

[Report 1973] / Medical Officer of Health, Monmouthshire County Council.

Contributors

Monmouthshire (Wales). County Council.

Publication/Creation

1973

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MONMOUTHSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1973.

ANTONY J. ESSEX-CATER

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

CAMERIA HOUSE,
CAERLEON,
NEWPORT, MON.
NP6 1XG.

NOTIFICATION OF DEATH

STATE OF NEW YORK

IN SENATE

COMMITTEE ON SENATE ORGANIZATION

AND

COMMITTEE ON SENATE ADMINISTRATION

REPORT OF THE

COMMISSIONERS OF THE SENATE

FOR THE YEAR 1911

ALBANY:
J.B. LIPPINCOTT
1912

FOREWORD

It is an inevitable concomitant of progress that some good things will be lost in the process. I believe that the passing of the Annual Reports prepared with varying degrees of diligence by Medical Officers of Health, will be a matter for regret. In time I think many Area Medical Officers will feel the need to prepare some annual account of the work of their Authorities and perhaps a new genus of annual reports will be born.

This Report has been prepared with some difficulty by the quickly de-materialising members of the County Health Department and I would like to acknowledge the hard work of my deputy, Dr. Brian Deere, all the section editors, and Mr. Screen and the typists. I would pay particular respect to the efforts of Mr. Alford, not only with regard to the statistical material, but also for the most interesting historical account which appears at the end of the Report.

I think the Annual Reports of the Monmouthshire County Health Department have recorded the work of an efficient and happy department which has, as a corporate whole and through its individual members, strived to serve the residents of the County in the best possible manner. The real value of the services may be better appreciated in retrospect.

To be an efficient organisation, the Health Department has required the support and interest of the Health Committee and the parent County Council both with a real feeling for the quality of health services required in the County.

I would like to highlight some features of the year.

The infant mortality rate at 16 was below the national level, but the death rate at 13.5 exceeded the national level of 12.0. Heart and circulatory disease (40%) and cancer (19%) continue to be the major causes of death.

The building programme indicated the particular attention given to health centres and accommodation for the ambulance service.

A considerable decline, over 26%, is noted in the total cases visited by health visitors, due to the growing shortage of these specialised and important community workers - a matter for concern.

The school health section records the opening of new facilities for certain categories of handicapped pupils, a welcome commencement to a number of improvements which will be effected in the next few years.

The new District Nurse Training School took three groups of students during the year, almost all being successful in the national examination. Miss Brazell was the tutor and a number of staff members lectured to the courses. The willing help of consultant and family doctor colleagues who lectured was much appreciated.

The demand for chiropody seemed ever-increasing and unless the staff can be considerably augmented, will never be met. Similarly, the demand for medical comforts in the home is growing rapidly.

I do not otherwise wish to draw attention in this year to any notable occurrences, although there are other matters of special moment contained in the individual sections.

The future lies with the Gwent Area Health Authority and its staff - may they in time merit the sense of achievement which the Public Health Service feels in its demise.

Finally, I would like to thank all those persons who worked in the Health Department during my years of office. I wish them a happy and successful future.

Antony J. Essex-Cater

It is an inevitable concomitant of progress that some good things will be lost in the process. I believe that the passing of the Annual Reports prepared with varying degrees of diligence by Medical Officers of Health, will be a matter for regret. In time I think many more Medical Officers will feel the need to prepare some annual account of the work of their authorities and perhaps a new genre of annual reports will be born.

This Report has been prepared with some difficulty by the kindly co-operating members of the County Health Department and I would like to acknowledge the hard work of my deputy, Mr. Brian Brown, all the section editors and Mr. Brown and the typists. I would pay particular respect to the efforts of Mr. Brown and the typists. I only wish to say that the statistical material, and also for the most part, the historical account which appears at the end of the Report.

I think the Annual Reports of the Metropolitan County Health Departments have reached the state of an efficient and happy department which has, as a consequence, and through its individual members, striven to serve the residents of the County in the best possible manner. The real value of the services may be better appreciated in retrospect.

