time and six part-time. Food was sold in sixty clinics, and in nineteen of these the task was undertaken by health visitors.

Health Centres

The National Health Service Act of 1946 states that "It shall be the duty of every local Health Authority to provide, equip, and maintain to the satisfaction of the Minister premises, which shall be called 'Health Centres' ....."

At the beginning of 1971, Monmouthshire County Council possessed eight health centres, five of which were "adopted" as health centres in 1948 and were not purpose-built, and three of which were purpose-built.

1948 health centres	Number of general practitioners	List size
Church Street Tredegar	5	12,500
Park Place, Tredegar	3	5,500
Bethcar St., Ebbw Vale	2	4,000
Rhymney High Street	3	6,500
Blaenavon	3	7,000

### Purpose-built health centres

Year opened	Number of general practitioners	List size
1965 Risca	6	14,000
1968 Cwm	2	5,500
1968 Rogerstone	3	8,000

In April, a purpose-built health centre with a local authority pharmacy was opened in Blaenavon, the second in Britain built to replace a 1948 health centre.

Work continued on a new health centre for Abertillery, which will have four doctors, with a list size of 9,000. This centre, which will open in early 1972, will be unusual in that it is six storeys high. The ground and first floor will accommodate a remedial workshop for the Social Services department; the second floor, the local authority dental suite, and area health medical and administrative and divisional executive school health service accommodation; the third floor, the child health, audiometry, health education, family planning and cytology and chiropody services; the fourth floor, the general practitioner's suite, and an access from an adjacent hillside street; and the fifth floor will have a treatment room and store, an office for an area nursing officer and a suite for the registrar of births and deaths. There will be a lift and further access from the car-park adjoining the ground floor.

The planning of the health centre programme continued to be in the special responsibility of a senior medical officer, and this section worked towards a coherent and uniform approach to the planning, commissioning and administration of health centres.

Although the planning team's chief responsibility ends with the commencement of use of the new building they should, for perhaps six months, subsequently undertake some supervisory role. It is also desirable that they should devise and implement an evaluative study of the building to see whether it satisfies local needs and is appropriate for the type of work for which it was planned. At the end of 1971, the County Council was planning the following health centres.

Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000
Small new health centre with day surgery facility	2	1,000

Financial Year	Health Centres	Number of General Practitioners	To serve Population	Position reached	Other Comments
1971-72	(1) Rhymney	4	8,700	Detailed brief with Architect.	Replaces 1948 health centre. No pharmacy.
	(2) Pontllanfraith	6	13,000	Detailed brief being prepared.	New health centre with Executive Council pharmacy.
1972-74	(3) Bedwas	4	10,000	With Welsh Office for approval.	New health centre with Executive Council pharmacy.
	(4) Chepstow	7	17,000	Sketch plan being prepared.	New health centre without pharmacy.
	(5) Caldicot	6	14,000	Sketch plan about to be approved by health department.	Extension on an existing clinic. No pharmacy.
	(6) Ebbw Vale (infrastructure programme).	4	9,000	Awaiting final decision on number of General Practitioners and on size of pharmacy.	To have Executive Council pharmacy. Extension of an existing clinic to replace a 1948 health centre.
1974-5	(7) New Tredegar	3	5,000	Schedule of accommodation with County Architect.	New health centre without pharmacy.
	(8) Abercarn	6	16,000	Schedule of accommodation almost complete.	New health centre without pharmacy.
	(9) New Inn	4	5,000	Negotiation with Executive Council for area to be served: also with County planning officer and County Architect re-location and site.	Small new branch health centre without pharmacy.
	(10) Pengam	1	4,500	Schedule of accommodation with County Architect.	Small new urban health centre without pharmacy.
	(11) Raglan	2	3,000	Schedule of accommodation complete. Location and site being investigated.	Small new Rural health centre with dispensary but without pharmacy.
Not in Building Programme	(12) Abersychan	2 or 3 (probably)	?	Investigation just begun. Executive Council's views being sought.	New health centre probably without pharmacy.

In Monmouthshire at 31/12/1971 the proportion of:-

- (a) Patients served by health centres = 15.2%
- (b) General practitioners in health centres = 14.0% (1)

Nationally the percentage of general practitioners participating in health centres (2) is:-

	End of 1970	Expected end of 1972
England	5.3%	9.4%
Wales	7.0%	12.5%
Scotland	4.5%	8.7%
N. Ireland	12.2%	21.0%

It has been shown that on average it takes just over three years from the beginning of planning a health centre to opening it. (3) This is also the experience of this authority though individual projects vary; one shows no fruit after seven and a half years but another reached the stage of the final schedule of accommodation in seven months from December, 1970, final sketch plan in 13 months and is in the first part of 1972-74 building programme.

#### References

- (1) Personal communication from the Clerk of Newport and Monmouthshire Executive Council.
- (2) Directory of British Health Centres, Kings Fund Hospital Centre 1971, page 75.
- (3) Ibid, page 72.

## THE HEALTH VISITING SERVICE

On the whole a good relationship exists between general practitioners and health visitors in the county. During the year, efforts were made to deepen this relationship and schemes were considered whereby the health visitor would change her pattern of work in the same way as the district nurse (see chapter IV), ceasing to work a geographical area, but having a case-load which relates to a group of general practitioners. The aim of such a change would be better communication between doctor and health visitor and ultimately better patient care.

Recruitment to the health visiting service improved during 1971 and at the end of the year only one vacancy existed.

The field work instructor supervised the work of two students for nine months of their health visitor certificate course.

Cases visited by health visitors	Number of cases		
	1969	1970	1971
1. Total number of cases	29,661	27,755	<b>28,870</b>
2. Children born during year	5,707	5,556	<b>5,299</b>
3. Children born in previous year	5,627	5,225	<b>5,319</b>
4. Children born in four year period previous to 3 above	15,483	12,822	<b>14,659</b>
5. Total number of children in lines 2 - 4	26,817	23,603	<b>25,277</b>
6. Persons aged 65 or over	1,124	820	<b>490</b>
7. Number included in line 6 who were visited at the special request of a general practitioner	382	426	<b>224</b>
8. Mentally disordered persons	157	72	<b>41</b>
9. Number included in line 8 who were visited at the special request of a general practitioner or hospital	20	19	<b>19</b>
10. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	60	39	<b>45</b>
11. Number included in line 10 who were visited at the special request of a general practitioner or hospital	11	21	<b>20</b>
12. Number of tuberculosis households visited	280	145	<b>135</b>
13. Number of households visited on account of other infectious diseases	73	48	<b>45</b>
14. Other cases	1,509	3,221	<b>3,017</b>

## MATERNITY SERVICES

### Ante-natal clinics

It was possible to reduce the number of sessions held, in some clinics where attendances did not justify a full day clinic. This sometimes meant a busier day for the staff concerned, and I am grateful for their ready co-operation.

The following tables gives details of attendances compared with those of the previous year:-

No. of women in attendance				No. of sessions held	
For ante-natal examination		For post-natal examination			
1970	1971	1970	1971	1970	1971
1,310	924	398	358	435	344

Attendances at ante-natal and relaxation classes showed a decrease on the previous year.

	1970	1971
Number of mothers	1,056	1,040
Total attendances	5,564	5,417

This may be a reflection of decreasing opportunity for contact between health visitors who run the classes and expectant mothers who no longer attend County Council ante-natal clinics. This should be eliminated when health visitor attachment to general practitioners becomes well established.

### Midwifery service

The midwifery service has undergone no radical change during the year 1971, but changes are being considered in respect of a closer relationship with the hospital services.

Cases attended by domiciliary midwives during 1971:-

No. of confinements attended under National Health Service		No. of cases delivered in hospital and other institutions and discharged before the 10th day
Doctor booked	Doctor not booked	
338	51	4,941

### Care of the unsupported mother

All facilities available to the expectant and nursing mother were offered to the unsupported mother. The domiciliary family planning service has been of particular benefit. Many unsupported mothers would be unwilling or unable to afford themselves of family planning advice if the service was available at static clinics only.

During the year special problems were presented by some girls who were daughters of divorced parents. Having remarried and produced a second family, neither parent was prepared to give support. Fortunately such girls have so far received support from other near relatives.

Figures set out below relate to the period up to 31st August, from that date the Social Services Department took responsibility for the service.

Numbers of new cases dealt with:-

Single women	110
Married women	11
Widows	1
Divorced women	3
Total	125

Total number of visits to the above 226

Admissions to mother and Baby homes.

St. Ann's Convent, Chepstow 5

### Maternity Liaison Committees

Due to the re-organisation of hospitals in the Cardiff and East Glamorgan area a new maternity liaison committee was set up to replace the Rhymney and Sirhowy Valley Committee.

The North Monmouthshire Committee continued its activity under the chairmanship of Mr. L. Ogilvie and met four times.

The Newport and East Monmouthshire Committee met once only and resolved amongst other things to set up a study group to consider the conclusions and recommendations of the Peel report insofar as it affected the midwifery services in the area.

### Premature births

In 1971 the premature birth rate was 7.15% as compared with 8.3% in 1970. Three hundred and sixty-three premature babies were born alive and forty-eight were stillborn. Of those born alive, twelve died within 24 hours and the remainder survived the neonatal period. This represents a neonatal death rate of 3% as compared with 10% last year. The accompanying tables gives further details.

Weights 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 (1)	Died			Total births (5)	Died			Total births (9)	Died			Born	
		within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)		within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)		within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)	in hospital (13)	at home or in a nursing home (14)
1. 2lb.3oz or less	5	3	—	—	1	—	—	—	—	—	—	—	7	—
2. Over 2lb.3oz up to and including 3lb.4oz.	20	8	—	—	—	—	—	—	—	—	—	—	17	—
3. Over 3lb.4oz up to and including 4lb.6oz.	50	—	—	—	4	—	—	—	2	—	—	—	13	—
4. Over 4lb.6oz. up to and including 4lb.15oz.	91	1	—	—	6	—	—	—	2	—	—	—	6	—
5. Over 4lb.15oz. up to and including 5lb.8oz.	161	—	—	—	19	—	—	—	2	—	—	—	5	—
6. Total	327	12	—	—	30	—	—	—	6	—	—	—	48	—

## 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.

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 extracted but a decrease in the number of teeth filled.

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	636	144
Subsequent visits	504	266
Total visits	1,140	410
Number of additional courses of treatment other than the first course commenced during year	13	18
Treatment provided during the year - number of fillings	664	273
Teeth filled	484	219
Teeth extracted	627	233
General anaesthetics given	375	40
Emergency visits by patients	211	41
Patients X-rayed	9	11
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	175	82
Teeth otherwise conserved	393	—
Teeth root filled	—	2
Inlays	—	1
Crowns	—	1
Number of courses of treatment completed during the year	427	127

### B. Prosthetics

Patients supplied with full upper or full lower (first time)	2	7
Patients supplied with other dentures	3	24
Number of dentures supplied	5	62

### C. Anaesthetics

General anaesthetics administered by dental officers	4
--	---

## 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.	836	D.	165
B.	639	E.	164
C.	639	F.	164

### F. Sessions

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

For treatment

G. 135

For health education

H. 48

Attendance and treatment cont'd

Children 0-4 (incl)	104
Constant and nursing mother	104

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

Attendance and treatment cont'd

For health education	407	441
For treatment	579	441
	986	882
	1041	910
	12	18
	273	273
	444	419
	637	253
	373	40
	211	41
	9	11
	191	82
	197	
		2
		1
		1
	427	727

# B. Prosthetics

Patients supplied with full upper or full lower

(fit a time)

Patients supplied with partial dentures

Number of dentures supplied

# C. Anaesthetics

General anaesthetics administered by dental officers

4

# THE SCHOOL HEALTH SERVICE

MEDICAL INSPECTIONS		Number of children
Number of children	Number of inspections	Number of children
Routine medical inspections were carried out in the traditional manner at three stages in the children's educational career:-		
(1) In the first year of school (usually 5 years of age)		
(2) In the year before proceeding to secondary school (approximately 10 years of age)		
(3) In the final year of compulsory school attendance (14 years of age)		
Between inspections to parents giving them the opportunity of being present at the examination if they wished, were sent out before each inspection. The co-operation of parents in attending the infant examination is high, but fewer parents attend at the junior inspection, and hardly any in the final year of compulsory school attendance. This probably reflects the mobile attitude of children as they mature from dependent childhood to independence.		

## SECTION III

### SCHOOL HEALTH SERVICE

Type of school		Number of children	
		Boys	Girls
Primary schools		10	10
Secondary schools		21,267	18,787
Special schools		12,731	12,731
Total		34,878	32,518

## THE SCHOOL HEALTH SERVICE

### MEDICAL INSPECTIONS

#### Arrangements for medical inspections

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

- (1) In the first year at school (usually 5 years of age).
- (2) In the year before proceeding to secondary school (approximately 10 years of age).
- (3) In the final year of compulsory school attendance. (14 years of age).

Personal invitations to parents, giving them the opportunity of being present at the examinations if they wished, were sent out before each inspection. The co-operation of parents in attending the infant examination is high, but fewer parents attend at the junior inspection, and hardly any in the final year of compulsory school attendance. This probably reflects the modern attitude of children as they mature from dependent childhood to independent adolescence.

The number of children attending schools in the county continued the upward trend of the recent years and the 1971 figures show an increase of over 2% on the register, compared with 1970.

The number of children on school registers at December, 1970 was:-

Type of school	Number of schools	Number of children		
		Boys	Girls	Totals
Nursery schools	10	330	290	620
Primary schools	271	21,267	19,787	41,054
Secondary schools	43	12,720	12,376	25,096
Special schools	4	153	38	191
Totals	328	34,470	32,491	66,961

The number of children on school registers at December, 1971 was:-

Type of school	Number of schools	Number of children		
		Boys	Girls	Totals
Nursery schools	10	315	313	628
Primary schools	270	21,539	20,293	41,832
Secondary schools	41	13,089	12,584	25,673
Special schools	8	245	118	363
Totals	329	35,188	33,308	68,496

The number of periodic medical inspections showed a slight decrease in 1971, due to a minor change of procedure. Formerly, a pupil was examined in the final year of compulsory school attendance, and if he or she chose to continue at school beyond this age, a fresh appointment was offered each year. This was thought to be unnecessary, and was therefore discontinued to make better use of medical officer's time.

The number of re-inspections increased and the total of periodic and re-inspection shows an increase of 2% over 1970 which approximately corresponds with the increase in the school population.

Special medical inspections were carried out at the request of parents, teachers, health visitors, education welfare officers, the school psychological service and the social service department.

	1970	1971
Periodic medical inspections	15,082	14,203
Re-inspections	2,758	3,901
Special inspections	221	264

Efforts were made during the year to develop closer relations with the various departments concerned with the well-being of school children. A number of case conferences were organised to discuss the educational placement of handicapped children and a monthly case conference was held at Pollards Well Unit for psychotic children at Caerleon. Discussions were also held with the child psychiatrist in charge of the Child Guidance Service, and we look forward to the appointment of a second psychiatrist to the County in the near future. There is no doubt that the present service is over-loaded, and many children who would benefit from early psychiatric treatment are not at present being referred.

The County Medical Officer attended, or was represented on the Special Services Sub-Committee, and the Governors or Special Schools Sub-Committee of the Education Committee.

Parties of school medical officers visited the three special residential schools in the Chepstow area, and were favourably impressed with what was provided for the handicapped children there.

It is not possible for a County to be self-sufficient educationally in the present day. A number of visits have been made to foster good relationships with neighbouring authorities, and during the year visits were made by a senior medical officer to the following schools to discuss Monmouthshire children already placed, or awaiting placement.

<b>Newport</b>	-	Greenfield Day E.S.N. School. The Gaer School for physically handicapped/delicate/maladjusted children. Eveswell physio and hydrotherapy unit and nursery school.
<b>Merthyr Tydfil</b>	-	Pentrebach E.S.N. School.
<b>Glamorgan</b>	-	Erw's Delyn Residential School for physically handicapped children. Ysgol Cefn Glas residential school for E.S.N. girls.
<b>Gloucestershire</b>	-	Dene Hall residential E.S.N. school, Coleford.

A party of representatives of the school health service, the school psychological service and the Pollards Well unit, visited Moor House school, Oxted, Surrey, (for children suffering from disorders of communication), and some of the methods learned have been applied to non-communicating children in the unit.

# DEFECTS FOUND AT MEDICAL INSPECTIONS

## Periodic inspections

Defect or disease	Entrants		Leavers		Others		Totals	
	Requiring		Requiring		Requiring		Requiring	
	Treat-ment	Observation	Treat-ment	Observation	Treat-ment	Observation	Treat-ment	Observation
Skin	16	113	17	109	15	95	48	317
Eyes:-								
(a) Vision	76	202	143	317	151	225	370	798
(b) Squint	44	117	5	30	7	51	56	198
(c) Other	4	9	2	20	2	15	8	44
Ears:-								
(a) Hearing	58	115	11	25	23	43	92	183
(b) Otitis media	14	53	3	11	5	17	22	81
(c) Other	5	11	—	10	1	10	6	31
Nose and throat	138	418	16	108	32	148	186	674
Speech	43	115	3	11	15	29	61	155
Lymphatic glands	5	76	—	13	2	20	7	109
Heart	7	70	3	35	5	31	15	136
Lungs	11	159	5	66	2	76	18	301
Development:-								
(a) Hernia	3	28	2	3	8	16	13	47
(b) Other	42	162	6	20	17	48	65	230
Orthopaedic:-								
(a) Posture	1	46	3	41	—	32	4	119
(b) Feet	17	90	4	61	4	50	25	201
(c) Other	8	60	7	61	7	51	22	172
Nervous system:-								
(a) Epilepsy	3	26	—	6	1	17	4	49
(b) Other	8	43	2	20	6	24	16	87
Psychological:-								
(a) Development	14	40	1	23	3	25	18	88
(b) Stability	6	29	—	24	1	36	7	89
Abdomen	8	85	5	25	7	37	20	147
Other	2	52	11	34	5	39	18	125

# Defects found at medical inspections

## Special inspections

Defect or disease	Pupils requiring treatment	Pupils requiring observation
Skin	—	10
Eyes:		
(a) Vision	21	32
(b) Squint	4	21
(c) Other	—	—
Ears:		
(a) Hearing	11	18
(b) Otitis media	—	2
(c) Other	—	1
Speech	7	13
Nose and throat	10	12
Lymphatic glands	—	3
Heart	—	8
Lungs	1	8
Developmental:-		
(a) Hernia	1	4
(b) Other	4	6
Orthopaedic:		
(a) Posture	1	2
(b) Feet	1	9
(c) Other	1	11
Nervous system:-		
(a) Epilepsy	—	11
(b) Other	—	7
Psychological:-		
(a) Development	8	15
(b) Stability	1	3
Abdomen	2	2
Other	1	11

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

**by year of birth**

<b>Age group inspected (by year of birth)</b>	<b>For defective vision (excluding squint)</b>	<b>For any other condition</b>	<b>Total individual pupils</b>
1967 and later	10	58	61
1966	37	237	262
1965	45	150	179
1964	15	45	57
1963	3	10	13
1962	4	5	6
1961	3	11	14
1960	63	41	101
1959	35	27	53
1958	2	3	4
1957	44	40	84
1956 and earlier	115	98	195
<b>TOTAL</b>	<b>376</b>	<b>725</b>	<b>1,029</b>

### 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 1971.

Age groups inspected (by year of birth).	No. of pupils inspected.	Physical condition of pupils inspected.	
		Satisfactory	Unsatisfactory
1967 and later	1240	1237	3
1966	3186	3182	4
1965	2118	2114	4
1964	482	482	—
1963	120	119	1
1962	40	40	—
1961	101	97	4
1960	1357	1350	7
1959	755	751	4
1958	46	46	—
1957	1898	1881	17
1956 and earlier	2860	2851	9
TOTAL	14203	14150	53

Percentage of children considered of satisfactory physical condition

99.63%

Percentage of children considered of unsatisfactory physical condition

0.37%

## Cleanliness

The attached table which sets out a comparison of the numbers of children seen at cleansing examinations shows a marked increase in the number of children so examined in 1971 as result of the increase in establishment of school nurses in the County, although the number of nurses still falls short of what one would wish.

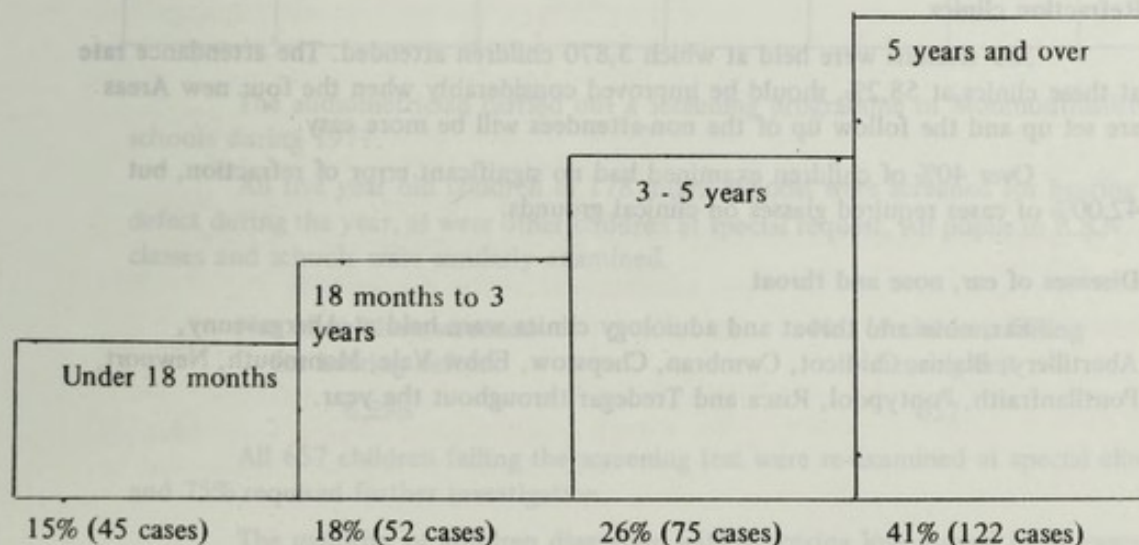
It is to be hoped that additional staff will become available to improve the service even further in the future.

	1968	1969	1970	1971
Number of children seen at cleansing examinations	41,260	29,941	22,449	38,553
Number of children seen at 1st re-visit	1,113	390	1,224	3,625
Number of children seen at 2nd re-visit	417	113	871	2,445
Number of children infected	174	106	756	1,192
Number of children excluded from school	14	14	6	23

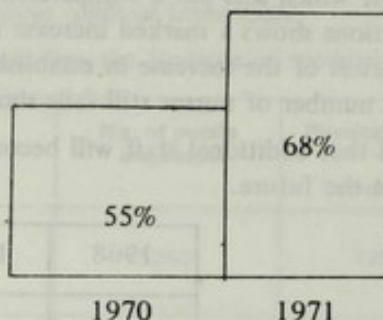
## Defective vision, squint and other eye diseases

Mr. G.W. Hoare and Mr. Vaughan-Jones attended 51 consultant ophthalmic sessions at Nevill Hall hospital, Abergavenny, and St. Woolos hospital, Newport, where 728 cases were examined. Since March 1971, new cases have been divided into age groups - i.e., under eighteen months, eighteen months to 3 years, 3 years to 5 years, and 5 years and over - for recording purposes.

Percentages of new cases seen at consultant clinics from March 1st 1971, by age:-



Percentages of new cases, under 5 years of age by year.