To be an efficient organization, the Health Department has required the support and interest of the Health Committee and the various County Councils. It has a real feeling for the quality of health services rendered in the County.

I would like to highlight some features of the year.

The infant mortality rate at 15 was below the national level, but the death rate at 15.5 exceeded the national level of 15.0. Heart and circulatory diseases (M3) and cancer (M2) continue to be the major causes of death.

The existing programme indicated the particular attention given to health centres and accommodation for the ambulance service.

A considerable decline, over 20%, is noted in the total cancer related by health visitors, due to the changing shortage of these specialists and important extremely serious - a matter for concern.

The school health section records the opening of new facilities for certain categories of handicapped pupils, a welcome commencement to a number of improvements which will be effected in the next few years.

The new District Nurse Training School took three groups of students during the year, almost all being successful in the national examination. Miss Russell was the tutor and a number of staff members lectured to the course. The willing help of consultant and family doctor colleagues who lectured was much appreciated.

The demand for orthopaedic second over-injurying and ulcers the staff can be considerably augmented, will never be met. Similarly, the demand for medical conference in the home is growing rapidly.

I do not otherwise wish to draw attention in this year to any notable documents, although there are other matters of special moment contained in the individual sections.


The future lies with the County Health Authority and its staff - may they in time realize the means of achievement which the Public Health Service holds in its hands.

Finally, I would like to thank all those persons who worked in the Health Department during my years of office. I wish them a happy and successful future.

MONMOUTHSHIRE COUNTY COUNCIL

Medical Officers of Health -

1908-1946	Sir David Rocyn-Jones
1946-1968	Dr. Gwyn Rocyn-Jones
1968-1974	Dr. Antony Essex-Cater



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HEALTH COMMITTEE

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

Alderman P.Abraham

" L.Bu...
" 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.Sainsbury, J.P.
" A.E.Smith
" F.I.Whatley, 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.V.Forbes
" E.J.Gibson, J.P.
" O.James, M.B.E.
" (Mrs)O.G.Lloyd
" F.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 Members (3)

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

(one vacancy)

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

" L.Budden
" O.Edwards
" (Mrs)L.P.Jones, J.P.
" W.J.King
" A.T.B.O'Neill, J.P.
" A.J.Phipps
" F.O.Sainsbury, J.P.
" E.J.Thomas
" T.E.Walkley
" A.J.West, J.P.
" F.I.Whatley, B.E.M., J.P.
" D.J.Williams
" (Mrs)M.Williams

Councillor B.E.Chicken

" J.A.Davies
" (Mrs)M.Edwards, J.P.
" T.Gale, M.B.E., J.P.
" A.P.Griffiths, M.B.E.
" W.Harry
" C.O.James
" F.Matthews
" R.Pidgeon
" G.Powell
" R.G.Rice, B.E.M., J.P.
" (Mrs)M.Strickland
" K.Tiley
" S.T.Williams

Mr.S.R.Parry
(1 vacancy)