In 1971, 68% of the total cases seen were under 5 years of age at the first visit compared with 55% in 1970. This suggests an increase in the awareness of the staff that the younger a child is referred the better is the eventual result of treatment.

Of all new cases, 78% had ocular anomalies.

All siblings of children who attended the consultant clinics were also examined.

This year contact lenses were provided for certain children who would otherwise have been certified as partially-sighted. The criteria for provision of contact lenses were:-

- (1) Visions of less than 6/24 with both eyes with glasses.
- (2) The child was old enough to be able to manipulate contact lenses by themselves.
- (3) A refractive error suitable for correction with contact lenses was present.

Nine children were included in this study and next year we hope to be able to comment on its advantages and disadvantages.

#### Refraction clinics

359 sessions were held at which 3,870 children attended. The attendance rate at these clinics at 58.2%, should be improved considerably when the four new Areas are set up and the follow up of the non-attendees will be more easy.

Over 40% of children examined had no significant error of refraction, but 42.00% of cases required glasses on clinical grounds.

#### Diseases of ear, nose and throat

Ear, nose and throat and audiology clinics were held at Abergavenny, Abertillery, Blaina, Caldicot, Cwmbran, Chepstow, Ebbw Vale, Monmouth, Newport, Pontllanfraith, Pontypool, Risca and Tredegar throughout the year.

No. of sessions	Appointments sent	Appointments kept	Pre-school children		School children	
			New cases	Old cases 1st visit	New cases	Old cases 1st visit
250	3,224	2,165	233	79	667	670

#### Re-visits - 516

Children requiring further treatment and investigation were referred to consultation clinics held at Stanley Road clinic, Newport, by Mr. J.L.D. Williams, F.R.C.S., and Mr. G.B. Leitch, F.R.C.S.

Consultant sessions	Appointments sent	Appointments kept	Pre-school children		School children	
			New cases	Old cases 1st visit	New cases	Old cases 1st visit
Mr. Leitch 25	372	263	26	5	156	62
Mr. Williams 22	412	304	17	4	191	42

The audiometrician carried out a screening programme of Monmouthshire schools during 1971.

All five year old children in 178 infant schools were screened for hearing defect during the year, as were other children at special request. All pupils in E.S.N. classes and schools were similarly examined.

**No. of children screened  
for hearing defects**

6,298

**No. of children failing  
hearing test**

657

All 657 children failing the screening test were re-examined at special clinics and 75% required further investigation.

The majority of children diagnosed with a hearing loss proved to be cases of catarrhal otitis media which usually responds to a myringotomy and insertion of Grommetts tubes. Unfortunately the waiting list for this operation is a very long one.

There was an encouraging increase in the number of young children under five years and infants referred for hearing tests during 1971. It is probably due to this increase that an exceptionally large number of children, eleven, were diagnosed as having a significant hearing loss and referred to the teacher of the deaf for auditory training and guidance.

The following numbers of hearing aids and speech trainers were supplied during the year.

Medresco (government) aids	9
Commercial aids	17
Speech trainers	17

### Speech defects

Throughout 1971 the number of speech therapy staff fluctuated, but the establishment of five therapists was never attained. In January, 1971, two full-time therapists and one part-time therapist were employed; however, in March, 1971, Mrs. A. Cecil became part-time and in July, Mrs. J. Paten resigned to work for another authority. In September, Mrs. C. Clark also became part-time. The situation was only slightly improved in November, when three therapists, Mrs. S. Brenchley, Mrs. V. Banham and Mrs. P. Smith, were employed to work a total of five sessions between them.

This constant change in staff has brought considerable problems in the maintenance of an efficient service.

Throughout the year, weekly clinic sessions were held at Abergavenny, Abertillery, Blackwood, Cwmbran, Caldicot, Chepstow, Ebbw Vale, Tredegar, Newport, Risca and therapists attended fortnightly at two remedial classes at Six Bells, and Hollybush schools.

It was however, necessary, to curtail the speech therapy services available to other remedial classes and also the training centres. The constant staff shortage has meant much longer waiting lists for treatment and consequent frustration both to the therapists concerned and the public.

Throughout the year, the county speech therapists attended most career evenings arranged by the Youth Employment section in the county. A number of particularly interested pupils visited school clinics to see the therapist's actual work, and it is hoped that this will benefit the county speech therapy services in the future.

It is essential that the present establishment of five therapists be maintained to effect a stable and progressive speech therapy service.

## THE SCHOOL DENTAL SERVICE

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

During the year the school dental service continued to provide comprehensive facilities for the preservation of dental health in school children. Some increases in numbers of inspections and treatment were recorded over the previous year in spite of the number of dental staff being slightly diminished.

### Staff

Difficulties were encountered in obtaining sufficient dental staff, a position which has been reported upon many times previously.

At the beginning of 1971, Mr. Scarrett resigned and was replaced by Mr. Thwaites.

On May 1st Mrs. Christine Beattie, Senior Dental Officer, reduced her services from full-time to part-time, while in June Mr. David James, who conducted evening clinics only, terminated his appointment.

Mrs. P. Schofield, a part-time dental hygienist left the service in September, and a replacement was not obtained as it was possible for most of her work to be covered by the school dental auxiliaries.

An additional dental auxiliary, Miss Lynne Pritchard, joined the staff in September, bringing the total up to five. In December, Miss Hilary Maynard left the service and was replaced by Miss Rosemary Oakey.

The total number of dental surgery assistants remained constant, and the vacancy for a dental technician, reported last year, was filled.

### Orthodontics

The demands for orthodontic treatment continued to increase and a large proportion of the time of the Principal Dental Officer was taken up by this service. The importance of well regulated teeth, for cosmetic reasons and otherwise, has become widely recognised both by pupils and parents and the high percentage of attendances at orthodontic clinics demonstrated this.

Three dental technicians are employed by the County Council. The additional technician allowed more use to be made of dental regulation appliances.

Difficult cases were referred to the Welsh Dental School at Cardiff, or to the Bristol Dental Hospital, and thanks are expressed for their help and co-operation.

### Fluoridation

Although some years ago the County Council accepted the principle of fluoridation of drinking water supplies, there is still no indication when it is likely to be commenced except in one limited area.

### Clinics

During 1971 a new health centre was opened at Blaenavon, and this included a dental suite, embodying two dental surgeries and a dental workshop.

The main dental surgery at Tredegar was re-equipped with modern apparatus.

A new self-propelled mobile dental clinic was ordered to replace the existing one and its delivery is expected in March, 1972.

At the central clinic at Cwmbran, difficulty was experienced through the limited surgery and workshop facilities and expansion of both these are extremely desirable.

### Anaesthetics

The total number of general anaesthetics administered rose from 7746 in 1970 to 9162 in 1971. Of the latter 2764 were given by school dental officers, an increase of 285 on the previous year, while the remaining 6398 were administered by Dr. Rees, a part-time consultant anaesthetist, and by Dr. Lewis, a general medical practitioner.

### Routine dental inspection

Perusal of the table of dental inspections and treatments shows that the number of pupils first inspected at school was 61,133, an increase of 1,183 over 1970.

The number of sessions devoted to school inspections was 330 compared with 342 for last year.

The number of pupils inspected at school clinics, having been absent from school at the time of the dentist's visit, was 3,327, which was 793 less than last year.

36,606 pupils were found, at first inspection at school or clinics, to be in need of dental treatment, all of which were offered treatment.

In addition, at re-inspection at school or clinic, 734 pupils were inspected and 358 of them found to require treatment.

### Dental treatment

Number of pupils inspected at school or clinic	64,460
Number found to require treatment	36,606
Number of fillings in permanent teeth	25,748
Number of fillings in deciduous teeth	8,525
Number of permanent teeth filled	17,379
Number of deciduous teeth filled	5,830
Number of permanent teeth extracted	5,897
Number of deciduous teeth extracted	11,862

There was a general increase both in the number of pupils inspected at school, and the number of treatments given.

The number of first inspections at clinics was slightly reduced, being 3,327 against 4,120 for 1970.

Evening clinics were still held, as the convenience afforded by these was much appreciated by parents and older pupils.

#### **Dental laboratories**

All the dentures, orthodontic appliances, inlays, crowns, etc., which are used in the school dental service, are constructed at the Council's laboratories at Cwmbran and Ebbw Vale. Concentration of these services at Cwmbran, would have a beneficial effect, but the restricted size of the workshop at present, may make it rather difficult. Three qualified dental technicians are employed.

#### **Dental careers evenings**

As in previous years, many schools were visited by dental officers and dental auxiliaries on careers evenings, for the purpose of discussion with pupils and parents, the question of careers in dentistry.

#### **Dental health education**

This year a far greater involvement with child health clinics has been arranged.

The health visitors in all areas were contacted, and arrangements made for health clinics to be visited by the dental health organiser. This plan was wholly successful, and the visits were appreciated by the health visitors.

All infant and junior schools were visited during the year. In the larger schools, the entire day was spent teaching each individual class and age group, with the aid of films, film strips and visual aids.

All teaching staffs appreciate the great need for dental health education, but unfortunately, a few fail to realise how much the sale of sweet and sticky foods at break time contribute to dental decay.

Information has been sent to head teachers on foods less injurious to teeth and health, which could be sold. In most cases this has been noted and potato crisps and nuts are now sold.

In October, the dental health organiser attended the Conference for General Health Education at the Guildhall, Swansea. This was of great help and interest to her. Since her activities have become more widely known, more and more outside groups have asked for evening lectures.

### 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
First visit .. .. .	7,520	6,191	1,660	15,371
Subsequent visits .. .. .	8,587	10,436	3,446	22,469
Total visits .. .. .	16,107	16,627	5,106	37,840
Additional courses of treatment commenced .. ..	295	225	104	624
Fillings in permanent teeth .. .. .	4,535	14,719	6,494	25,748
Fillings in deciduous teeth .. .. .	7,885	640	—	8,525
Permanent teeth filled .. .. .	3,079	9,889	4,411	17,379
Deciduous teeth filled .. .. .	5,381	449	—	5,830
Permanent teeth extracted .. .. .	800	4,038	1,059	5,897
Deciduous teeth extracted .. .. .	9,585	2,277	—	11,862
General anaesthetics .. .. .	6,379	2,472	311	9,162
Emergencies .. .. .	1,379	588	128	2,095
<b>Prosthetics</b>				
Pupils supplied with full upper or full lower (first time)	1	—	4	5
Pupils supplied with other dentures (first time) ..	16	61	32	109
Number of dentures supplied .. .. .	18	76	42	136

Number of pupils x-rayed .. .. .	344
Prophylaxis .. .. .	3,328
Teeth otherwise conserved .. .. .	1,626
Number of teeth root filled .. .. .	82
Inlays .. .. .	1
Crowns .. .. .	76
Courses of treatment completed .. .. .	12,419
<b>Orthodontics</b>	
Cases remaining from previous year .. .. .	166
New cases commenced during year .. .. .	365
Cases completed during year .. .. .	198
Cases discontinued during year .. .. .	37
Number of removable appliances fitted .. .. .	326
Number of fixed appliances fitted .. .. .	77
Pupils referred to hospital or consultant .. .. .	61
<b>Anaesthetics</b>	
General anaesthetics administered by dental officers	2,764
<b>Inspections</b>	
(a) First inspection at school	
Number of pupils .. .. .	61,133
(b) First inspection at clinic	
Number of Pupils .. .. .	3,327
Number of (a) + (b) found to require treatment	36,606
Number of (a) + (b) offered treatment .. ..	36,606
(c) Pupils re-inspected at school or clinic .. ..	734
Number of (c) found to require treatment	358
<b>Sessions</b>	
Sessions devoted to treatment .. .. .	6,148
Sessions devoted to inspection .. .. .	330
Sessions devoted to dental health education .. ..	267

## HANDICAPPED PUPILS

The number of Monmouthshire handicapped pupils accommodated in special day schools at 31st December, 1971, was as follows:-

### Delicate

The Gaer, Newport	3
St. Lawrence Hospital school, Chepstow	5

### Maladjusted

Stow Hill special unit, Newport	2
The Gaer, Newport	3

### Educationally sub-normal

Greenfield school, Newport	24
*Rectory special school, Hafodyrynys	64
*Neville House special school, Garndiffaith	62
*Ty Bont special school, Tredegar	45

Where handicapped pupils could not be satisfactorily placed in ordinary school or in a special day school, residential schooling was arranged, and the number accommodated in such schools at 31st December, 1971, was as follows:-

### Blind and partially sighted

Ysgol Penybont, Bridgend	19
Royal Normal College for the Blind, Shrewsbury	2
Rushton Hall, Northamptonshire	1
Sunshine House nursery school, Southerndown	1
Hethersett Centre, Surrey	1
Worcester College for the Blind	1
Condover Hall, Shrewsbury	1

### Deaf and partially hearing

Llandrindod Wells	13
St. John's Boston Spa, Yorkshire	2
Glamorgan residential nursery school for the deaf	3

### Educationally sub-normal

*Llanfrechfa Grange Educational Unit	21
Mount School, Midhurst, Sussex	1
*Castle Hill, Chepstow	46
Ysgol Cefn Glas, Bridgend	20
St. Christopher's, Bristol	1
Besford Court, Worcester	1
Bryn Llywarch Residential School, Montgomeryshire	1
Puddleston Court, Leominster, Hereford	2

<b>Epileptic</b>	
Lingfield Hospital school, Surrey	1
<b>Psychotic</b>	
*St. Cadoc's Hospital, educational unit	21
<b>Maladjusted</b>	
*The Mount, Chepstow	11
Pitt House, Torquay	3
St. Joseph's school, East Finchley	1
<b>Physically handicapped</b>	
Meldreth Manor school, Herts	1
Erwr Delyn, Penarth	26
Palace school, Ely, Cambs.	1
Hinwick Hall, Northants.	1

#### Delicate

\*Moun-ton House, Chepstow 26

Monmouthshire schools are marked with asterisk

At the end of the year, the number of handicapped pupils on the register was

Blind	17
Partially-sighted	16
Deaf	16
Partially-hearing	97
Educationally sub-normal	440
Epileptic	26
Maladjusted	113
Physically handicapped	158
Speech defect	24
Delicate	63

970

Home tuition was provided for 101 pupils during the year.

Special transport arrangements were made for 128 pupils during the year.

The social services department was notified of 13 pupils of statutory school leaving age, who would require care and guidance after leaving school.

Defects found at medical inspections during the year

Periodic inspections

**DETAILS OF CASES REFERRED TO CHILD GUIDANCE CLINIC  
SERVICE AT THE GROVE CLINIC, TREDEGAR**

Number of cases brought forward from 31.12.70.			234
Number of cases referred in April by:			
<b>A. Medical Sources:</b>			
County clinics	34		
Family doctors	10		
Hospital consultants	7		
	-----	51	
<b>B. Educational Sources:</b>			
Education psychologists	14		
Head teachers	12		
School welfare officers	3		
	---	29	
<b>C. Other Agencies:</b>			
Probation officers	4		
Children's officers	8		
Parents	5		
Youth employment officers	—		
Mental welfare officers	—		
N.S.P.C.C.	—		
	-----	17	97
Number of cases closed during the year			331
			24
Number of cases transferred to Nevill Hall			37
Number of cases continuing to 1972			270

Comments of consultant child psychiatrist:- "This clinic at Tredegar functioned weekly until September when it was held fortnightly. This change helped considerably those patients who live in areas more accessible to Nevill Hall Hospital, and the arrangements have worked satisfactorily to date."

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 Audiology	Speech therapy	Physiotherapy	Orthoptic	Child guidance	Surgical consultation	Dental
Abergavenny	-	.5	.25	1.0	-	-	-	-	4.0
Abertillery	2.0	.5	.25	2.0	-	-	-	-	8.0
Blackwood	-	-	-	2.0	-	-	-	-	12.0
Blaenavon	-	-	.25	-	-	-	-	-	4.0
Blaina	-	-	-	-	-	-	-	-	2.0
Caldicot	-	1.0	.25	2.0	-	-	-	-	8.0
Chepstow	-	1.0	.25	1.0	-	-	-	-	4.0
Cwmbran	-	3.5	2.0	2.0	-	-	-	-	10.0
Ebbw Vale	-	.5	.25	2.0	-	-	-	-	8.0
Llanmartin	-	-	-	1.0	-	-	-	-	-
Monmouth	-	.3	.25	2.0	-	-	-	-	.5
Newbridge	-	-	-	-	-	-	-	-	4.0
Newport	-	1.0	4.0	2.0	10.0	8.0	-	2	6.0
New Tredegar	-	-	-	-	-	-	-	-	2.0
Pontypool	-	1.5	.5	1.0	-	-	-	-	10.0
Pontllanfraith	-	1.5	.75	-	-	-	-	-	-
Rhymney	-	-	-	-	-	-	-	-	2.0
Risca	-	1.0	.5	2.0	-	-	-	-	10.0
Tredeggar	-	-	-	-	-	-	-	-	4.0
Tredeggar (Grove)	-	1.0	1.25	2.0	-	2.0	1.0	-	-
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 area. All clinics were by appointment with the exception of weekly E.N.T. treatment clinic.

# 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	—	3	—	6	3	3	3	12
Eyes:								
(a) Vision	8	21	3	31	16	1	27	53
(b) Squint	1	6	—	2	1	—	2	8
(c) Other	—	—	—	—	—	6	—	6
Ears:								
(a) Hearing	7	2	2	4	2	4	11	10
(b) Otitis media	1	1	2	—	1	—	4	1
(c) Other	—	—	—	2	—	—	—	2
Nose and throat	3	13	—	8	5	4	8	25
Speech	3	3	1	—	—	—	4	3
Lymphatic glands	—	1	—	—	—	—	—	1
Heart	—	3	—	2	—	—	—	5
Lungs	1	19	—	10	—	2	1	31
Developmental:								
(a) Hernia	—	6	—	1	—	—	—	7
(b) Other	3	19	—	1	—	3	3	23
Orthopaedic:								
(a) Posture	—	4	—	3	—	2	—	9
(b) Feet	—	1	—	1	—	2	—	4
(c) Other	—	—	—	2	—	—	—	2
Nervous system:								
(a) Epilepsy	—	—	—	—	—	—	—	—
(b) Other	—	6	—	—	—	3	—	9
Psychological:								
(a) Development	—	3	—	—	—	—	—	3
(b) Stability	—	—	—	2	—	—	—	2
Abdomen	—	4	—	3	—	—	—	7
Other	1	5	1	6	1	5	3	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 defect vision (excluding squint)	For any other condition	Total individual pupils
1967 and later	4	6	7
1966	3	10	12
1965	1	2	2
1964	—	—	—
1963	—	—	—
1962	—	—	—
1961	—	—	—
1960	11	8	17
1959	5	6	10
1958	—	2	1
1957	2	2	4
1956 and earlier	1	3	4
TOTAL	27	39	57

**Other inspections**

Number of special inspections i.e., those carried out at the special request of parent, doctor, nurse, teacher or other person .. .. . 45

Number of re-inspections arising out of periodic medical inspections or out of a special inspection .. .. . 429

**TOTAL = 474**

Details found at medical inspections during the year  
Periodic inspections

## 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
1967 and later	352	352	—
1966	222	222	—
1965	36	36	—
1964	7	7	—
1963	1	1	—
1962	2	2	—
1961	—	—	—
1960	210	210	—
1959	174	174	—
1958	6	6	—
1957	134	134	—
1956 and earlier	195	195	—
TOTAL	1,339	1,339	—

# 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 Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation
Skin	6	—	4	—	—	—	10	—
Eyes:								
(a) Vision	4	—	19	—	—	—	23	—
(b) Squint	6	—	—	—	—	—	6	—
(c) Other	2	—	—	—	—	—	2	—
Ears:								
(a) Hearing	11	1	2	—	—	—	13	1
(b) Otitis media	—	—	—	—	—	—	—	—
(c) Other	1	—	—	—	—	—	1	—
Nose and throat	55	4	5	—	—	—	60	4
Speech	10	—	—	—	—	—	10	—
Lymphatic glands	1	—	—	—	—	—	1	—
Heart	4	—	—	—	—	—	4	—
Lungs	9	1	2	—	—	—	11	1
Developmental:								
(a) Hernia	—	—	—	—	—	—	—	—
(b) Other	8	2	—	—	—	—	8	2
Orthopaedic:								
(a) Posture	1	—	2	—	—	—	3	—
(b) Feet	8	—	1	—	—	—	9	—
(c) Other	4	—	2	—	—	—	6	—
Nervous system:								
(a) Epilepsy	2	—	—	—	—	—	2	—
(b) Other	4	—	—	—	—	—	4	—
Psychological:								
(a) Development	11	—	1	—	—	—	12	—
(b) Stability	3	—	—	—	—	—	3	—
Abdomen	6	—	1	—	—	—	7	—
Other	1	—	5	—	—	—	6	—

**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.**

<b>Age group inspected (by year of birth)</b>	<b>For defective vision (excluding squint)</b>	<b>For any other condition</b>	<b>Total individual pupils</b>
1967 and later	1	22	23
1966	2	76	78
1965	—	45	45
1964	—	11	11
1963	—	—	—
1962	—	—	—
1961	—	—	—
1960	—	—	—
1959	—	—	—
1956	—	—	—
1958	3	8	11
1956 and earlier	18	15	33
<b>TOTAL</b>	<b>24</b>	<b>177</b>	<b>201</b>

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 pupil inspected	
		Satisfactory	Unsatisfactory
(1)	(2)	(3)	(4)
1967 and later	156	156	—
1966	294	294	—
1965	192	192	—
1964	54	54	—
1963	—	—	—
1962	—	—	—
1961	—	—	—
1960	—	—	—
1959	—	—	—
1958	—	—	—
1957	73	73	—
1956 and earlier	212	212	—
TOTAL	981	981	—

## CARE AND AFTER CARE

### Community Nursing Services

For some time the community nursing services have been in a period of great change, and during 1971 there was a quickening of the pace in the development of these changes.

The Ministry of Health and Social Services, recommended to local authorities, a new management structure in keeping with that already implemented in hospitals. It was also recommended that community nursing staff should work more closely with general practitioners. These new proposals were aimed at improved patient care and a better deployment of staff.

In March 1971 a Chief Nursing Officer was appointed to re-organise the community nursing services, being responsible for the district nursing, midwifery and health visiting services within the County.

The county was divided into four geographical areas and the four senior nursing supervisors were appointed area nursing officers, each taking responsibility for the three nursing services within an area. It is anticipated that they will have an office within their area early in 1972.

### District nursing service

The district nursing service was re-organised during 1971, the "usual staff" system being appointed to the full-time staff and the nurses were organised into teams of five sharing the workload within the district.

## SECTION IV

### CARE AND AFTER CARE

Previously, the pattern was for the district nurse to work a geographical area, but from October, 1971, the pattern has changed to one where the district nurse is responsible for a case-load relating to a group of general practitioners. This method of working is intended for better communication between the patient, doctor and nurse. Already there appears to be an increase in the number of patients referred to the district nurse, but it is really too early to make an overall assessment.

It can be anticipated, however, that the work of the district nurse is going to increase considerably as a result of closer co-operation with general practitioners and earlier discharge from hospital.

Much of the work of the district nurse is spent in caring for the elderly. The following table illustrates that seventy per cent of the district nurse's time is spent with patients over the age of sixty-five years.

Total Visits by Age		
Age of Patient	Total Visits	Percentage
0 - 4 years	1,050	5.01%
5 - 14 years	2,270	11.33%
15 - 24 years	12,424	61.12%
25 years +	201,760	98.54%
Total	207,504	100%

Almost a fifth of the visits are made by the district nurse. It follows, therefore, that giving injections entails a considerable amount of the district nurse's time. The following table illustrates the total patients treated by district

# Aboriginal, Native and Mixed Blood Residential Expenditure

Physical condition of pupils by year of birth

Age groups reported for year ending 1911	No. of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
1907 and over	180	170	
1906	205	204	
1905	201	191	
1904	53	54	
SECTION IV			
CARE AND AFTER CARE			
1903			
1902			
1901			
1900			
1899			
1898			
1897	73	73	
1896 and earlier	217	212	
TOTAL	635	604	

## CARE AND AFTER CARE

### Community Nursing Services

For some time the community nursing services have been in a period of great change, and during 1971 there was a quickening of the pace in the development of these changes.

The Ministry of Health and Social Services, recommended to local authorities, a new management structure in keeping with that already implemented in hospitals. It was also recommended that community nursing staff should work more closely with general practitioners. These new proposals were aimed at improved patient-care and a better deployment of staff.

In March 1971 a Chief Nursing Officer was appointed to re-organise the community nursing services, being responsible for the district nursing, midwifery and health visiting services within the county.

The county was divided into four geographical areas and the four senior nursing supervisors were appointed area nursing officers, each taking responsibility for the three nursing services within an area. It is anticipated that they will have an office within their area early in 1972.

### District nursing service

The district nursing service was re-organised during 1971, the "casual relief" nurses being appointed to the full-time staff and the nurses were organised into teams of five sharing the work-load within the team.

Previously, the pattern was for the district nurse to work a geographical area, but from October, 1971, each district nurse became responsible for a case-load relating to a group of general practitioners. This method of working is intended for better communication between the patient, doctor and nurse. Already there appears to be an increase in the number of patients referred to the district nurses, but it is really too early to make an accurate assessment.

It can be anticipated, however, that the work of the district nurse is going to increase considerably as a result of closer co-operation with general practitioners and earlier discharge from hospital.

Much of the work of the district nurse is spent in caring for the elderly. The following table illustrates that seventy per cent of the district nurse's time is spent with patients over the age of sixty-five years.

Total Visits by Age		
Age of Patient	Total Visits	Percentage
0 - 4 years	2,959	1.01%
5 - 14 years	6,809	2.33%
15 - 64 years	79,464	27.12%
65 years +	203,768	69.54%
Total	293,000	100%

Anaemia is high on the list of conditions treated by the district nurse. It follows, therefore, that giving injections entails a considerable amount of the district nurse's time. The following table illustrates the total patients treated by diagnosis.

Diagnosis	Total patients treated	%
Heart disease	543	5.71
Malignant disease	532	5.58
Bronchitis	320	3.36
Tuberculosis	33	0.35
Other resp. diseases	261	2.81
Hemiplegia	391	4.11
Multiple sclerosis	43	0.45
Other diseases	604	6.35
Diseases of C.N.S.	152	1.60
Diabetes	254	2.66
Anaemia	1,829	19.23
Arthritis	408	4.28
Post operative	937	9.85
Miscellaneous	3,203	33.66
Total	9,510	100

Most of the district nurse's work is taken up in providing general nursing care and this is well illustrated when one considers the average number of visits per patient for individual procedures.

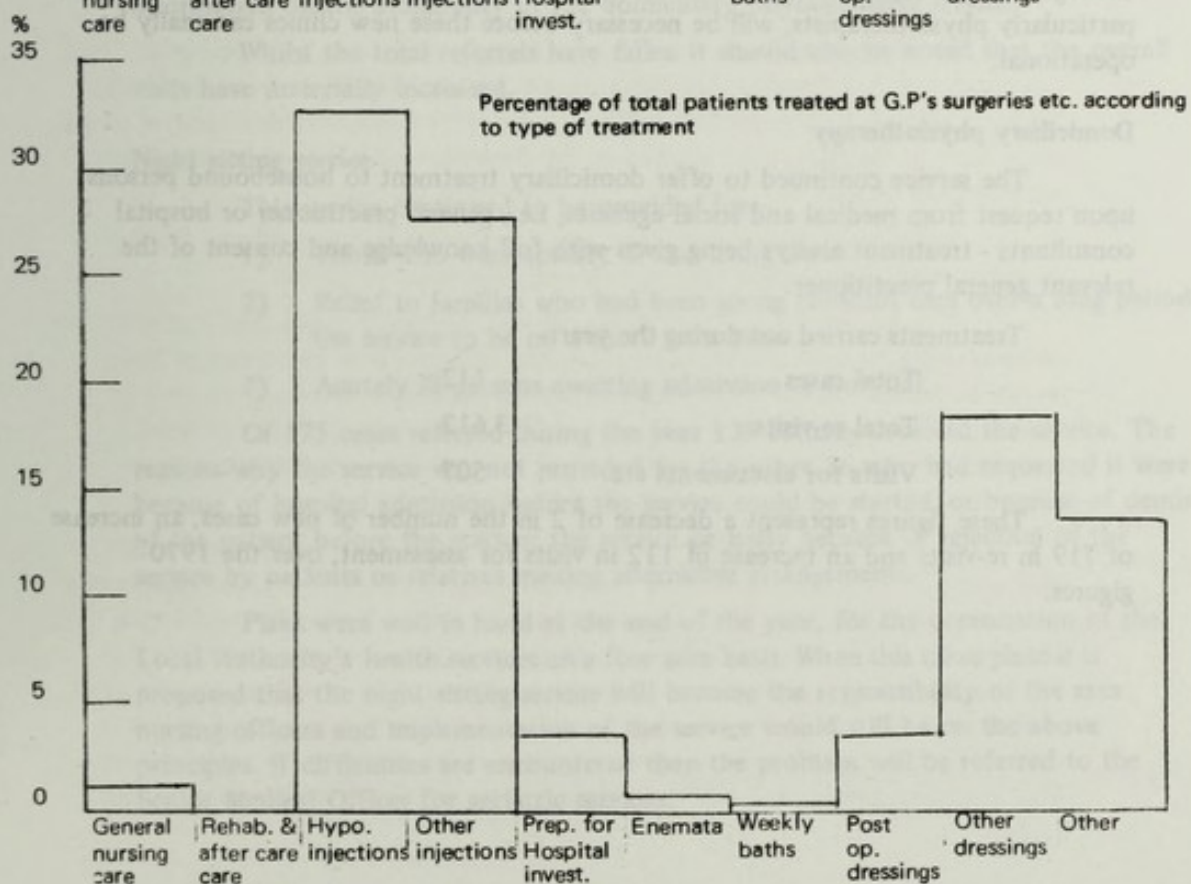
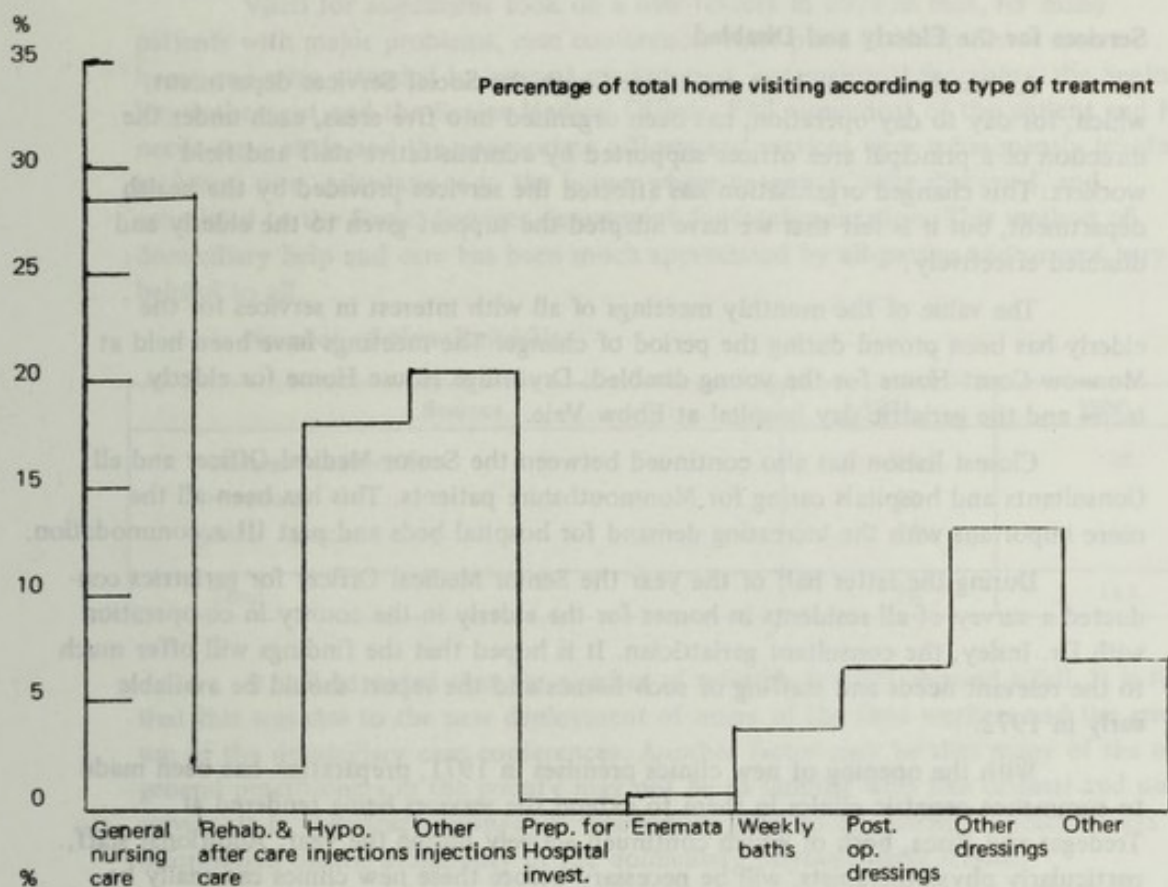
**Average number of visit per patients = 30.81**

Average number of visits by treatment	
General Nursing care	49.39
Rehab. and after care	36.52
Injections	33.90
Prep. for hospital invest.	2.65
Enemata	5.98
Weekly baths	31.56
Dressings	22.03
Other	12.59

Not all procedures are carried out in the patients home. With a changing pattern of work more and more treatments are being performed at the doctors' surgeries and health centres.

**Total home visits and patients treated at G.P.'s surgeries etc.**

Treatment	Home visits	%	G.P.'s surgeries etc.	%
General nursing care	81,513	28.29	35	0.83
Rehab. and after care	4,382	1.51	—	—
Hypodermic injections	51,874	17.95	1,376	32.78
Other injections	58,863	20.37	1,158	27.60
Prep. for Hospital invest.	732	0.25	146	3.48
Enemata	1,481	0.51	8	0.19
Weekly baths	13,350	4.62	6	0.14
Post op. dressings	19,679	6.81	141	3.36
Other dressings	37,704	13.04	766	18.25
Other	19,225	6.65	561	13.37
Total	288,803	100	4,197	100



### **Services for the Elderly and Disabled**

A close liaison has been maintained with the Social Services department, which, for day to day operation, has been organised into five areas, each under the direction of a principal area officer supported by administrative staff and field workers. This changed organisation has affected the services provided by the health department, but it is felt that we have adapted the support given to the elderly and disabled effectively.

The value of the monthly meetings of all with interest in services for the elderly has been proved during the period of change. The meetings have been held at Monnow Court Home for the young disabled, Drybridge House Home for elderly ladies and the geriatric day hospital at Ebbw Vale.

Closest liaison has also continued between the Senior Medical Officer and all Consultants and hospitals caring for Monmouthshire patients. This has been all the more important with the increasing demand for hospital beds and part III accommodation.

During the latter half of the year the Senior Medical Officer for geriatrics conducted a survey of all residents in homes for the elderly in the county in co-operation with Dr. Insley, the consultant geriatrician. It is hoped that the findings will offer much to the relevant needs and staffing of such homes and the report should be available early in 1972.

With the opening of new clinics premises in 1971, preparation has been made to commence geriatric clinics in them to extend the services being rendered at Tredegar and Risca, both of which continued actively during the year. Additional staff, particularly physiotherapists, will be necessary before these new clinics can really be operational.

### **Domiciliary physiotherapy**

The service continued to offer domiciliary treatment to housebound persons upon request from medical and social agencies, i.e., general practitioner or hospital consultants - treatment always being given with full knowledge and consent of the relevant general practitioner.

Treatments carried out during the year:-

Total cases	112
Total re-visits	3,613
Visits for assessments etc.	507

These figures represent a decrease of 2 in the number of new cases, an increase of 719 in re-visits and an increase of 112 in visits for assessment, over the 1970 figures.

Visits for assessment took on a new feature in 1971 in that, for many patients with major problems, case conferences took place in the patients own home and were attended by general practitioners, occupational therapists, the Senior Physiotherapist and the Senior Medical Officer. Full assessment of the patient and his needs were made and the appropriate officers and services were subsequently involved in future care. Adaptations to the home, where necessary, were discussed, and submitted to the Social Services department for implementation. This method of domiciliary help and care has been much appreciated by all parties and proved very helpful to all.

#### Number of New Referrals.

Source	1971	1970
General Practitioners	56	86
Hospitals	13	14
Other agencies	7	13
Total	76	113

It will be noted that the number of referrals in 1971 showed a fall. It is felt that this was due to the new deployment of many of the field workers and the greater use of the domiciliary case conferences. Another factor may be that many of the new general practitioners in the county may not be so familiar with this original and useful service. It is, therefore, planned, in this coming year, to circularise all practitioners with information on the availability of the domiciliary physiotherapy service.

Whilst the total referrals have fallen it should also be noted that the overall visits have materially increased.

#### Night sitting service

This service continued to be provided for:-

- 1) Those who were acutely ill and living alone.
- 2) Relief to families who had been giving constant care over a long period; the service to be on a short term basis.
- 3) Acutely ill persons awaiting admission to hospital.

Of 175 cases referred during the year 139 actually received the service. The reasons why the service was not provided for the other 36 who had requested it were because of hospital admission before the service could be started, or because of demise of the patient before the start of the service or lastly because of rejection of the service by patients or relatives making alternative arrangements.

Plans were well in hand at the end of the year, for the organisation of the Local Authority's health services on a four area basis. When this takes place it is proposed that the night sitting service will become the responsibility of the area nursing officers and implementation of the service would still be on the above principles. If difficulties are encountered then the problem will be referred to the Senior Medical Officer for geriatric services.

The area nursing officers would also refer to the Medical Officer any other problems of care which may be encountered in the geriatric field, after first notifying the patient's general practitioner of their intention, and receiving his approval of such action.

#### **Convalescent treatment**

The convalescent scheme once again provided a period of recuperative treatment, mainly for elderly patients, at Porthcawl.

Application forms are obtained from officers of the social services department and a medical certificate from the patient's doctor is required.

Only in very special circumstances are applications considered from patients who benefitted from the scheme in the previous two years.

Every effort is made to arrange holidays to suit the patients.

Depending upon circumstances, patients make a contribution towards the holiday but transport from Newport to the Rest Convalescent Home, Porthcawl, is provided free by the Authority.

During 1971, 121 patients enjoyed a total of 241 weeks holiday between the months of May and October.

#### **Chiropody service**

For the first time since the inauguration of the chiropody service the section reached its full establishment of sixteen, during the year, despite the loss of three members of staff.

Mr. T. Smith, chiropodist, in the Abergavenny area, was appointed Chief Chiropodist to the Cheshire County Council, Mr. A. Hubery, chiropodist in the Tredegar area, was appointed Area Chiropodist with Staffordshire County Council, while Mrs. A. Gaffney, who worked in the Cwmbran area, moved to Manchester for domestic reasons.

In place of these officers we were fortunate in being able to fill the vacancies with chiropodists who had recently qualified in Cardiff.

It is hoped that the establishment will steadily increase over the next few years in order to meet the increasing demand and facilitate expansion of the service to include advice and treatment for all conditions affecting the feet of school children. In this way, a more comprehensive service will be achieved, palliative treatment being given to the aged and handicapped, and preventive treatment with the younger members of the community.

A special chiropody room was provided in the new health centre at Blaenavon, in which equipment of the latest design, including a special chiropody chair, was installed. This chair is powered by an electro-hydraulic mechanism, allowing for numerous working positions, providing maximum accessibility for carrying out treatment by the chiropodist while seated or standing. A great asset of this type of chair is that no step is necessary as the minimum seat height is only 25 inches, providing easy access to the seat for disabled or elderly patients. This is a good safety factor as it eliminates the risk of the patient slipping and falling.

One of these chairs was also installed in the Risca Health Centre during the year. It is intended that these new style chairs will be standard equipment in all our health centres of the future.

With a full establishment it was possible to commence two new chiropody clinics in the county during the latter part of the year.

Markham clinic opened on the 9th December and is held weekly, on a Thursday.

This was of great convenience to the elderly patients in the area as they no longer had to travel to Beaumont House, Blackwood to receive attention.

Another satellite clinic to the Cwmbran Town Centre clinic was opened in December at Fairwater, Cwmbran. This clinic is held every fortnight on a Thursday and has relieved some of the pressure from the Cwmbran Town Centre clinic, which is one of the busiest chiropody clinics in the county.

During the year it was found necessary to temporarily increase the number of sessions at Cwmbran and Oakdale clinics due to an outbreak of verrucae among the school children. These were the only two areas in the county which appeared to show an increase in the number of cases of this condition during the year.

The chiropody clinic which was opened at the Grove, Penllwyn, Pontllanfraith in 1970, was temporarily suspended, while the building was being utilised by the county ambulance service.

The following table shows the number of treatments carried out by the service over the past six years.

		1966	1967	1968
a)	Static clinics	19,229	22,092	24,023
b)	Mobile clinics	2,808	3,248	2,713
c)	Welfare homes and training centres	3,126	2,934	3,082
d)	Domiciliary	3,153	5,271	6,865
		<hr/> 28,316	<hr/> 33,545	<hr/> 36,683
		1969	1970	1971
a)	Static clinics	25,492	26,726	28,612
b)	Mobile clinics	2,933	3,102	2,758
c)	Welfare homes and training centres	3,416	3,711	3,276
d)	Domiciliary	6,604	7,132	6,726
		<hr/> 38,445	<hr/> 40,671	<hr/> 41,372

#### Medical comforts

The replacement of out-dated equipment with more modern and serviceable items was given high priority during the year.

It will be seen from the accompanying tables that there was a considerable increase in the amount loaned during 1971, particularly amongst the larger items, i.e., wheelchairs and commodes. This may be due to the earlier discharge of patients from hospital increasing the number of requests made by the district nursing service.

There still appears to have been a lack of awareness on the part of the general public and some general practitioners, of the existence of the service. It is hoped this will improve.

Details of the two depots administered by area health clerks at Chepstow and Cwmbran area health offices are shown, together with total details of the depots run by the St. John's Ambulance Brigade and the British Red Cross Society. The Authority provides the latter with equipment and pays rental for their premises. The work carried out by the voluntary organisations is greatly appreciated.

Some of these depots are barely functioning when the number of patients assisted is considered and, in view of the proposed re-organisation of the health services, the need for these depots is to be reviewed.

#### Equipment Loaned 1969-71

	1969	1970	1971
No. of patients visited	402	568	1,006
Wheelchairs	94	196	295
Commodes	85	138	239
Ripple beds	23	38	68
Back rests	53	80	108
Urine bottles	41	48	73
Bed cradles	31	44	95
Bed pans	65	70	79
Air rings	55	56	61
Bed and mattress	28	31	41
Miscellaneous items	131	128	377

#### Equipment loaned from depots 1971

	Chepstow area health office	Cwmbran area health office	Depots operated by St. John's Ambulance Brigade (33)	Depots operated by British Red Cross (8)
No. of patients assisted	<u>67</u>	<u>63</u>	<u>885</u>	<u>164</u>
No. of wheelchairs loaned	7	—	21	17
No. of commodes loaned	16	—	16	19
No. of backrests loaned	20	18	201	16
No. of bed cradles loaned	6	—	69	4
No. of urine bottles loaned	19	20	31	22
No. of bed pans loaned	16	19	330	28
No. of air rings loaned	10	9	152	21
No. of miscellaneous items loaned	16	33	163	26
Total items	110	89	983	153

### Care of the blind and partially sighted persons

In accordance with the provisions of the National Assistance Act, 1948 arrangements were made for the examination, by an ophthalmologist, of person eligible for registration as either blind or partially sighted.

The following information related to examination carried out in 1971.

	New cases	Re-examinations
Domiciliary visits and hospital examinations	114	67
Patients examined at consulting rooms	60	110
Patients examined by other specialists	25	29

### Home adaptations from artificial kidney machines

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" x 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 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 time of writing there are 17 patients in the county undergoing home dialysis or training for home dialysis.

One of the first patients to receive one of the portable units had a successful kidney transplant early in 1971 and the unit that had been provided was moved to another patient's home.

Increasing experience in training patients for home treatment has enabled earlier discharge from hospital and to ensure that there is no delay in commencing home treatment a unit is now kept in reserve, ready for immediate installation.

The following information related to examination carried out in 1971:

and passed a 12 weeks full time course in renal medicine and surgery. The following information related to examination carried out in 1971:

either blind or partially-sighted, examination by an ophthalmologist, of person eligible for registration as

In accordance with the provisions of the National Assistance Act, 1948 arrangements

Care of the blind and partially-sighted persons.

arrangements a new unit with renal patients and their families.

Patients examined by other specialists: 22 patients were examined in 1971.

Patients examined at renal out-patient clinic: 110 patients were examined in 1971.

Patients examined at renal out-patient clinic: 110 patients were examined in 1971.

Patients examined at renal out-patient clinic: 110 patients were examined in 1971.

Patients examined at renal out-patient clinic: 110 patients were examined in 1971.

These adaptations from artificial kidney machines were made in 1971.

In 1965, the Minister of Health gave approval, under section 28 of the National Health Service Act, 1946, for the making of adaptations 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 the 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 facilities could conveniently provide a room for the adaptations necessary, so in conjunction with the County Architect and the Home Dialysis Administration at the Cardiff Royal Infirmary a section of 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 10'6" x 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

At one of writing there are 17 patients in the county undergoing home dialysis or training for home dialysis.

One of the first patients to receive use of the portable unit had a successful kidney transplant early in 1971 and the unit had been provided was moved to another patient's home.

Following experience in training patients for home treatment has enabled earlier discharge from hospital and so ensure that there is no delay in commencing home treatment. A unit is now kept in reserve, ready for immediate use.

## PREVENTION OF ILLNESS

### HEALTH EDUCATION

In 1971 the school's contribution to health education in primary, secondary and senior schools, took a great leap forward. Due to the shortage of health visitors and re-organisation of nursing services, it was not possible to involve these staff members in any other health education, so that the additional work had to be undertaken by school staff.

Due to these extra demands, it has become most necessary that even in health time spent on other activities, although, in a very small way, we were able to enter the publicity department at the Royal Welsh Show. The Country exhibition at Dulferfryn was delightful, well-organised and very well designed.

The 1 year syllabus for senior schools devised by the working party was distributed with a bibliography and a catalogue of films, filmstrips etc., prepared by the health education section. Advice on implementing the scheme and visual aids available was given and arrangements were made for speakers for senior schools. Such contact between education and health education staff was most gratifying and would surely lead to a better understanding of the needs of school children.