MONMOUTHSHIRE COUNTY COUNCILSTAFFAT THE 31ST DECEMBER 1973

County Medical Officer of Health and Principal
School Medical Officer

Antony J. Essex Cater, L.R.C.P.,
M.R.C.S., F.P.C.M., 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.,
M.F.C.M., 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.
Ebbw Vale Urban District Council	Area No. 1	T. Stephens, M.C. B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Nantyglo and Blaina and Abertillery Urban District Councils	Area No. 1	J. Walters Bowen, M.B. B.Ch., D.P.H.
Bedwellty Urban District Council.	Area No. 2	A. Trenhaille, L.M.S.S.A., M.F.C.M., D.P.H.
Abercarn and Mynyddislwyn Urban District	Area No. 2.	K.E. Howells, M.B., B.S., M.F.C.M., D.P.H.
Magor and St. Mellons Rural District Council and Bedwas and Machen and Risca Urban	Area No. 2	Lilian J. Powell, B.Sc., M.B., B.Ch., D. Obst., R.C.O.G., M.F.C.M., D.P.H.
Blaenavon and Pontypool Urban District Councils	Area No. 3	F.J. Hallinan, M.B.E., M.B., B.Ch., B.A.O., D.P.H.
Cwmbran and Caerleon Urban District Councils	Area No. 3	H.G. Jenkins, M.B., B.S., M.F.C.M., D.P.H.
Chepstow Urban and Monmouth Borough Councils and Chepstow and Monmouth Rural District	Area No. 4	M.S. Matharu, L.R.C.P., S.I.L.M., M.F.C.M., D.P.H.
Abergavenny Borough and Usk Urban District Councils and Abergavenny and Pontypool Rural Districts Council	Area No. 4	Sadie M.R. James, M.B., B.Ch., B.Sc., M.F.C.M., D.P.H.

Senior Medical Officers

Maternity and Child Welfare

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

Ophthalmology

Esther Hughes Rees, M.D.,
B.Ch., B.Sc., M.F.C.M.,
D.P.H.

Geriatrics

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

Mental Health

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

Occupational Health

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

Diseases of Women

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

School Health

P.M. Hardiman, L.M.S.S.A.
M.F.C.M., D.P.H.

Psychiatric Day Centre and Health Centre
Building Programme

N.H.N. Mills, M.B.,
B.Ch., M.F.C.M.,
M.R.C. Psych., D.F.M.
D.P.H.

Departmental Medical Officers

Ida S.M. Burn, L.R.C.P. and S.I., C.P.H.
Catherine Hayes, M.B., B.Ch., B.A.O.
S. Love, B.Sc., M.B., B.Ch.
Joyce J.C.E. McGowan, M.B., Ch.B.
Esther I.K. Morgan, M.D., B.Ch., D.P.H.
R.B. Shah, M.B., B.S., D.O.M.S., Z.O., D.O.
Glenys R. Trenhaile, L.M.S.S.A.
Edith P. Price, M.B., B.Ch., D.Obst. R.C.O.G.
Ann Thomas, B.Sc., M.B., B.Ch., D.Obst., R.C.O.G.
June E. Watkeys, M.B., B.Ch., D.C.H.
H.A. Yerbury, M.B., B.S., D.P.H.

Part-time and Sessional Medical Officers

Margaret Davies, M.B. Ch.B.
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.
Mary K. McLoughlin, M.B. B.Ch.
D.L. Parsons, M.B. B.Ch.
Dorothy C. Watkins, M.R.C.S., L.R.C.P.
Mary L. Williams, M.B., B.Ch., D. Obst., R.C.O.G.
R. Harrell, B.Sc., M.B. B.Ch.

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.

/Cont'd

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.
 M. Locke, L.D.S.
 R.E. Morgan, L.D.S.
 R.H. Smith, B.D.S.
 M. Hiscox, B.D.S.
 Barbara M. Jenkins, B.D.S.

Dental Officers

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)

Dental Auxiliaries

Lynwen M. Thomas
 Rosemary Nuttall
 Lyn M. Evans
 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

18 full-time
 4 part-time

/Cont'd

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

Nurse Tutor

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

Health Visitors - 56

Clinics and School Nurses - 24

Midwives - 44

District Nurse/Midwives - 9

District Nurses - 115

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

Mr. C.A. Short, S.R.N., S.M.N., Dip., Nursing

Health Education Lecturer

Mr. H.R. Tiffin

County Dietitian

Mrs Sylvia Robert-Sargent, S.R.D., M.N.S.

PUBLIC HEALTH INSPECTORATE

County Health Inspector

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

Additional County Health Inspectors

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

Milk Sampling Officer

F. Williams

Diseases of Animals Inspector

G. Barry
T. Price

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.

Area Chiropodists

Miss H.E. Davies, M.Ch.S., S.R.Ch.
Mr.R. Nuth, M.Ch.S., S.R.Ch.