Visits made by health education staff to schools and colleges during 1971:

Secondary schools	245
Technical colleges	17
Further Education	7
Youth clubs	17
Parent teacher associations	7
Day Nurseries	24
Health centres	22

## SECTION V

### PREVENTION OF ILLNESS

Many visits were made to mothers' clubs and women's organisations although with increasing requests for visits to P.T.A. and Youth Clubs, it will be difficult to comply with requests from all organisations in future.

It was found necessary to close some of the mothers' club clinics because of poor attendance. Antenatal clinics were opened and closed at local authority. Attendance of health visitors at maternity clinics at Princes and St. James' hospitals continued.

Due to the reorganisation of nursing services, there was less opportunity for health visiting, but Miss J. Jenkins continued to visit new health visitors in postgraduate courses and also conducted sessions during the established health visitors.

## SECTION V

### PREVENTION OF ILLNESS

## PREVENTION OF ILLNESS

### HEALTH EDUCATION

In 1971 the section's contribution to health education in schools, particularly senior schools, took a great leap forward. Due to the shortage of health visitors and re-organisation of nursing services, it was not possible to involve these field workers in any extra health education, so that the additional work had to be undertaken by central staff.

Due to these extra demands, it has become more necessary than ever to limit time spent on other activities, although, in a very small way, we were able to assist the publicity department at the Royal Welsh Show. The County exhibition at Builth Wells was delightful, sophisticated and very well designed.

The 5 year syllabus for senior schools devised by the working party was distributed with a bibliography and a catalogue of films, filmstrips etc., prepared by the health education section. Advice, on implementing the scheme and visual aids available, was given and arrangements were made for speakers for many schools. Such contact between education and health education staffs was most gratifying and must surely lead to a better understanding of the needs of school children.

Visits made by health education staff to schools and colleges during 1971:-

Secondary schools	-	240
Technical colleges	-	17
Caerleon College of Education	-	7
Youth clubs	-	17
Parent/teacher association	-	7
Troy House - approved school for girls	-	38
Pontllanfraith Remedial Workshop	-	30

Many visits were made to mothercraft classes and women's organisations, although with increasing requests for visits to P.T.A. and Youth Clubs, it will be difficult to comply with requests from all organisations in future.

It was found necessary to close some of the mothercraft classes because of poor attendances. Ante-natal classes were opened and closed as found necessary. Attendance of health visitors at maternity clinics in Panteg and St. James hospitals continued.

Due to the re-organisation of nursing services, there was less opportunity for inservice training, but Miss J. Jenkins continued to train new health visitors in psychoprophylaxis and also conducted revision classes for established health visitors.

A study day for members and officers of local home safety committees was arranged at Caerleon in July. Each local council was notified and invited to send representatives, but the response was disappointing - the only councils accepting the invitation being Ebbw Vale., Mynyddislwyn, Abertillery, Rhymney and Tredegar. The audience was very enthusiastic and it was hoped members and officers would be encouraged to talk about home safety to groups in their own areas supported by visual aids and up-to-date information from Cambria House. There is a great need for home safety education as every year 7,000 - 8,000 deaths from accidents occur in the home, the number of non-fatal accidents is impossible to determine. If it is accepted that accidents don't just happen, then it should be possible to prevent most. It is hoped to repeat this study day in 1972.

Abercarn U.D.C. requested assistance for a home safety exhibition early in the year. The exhibits were prepared and assembled and arrangements made to hold the exhibition from Tuesday, March 23rd to Friday March 26th. Film shows were included, and two members of the health education staff were present throughout the exhibition. Publicity was carried out by the district council. Local headteachers were invited to send classes of school children along to the exhibition, but with the exception of the school children, attendance was very poor and did not seem to justify the time spent in preparation and manning of the exhibition.

In conjunction with Newport Borough a drugs destruction campaign was arranged. The County Publicity section took care of the publicising of the campaign which lasted for 4 weeks. Every chemist in Newport and Monmouthshire co-operated and although the amount of drugs handed in did not reach expectations, about ½ ton, including dangerous drugs, was collected. The Gwent Police Force supported the scheme and undertook the collection and disposal of the drugs. It is hoped to arrange a follow up of this campaign in the early spring.

Home safety exhibits - firework safety in October and Christmas safety in December-were arranged in Abergavenny Town Hall and secondary and junior schools.

The Health Education Council invited Monmouthshire to be host County to representatives of local authorities in South Wales during a training week. This was arranged to train officers in the correct use of the Mobile Unit. The unit is a very sophisticated means of taking health education to people. It is well equipped with closed circuit television, film and filmstrip projectors, and display material. Participants were instructed in the use of the television cameras and in the art of interviewing. Arrangements were made for the unit to visit the Spencer Steelworks, the shopping precinct in Cwmbran, and Caldicot Secondary School. Our thanks are due to all for the arrangements made for the unit and the trainees. The subject covered was "stress" and these short visits to the public highlighted the need for such a service.

The following week the unit was placed at our disposal. Arrangements were made for visits to Pontypool, Abergavenny, Ebbw Vale and Risca. Sites were not easy to arrange as so many things had to be taken into consideration - was electricity available? was the site level? and was the unit easily accessible? As the unit was wide and long, care was needed in planning its routes. Pontypool and Ebbw Vale proved to be the best sites selected, the one in Abergavenny was not readily seen from the thoroughfare, and at Risca Health Centre, people attending the clinic and surgeries seemed anxious to return home quickly. However, Dr. T. Griffiths and Dr. Thompson, two of the doctors from the Risca group practice, thought it a worthwhile effort and wished a longer and better publicised visit to the centre had been possible.

In November, an anti-smoking clinic, conducted by the British Temperance Society, was arranged in Caerleon clinic. Publicity was carried out by the Publicity section and involved interviews with journalists and the B.B.C. T.V. team. The clinic was held on five successive nights. 41 men and women attended on the first night, and by the last night 38 were still attending. The 'five-day plan' as it is called, proved very interesting. Ten days after the last evening a follow up clinic was held. About 25 people turned up, some accompanied by their wives or husbands. All were enthusiastic and happy at having given up smoking. This was a satisfactory venture which I am sure will need to be repeated.

Two groups of student health visitors from the Welsh National School of Medicine attended lectures in the Pavilion. The 1970-71 group attended on April 26th and May 3rd. Lectures and an exhibition of various visual aids were arranged. In October the 1971-72 group attended a one day course arranged by the section. The exhibition of visual aids was also available for health visitors to view.

A most successful study day was held for voluntary social workers. Representatives from the British Red Cross, St. John Ambulance, Rotary Club, Abbeyfield, O.A.P. Association, W.R.V.S. and many other societies attended. Films used were "The Outstretched Hand" and "The Visit", speakers included the Chief Nursing Officer, a General Practitioner and the County Nutritionist.

The year saw the development of greater liaison with the ambulance service. Suggestions regarding new visual aids were made to the Training Officer and films and charts were loaned to the training school. The Training Officer was invited to review films which could be of use to him.

The Health Education Officer for Glamorgan visited the section during the year and the Health Education Officer for Newport was a fairly regular visitor. Until a short time ago, there were no health education officers near the County, co-operation between the various authorities must make for better understanding.

Films from the health education library are loaned to many people and, as a result they undergo great wear and tear. Throughout the year, many films were reviewed. Officers of the health department were most helpful in giving their time to this most important aspect of the section's work.

Conferences and courses attended during the year included:-

Quarterly meetings and annual conference of Wales Home Safety Council.

The annual conference of the National Home Safety Council R.O.S.P.A.

A conference arranged by Royal Society of Health on sex education of school children.

Executive and publicity sub committees of the Newport and Monmouthshire Retirement Council.

Meeting of the Health education officers from the South.

A study day arranged by Welsh Federation of district nursing on "Children and adolescents in difficulties".

A lecture arranged by Tenovus Cancer Information Centre.

A lecture at the Post Graduate School, Whitchurch, on "Alcoholism".

A seminar for Health education officers in Cambridge arranged by The Health Education Council.

A conference arranged by The Health Visitors Association - at Bournemouth on "Achieving Personal Fulfilment".

A study day at Swansea, arranged by The National Childbirth Trust.

A conference, at Liverpool, on "Drugs and Alcohol".

Mr. J. Davies attended the technicians training course organised by Bell and Howell Ltd., and is now able to undertake the servicing and maintenance of projectors and accessories marketed by Bell and Howell.

A new venture in 1971 was arranging health education for youths in industry, in conjunction with the Y.M.C.A.'s youth tutor, Miss Jenkins. The programme covered "Use and Abuse of Drugs" and Venereal Diseases.

#### **Community nutrition**

1971, being the first full year for this new service, proved to be a very busy time.

Two clinics were established to deal with the problem of obesity in children. The first at Caldicot was started as the result of a survey carried out in the area by one of the department medical officers. Results showed that 10% of the children were 20% over weight, a problem that called for immediate attention. The second clinic at Newbridge was established as a result of the large number of obese children referred from school medical examinations in the area. This clinic was opened in late October and held weekly, after school hours, being run on lines similar to the Caldicot clinic with Dr. K.E. Howells, Area Medical Officer and the County Nutritionist in attendance.

Of those attending these clinics many feel defeated before they arrive - very frequently their first comment is "everyone in the family is fat so there is nothing I can do about it". A great deal of persuasion, exhortation and encouragement is needed to help them persevere with a diet.

The following is an extract from Dr. F.J. Hallinan's annual report for 1971 in the Pontypool U.D.C. -

The success rate of the clinics is reasonably encouraging but there are still a great many children who fail to return to normal weight either because their own motivation is insufficient or because parental support is lacking. It is imperative that the whole family - especially the grandmother - is convinced that it is preferable for the child to slim. This may be particularly difficult when, as is often the case, other members of the family are also obese.

To diminish the problem of childhood obesity, prevention is of great importance before patterns are established which may be difficult to interrupt later.

This is the principle behind the many talks given during the year to ante-natal classes and mothercraft groups in the County.

More research is needed to determine why weaning is begun so early and why mothers over-feed their children.

The principle that "a little is good therefore twice as much must be twice as good" is often followed by young mothers. It was because of this the sale of welfare orange juice, and in Monmouthshire at the same time the sale of rose hip syrup was stopped. It has been shown quite conclusively that the misuse of such syrups is a most serious dental hazard.

Advice to mothers on feeding habits is augmented by numerous talks on nutrition in schools. This proved most popular in the year and it is hoped to develop this aspect of work in 1972 when more equipment and visual aids may be available. Many of these talks were arranged through health visitors in the community.

Lectures have been given at various colleges in the County; at Caerleon to student teachers on "Nutrition awareness and nutrition in teaching in the community", at Pontypool College of Further Education to nursery nurse students and the pre-nursing students on various aspects of nutrition, in particular infant feeding; at Crosskeys Technical College to the pre-nursing course and homecraft students.

Womens organisations in the County also sent in many requests for talks. This proved a useful outlet for nutrition propaganda if only to cover food facts and fallacies.

The school milk controversy caused much concern during the latter half of the year and discussion on the subject occupied many columns of newsprint. It may be unnecessary to supply free school milk to the majority of children but some children benefit from a daily supply in school and arrangements have been made to find these children. One must consider seriously any suggestion of replacing milk with another drink. Nutritionally very few drinks compare with milk and it would be wrong to introduce any beverage which might have a detrimental effect on children's teeth and weight.

In recent years it has been realised that insufficient attention has been paid, to the nutritional requirements of the elderly. The situation is now being amended and there is an increasing interest in the nutritional status, physical well being, and eating habits of people over the age of 65. In Monmouthshire there are two rather unique clinics held for this age group at Risca and Tredegar. Their main purpose is to give general advice to the elderly. This includes advice on food. This information to the elderly is to be carried further in 1972 with the publication of a monthly bulletin on budget buys of the month, based on current market prices of food in the area, and supplemented with easy to prepare and nutritious recipes. This idea was presented to a meeting of voluntary service organisers at the health department in September and was warmly welcomed as being beneficial to the elderly.

The department was visited by six student dietitians during the year all of whom showed a great interest in the development of teaching nutrition in the community. Health visitors from Cardiff also visited the department seeking advice on various visual aids in nutrition teaching.

The Nutritionist attended the following conferences and exhibitions during the year.

A Hotel and Catering Exhibition at Cardiff, a Nutrition conference arranged by Gerbers Foods in Cardiff. An exhibition on Dietary fats and Coronary disease arranged by Vander Burghs. The Annual Nutrition Conference at The Hilton Hotel, London, arranged by Journal of Home Economics and the Flour Advisory Bureau.

The last two meetings proved most interesting and much useful information was obtained.

#### **Notifiable diseases**

No cases of poliomyelitis, diphtheria, acute pneumonia, smallpox, acute encephalitis, typhoid or para-typhoid fever, erysipelas and puerperal pyrexia were notified during the year. There was an appreciable increase in the number of notifications of whooping cough from 22 in 1970 to 163 in 1971.

The fall in the number of measles notifications from 2,904 to 967 was encouraging.

During July and August a number of cases of acute meningitis were notified mainly from the Risca and Ebbw Vale areas. In all there were 92 such notifications over a six-week period.

The illnesses were, in the main, of a mild nature lasting approximately 2 - 3 days but in approximately 15 cases symptoms were of such severity as to warrant hospital admission. No connection between the outbreaks was established.

In September Spain notified the World Health Organisation of an outbreak of cholera. Many residents of the County were holiday-making in Spain at the time and the Authority was notified of persons returning from the infected areas, so that surveillance could be carried out.

The following is an extract from Dr. F.J. Hallinan's annual report for 1971 to the Pontypool U.D.C:-

"The occurrence of cholera on the continent gave rise to much surveillance work on holiday makers returning to the district from Spain and elsewhere during the year. Difficulty was experienced very often in contacting these people as home visits revealed all the occupants to be away all day at work resulting in abortive calls and re-visiting at night after normal working hours. It would have been far more satisfactory if these holidaymakers had been issued with instructions at the port/airport of arrival to report immediately by telephone to their local medical officer of health on reaching home, and thus obviate many abortive home visits by this officer. It is noted that surveillance did not indicate that any of those returning from the continent during the year had been infected with cholera."

There were 48 cases of tuberculosis notified during the year and the following is a comparison of figures for 1970 and 1971.

	1970	1971
Number of primary cases of respiratory tuberculosis notified	44	38
Number of deaths from respiratory tuberculosis	12	8
Number of non-respiratory tuberculosis cases notified	9	10
Number of deaths from non-respiratory tuberculosis	0	0
Number of deaths from late effects of respiratory tuberculosis	4	1

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 1971, 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		Late effects of respiratory		Total
	Males	Females	Males	Females			Males	Females	Males	Females	
0 —	—	—	—	—	—	0 —	—	—	—	—	—
1 —	—	—	—	—	—	1	—	—	—	—	—
2 —	—	—	—	—	—	2	—	—	—	—	—
5 —	—	—	1	—	1	5	—	—	—	—	—
10 —	—	—	—	—	—	10 —	—	—	—	—	—
15 —	—	1	1	1	3	15 —	—	—	—	—	—
20 —	—	—	—	—	—	20 —	—	—	—	—	—
25 —	4	2	—	1	7	25 —	—	—	—	—	—
35 —	2	2	1	2	7	35 —	—	—	—	—	—
45 —	6	1	1	1	9	45 —	—	—	—	—	—
55 —	7	1	—	—	8	55 —	2	—	1	—	3
65 —	4	4	—	—	8	65 —	2	3	—	—	5
75 and upwards	3	1	1	—	5	75 —	1	—	—	—	1
Totals	26	12	5	5	48		5	3	1	—	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
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	.004
1967	0.15	.05	.04	.02
1968	0.17	.05	.03	.009
1969	0.15	.02	.03	.013
1970	0.12	0.25	.03	.00
1971	0.11	.028	.03	.00

# Notifications of infectious and other notifiable diseases 1971

District	Estimated population	Scarlet fever	Whooping cough	Acute Poliomyelitis	Measles	Diphtheria	Acute pneumonia	Synergy	Smallpox	Acute encephalitis	Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Acute meningitis	Food poisoning	Puerperal pyrexia	Ophthalmia neonatorum	Tuberculosis	Infective hepatitis	Tetanus
<b>Urban</b>																				
Abercarn	18,660	—	1	—	29	—	—	2	—	—	—	—	—	1	51	—	—	1	5	—
Abergavenny	9,520	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Abertillery	22,350	6	46	—	138	—	—	1	—	—	—	—	—	1	—	—	—	1	7	—
Bedwas and Machen	12,530	3	—	—	28	—	—	—	—	—	—	—	—	—	—	—	—	4	7	—
Bedwellty	25,750	1	24	—	114	—	—	—	—	—	—	—	—	—	—	—	—	9	25	—
Blaenavon	7,640	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8	—
Caerleon	6,390	—	—	—	8	—	—	8	—	—	—	—	—	—	49	—	—	2	1	—
Chepstow	7,850	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cwmbran	32,230	—	—	—	19	—	—	3	—	—	—	—	—	—	21	—	—	4	22	—
Ebbw Vale	26,360	—	12	—	84	—	—	1	—	—	—	—	—	8	32	—	—	1	4	—
Monmouth	6,360	—	5	—	120	—	—	1	—	—	—	—	—	—	1	—	—	2	19	—
Mynyddislwyn	15,820	—	3	—	33	—	—	—	—	—	—	—	—	2	1	—	—	1	9	1
Nantyglo and Blaina	10,860	—	6	—	16	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Pontypool	36,090	1	11	—	6	—	—	—	—	—	—	—	—	—	—	—	—	7	7	—
Rhymney	8,610	6	22	—	37	—	—	—	—	—	—	—	—	—	—	—	—	4	18	—
Risca	16,050	1	1	—	83	—	—	3	—	—	—	—	—	80	4	—	1	—	64	—
Tredeggar	18,740	—	—	—	19	—	—	3	—	—	—	—	—	—	3	—	3	2	—	—
Usk	2,270	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Rural</b>																				
Abergavenny	10,300	1	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Chepstow	16,240	2	1	—	45	—	—	5	—	—	—	—	—	—	—	—	—	3	55	—
Magor and St. Mellons	18,880	3	14	—	142	—	—	2	—	—	—	—	—	2	44	—	—	1	7	—
Monmouth	6,050	—	10	—	14	—	—	1	—	—	—	—	—	—	1	—	—	—	2	—
Pontypool	17,230	—	4	—	23	—	—	—	—	—	—	—	—	—	—	—	—	1	9	—
TOTALS	352,780	24	163	—	967	—	—	30	—	—	—	—	—	94	207	—	4	48	270	1

### Cervical cytology

Screening for cancer of the cervix was carried out at 25 centres in Monmouthshire during 1971.

Of 5,857 cervical smears taken, six proved to be positive and these patients were referred to gynaecological outpatients departments.

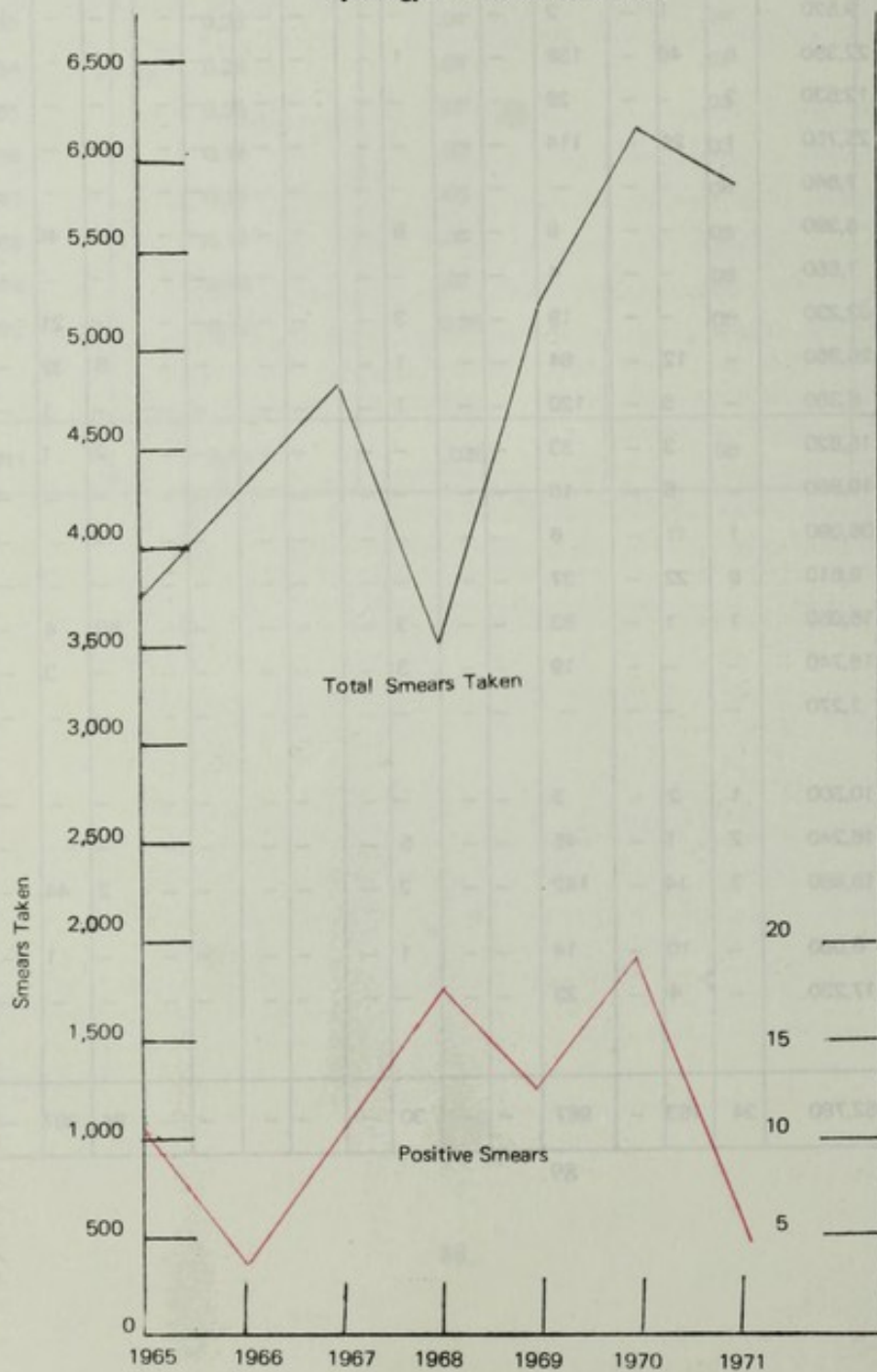
Breast and pelvic examinations were carried out on all patients, with appropriate referrals, to general practitioners where necessary.

Again we should like to express grateful thanks to the pathologists and staff at St. Woolos hospital, cytology department, for their co-operation throughout the year.

#### Cytology statistics

	1965	1966	1967	1968	1969	1970	1971
Total no. of smears taken	3,744	4,372	4,835	3,562	5,267	6,114	5,857
Total no. of smears positive	11	4	11	18	13	20	6

#### Cytology statistics 1965-1971



## Family Planning

During 1971, 5092 clients attended 26 centres in Monmouthshire for advice on contraception or infertility.

Several major changes took place during the year. Arrangements for vasectomy operations were frequently requested and has become a recognised method of contraception.

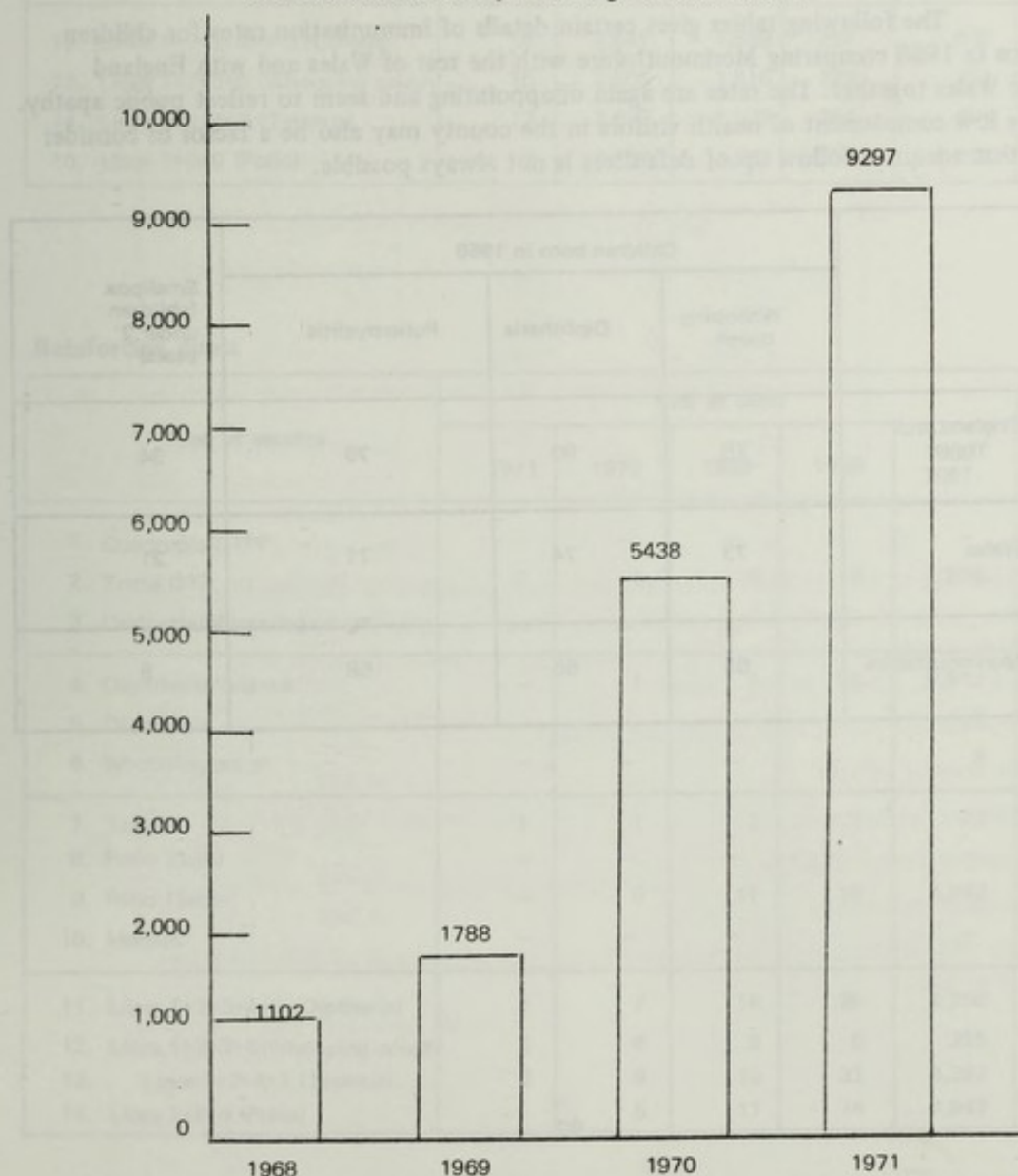
Counselling on infertility and advising engaged couples and teenagers, with or without parents, is time consuming but a very rewarding aspect of the work.

The domiciliary service maintained steady help to problem families and 252 clients were visited in their homes during the year.

On 10th December, a family planning clinic was opened in the gynaecological out patient department at the County Hospital, Griffithstown. All methods, including insertion of intra-uterine devices, were available at this clinic. Excellent liaison with hospitals and general practitioners alike has been achieved.

Grateful thanks are recorded to all professional and ancillary staff for the smooth running of the service during 1971.

**Attendances at Family Planning Clinics 1968-71**



### Immunisation and vaccination

Centralisation of the immunisation and vaccination programme which was started in 1970 became well established in 1971. The appointment system introduced at the same time has been very well accepted by the public in most areas, but there are others where better co-operation would be welcomed.

Immunisation and vaccination was offered to all children against diphtheria, whooping cough, tetanus, poliomyelitis and measles in the first two years of life with booster doses of diphtheria, tetanus and polio being given at school entry.

Rubella vaccination is normally offered to susceptible girls in their fourteenth year only but efforts were made during the year to catch up on those not protected previously, accounting for the large number vaccinated in 1971.

During the year smallpox vaccination was discontinued as a routine measure on the advice of the Chief Medical Officer to the Welsh Office and the Joint Committee on Vaccination and Immunisation. The figures available therefore refer to vaccinations carried out before this change of policy.

The following tables gives certain details of immunisation rates for children born in 1968 comparing Monmouthshire with the rest of Wales and with England and Wales together. The rates are again disappointing and seem to reflect public apathy. The low complement of health visitors in the county may also be a factor to consider in that adequate follow up of defaulters is not always possible.

	Children born in 1968			Smallpox (children under 2 years)
	Whooping cough	Diphtheria	Poliomyelitis	
England and Wales	78	80	79	34
Wales	73	74	71	21
Monmouthshire	65	66	58	8

## Completed primary courses

Type of vaccination or dose	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1966-1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	15	2,800	1,512	223	154	32	4,735
3. Diphtheria/whooping cough	—	4	4	—	4	2	14
4. Diphtheria/tetanus	1	37	23	40	240	43	384
5. Diphtheria	—	—	—	1	6	2	9
6. Whooping cough	—	—	—	—	—	—	—
7. Tetanus	1	1	2	1	8	69	82
8. Polio (Salk)	—	—	—	—	—	—	—
9. Polio (Sabin)	3	2,860	1,533	250	458	78	5,182
10. Measles	1	1,011	1,632	440	406	63	3,553
11. Rubella	—	—	—	—	—	3,201	3,201
12. Lines 1+2+3+4+5 (Diphtheria)	16	2,841	1,539	264	403	79	5,142
13. Lines 1+2+3+6 (Whooping cough)	15	2,804	1,516	223	157	34	4,749
14. Lines 1+2+4+7 (Tetanus)	17	2,838	1,537	264	401	144	5,201
15. Lines 1+8+9 (Polio)	3	2,860	1,533	250	458	78	5,182

## Reinforcing doses

Type of vaccine	Year of birth					Others under age 16	Total
	1971	1970	1969	1968	1966-1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	2	6	9	6	206	27	256
3. Diphtheria/Whooping cough	—	—	—	—	—	—	—
4. Diphtheria/tetanus	—	1	7	19	4,513	56	4,596
5. Diphtheria	—	—	—	—	1	5	6
6. Whooping cough	—	—	—	—	3	—	3
7. Tetanus	1	1	3	7	73	216	301
8. Polio (Salk)	—	—	—	—	—	—	—
9. Polio (Sabin)	—	5	11	16	4,942	106	5,080
10. Measles	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria)	2	7	16	25	4,766	88	4,904
12. Lines 1+2+3+6 (Whooping cough)	2	6	9	6	255	27	305
13. Lines 1+2+4+7 (Tetanus)	3	8	19	32	4,292	299	5,153
14. Lines 1+8+9 (Polio)	—	5	11	16	4,942	106	5,080

# 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	—	—
3 - 6 months	—	—
6 - 9 months	—	—
9 - 12 months	6	—
1 year	378	1
2 - 4 years	1,261	2
5 - 15 years	194	3
TOTALS	1,839	6

B.C.G. - vaccination: Due to staff shortages and re-organisation of the administrative arrangements for immunisation and vaccination, the B.C.G. scheme had been interrupted in previous years but efforts to catch up on the programme were successful in 1971. Details are as follows:-

Numbers of pupils skin tested and present for reading of test	- 4,327
Number found positive	- 351
Number found negative	- 3,565
Number vaccinated	- 3,543

The 351 positive reactors represent 8.1% of pupils tested as compared with 13.0% for last year.

## OCCUPATIONAL HEALTH SERVICE

The year under review was one of consolidation for the occupational health service and the number of initial requests for medical examination rose by almost 5%.

A large number of examinations were undertaken on behalf of Gwent Water Board following the recommendations made in the government pamphlet, "Safeguards to be adopted in the management of waterworks". This recommended that medical examination, bacterial and blood examination are carried out on all staff likely to come into contact with a treated water supply so as to avoid any possible risk to the general public.

Visits to employees, absent from work for two months and longer, continued to be made by the health visitor attached to the occupational health service, and there is evidence that this facility is appreciated by staff who suffer the misfortune of ill health. There are wide variations in the numbers of staff reported by the various departments and the reasons for this are being investigated. It is felt that some departments are still failing to avail themselves of this service. There seems to be an association between absence due to sickness and the type of work undertaken in certain departments.

There have been a number of enquiries from other authorities as to the organisation and running of the service which demonstrates an increasing interest in this field.

Preliminary discussions have taken place with the East Mon. and the North Mon. Hospital Management Committees, about the feasibility of a shared occupational health service. It would be to mutual advantage if resources could be shared and built up in view of the amalgamation of the health service proposed for 1974.

### Details of Medical Examinations carried out during the year

College entrants - male		157	
female		273	430
<b>Staff</b>			
Architect's department		131	
Clerk's department		49	
Education - teaching		273	
Education - non-teaching		282	
Education - special services		456	
Engineers and Surveyors		107	
Fire Brigade		60	
Health department		169	
Heavy Goods Vehicle licences		85	
Library		25	
Planning		15	
Planning - Land Reclamation Unit		6	
Smallholdings		4	
Social Services, including Childrens department		128	
Treasurers		35	
Weights and Measures		1	1,826
Eastern Valley Sewerage Board			6
Gwent Water Board			413
Usk River Authority			14
For other local authorities			33
			2,722

### Appointed Factory Doctor

The County Medical Officer of Health continued as factory doctor for the purposes of examining and certifying the fitness of young persons under section 118 of the Factories Act 1961 at the following premises operated by the County Council:-

- 1) Star House Remedial Workshop, Pontllanfraith.
- 2) Sunninghill Adult Training Centre, Tredegar.
- 3) Glengariff Adult Training Centre, Griffithstown.

The main task of the appointed factory doctor is to examine young persons between the ages of 15 and 18, within two weeks of commencement in the training centre or workshop. In the case of the remedial workshops, trainees usually come from schools or from the training centres and are seen as soon as possible after admission. In the case of the training centres, many trainees have attended for some little time and their age of consideration for medical examination is taken as their sixteenth birthday, being the age of leaving for pupils at special schools.

The appointed factory doctor is required to examine all young persons and to indicate whether they are fit for such employment, unconditionally, or subject to a re-examination within 12 months, or provisionally fit, in which case they must be considered again within three weeks, or finally a young person can be rejected as medically unsuitable. Certificates of fitness must be renewed annually until the age of 18.

The examinations carried out in the current year have been as follows:-

#### First examinations

	Male		Female	
	1971	1970	1970	1971
Star House Remedial Workshop, Pontllanfraith	8	3	5	2
Sunninghill Adult Training Centre, Tredegar	4	3	3	1
Glengariff Adult Training Centre, Griffithstown	12	9	10	10

#### Re-examinations

Star House Remedial Workshop, Pontllanfraith	0	1	1	1
Glengariff Adult Training Centre	0	6	0	6
<b>Total</b>	<b>24</b>	<b>22</b>	<b>19</b>	<b>20</b>

## MENTAL HEALTH SERVICES

The mental health services continued to provide care and training for the mentally handicapped in the community by the provision of day centres, training centres, a remedial workshop and supported holidays, the first two being provided by the mental welfare officers. However, on the 31st March, the second request to the Government for these services, which was forwarded to the Social Security Department.

The staff on 31st March consisted of:

### Medical staff

- 1 senior medical officer
- 1 senior medical officer in charge of psychiatric day hospital (4 sessions per week).

### Mental welfare officers

- 1 principal mental welfare officer
- 2 senior mental welfare officers
- 2 mental welfare officers
- 10 training mental welfare officers

### Social workers for the mentally handicapped

- 1 social worker

### Training centre staff

- 1 supervisor
- 1 supervisor
- 15 (1 temporary) assistant supervisors
- 15 (1 temporary) trainee assistant supervisors
- 1 supervisor

### Day centre staff

- 2 senior occupational therapists
- 1 senior occupational therapist (part-time)
- 2 assistants

### Remedial workshop

- 1 manager

### Supported holidays

The establishments on 31st March were:

## SECTION VI

## MENTAL HEALTH SERVICES

# Appointed Factory Doctor

The County Medical Officer of Health continued as factory doctor for the purpose of examining and certifying the fitness of young persons under section 174 of the Factories Act 1961 at the following premises operated by the County Council:

- 1) New House Harold Workshop, Pottersfield.
- 2) Spangnall Adult Training Centre, Tredworth.
- 3) Gungah Adult Training Centre, Gifford.

The main task of the appointed factory doctor is to examine young persons between the ages of 15 and 16, within two years of commencement in the training centre or workshop. In the case of the central workshop, training centre, or school, the doctor will examine the young persons at the premises where they are employed. In the case of the training centre, the doctor will examine the young persons at the premises where they are employed. The doctor will also examine the young persons at the premises where they are employed. The doctor will also examine the young persons at the premises where they are employed.

The appointed factory doctor is required to examine all persons who are employed in the premises of the County Council. The doctor will also examine the young persons at the premises where they are employed. The doctor will also examine the young persons at the premises where they are employed. The doctor will also examine the young persons at the premises where they are employed.

The appointed factory doctor is required to examine all persons who are employed in the premises of the County Council.

## SECTION VI

MENTAL HEALTH SERVICES	Male		Female	
	1971	1970	1971	1970
New House Harold Workshop, Pottersfield	2	3	5	3
Spangnall Adult Training Centre, Tredworth	4	3	3	1
Gungah Adult Training Centre, Gifford	12	9	10	10
Examinations				
New House Harold Workshop, Pottersfield	0	1	1	1
Gungah Adult Training Centre	2	6	6	6
Total	24	22	25	21

## MENTAL HEALTH SERVICES

The mental health services continued to provide care and training for the mentally disordered in the community by the provision of day centres, training centres, a remedial workshop and organised holidays; the field services being provided by the mental welfare officers. However, on the 31st March, the Health department ceased to be responsible for these services, which were transferred to the newly formed Social Services department.

The staff on 31st March consisted of:-

### Medical staff

- 1 senior medical officer
- 1 senior medical officer in charge of psychiatric day centres (4 sessions per week).

### Mental welfare officers

- 1 principal mental welfare officer.
- 5 senior mental welfare officers.
- 9 mental welfare officers.
- 2 trainee mental welfare officers.

### Social worker for the mentally handicapped

- 1 social worker

### Training centre staff

- 1 organiser
- 6 supervisors
- 55 (3 temporary) assistant supervisors
- 6 (1 temporary) trainee assistant supervisors
- 5 instructors

### Day centre staff

- 3 senior occupational therapists
- 1 senior occupational therapist (part-time)
- 5 instructors

### Remedial workshop

- 1 manager
- 1 instructor

The establishments on 31st March were:-

### **Training centres**

#### **Adult**

- (1) Glengariff, Griffithstown - accommodating 143 trainees
- (2) Sunninghill, Tredegar - accommodating 78 trainees
- (3) Sunnybank, Griffithstown (adult special care unit) accommodating 32 trainees

#### **Junior**

- (1) Neville House, Garndiffaith - accommodating 50 pupils
- (2) The Old Rectory, Hafodyrynys - accommodating 60 pupils
- (3) Ty-Bont, Tredegar - accommodating 32 pupils

#### **Day Centres**

- |       |                    |   |  |
|-------|--------------------|---|--|
| (i)   | Blaina             | ) |  |
|       |                    | ) |  |
| (ii)  | Brondeg, Blackwood | ) |  |
|       |                    | ) | nearly 200 on their register of whom about |
| (iii) | Cwmcarn            | ) | 100 attend on each day                     |
|       |                    | ) |  |
| (iv)  | Griffithstown      | ) |  |

#### **Remedial workshop**

Star House, Pontllanfraith - 11 pupils attending

#### **Group homes**

- (i) One house at Shelley Green, Cwmbran - accommodating 5 males.
- (ii) One house at Coleford Path, Cwmbran - accommodating 5 females.
- (iii) One house at Cresswell Walk, Cwmbran - accommodating 5 females.
- (iv) One house at Newtown, Ebbw Vale - accommodating 5 males.

With the implementation of the Local Authority Social Services Act on 1st April, the Social Services department assumed responsibility for the community care of the mentally disordered and mental health establishments. The junior training centres became the responsibility of the Education department with the implementation of the Education (Handicapped children) Act 1970 on the same date, and the junior training centres were renamed special day schools.

In order to commemorate the transfer of the training centres to the new departments, the training centre staff organised a dinner to which the Chairman and Vice-Chairman of the Education, Social Services and Health Committees, also the Directors of Education and Social Services, the County Medical Officer and his deputy plus staff from the mental health section, were invited. The occasion was a memorable one and was appreciated by all concerned.

From 1st April, the County Medical Officer, his deputy and the two senior medical officers became medical advisers to the new departments responsible for mental health community facilities.

### Day centres

The senior medical officer previously in charge of the centres became an adviser on psychiatric matters to the new department, and in addition visited each centre as before to advise on specific clients attending or recommended for admission.

The final form of arrangement for psychiatric advice to the Social Services department, and the day centres in particular, was not decided during 1971 because the new department had the task of filling its senior appointments, preparing for functioning on an area basis and finalising its plans for staffing and running the centres.

The health department continued to provide a fortnightly visit to each centre by the Senior Medical Officer who was also available at Cambria House during the rest of the working week for consultation on any psychiatric matter. The form of advice given at the day centres needs to take into account their changed responsibility and is aimed towards the following objectives:-

1. Giving general advice on medical matters.
2. Giving advice when referral to general medical practitioner or specialist might be indicated.
3. Acting as an intermediary, when necessary, between the Social Services Department and medical practitioners and hospital consultants.
4. Acting as the source of medical advice and assistance for statutory agencies, such as the Department of Employment, or voluntary organisations offering services from which certain day centre clients might benefit.
5. Assisting in maintaining a psychotherapeutic milieu by means of individual assessment, interview and advice, and group discussion.

Apart from case discussions with members of staff in the centre a report is provided with copies for the general medical practitioner and the hospital consultant and, when necessary, other interested parties such as probation officers.

The object of this advisory service is to complement the work of family doctors and hospital specialists. There is a great need for a service designed to maintain patients in the community in as natural and self-satisfying a situation as possible. Prevention of hospitalisation and illness are important objectives towards which the health and social services departments work using the screening, diagnostic, supportive and therapeutic techniques that are available.

The senior medical officer responsible for the mentally handicapped became adviser to the Education and Social Services departments, being available for consultation and advice on any day during the working week.

### Medical supervision of mentally handicapped children of school age

Routine medical inspections continued to be carried out at the three special day schools and liaison with general practitioners or hospital consultants was often necessary.

### Medical supervision of mentally handicapped adults

The duties of the medical adviser to the Social Services department included:-

- (i) Routine advice on medical matters
- (ii) Recommendations on persons suitable for admission to adult training centres and the Pontllanfraith remedial workshop
- (iii) Routine and special medical examinations at adult training centres including domiciliary visiting, with subsequent referral where necessary, to general practitioners or hospital consultants.
- (iv) Liaison with Llanfrehfa Grange Hospital for short-term care on medical grounds.
- (v) Making arrangements for permanent care at Llanfrehfa Grange Hospital.
- (vi) Acting as a source of medical advice and assistance for statutory agencies such as Department of Employment (particularly Disablement Resettlement Officers) and the Probation Service.

The County Medical Officer continued to act as factory doctor for persons of 16-19 years of age attending adult training centres or the remedial workshop at Pontllanfraith,

**Persons under the care of the Local Health Authority**  
**1st January 1971 to 31st March, 1971.**

	Mentally ill				Elderly mentally infirm		Mentally handicapped				Severely mentally handicapped				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	M	F	
1. Patients under guardianship				1									1	1	3
2. Patients admitted to hospital temporarily							2		9	6	13	8	13	7	58
3. Patients admitted to hospital for short term care							1	7	5	3	1	3	6		26

Total number of visits paid to mentally disabled persons (i.e. mentally handicapped, severely mentally handicapped and mentally ill) 3,346.

Admissions to psychiatric hospitals involving mental welfare officers - Section 25 - 1;  
 Section 26 - 4;  
 Section 29 - 29

Mental Health Act 1959 - Section 05 - 11.

**Number of patients from Monmouthshire who are resident in hospitals for subnormal patients**

Name of hospital	<div> <div>Mentally handicapped</div> <div>Severely mentally handicapped</div> </div>							
	Under age 16		16 and over		under age 16		16 and over	
	M	F	M	F	M	F	M	F
Llanfrechfa Grange Hospital	3		68	62	6	12	72	54
Hensol Castle Hospital, Pontyclun			5	4			2	11
Brentry Hospital, Bristol			26	1			6	
Brynhyfryd Hospital, Welshpool				1			1	1
Coed Du Hall, Rhyddymwyn				1				
County Hospital, Panteg				33		2	1	10
Dean Hill Hospital, Ross-on-Wye			1					
Durran Hill Hospital, Carlisle								1
Ely Hospital, Cardiff			3	2	1	1	8	8
Etloe House, Leytonstone				3				
Garth Angharad Hospital, Dolgelli			1					
Hortham Hospital, Aldmonsbury			4	5				1
Lea Castle Hospital, Kidderminster				1				
Leavesden Hospital, Abbots Langley, Herts			1					
Lisieux Hall Hospital, Chorley			1					
Llys Maldwyn Hospital, Caersws				1		1	3	3
Llwyn View Hospital, Dolgelli								1
Manor House Hospital, Aylesbury							1	
Moss Side Hospital, Maghill			2					
Bryn-y-Neuadd Hospital, Llanfair Fechan							1	
Pant Glas Hall Hospital, Carmarthen				1				1
Pen-y-Val Hospital, Abergavenny			5				1	1
Rampton Hospital, Retford, Not.			3	1				
Royal Eastern Counties Hospital, Essex							1	
Sandhill Park Hospital, Bishopslydeard, Taunton			1				1	
St. Ebbas Hospital, Epsom				1				
St. Cadoc's Hospital, Caerleon			2					
St. Margaret's Hospital, Birmingham			1					
South Ockendon Hospital, Essex						1		
Shallington Hospital, Stoke-on-Trent								1
Stoke Park Hospital, Stapleton, Bristol			8	13			11	10
Totterdown Hall Hospital, Bleadon, Nr. Weston				1				

## AMBULANCE SERVICE

### Review of the year's work

Although the total number of patients conveyed fell from 165,953 in 1970 to 162,772 in 1971, the mileage further increased from 1,291,305 to 1,371,346.

Unfortunately, the number of accidents and emergencies rose by almost 40%, largely due to a higher incidence of road accidents.

In the north of Monmouthshire the North Hill Hospital at Abergavenny is now fully operational and therefore attendance at Royal Gwent Hospital is very much less. The longer journeys which have to be taken to North Hill and other major hospitals in Cardiff and Newport are responsible, in the main, for the increase in the number of mileage.