Senior Chiropodists

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.
Mrs O. Holley, M.Ch.S., S.R.Ch.
Mrs H.E. James, M.Ch.S., S.R.Ch.
Mrs L.E. Probert, M.Ch.S., S.R.Ch.
Mrs A. Maidment, M.Ch.S., S.R.Ch.
Miss B. Pugh, L.Ch., S.R.Ch.
R. Sharp, M.Ch.S., S.R.Ch.
M.C.Tippins, M.Ch.S., S.R.Ch.
Miss C. Widger, S.R.Ch.
P.L. Evans, S.R.Ch.

CHILD GUIDANCE

Social Workers

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

AMBULANCE

County Ambulance Officer

E.W. Davies

Deputy County Ambulance Officer

B.E. Evans

Training Officer

A.D. Glass, D.I.A.I., G.I.A.O.

/Cont'd

Station Officers

G.D. Holthan
 F.E. Anos
 F.H. Evans
 G.W. Fry
 W.M. Harries
 B.T. Hughes
 H.T. Jones
 I. Randell
 W.C. Rees
 G.S. Collins
 R. Comfort

Deputy Station Officers	-	9
Transport Liaison Officers	-	2
Control Officers	-	5
Driver/Attendants	-	162
Telephonists	-	8
Workshop Foreman	-	1
Maintenance Staff	-	6
Semi-skilled Fitter	-	1
Apprentice Fitter	-	1

OTHER OFFICERS

Pharmacists

S. Davies, P.M.C., M.P.S.
 K. Ellway, M.P.S.
 D.H. Fearnside, M.P.S.
 D. Lloyd, M.P.S.
 W. Rees, M.P.S.
 D.J. Jones, M.P.S.

Pharmacy Technicians	-	8
Vacancy	-	1

Domicilliary Physiotherapists

E. Stratford Leach, M.C.S.P.		
Mrs J.A. Ambler, M.C.S.P.)	
Mrs E. Blakenore, M.C.S.P.)	Part-time
R.J. Holley, M.S.I.)	
Mrs M. Hoyal, M.C.S.P.		
Miss M.Troverton Jones, M.C.S.P.)	Part-time

Senior Speech Therapist

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

Speech Therapists

Mrs V. Banhan, L.C.S.T.)	Part-time
Mrs E.A. Cecil, L.C.S.T. (R.A.M.A.)		
Mrs S.P. Clark, L.C.S.T.		
Mrs M.P. Smith, L.C.S.T.)	Part-time

Orthoptists

Mrs M.M. Jones, D.B.O.)
 Mrs J.M. Savage, D.B.O.) Part-time
 Mrs E.A. Williams, D.B.O.)

Audiometician

Mrs P.A. Tambini

Medical Comforts and Equipment Officer

L.M. Arthur

ADMINISTRATIVE STAFF

Chief Administrative Officer

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

Section Heads

S.D. Daniel
 A.L. Alford
 Mrs S.M. McCarthy, D.M.A.
 B. Oakley
 F.P. Screen
 Mrs B.K. Stephens, D.M.A.

Area Health Clerks

Area 1 Mr. K. Hamilton
 Area 2 Mr. H. Rees
 Area 3 Mr. C. Jackson
 Area 4 Mr. W.C. Morgan

County Medical Officer's Secretary

Mrs O. Parfitt

Administrative Officers - 9

Clerical Officers - 25

Typing Pool Supervisor

Mrs D.G. Holland

Typists - 5

Technician - 1

Miscellaneous Officers - 2

Clinic Clerks

Full-time - 4

Part-time - 6

VITAL STATISTICS AND GENERAL MATTERS

Area of administrative county	335,570 acres
Population 1973 (estimated mid-year)	352,120
Rateable value; 1st April 1973	£29,964,538
Product of 1p rate 1st April 1973	£277,926

POPULATION

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

	Urban Districts	Rural Districts	County
Census			
1901	251,679	46,397	298,076
1951	275,191	44,377	319,568
1961	277,750	58,807	336,557
1971	279,685	70,200	349,885
Registrar-General's estimate			
1973	280,250	71,870	352,120

The Registrar-General's mid-year estimate of population for the administrative county for 1973 showed an increase of 460 over the mid-year estimate for 1972. This increase resulted from a fall of 550 in urban districts and a rise of 1010 in rural districts.