Many more people are now attending the hospitals for gynaecological treatment or to participate in "Ask a Lady Living" clinics. The load upon the service has been lightened in this direction by the use of supplementary services, particularly in the Rhondda Valley area. This supplementary service is now being used to convey patients from the north of the County to the hospitals in Cardiff.

## SECTION VII

## AMBULANCE SERVICE

### Staff

During the year, in order to help maintain improvement in the standard of the service, the number of driver-attendants was increased from 140 to 160, while station officers and deputies were appointed to the Cardiff, Abergavenny, Chepstow and Newport Ambulance Stations. Four control officers were recruited for the control at Cardiff, and an additional telephonist was also appointed.

### Vehicles

Amongst the new vehicles received during the year were 13 British Leyland 4-door motorambulances, at least one of which has been allocated to every ambulance station in the County.

### Ambulance Stations

It was hoped that the new ambulance station being built at Cwm-y-llin, Blackwood, would be ready for use by September, but as the lease on the existing ambulance station expired at the end of 1966 and was not extended, alternative accommodation was found at the Council's health office at the Penllyn, Pontypridd. Construction delays prevented occupation of the new ambulance station until early in 1972.

Work should now start on the new Abergavenny ambulance station at the end of March 1972, with a view to completion by the beginning of 1973.

Plans are also to start for the improved accommodation at the Cardiff ambulance station.



## **AMBULANCE SERVICE**

### **Review of the year's work**

Although the total number of patients conveyed fell from 168,983 in 1970 to 162,722 in 1971, the mileage further increased from 1,293,895 to 1,371,246.

Unfortunately, the number of accidents and emergencies rose by almost 400, largely due to a higher incidence of road accidents.

In the north of Monmouthshire the Nevill Hall Hospital at Abergavenny is now fully operational and therefore attendance at local hospitals is very much less. The longer journeys which have to be taken to Nevill Hall and other major hospitals in Cardiff and Newport are responsible, in the main, for the increase in the annual mileage.

Many more people are now attending day hospitals for geriatric treatment or to participate in "Aid to Daily Living" sessions. The load upon the service has been lightened in this direction by the use of a sitting case car service, particularly in the Ebbw Vale area. This supplementary service has also been invaluable in conveying patients from the north of the County to the Eveswell Clinic at Newport.

### **Staff**

During the year, in order to help maintain improvement in the standard of the service, the number of driver/attendants was increased from 140 to 161, while station officers and deputies were appointed to the Caerleon, Abergavenny, Chepstow and Monmouth Ambulance Stations. Four control officers were recruited for the control at Caerleon, and an additional telephonist was also appointed.

### **Vehicles**

Amongst the new vehicles received during the year were 13 British Leyland 4-litre automatic transmission ambulances, at least one of which has been allocated to every ambulance station in the County.

### **Ambulance Stations**

It was hoped that the new ambulance station being built at Cwm-gelli, Blackwood, would be ready for use by September, but as the lease on the existing ambulance station expired at the end of June and was not extended, alternative accommodation was found at the Council's health clinic at the Penllwyn, Pontllanfraith. Construction delays prevented occupation of the new ambulance station until early in 1972.

Work should commence on the new Abergavenny ambulance station at the end of March, 1972, with a view to completion by the beginning of 1973.

Plans are also to hand for the improved accommodation at the Caerleon ambulance station.

## Training

During the year the following courses were attended by ambulance staff:-

- |   |                    |
|---|--------------------|
| 1 week induction training at the training school, Caerleon  | - 53 ambulance men |
| 2 day officers course, training school, Caerleon            | - 3 officers       |
| 6 week course at Glamorgan training school, Bridgend        | - 12 ambulance men |
| 2 week course at Glamorgan training school, Bridgend        | - 24 ambulance men |
| 6 week course at Birmingham training school                 | - 1 ambulance man  |
| 2 week control officers course at Glamorgan training school | - 3 officers       |

During the period May/June the Chaston Cup Competition was held. This preceded the training for the Welsh Regional Ambulance Finals, at which the Monmouthshire Ambulance Service won the Britton Shield as runners up.

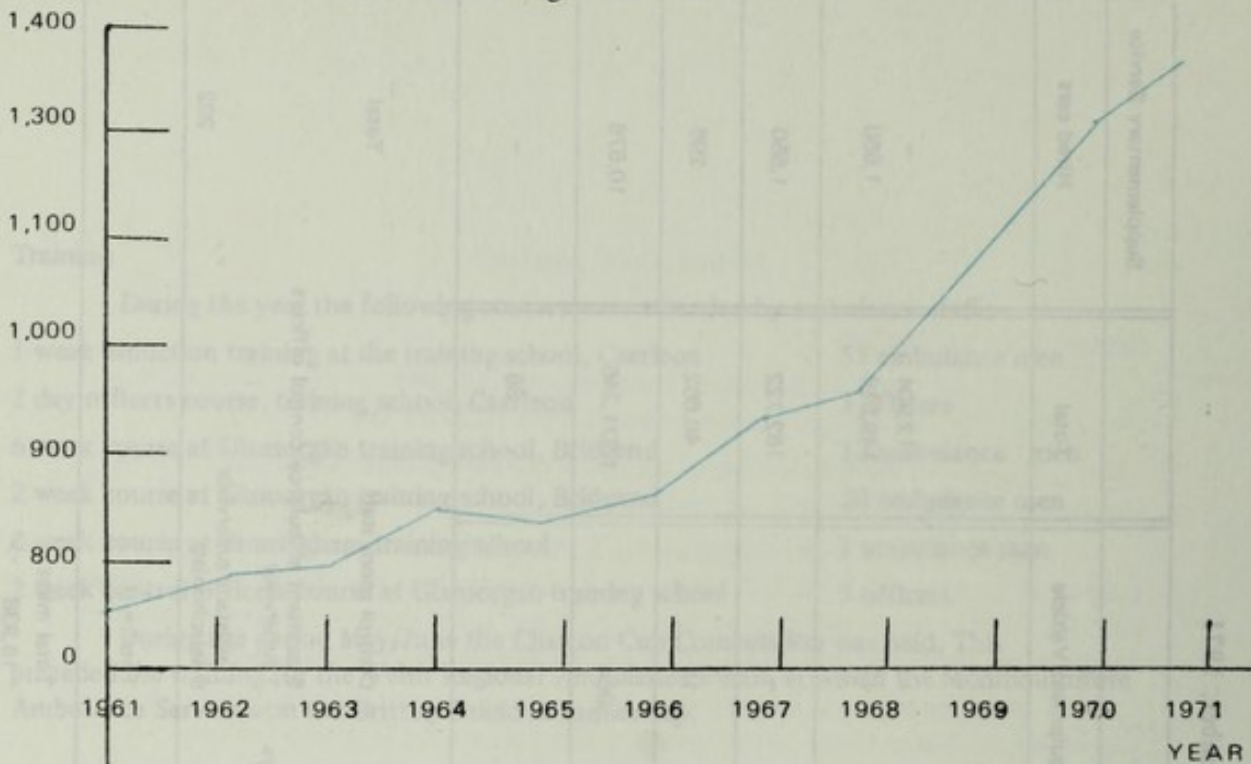
# AMBULANCE SERVICE

Operational return for the year ended 31st December, 1971

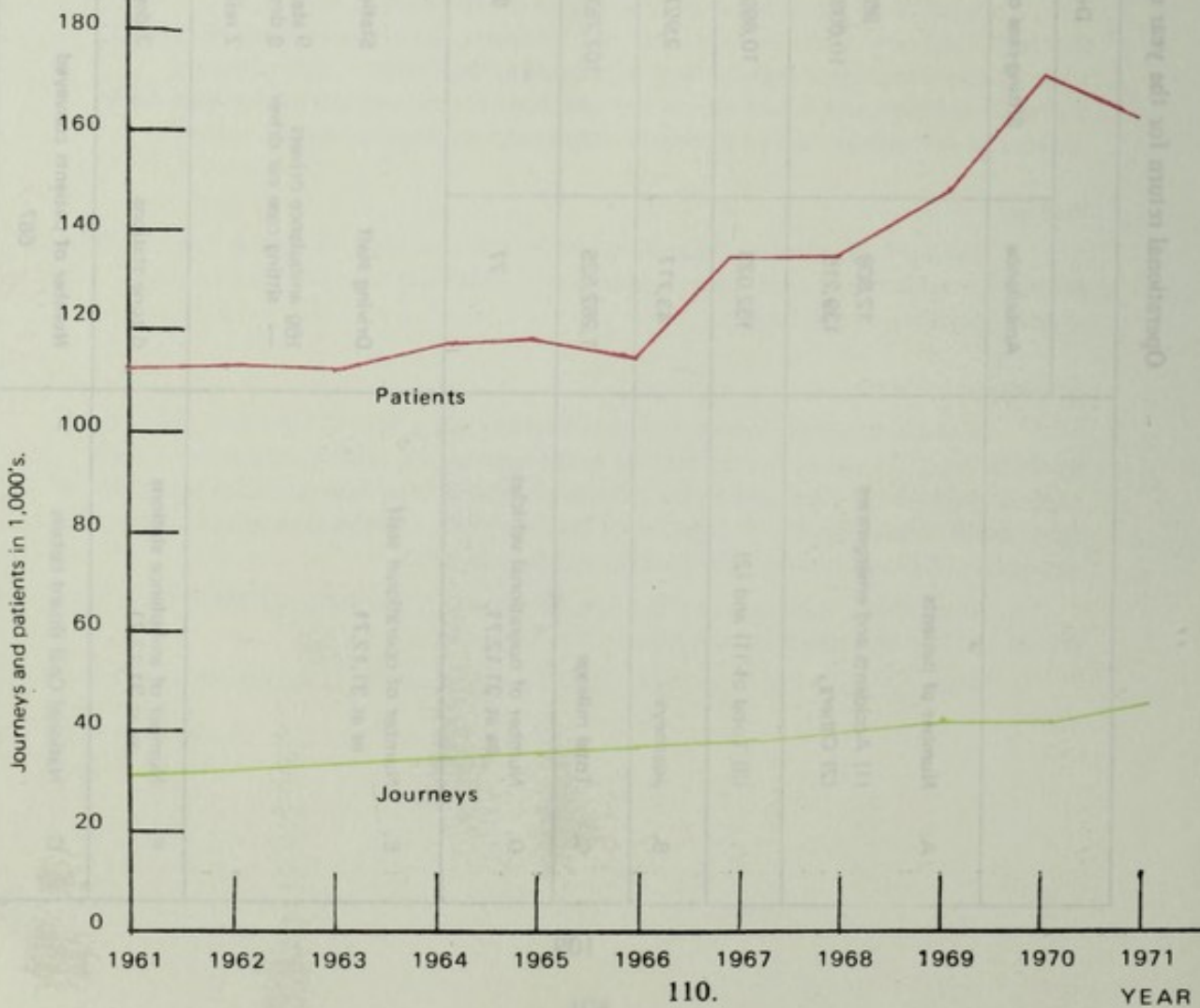
	Directly operated			Total	Supplementary Service
	Ambulance	Sitting-case car	Equipment Vehicle		
A. Number of patients					
(1) Accidents and emergencies	12,808	96	—	12,904	—
(2) Others	139,215	10,603	—	149,818	1,550
(3) Total of (1) and (2)	152,023	10,699	—	162,722	1,550
B. Journeys	43,717	2,927	18	46,662	298
C. Total mileage	1,262,525	107,757	964	1,371,246	10,876
D. Number of operational vehicles as at 31.12.71.	77	8	1	86	—
E. Number of operational staff as at 31.12.71.	Driving staff			Control room staff	Total
	169 ambulance drivers — sitting case car driver	9 station officers 9 deputy station officers 2 relief officers	5 assistant ambulance control officers 1 supervisor 1 assistant supervisor 6 telephonists		202
F. Number of ambulance stations as at 31.12.71.	6 zone stations	3 depots	Total = 9		
G. National Coal Board details	Number of patients conveyed 687			Total miles 16,938	

Miles  
in  
1,000's

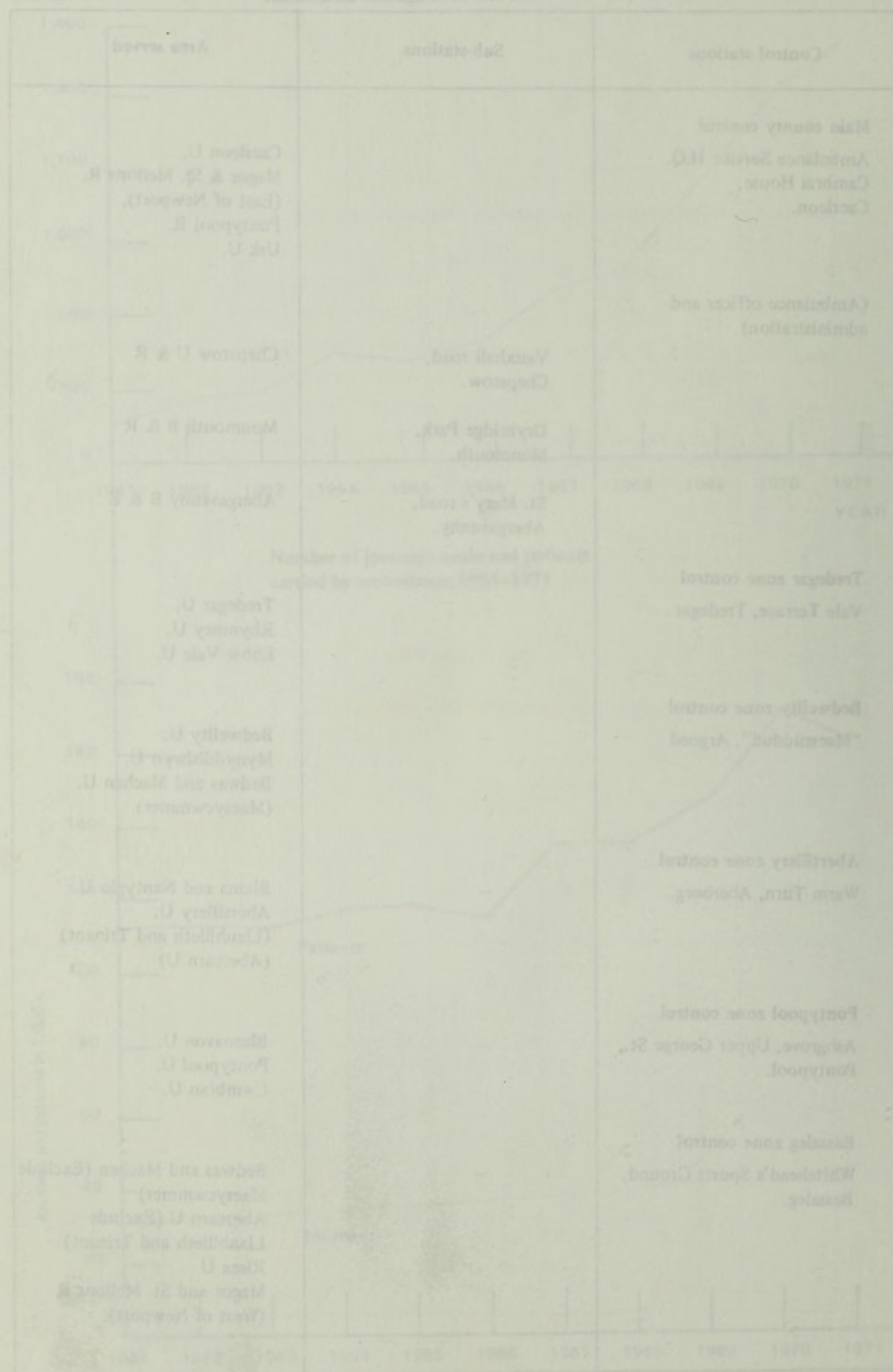
**Ambulance mileage 1961-1971**



**Number of journeys made and patients  
carried by ambulances 1961-1971**



Control stations	Sub-stations	Area served
<b>Main county control</b> Ambulance Service H.Q. Cambria House, Caerleon.  (Ambulance officer and administration)	      Vauxhall road, Chepstow.  Drybridge Park, Monmouth.  St. Mary's road, Abergavenny.	Caerleon U. Magor & St. Mellons R. (East of Newport), Pontypool R. Usk U.   Chepstow U & R  Monmouth B & R  Abergavenny B & R   Tredegar U. Rhymney U. Ebbw Vale U.
<b>Tredegar zone control</b> Vale Terrace, Tredegar .	—	Tredegar U. Rhymney U. Ebbw Vale U.
<b>Bedwellty zone control</b> "Maesruddud", Argoed	—	Bedwellty U. Mynyddislwyn U. Bedwas and Machen U. (Maesycwmmmer).
<b>Abertillery zone control</b> Warm Turn, Aberbeeg.	—	Blaina and Nantyglo U. Abertillery U. (Llanhilleth and Trinant) (Abercarn U)
<b>Pontypool zone control</b> Ashgrove, Upper George St., Pontypool.	—	Blaenavon U. Pontypool U. Cwmbran U.
<b>Bassaleg zone control</b> Whitehead's Sports Ground, Bassaleg.	—	Bedwas and Machen (Exclude Maesycwmmmer) Abercarn U (Exclude Llanhilleth and Trinant) Risca U Magor and St. Mellons R (West of Newport).



## ENVIRONMENTAL SERVICES

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

### PUBLIC SERVICES

#### WATER

##### Supply

No great additional sources of supply of water were demonstrated in the County during the year.

Although the rainfall recorded at the Monmouthshire College of Agriculture and Horticulture during the year was only 450.55 in., (approx). In many parts of the county - few complaints of inadequacy were registered. The major areas adversely affected were those of Ebbw Vale and Pontypridd and others, where emergency measures to restrict supplies, such as watering and supplemental supplies were taken.

The heaviest rainfall was recorded in January and August. The driest months were July, February and September. Almost half of the 23 in. of rain which fell in October was recorded on one day.

The Great Water Board, established in April 1970, faced its first full calendar year of activity. Several serious problems of supply, distribution and quality have arisen. It must be recorded that a very considerable amount of its expenditure was rendered necessary by the need to carry out a major programme of work that after a short time it may be expected to be amalgamated with River and Severn authority to water the Severn Valley.

### SECTION VIII

## ENVIRONMENTAL SERVICES

#### QUALITY

An accompanying table shows the extent of sampling carried out by the public health inspectors of the Monmouthshire County Council and the 23 district councils of the County in routine measures to maintain a safe water supply.

Throughout the county, 1,227 samples of water were taken for bacteriological examination compared with 1,167 samples in 1970. This increase was due largely to the taking of additional samples of untreated water.

It will be seen that the district councils most active in supervising the purity of the water treated supplies in their areas were Nanvyn and Haver, where it was noted that its supplies had previously been suspect, particularly in times of drought, Chertsey and Redwilt. As an local authority is now a "Statutory Water Undertaker", no action was shown as having been taken before submission to council.

In 1971, 563 samples of mains treated water were taken, of which 535 were satisfactory and 28 were unsatisfactory. The percentage of unsatisfactory samples was 4.9, which is a considerable improvement on that for 1970, (12.1%) and on the average of 5.8% for the preceding seven years. This reflects a creditable position for the major supplies coming as it did during a year of low rainfall, nevertheless, the only satisfactory standard is when the British consumer can always depend upon an uninterrupted supply of water without the need for special.

SECTION VIII  
ENVIRONMENTAL SERVICES

## ENVIRONMENTAL SERVICES

I am indebted to the County Health Inspector for the following report.

### PUBLIC SERVICES

#### WATER

##### Adequacy

No great additional sources of supply of water were commissioned in the County during the year.

Although the rainfall recorded at the Monmouthshire College of Agriculture and Horticulture during the year was only 660.58 m.m. (approx. 26 inches) - well below average - few complaints of inadequacy were registered. The major areas adversely affected were those of Ebbw Vale and Nantyglo and Blaina, where emergency measures to restrict supplies, curb wastage and supplement supplies were taken.

The heaviest rainfall was recorded in January and August. The driest months were July, February and September. Almost half of the 58 m.m. of rain which fell in October was recorded on one day.

The Gwent Water Board, established in April 1970, faced its first full calendar year of activity. Several serious problems of supply, distribution and quality loom ahead of the Board but it must be recorded that a very creditable account of its responsibilities was rendered during 1971. At the time of going to press it would appear that after a short life it may be destined to be amalgamated with River and Sewerage authorities to make one huge water authority covering the Severn Valley.

#### QUALITY

An accompanying table shows the extent of sampling carried out by the public health inspectors of the Monmouthshire County Council and the 23 district councils of the County in routine measures to maintain a safe water supply.

Throughout the county, 1,227 samples of water were taken for bacteriological examination compared with 1,167 samples in 1970. This increase was due largely to the taking of additional samples of untreated water.

It will be seen that the district councils most active in supervising the purity of the mains treated supplies in their areas were Nantyglo and Blaina, where it was known that its supplies had previously been suspect, particularly in times of drought, Cwmbran and Bedwellty. As no local authority is now a "Statutory Water Undertaker", no samples are shown as having been taken before submission to treatment.

In 1971, 668 samples of mains treated water were taken, of which 635 were satisfactory and 33 were unsatisfactory. The percentage of unsatisfactory samples was 4.9, which is a considerable improvement on that for 1970, (12.1%) and on the average of 8.8% for the preceding seven years. This reflects a creditable position for the major suppliers coming as it did during a year of low rainfall, nevertheless, the only satisfactory standard is when the British consumer can always depend upon an uncontaminated supply however stringent the test applied.

The authority principally responsible for the increase in the number of samples taken from local untreated supplies was Chepstow Rural District Council, where an intense effort is being made to improve or replace such supplies. As usual, the greatest percentage of samples taken in this category was unsatisfactory due to the contamination of sources.

The county public health inspectors took 136 samples of mains water and 31 samples from partially treated supplies at County Council establishments. Practically all schools are now connected to mains water supplies.

113 samples of water were taken from swimming baths for bacteriological examination. The most effective check on these waters is by way of tests for free chlorine, conducted at the bath itself, however, rather a high proportion of unsatisfactory samples is shown from some areas.

Attention has intensified in tracing water supplies with a lead content higher than that recommended by an International Commission. As a number of district councils have co-operated with the Gwent Water Board on this matter, figures of water samples taken for examination of lead content are not available. In appropriate cases, action is taken to replace lead service pipes while the Gwent Water Board, in some instances, is able to improve the supply in an affected area.

Appendix 1 (P.134), presents a study of county mortality statistics in relation to the hardness of water supplies.

# Details of water analyses 1971

	Bacteriological Examination of Treated Water		Bacteriological Examination of Untreated Water		Swimming Bath Water Bacteriological Examination	
	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory
<b>Urban</b>						
Abercarn	—	—	—	4	—	—
Abergavenny	7	—	6	17	2	1
Abertillery	11	5	4	7	—	—
Bedwas and Machen	1	—	2	3	—	—
Bedwellty	57	2	—	—	17	1
Blaenavon	12	—	—	1	—	—
Caerleon	16	—	—	2	7	1
Chepstow	15	1	1	6	—	—
Cwmbran	81	5	18	16	—	—
Ebbw Vale	23	—	—	—	11	3
Monmouth	35	1	4	3	—	—
Mynyddislwyn	6	—	—	—	—	—
Nantyglo and Blaina	96	—	—	—	—	—
Pontypool	25	—	—	2	6	5
Rhymney	14	—	—	—	—	—
Risca	—	—	—	—	2	2
Tredegar	45	2	—	—	8	1
Usk	20	—	—	—	—	—
<b>Rural</b>						
Abergavenny	6	—	7	25	—	—
Chepstow	16	4	46	183	—	—
Magor and St. Mellons	15	2	3	10	—	—
Monmouth	5	3	3	42	—	—
Pontypool	1	—	—	—	—	—
<b>District Totals</b>	<b>507</b>	<b>25</b>	<b>94</b>	<b>321</b>	<b>53</b>	<b>14</b>
<b>Monmouthshire County Council</b>	<b>128</b>	<b>8</b>	<b>*20</b>	<b>*11</b>	<b>45</b>	<b>1</b>
<b>County Totals</b>	<b>635</b>	<b>33</b>	<b>114</b>	<b>332</b>	<b>98</b>	<b>15</b>

\* From partially treated supplies.

Information on the bacteriological examination of samples was supplied by courtesy of Dr. R.D. Gray, M.D., D.P.H., Director of Public Health Laboratory Service, Newport.

### Fluoridation

Fluoridation of water supplies in Monmouthshire is no nearer a reality. Further general consideration is not likely until the matters of local government re-organisation and the question of regional water authorities have been settled.

### Rural Water Supplies and Sewerage Acts

The remaining extensive water supply to the rural areas of the County - the scheme which was inaugurated as a joint northern areas scheme of the Abergavenny and Monmouth Rural District Councils and subsequently taken over by the Gwent Water Board - was completed during the year. It is anticipated that the following schemes prepared by the Board will materialise during 1972:-

Abergavenny R.D.

- (a) A scheme to extend the present supply northwards from Llanvapley.
- (b) A scheme from Cross Ash extending westwards to the Campstone area and Penbidwal (near Pandy), then southwards at Llanfihangel Crucorney and in a north-easterly direction to serve scattered properties to a point north of Grosmont.

Monmouth R.D.

Small extension schemes at Nortons Cross and Mitchel Troy.

Pontypool R.D.

A small scheme at Coed Cwnwr.

### Swimming baths

The County Education Committee own three small covered swimming pools, two of which are heated. It is hoped to commission a larger covered heated pool at Nantyglo in 1972, which will be part of a sports complex provided jointly by the County Education Committee and local authorities. This is anticipated to be the first of a series of similar jointly provided pools in different parts of the County. Treatment in each case is by filtration and chlorination.

At the moment eight local authorities in the County own or have control over swimming baths in their areas.

### Flooding

The Usk River Authority report that the Collister Pill Rean scheme has been completed with consequent improvement of an extensive area of land in the Magor, Undy and Portskewett areas. After a survey of the Usk River between Caerleon and Newbridge-on-Usk, little co-operation was experienced with land-owners but one small scheme was carried out at Llanfach with a saving of 50 acres of land.

A tree-clearing and channelling scheme is being carried out on the Olway Brook between Usk and Llandenny, which should reduce the tendency to flooding.

A scheme of flood prevention has been carried out on the River Ebbw at Bassaleg.

A scheme has begun to stabilise the River Afon Llwyd between Cwmbran and Llantarnam.

## **Rivers**

The following are extracts from a Report of the River Pollution Survey of England and Wales for 1970 published in 1971, as far as it affects water-ways in Monmouthshire.

### **"19 Wye River Authority**

This area covers mainly the Wye basin which straddles the border between England and Wales. The principal rivers are the Wye, the Monnor, the Lugg, the Frome, the Arrow, the Irfon and the Ithon. The survey records 1,065 river miles, of which 1,049 miles are non-tidal and 16 miles are tidal.

The quality of the rivers in this area is exceptional, there being 1,027 miles (96.5 per cent) of Class 1 river, 29 miles of Class 2 and the remainder Class 3 and 4. The polluted lengths occur mainly in small isolated stretches, notably in the Hereford area."

### **"20 Usk River Authority**

This area covers the Usk basin, the Ebbw basin and several short reens along the north coastal strip of the Bristol Channel. The principal rivers are the Usk and Ebbw. Altogether there are 256 river miles in the area of which 237 miles are non-tidal and 19 miles are tidal.

The Usk itself is a Class 1 river for almost all of its length only dropping to Class 2 and finally to Class 3 on the lower tidal lengths at Newport. Most of the Usk basin is in an equally good condition with some 16 miles in all out of a total of 179 miles in Class 2 and only a single very short length in Class 3 at Brynmawr. Very heavy pollution, however, occurs in the other basins which drain densely populated industrial areas. The Ebbw is Class 4 for its entire length of about 23 miles from Ebbw Vale. Most of the reens are Class 3 but this is due more to stagnant conditions than to polluting discharges."

### **"21 Glamorgan River Authority**

By comparison with many other parts of South Wales, this area is densely populated and there is much heavy industry, particularly in the lower parts of the valleys. There are three river basins in the area, the Rhymney, the Taff and the Ely with the Rhondda and the Cynon being the only other rivers of significant length. In all there are 176 miles of river of which 155 miles are non-tidal and 21 miles are tidal. A big proportion of the rivers are in poor or grossly polluted condition with only 32 miles (18 per cent) of Class 1, 41 miles (23 per cent) of Class 2, and the remaining 103 miles in Class 3 or 4. The Rhymney is Class 3 for most of its non-tidal length and Class 4 for most of its tidal length through the outskirts of Cardiff. Its tributaries are in little better condition."

The standards for the above chemical classifications are:-

### CLASS 1

Rivers unpolluted and recovered from pollution.

- (a) All lengths of rivers whatever their composition, which are known to have received no significant polluting discharges.
- (b) All rivers which, though receiving some pollution, have a B O D less than 3 mg/l, are well oxygenated and are known to have received no significant discharges of toxic materials or of suspended matter which affect the condition of the river bed.
- (c) All rivers which are generally indistinguishable biologically from those in the area known to be quite unpolluted, even though the B O D may be somewhat greater than 3 mg/l.

### CLASS 2

Rivers of doubtful quality and needing improvement.

- (a) Rivers not in Class 1 on B O D grounds which have a substantially reduced oxygen content at normal dry summer flows or at any other regular times.
- (b) Rivers, irrespective of B O D, which are known to have received significant toxic discharges which cannot be proved either to affect fish or to have been removed by natural processes.
- (c) Rivers which have received turbid discharges which have had an appreciable effect on the composition of the water or character of the bed but have had no great effect on the biology of the water.
- (d) Rivers which have been the subject of complaints which are not regarded as frivolous but which have not been substantiated.

### CLASS 3

Rivers of poor quality requiring improvement as a matter of some urgency.

- (a) Rivers not in Class 4 B O D grounds and which have a dissolved oxygen saturation, for considerable periods, below 50 per cent.
- (b) Rivers containing substances which are suspected of being actively toxic at times.
- (c) Rivers which have been changed in character by discharge of solids in suspension but which do not justify being placed in Class 4.
- (d) Rivers which have been the subject of serious complaint accepted as well-founded.

#### CLASS 4

Grossly polluted rivers.

- (a) All rivers having a B O D of 12 mg/l or more under average conditions.
- (b) All rivers known to be incapable of supporting fish life.
- (c) All rivers which are completely deoxygenated at any time, apart from times of exceptional drought.
- (d) All rivers which are the source of offensive smells.
- (e) All rivers which have an offensive appearance, neglecting for these purposes any rivers which would be included in this class solely because of the presence of detergent foam.

A separate assessment based on biological facts was made. The following are the standards (A-D) set for this purpose.

#### "CLASS A

Rivers with a widely diverse invertebrate fauna including an appreciable proportion of Plecoptera (stonefly nymphs) and/or Ephemeroptera (mayfly nymphs). Trichoptera (caddis fly larvae) and Amphipoda (Freshwater shrimps). Salmon, trout and grayling fisheries, when purely ecological factors favour these fish, otherwise good mixed coarse fisheries including a variety of species.

#### CLASS B

Rivers in which the Plecoptera (stonefly nymphs) and Ephemeroptera (mayfly nymph) populations may be restricted. Trichoptera (caddis fly larvae) and Amphipoda (freshwater shrimps) usually present in reasonable numbers and the invertebrate population as a whole quite varied.

Good mixed coarse fisheries. Trout may be present but will be rarely dominant.

#### CLASS C

Rivers in which the variety of macroscopic invertebrate organisms is restricted and the population is dominated by the Isopod *Asellus aquaticus* (log louse).

Although some Amphipoda (freshwater shrimps) may be present Trichoptera (caddis fly larvae) and Ephemeroptera (mayfly nymphs) are relatively rare.

Moderate to poor fisheries. Fish population restricted mainly to roach and gudgeon.

#### CLASS D

Macroscopic invertebrate fauna absent or severely restricted to the pollution organisms *Oligochaetes* (worms) and *Chironomus* ('bloodworms').

Rivers known to be incapable of supporting fish life."

The following tables show comparisons of biological and chemical classifications of the Wye, Usk and Glamorgan River Authority areas:-

#### "19 WYE RIVER AUTHORITY

Table 58. Comparison between biological classifications and chemical classifications of non-tidal rivers.

Biological Class	Miles in class				Total Miles
	1	2	3	4	
A	991	2	2	0	995
B	21	23	0	0	44
C	0	3	5	0	8
D	0	0	2	0	2
Unclassified	0	0	0	0	0
Total miles	1,012	28	9	0	1,049

#### 20 USK RIVER AUTHORITY

Table 59. Comparison between biological classifications and chemical classifications of non-tidal rivers.

Biological Class	Miles in class				Total Miles
	1	2	3	4	
A	127	0	0	0	127
B	15	30	0	0	45
C	0	10	12	0	22
D	0	1	4	20	25
Unclassified	6	7	5	0	18
Total miles	148	48	21	20	237

#### 21 GLAMORGAN RIVER AUTHORITY

Table 60. Comparison between biological classifications and chemical classifications and chemical classifications of non-tidal rivers.

Biological Class	Miles in class				Total miles
	1	2	3	4	
A	108	9	0	0	117
B	6	36	3	0	45
C	1	21	50	0	72
D	0	1	34	18	53
Unclassified	5	1	0	0	6
Total miles	120	68	87	18	293

The report made the following observations about future water supplies from rivers:-

#### **"19 WYE RIVER AUTHORITY**

50 There is a total of 1,040 miles of non-tidal rivers in Class 1 and Class 2 in the area and about 584 miles are shown to be suitable, almost all in Class 1. The chief reason for unsuitability is insufficient quantity, but some lengths are affected by other users' interests - for example, existing abstractors, and demands for spray irrigation.

51 The Wye itself accounts for over one-quarter of the length deemed suitable and substantial lengths are also to be found in the Monnow, the Lugg, the Arrow, the Irfon and the Ithon. The balance is spread over many rivers with suitable lengths of up to 20 miles or thereabouts. Some 5 miles of Class 1 tidal rivers are also shown to be suitable.

#### **20 USK RIVER AUTHORITY**

52 Out of a total of about 200 miles of non-tidal river in Class 1 and Class 2, some 91 miles, almost all in Class 1, are suitable for public water supplies. The River Usk itself provides about 60 miles and the balance occurs over short lengths in a number of other rivers.

53 The main reason for unsuitability is again insufficient quantity, but other users' interests and the presence of phenols affect a few stretches.

#### **21 GLAMORGAN RIVER AUTHORITY**

54 Out of 188 non-tidal miles in Class 1 or Class 1 only 37 miles are considered to be suitable, mostly in the Class 1 lengths. These occur in numerous rivers in short lengths, the largest being 11 miles in the Neath.

55 The principal reason for unsuitability is insufficient quantity, but a few stretches are affected by other users' interests and the presence of phenols and ammonia".

The controlled parts of the River Severn estuary were excluded from the survey, but are due to be included in a survey of similarly controlled water at a later date.

#### **SEWERAGE**

The main authorities for the disposal of sewage from the western populous valleys of the County are:-

- The Rhymney Valley Sewerage Board
- The Western Valleys (Mon.) Sewerage Board
- The Eastern Valleys (Mon.) Sewerage Board

Each Board consists of constituent members of the local authorities served by the Board. All the trunk sewers convey sewage from north to south to the Bristol Channel area. A few years ago each Board was required to produce a ten-year programme of improvement. Summaries of the progress of the improvement schemes involved are given below.

The scheme for the Rhymney Valley was estimated at its inception to cost about £2,000,000. Sewers from Rhymney to Bedwas have been re-newed. The replacement of sewers from Bedwas to Machen is well under way. It is anticipated that works to provide partial treatment plant will begin in 1972. At the present time, raw sewage is discharged direct into the Bristol Channel. It is intended to provide storm water tanks but the work for these tanks is still in the design stage, some difficulties having been encountered.

The Western Valleys (Mon.) Sewerage Board had previously completed half of their ten year programme by providing a partial treatment plant with an associated five million gallon storage tank and duplicating the trunk sewer from Forge Lane to Cross Keys. After due survey a further ten year scheme of up-grading the trunk sewers of the Sirhowy, Ebbw Vawr and Ebbw Fach Valleys above Cross Keys is about to be put in hand. This will entail the re-designing of the whole system to modern standards, re-newing or duplicating as required, and providing for additional effluents for industrial expansion.

The Eastern Valley Sewer and treatment works was a post World War II project. Considerable industrial and residential development has taken place in the valley however necessitating considerable extension of the treatment plant at Ponthir. The main contracts involved in these extensions are nearing completion and modifications to existing arrangements at the plant will need to be made to secure the greatest efficiency.

The two Municipal Boroughs, two Urban Districts and five Rural Districts which comprise the rural eastern portion of the County have their individual sewage disposal arrangements involving a considerable number of local treatment plants.

## **RURAL WATER SUPPLIES AND SEWERAGE ACTS**

Since 1944 grants by the Government and the County Council have been available to assist in the provision of sewerage arrangements for rural localities. Full advantage of these grants have been taken by the Rural District Councils concerned. The following is a summary of schemes currently under consideration for grant:-

### **Abergavenny R.D.**

Llanddewi Rhydderch has previously been supplied with a sewerage system and a small treatment plant. Development in the area has rendered the plant inadequate and it is intended to absorb the whole system in a comprehensive project to serve Llanvapley and Brynygwenin in addition, but this scheme has been delayed due to site difficulties for the combined treatment plant. A £200,000 scheme of replacement and improvement at Maerdy is being carried on without grant. It is possible that provision may need to be made in the Maindiff Court area in the near future.

Chepstow R.D.

The works for sewerage Caerwent are well under way. It is anticipated that commencement of work on the scheme for Mathern, Pwllmeyric, Shirenewton and Mynyddbach will not be long delayed.

Magor and St. Mellons R.D.

It is anticipated that work to provide a sewerage system for Llanvaches and part of Penhow will not be long delayed. A revised Scheme has been prepared for St. Bridges Wentloog area which will provide for the caravan sites and the small hamlet.

Monmouth R.D.

Work has started on the scheme for Llandogo. The Mitchel Troy scheme should begin in the not too distant future. No progress can be reported on schemes proposed for Skenfrith and Trelleck. A scheme for Narth is in the design stage.

Pontypool R.D.

The small scheme of extension and modernisation at Little Mill has been completed without grant.

## **REFUSE DISPOSAL**

Although some authorities, notably Bedwellty, Cwmbran and Pontypool, are in serious difficulties for sites for refuse disposal, little progress is likely to be made in the provision of modern sophisticated means of refuse disposal by way of incineration or pulverisation until local government re-organisation has taken place. Meanwhile complaints of nuisance continue to be received in respect of tips at Nantyglo and in the Bedwellty area. The question of refuse deposited at roadside laybys is still fraught with difficulty.

## **HOUSING**

Statistics on "Housing in Monmouthshire 1971" in the accompanying table are based on extracts from Ministry publications.

### **HOUSING BY PUBLIC AUTHORITIES**

By ministerial directive, almost all the temporary housing accommodation erected for emergency purposes shortly after the end of the World War II has been demolished, the sites generally being used for permanent house construction.

The number of permanent separate dwellings in the County which are publicly owned was 44,391 at the end of 1970. It is anticipated that at the end of 1971 the corresponding figure would be in the region of 45,634. Details of the numbers of publicly owned dwellings in the individual districts has been omitted as it has become increasingly difficult to obtain the necessary information. When the 1971 census information is available it may be possible to begin again on a firm statistical basis.

### Housing in Monmouthshire 1971

	No. of separate dwellings completed during 1971			No. of Standard Improvement Grants	No. of other improvement and conversion Grants	No. of dwellings sold by Local Authorities
	By local auth.	By private enterprise	Total			
<b>Urban</b>						
Abercarn	4	30	34	26	131	—
Abergavenny	59	6	65	17	40	—
Abertillery	55	9	64	92	76	—
Bedwas and Machen	—	41	41	15	30	—
Bedwellty	234	103	337	58	26	—
Blaenavon	29	1	30	3	45	—
Caerleon	—	28	28	3	13	—
Chepstow	—	53	53	7	12	—
Cwmbran	1	62	63	6	61	—
Ebbw Vale	242	17	259	83	86	—
Monmouth	13	57	70	3	11	—
Mynyddislwyn	24	89	113	16	34	—
Nantyglo and Blaina	—	4	4	2	105	2
Pontypool	123	99	222	27	74	—
Rhymney	140	—	140	5	1	—
Risca	—	9	9	—	—	—
Tredegar	56	14	70	—	10	—
Usk	—	2	2	5	6	—
<b>Rural</b>						
Abergavenny	—	41	41	2	25	2
Chepstow	—	80	80	—	—	—
Magor and St. Mellons	43	161	204	3	55	1
Monmouth	6	16	22	7	11	3
Pontypool	—	42	42	17	7	—
<b>Totals</b>	<b>1,029</b>	<b>964</b>	<b>1,993</b>	<b>397</b>	<b>859</b>	<b>8</b>

Housing under Cwmbran Development Corporation		
	In the Cwmbran U.D. Area	In the Pontypool R.D. Area
Number of separate dwellings completed during 1971	214	—
Total number of separate dwellings built by the Corporation to 31.12.71.	5,313	2,463

Number of houses sold by the Corporation during 1971 ..... 109

The number of new houses built by local authorities during the year was 1,029 - almost the same as in 1970, but for the third consecutive year considerably less than the average of the preceding ten years. Bedwellty, Ebbw Vale, for its size Rhymney, showed the highest numbers built with Abergavenny, Abertillery, Blaenavon Pontypool and Magor and St. Mellons also showing a useful number of houses completed.

During the year the sale of council houses to tenants began, with very limited results among the Councils of Monmouthshire.

### PRIVATE ENTERPRISE BUILDING

A total of 964 dwellings were completed by private enterprise during the year, this figure including 44 assisted by Cwmbran Development Corporation for sale. The figure of 964 is a little higher than that for 1970 and also somewhat above the average for the preceding ten years.

### CWMBRAN DEVELOPMENT CORPORATION

During the year the Corporation built 214 houses for letting and assisted in the provision of 44 houses for sale. They sold 109 houses.

### TOTAL HOUSING DEVELOPMENT

The total number of new houses erected in the County during the year was 2,207 compared with 2,071 in 1970 and 2,034 in 1969. The average of the years 1961-70 was, 2,465. The following table shows the ratios of new dwellings built by all the local authorities in the County (excluding Cwmbran Development Corporation) for a number of years:-

1938	..	..	..	..	1.2 : 1
1954	..	..	..	..	4.5 : 1
1967	..	..	..	..	1.4 : 1
1968	..	..	..	..	1.5 : 1
1969	..	..	..	..	.77 : 1
1970	..	..	..	..	1.1 : 1
1971	..	..	..	..	1.06 : 1

### HOUSING PRESERVATION

For the second year in succession it can be reported that the total number of grants for the improvement of houses had considerably surpassed that of previous years. 397 standard grants and 859 discretionary grants for conversion and/or improvement were made by local authorities during the year. This means that 1,256 houses were preserved for a considerable period of time with at least basic amenities, and to this extent relieved the pressure for new buildings and in addition provided immediate reasonable health amenities and comfort for the inhabitants.

The following table shows the number of grants made for house preservation and improvement over a number of years.

Up to 1957 .. .. . 1141 grants

1958 : 350 grants                      1965 : 756 grants

1959 : 453 grants                      1966 : 601 grants

1960 : 743 grants                      1967 : 634 grants

1961 : 733 grants                      1968 : 567 grants

1962 : 701 grants                      1969 : 569 grants

1963 : 750 grants                      1970 : 897 grants

1964 : 788 grants                      1971 : 1256 grants

Thus, nearly 50,000 people in Monmouthshire have had their houses improved by this means. From the second half of 1971 most areas of Monmouthshire qualified for a higher rate of grant. The 1971 census figures, when available, will give a reasonable overall picture of conditions in houses at that time as far as fixed baths and hot water systems etc., are concerned. If, as is likely, it will show that the majority of houses without the basic modern health amenities of a fixed bath, W.C., hot water system, sink and wash basin are privately rented, a further special effort will be needed to bring these into some new scheme or other. This might be achieved by way of powers being given to local authorities to take over a number of houses at a time to effect the basic improvements themselves and then hand the houses back. Some such scheme should be more effective than the previous cumbersome compulsory powers which were given to local authorities and which were eventually withdrawn. If the work is carried out by local authorities themselves, care will need to be taken to ensure that the requisite tradesman and materials are available before a start is made in any area. At the present time many authorities experience considerable difficulty in maintaining an adequate service for repair of their own houses.

## OTHER FORMS OF HABITATION

Special efforts were made during the year to improve the permanent caravan sites in the area. It is hoped shortly to provide the sites at St. Bridges Wentloog with a sewerage system and treatment plant which should prevent the recurrence of complaints from the area.

The camp for itinerants provided at Nantyglo continues to function without major complaint. A washing and bathing block has now been provided. The site anticipated at Pontypool has still not materialised.

## OFFICES AND SHOPS

The legislation provided for the improvement of the lower standard work places continues to be enforced. The minimum standards, however, are low.

## SCHOOLS

Considerable progress has now taken place in the up-grading of many of the older schools. The County Education Committee are owners of extensive property in this field and the immense task of maintaining the buildings in a proper standard of repair and fitness must never be lost sight of, particularly as many of the larger schools are subject to considerable usage for social and educational purposes outside of normal school hours.

## **POLLUTION**

After the Conservation Year of 1970, considerable controversy remains. Land reclamation and the aesthetic improvement of many areas are frequently evident. The housing appearance in the valleys is improving - somewhat patchily perhaps - but quite definitely. Nevertheless, many causes for disappointment remain. One can understand the frustrations of residents when an unsightly industry is set up almost in the centre of the village.

Industrially many stretches of rivers have been improved, but one accidental discharge of toxic material can undo the good which has taken years to achieve. The detection of offenders is difficult. Unsocial activities continue on the part of a fringe of the general population. The valley rivers of Monmouthshire, after 20 years of specific legislation, are still not beautiful to behold.

Desecration and vandalism, especially of public property is rife. Schools, because of the long periods they remain unoccupied, are particularly susceptible to the attentions of marauders. Unattended public toilets rapidly deteriorate into a scandalous condition. The position was not helped by the decision to make their use free of charge. Along trunk roads, lay-bys are mis-used, and even where public toilets have been provided they are often no better than if nothing had been done.

As far as pollution of the air is concerned some industrial improvement has taken place but Monmouthshire has a long way to go before it can be said that its industries contain and deal with their own emanations. It is a source of considerable concern that sometimes pressure for improvement is not exerted to the full. Domestically, as far as air pollution is concerned, South Wales, and especially Monmouthshire, seems to have drifted into a state of lethargy and it is high time that authorities re-considered a programme of statutory smoke control.

### **AIR POLLUTION MEASUREMENT**

Although neither grit and dust, sulphur nor smoke problems are near solution in Monmouthshire, attention is being turned to the measurement and effect of other constituents, notably iron, zinc, arsenic manganese, chromium, nickel, beryllium, selenium, vanadium, mercury and lead. Results are awaited of the Swansea University research into conditions in the Lower Swansea Valley and interest is also centred on the Bristol University Sabrina project for assessing present and possible future degrees of pollution of the Severn Estuarial areas.

Eleven of the districts of the County undertake air pollution measurement. They do not all measure for all of the three normal constituents of smoke, sulphur and grit and dust. Seven of these authorities participate in the scheme for the speedy dissemination of information within the County. The County Education Committee has also set up two sites at schools for the measurement of smoke and sulphur as an educational exercise. The results are added to the reservoir of information for the County. It is hoped that similar apparatus will be set up in two other schools in the near future.

### **NOISE**

Warning has been given over a number of years that the volume of noise to which people will be subjected is bound to increase due to technological progress. Strict efforts need to be made to ensure that this additional affliction will be no more than can be avoided. Close attention to the subject is paid by the public health inspectors of the district councils in respect of noise from industry, social sources and traffic, and heavy demands are made for the County Council instrument for measuring noise which is available for loan to the district councils. The county public health inspectors are also frequently engaged in measuring traffic noise.

## FOOD

### Milk

County Public Health departments have been very actively engaged for 50 years, and especially since 1934, in the safeguarding of milk supplies. Although a few designated milk licences were in operation prior to 1934, the major work began in that year with the control of school milk supplies which were then introduced on a comprehensive scale. This was followed in 1936 by the control of milk production at farms by the bonus incentive designate milk scheme. This control was superseded in 1949 by the control of pasteurising establishments which were encouraged in view of war-time success of pasteurisation for the destruction of disease-producing organisms in milk. To this was added, in 1960, the control of milk in retail, except for the small quantity of untreated milk sold by producers. Even in this case the departments retained the major work of ensuring its freedom from disease.

For many years the policy has been to secure pasteurised milk supplies to schools. With the current limitation of general supply of free milk to under seven-year olds, many milk contracts have become uneconomical to suppliers and it is more difficult to maintain this policy in some of the small rural schools.

The following table shows the numbers of milk licences in operation on the 31st December of each of the years 1961, the year that control of milk retailers was taken over by the County Council from district councils, 1970 and 1971. All licences were re-newable on the 1st January, 1971.

**Milk licences in force**

	1961		1970		1971	
	Licences	Premises	Licences	Premises	Licences	Premises
To pasteurise	4	4	2	2	2	2
To sterilise	1	1	1	1	1	1
Pastueriser's pre-packed (own pasteurising)	5	9	3	4	3	6
Steriliser's pre-packed (own sterilising)	1	1	1	2	1	2
Pre-packed untreated/ Pasteurised/sterilised	—	—	4	4	—	—
Pre-packed pasteurised/ sterilised	257	277	431	489	140	145
Pre-packed pasteurised/ sterilised ultra heat treated	—	—	—	—	296	352
Pre-packed sterilised	2	6	1	1	1	3
Pre-packed ultra heat treated	—	—	42	45	49	54
Pre-packed untreated (to 1963 Tuberclin tested)	9	9	7	7	1	1
Untreated (own bottling) (to 1963 Tuberculin tested)	13	13	3	3	2	2
Pre-packed untreated pasteur- ised/sterilised ultra heat treated.	—	—	—	—	10	10
Pre-packed pasteurised only	—	—	—	—	5	5
	292	320	495	558	551	583

There were 127 licence changes involving 94 new premises and 33 other amendments during the year.

As distinct from the statutory designations of milk involving in the above licences, details of different descriptions commonly used in connection with milk were given in the report for 1970. Advantage is taken of the opportunity to reiterate that the compulsory use of coloured milk tops in the case of bottled milk should be reserved for indicating the day of pasteurisation and bottling of milk in lieu of for differentiating between descriptions which is the current tendency.

In addition to the above licences issued by the County Council the Ministry of Agriculture, Fisheries and Food had in operation 56 licences for the sale of 'Untreated' milk by producer-retailers at the end of 1971. Exemption from licensing was also in operation in respect of one producer who supplies a few customers in a remote area. As well as controlling the milk supplies under County Council licences the County public health inspectors also sample these untreated supplies monthly for disease and under certain circumstances for keeping quality.

The following is a summary of (1) samples of milk taken by the County health inspectors and the milk sampling officer during 1969, 1970 and 1971; (2) their sampling points; and (3) results of samples taken during 1971:-

#### 1. Samples taken

	1969	1970	1971
Pasteurised milk	3132	3654	3318
Sterilised milk	120	111	140
Untreated milk	244	321	214
Ultra heat treated milk	30	63	99
	<hr/>	<hr/>	<hr/>
Total taken under Milk (Special Designation) Regulations	3526	4149	3771
For tuberculosis	77	64	56
For brucellosis	1000	1198	814
Other examinations	65	33	5
	<hr/>	<hr/>	<hr/>
	4668	5444	4646

#### 2. Origin of above samples

From pasteurising plants	231	203	165
From sterilising plants	52	51	50
On delivery at schools	483	735	519
On delivery at hospitals, children's homes etc.	336	363	425
Other samples taken in retail	3257	3594	3184
Samples taken during investigations at farms	279	498	303
	<hr/>	<hr/>	<hr/>
	4668	5444	4646

### 3. Results of samples 1971

	Satisfactory	Unsatisfactory	Void
(i) Methylene blue test	333	70	129
(for keeping quality)	333	70	129
(ii) Phosphatase test (for efficiency (for pasteurisation)	3314	4	—
(iii) Turbidity test (for efficiency of sterilisation)	140	—	—
(iv ) Colony plate count (for U.H.T. milk).	99	—	—
For disease	Negative	Inconclusive	Period
(v) Tuberculosis	56	—	—
(vi) Ring test for brucellosis	732	1	61
(vii) Culture test for brucellosis	50	9	3
(viii) Salmonellosis	4	—	—

## **ACTION ON ADVERSE REPORTS**

### **Methylene Blue Test for Keeping Quality**

(a) 70 samples out of 3403 failed to satisfy the prescribed "Methylene blue test". 13 of the failing samples were taken from producer-retailers and were referred to the Ministry of Agriculture, Fisheries and Food. In other cases, investigation to ascertain possible cause for failure was carried out by this department and the supply kept under observation within accelerated sampling procedure until it was considered safe for the supply to return to normal control. One persistent cause of frequent failures was a small supply retailed in a localised area of the County but which originates from outside the County. Formal warning of prosecution was issued in this instance.

### **Phosphatase Test for Efficiency of Pasteurisation**

(b) Failure to satisfy the Phosphatase test is regarded in a more serious light than a single "Methylene Blue test" failure. There are four failures of this test during the year - all of milk imported into the County from neighbouring counties from pasteurising plants for which the Monmouthshire County Council is not the licensing authority. All interests, including the retailer, pasteuriser and licensing authority for the pasteurising plant were notified. In one instance the licensing authority was informed that the explanation offered by the pasteurising firm was not valid.

### **Brucellosis**

(c) "The ring test" is a screening test carried out for the presence of brucellosis in milk. All milk which is sold raw in retail is subject to sampling for "ringtest" examination monthly. On receipt of a "ringtest" positive result on a bulk sample of milk a full investigation of the herd is carried out until offending animals ascertained by a "culture test" on the milk are identified and removed from the herd for slaughter. Some difficulty occurs in tracing the movement of such an animal after its removal from a herd to a market for this purpose and the Ministry of Agriculture, Fisheries and Food have been advised to devise some means of ensuring follow-up to the points of slaughter. Where appropriate, notification is given to other Counties when an animal known to be excreting brucellosis in its milk has been removed from the County.

The following is a summary of work carried out in respect of investigations at farms during 1971:-

**(i) Investigations undertaken at farms**

Investigation not cleared up during 1970 .....	2
New investigations .....	17
Cleared during the quarter .....	16
Still under investigation at the end of the year .....	3

**(ii) Results of investigations undertaken at farms**

Individual animals isolated for slaughter .....	15
Advised Local authorities to issue notices requiring the pasteurisation of all milk from herds with an affected animal .....	9
Producer-retail licences surrendered .....	2
Herds cleared as a result of subsequent negative reports .....	12

**Ice Cream**

Notwithstanding official disapproval, pressure continues from the administering authorities for the introduction of a statutory bacteriological test for ice-cream.

**Meat**

Full inspection of meat is carried out by public health inspectors at slaughter-houses. The position in respect of poultry still gives some cause for concern as it has not been found possible for poultry to be inspected by qualified officers at the time of slaughter.

**Other Foods**

A great deal of the recommendation in respect of date marking of foods included in the report for 1970 is being introduced in national legislation. This will materially assist the housewife, especially in respect of short-life foods. A great deal of investigation and consultation will be taking place among the various organisations concerned to decide the most suitable date or dates to be shown on packages, e.g. date of manufacture, expiration of shelf-life date, expiration of safe consumption date, etc.

**Food and Drugs Act, 1955**

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

During the year, 1,069 samples of all kinds of food were submitted by the sampling officers on the Weights and Measures Department to the Public Analyst under the provisions of the above Act.

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

In all there were 518 milk samples, 494 samples of other food, 32 intoxicating liquor samples and 25 ice-cream samples. Included in the samples of other food were 82 pharmaceutical products. The samples of other food were all of various kinds of tin, jar and packet varieties.

The Public Analyst certified, 511 milk samples, 468 samples of other food, 32 samples of intoxicating liquor and 24 samples of ice-cream, to be in accordance with the various standards required.

7 samples of milk, 26 samples of other food and 1 sample of ice-cream were found not to be up to standard.

157 samples of milk were tested for the presence of antibiotics and all were genuine.

Proceedings were instituted as follows:-

	Find	Costs
Bottle of milk contained glass	£10.00	£ 5.00
Ice cream deficient in fat	Dismissed £40.00 costs against Mon. C.C.	
Baby food deficient in vitamins	£ 5.00	—
Loaf of bread affected with mould	£10.00	£ 3.00
Milk contained a field mouse	£20.00	£ 3.00
Milk contained glass	£20.00	£ 3.00
Milk contained insect larvae, leaves etc.	£15.00	£ 3.00
Milk contained a slug	£25.00	£11.50
Steak and Kidney pie affected with mould	£25.00	£ 7.00
Milk contained a stone	£25.00	£10.00
Biscuit contained piece of metal	£10.00	£ 5.00
Bread contained bristles	£20.00	—
Trifle contained a mould	£20.00	—
Jeffi-Jelli contained a mould	£10.00	£ 5.00

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

The average composition of the milk was as follows:-

Fat .....	3.80%
Solids not fat .....	8.99%
Total solids .....	12.79%

## APPENDIX 1

### Water Distribution and Mortality Statistics

On the 17th August a circular was sent by the Chief Medical Officer of the Department of Health and Social Security to medical officers of health on a possible relationship between the hardness of water and death rates from cardiovascular disease. The circular referred to a paper by Crawford, Gardner and Morris which appeared in the Lancet of the 14th August, 1971.

In the light of this circular, a possible relationship between water distribution and mortality statistics in Monmouthshire was investigated, and I am indebted to Mr. A.E. Guild, Engineer and Manager of the Gwent Water Board, for his assistance.

The Monmouthshire study was limited by several factors, such as the relatively large areas of the county for which mortality statistics were available, when compared with water districts, and the fact that many areas have a combination of hard and soft water supplies. Other factors, such as type of area, e.g., urban or rural, cigarette smoking, exercise and diet have an effect on deaths from cardiovascular disease, but could not be taken into account here because of lack of information.

In view of the limitations, no firm conclusions can be drawn from the Monmouthshire findings, but there are indications that there may be a link between water supply and mortality statistics and it is hoped that, when census information on a grid square basis becomes available, a more accurate comparison will be possible.

The diseases investigated together with the county death rate per 1,000 for 1970, were as follows:-

Cancer of the stomach	0.28	Cardiovascular disease	3.05
Cancer of the intestine	0.26	Cerebrovascular disease	1.57
Cancer of the lung	0.39	Pneumonia	0.61

The method chosen for comparison was to compare the seven highest rates for each disease with the seven lowest, leaving seven areas which border on the county rate.

For four of the diseases chosen, namely cancer of the stomach, cancer of the intestine, cerebrovascular disease and pneumonia, no connection between water supplies and death rates could be established as both high and low death rates occurred in areas of similar water supply.

In the case of cancer of the lung, there was a reasonably equal mixture of hard and soft water in the seven areas where the highest death rates occurred, but in the group of lower death rates there was a predominance of soft water. This would seem to suggest that deaths from cancer of the lung are lower in soft water areas, particularly as the two highest rates occurred in hard water areas and the two lowest in soft water areas. However, bearing in mind the many other factors which affect the death rate from cancer of the lung, and the fact that in the seven areas with the highest death rates there was a reasonably equal mixture of hard and soft water, any apparent relationship was probably coincidence.

The final disease considered, cardiovascular disease, which was the subject of the circular, presented a more definite pattern and is, therefore, dealt with more fully.

The County death rate per 1,000 was 3.05 and the seven areas with the highest death rates, together with the type of water supply, are as follows:-

Nantyglo and Blaina U.D.C.	4.97	Soft.
Blaenavon	4.19	Moderately soft.
Abergavenny M.B.	4.10	Moderately soft and soft.
Pontypool U.D.	3.99	Slightly and moderately hard and soft.
Tredegar U.D.	3.68	Moderately soft and soft.
Ebbw Vale U.D.	3.49	Soft.
Abergavenny R.D.	3.49	Soft, slightly hard and moderately hard.

The seven lowest rated areas are as follows:-

Chepstow R.D.	1.73	Slightly hard, hard and moderately soft.
Usk R.D.	1.76	Slightly hard
Cwmbran U.D.	1.80	Moderately soft and soft.
Pontypool R.D.	2.03	Moderately soft.
Monmouth R.D.	2.31	Hard, moderately hard and soft.
Caerleon U.D.	2.35	Moderately soft.
Mynyddislwyn U.D.	2.72	Slightly hard.

It is clear that in the group with the highest rates there is a predominance of soft water. The only two areas of the county that are completely soft, namely Nantyglo and Blaina U.D. and Ebbw Vale U.D. appear in this group, Nantyglo and Blaina having the highest death rate in the county.

The group of lower rates has four areas containing supplies of hard water, and only two have areas of soft.

Although there is a marked predominance of soft water in the higher rated group, it is not matched by an equal predominance of hard water in the lower rated group. However, the figures do tend to suggest the possibility of a connection between high death rates from cardiovascular disease and soft water.

Bearing in mind the limitations imposed upon this study by the large number of variables for which no information was available, the findings can be taken as no more than a suggestion that further investigations may be indicated. Such an investigation could be carried out when census information becomes available on a grid square basis, as it should be possible then to compare similar areas.

The following tables show the population and deaths from such disease and the death rate per 1,000. All figures quoted relate to the year 1970. It will be noted that the tables give figures for the twenty three urban and rural districts of Monmouthshire, although only twenty one were used in this study, Bedwas and Machen U.D. and Rhymney U.D. being excluded because information on the type of water supply was not available.

Area	Popula- tion	Deaths from cancer			Deaths from heart disease		Deaths from Pneumonia
		Stomach	Intes- tine	Lung	Ischaemic	Cerebro- vascular	
Abercarn U.D.C.	18660	7	3	6	56	31	6
Abergavenny M.B.	9520	4	2	5	39	18	3
Abertillery U.D.	22350	5	5	16	63	41	10
Bedwas and Machen U.D.	12530	3	1	2	28	23	2
Bedwellty U.D.	25750	6	4	9	87	39	6
Blaenavon U.D.	7640	2	3	1	32	14	4
Caerleon U.D.	6390	2	1	1	15	9	12
Chepstow U.D.	7850	6	—	10	26	14	9
Cwmbran U.D.	32230	6	8	14	58	30	14
Ebbw Vale U.D.	26360	8	9	7	92	42	34
Monmouth M.B.	6360	1	3	7	21	19	5
Mynyddislwyn U.D.	15820	3	1	4	43	21	2
Nantyglo and Blaina U.D.	10860	3	8	7	54	11	2
Pontypool U.D.	36090	14	14	15	144	62	25
Rhymney U.D.	8610	1	5	—	30	22	1
Risca U.D.	16050	5	1	5	48	13	16
Tredeggar U.D.	18740	9	6	5	69	28	10
Usk U.D.C.	2270	—	—	1	4	1	1
Abergavenny R.D.	10300	3	3	3	36	30	29
Chepstow R.D.	16240	4	3	6	28	22	3
Magor and St. Mellons R.D.	18880	4	5	9	53	33	10
Monmouth R.D.	6050	—	4	1	14	8	2
Pontypool R.D.	17230	2	5	3	35	22	9
<b>TOTAL</b>	<b>352780</b>	<b>98</b>	<b>94</b>	<b>137</b>	<b>1075</b>	<b>553</b>	<b>215</b>

	Death rate per 1,000 from					Pneumonia
	Stomach Cancer.	Intestinal Cancer.	Lung Cancer.	Ischaemic heart disease.	Cerebrovascular accidents.	
Abercarn U.D.	0,38	0,16	0,32	3,00	1,66	0,32
Abergavenny M.B.	0,42	0,21	0,53	4,10	1,89	0,32
Abertillery U.D.	0,22	0,22	0,70	2,82	1,83	0,45
Bedwas and Machen U.D.	0,24	0,08	0,16	2,24	1,84	0,16
Bedwellty U.D.	0,23	0,16	0,35	3,38	1,52	0,23
Blaenavon U.D.	0,26	0,39	0,13	4,19	1,83	0,52
Caerleon U.D.	0,31	0,16	0,16	2,35	1,41	1,88
Chepstow U.D.	0,76	0,00	1,27	3,31	1,78	1,15
Cwmbran U.D.	0,19	0,25	0,44	1,80	0,93	0,44
Ebbw Vale U.D.	0,30	0,34	0,27	3,49	1,59	1,29
Monmouth M.B.	0,16	0,46	1,10	3,30	2,99	0,79
Mynyddislwyn U.D.	0,19	0,06	0,25	2,72	1,33	0,12
Nantyglo and Blaina U.D.	0,28	0,74	0,64	4,97	1,01	0,18
Pontypool U.D.	0,39	0,39	0,42	3,99	1,72	0,69
Rhymney U.D.	0,17	0,58	0,00	3,48	2,55	0,17
Risca U.D.	0,32	0,06	0,32	2,99	0,81	0,99
Tredegar U.D.	0,48	0,32	0,27	3,68	1,49	0,53
Usk U.D.	0,00	0,00	0,44	1,76	0,44	0,44
Abergavenny R.D.	0,29	0,29	0,29	3,49	2,91	2,82
Chepstow R.D.	0,25	0,18	0,36	1,73	1,35	0,18
Magor and St. Mellons R.D.	0,21	0,26	0,48	2,81	1,75	0,53
Monmouth R.D.	0,00	0,66	0,17	2,31	1,32	0,33
Pontypool R.D.	0,12	0,29	0,17	2,03	1,28	0,52
TOTAL	0,28	0,26	0,39	3,05	1,57	0,61



# INDEX

	Page		Page
Adult training centres .. .. .	100	Ice cream .. .. .	134
Ambulance service .. .. .	105	Immunisation and vaccination .. .. .	92-94
Ambulance service operational return .. .. .	109	Infant deaths .. .. .	21
Ambulance stations .. .. .	111		
Ante Natal clinics and classes .. .. .	35	Junior training centres .. .. .	100
Artificial kidney machines .. .. .	77		
"At risk" children .. .. .	29	Maternal mortality .. .. .	23
		Maternity and child health services .. .. .	25-35
B.C.G. vaccination .. .. .	94	Maternity and liaison committees .. .. .	36
"Battered babies" .. .. .	29	Meat .. .. .	134
Births .. .. .	19	Medical comforts .. .. .	76
Birth rates .. .. .	20	Mental health services .. .. .	97
Births and infant deaths - Registrar General's return ..	24	Mental health statistics .. .. .	103-104
Blind persons .. .. .	77	Metabolic disorders .. .. .	29
		Midwifery service .. .. .	35
Cancer .. .. .	14-16	Milk .. .. .	130-134
Caravan sites .. .. .	128		
Care and after-care .. .. .	67	Night sitting service .. .. .	73
Causes of deaths, tables .. .. .	7,9,11	Noise .. .. .	129
Child guidance .. .. .	59	Notifiable diseases .. .. .	86-89
Child health services .. .. .	27	Nutrition .. .. .	84
Chiropody .. .. .	74		
Cleanliness .. .. .	49	Occupational health service .. .. .	95-96
Clinic attendances .. .. .	27	Offices and shops .. .. .	128
Community nursing service .. .. .	69	Orthodontics .. .. .	53
Community nutrition .. .. .	84		
Congenital malformations .. .. .	28	Perinatal mortality .. .. .	21, 22
Convalescent treatment .. .. .	74	Physiotherapy, domiciliary .. .. .	72
Cwmbran Development Corp. Housing .. .. .	127	Pollution .. .. .	129
Cytology service .. .. .	90	Population statistics .. .. .	3-5
		Premature births .. .. .	37
Day centres .. .. .	101	Premises .. .. .	27
Death rates .. .. .	17	Prevention of illness .. .. .	79
Deaths, causes and age groups .. .. .	9, 11		
Deaths, chief causes .. .. .	6	Refuse disposal .. .. .	125
Deaths from all causes, table .. .. .	7	Registrar General's return of births .. .. .	
Deafness, children .. .. .	51	and infant deaths .. .. .	24
Dental service, schools .. .. .	53-56	Registrar General's return of deaths .. .. .	
Dental treatment of expectant and nursing mothers ..	38-39	from all causes .. .. .	7, 9, 11
		Remedial workshop .. .. .	100
Ear nose and throat diseases .. .. .	50	Rivers .. .. .	119-123
Environmental service .. .. .	113	Rural water supplies and sewerage acts ..	124
Eye diseases .. .. .	49-50		
		School buildings .. .. .	128
Family planning .. .. .	91	School clinics .. .. .	60
Flooding .. .. .	118	School dental service .. .. .	53-56
Fluoridation .. .. .	53, 118	School health service .. .. .	41-66
Food .. .. .	130-135	School medical inspections .. .. .	42-44, 61-66
Food and Drugs Act .. .. .	134	Services for the elderly and disabled .. ..	72
		Sewerage .. .. .	124
Geriatric Service .. .. .	72	Smallpox vaccination .. .. .	94
Group homes .. .. .	100	Speech defects .. .. .	52
		Still birth rates .. .. .	20
Handicapped children, early detection .. .. .	27	Swimming baths .. .. .	118
Handicapped pupils .. .. .	57, 58		
Health education .. .. .	81	Tuberculosis .. .. .	87-88
Health exhibitions .. .. .	81		
Health visiting .. .. .	34	Unsupported mothers .. .. .	36
Heart diseases, deaths from .. .. .	13		
Home dialysis .. .. .	77	Vaccination and immunisation .. .. .	92-94
Housing .. .. .	125	Vital statistics .. .. .	1, 18
Housing for public authorities .. .. .	125-128		
Housing preservation .. .. .	127	Water analyses .. .. .	117
Housing private enterprise .. .. .	127	Water supplies .. .. .	115-116
Housing statistics .. .. .	126		