The fluctuations in various county districts is illustrated below.

District	<u>Estimated mid-year home population</u>		<u>Fluctuation in 12 months</u>
	1972	1973	
Urban			
Abercarn	18,410	18,370	- 40
Abergavenny	9,290	9,370	+ 80
Abertillery	21,040	20,550	-490
Bedwas and Machen	12,750	12,830	+ 80
Bedwellty	25,460	25,460	Nil
Blaenavon	7,040	6,980	- 60
Caerleon	7,290	6,940	-350
Chepstow	8,490	8,260	-230
Cwmbran	32,330	32,980	+650
Ebbw Vale	25,710	25,670	- 40
Monmouth	6,860	7,000	+140
Mynyddislwyn	15,390	15,590	+200
Nantyglo and Blaina	10,620	10,500	-120
Pontypool	36,910	36,710	-200
Rhymney	7,920	7,920	Nil
Risca	15,710	15,780	+ 70
Tredeggar	17,660	17,450	-210
Usk	1,920	1,890	- 30
Totals	280,800	280,250	-550

/Cont'd

District	<u>Estimated mid-year home population</u>		<u>Fluctuation in 12 months</u>
	1972	1973	
Rural			
Abergavenny	10,830	10,810	- 20
Chepstow	16,420	16,880	+460
Magor and St. Mellons	20,120	20,480	+360
Monmouth	6,410	6,720	+310
Pontypool	17,080	16,980	-100
Totals	70,860	71,870	+1010
Grand Totals	351,660	352,120	+460

Comparability factors

The birth and death rates of a community depend to some extent, on the age and sex structure 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 1973.

	<u>Monmouthshire</u>	<u>England and Wales</u>
Live births (adjusted)	14.1	13.7) per 1000
Deaths (adjusted)	13.5	12.0) population
Infant mortality	16	17) per 1000
Neonatal mortality	9	11) live births
Perinatal mortality	22	21) per 1000
Still-births	15	12) total births

Principal vital statistics relating to mothers and infants

	<u>1972</u>	<u>1973</u>
Number of live births	5,396	4,863
Live birth rate (crude) per 1,000 population.....	15.3	13.8
Illegitimate live births per cent of total live births.....	7	7
Number of still-births.....	65	75
Still-birth rate per 1,000 live and still-births	12	15
Total number of live and still-births ...	5,461	4,938
Total number of infant deaths (under 1 year of age)	90	78

/Cont'd

Principal vital statistics relating to
mothers and infants

	<u>1972</u>	<u>1973</u>
Infant mortality rate per 1,000		
total live births	17	16
Mortality rate of legitimate infants		
per 1,000 legitimate live births	17	16
Mortality rate of illegitimate infants		
per 1,000 illegitimate live births	11	16
Neo-natal mortality rate per 1,000		
live births	10	9
Early neo-natal mortality rate per		
1,000 live births	8	7
Perinatal mortality per 1,000 total		
live and still births	20	22
Number of maternal deaths (including		
abortions)	Nil	2
Maternal mortality rate per 1,000		
live and still-births	Nil	0.41

BIRTHS

During 1973 there were, according to the Registrar-General's return, 4,863 live births in the administrative county and 75 still births. Further details are as follows:-

	<u>Legitimate</u>		<u>Illegitimate</u>		<u>Totals</u>	<u>Comparability factor</u>
	M	F	M	F		
Urban districts						
Live births	1908	1811	132	153	4004	1.02
Still births	32	22	5	5	64	
Rural districts						
Live births	406	419	21	13	859	1.05
Still births	5	5	-	1	11	
Totals	2351	2257	158	172	4938	1.02

The number of registered live births showed a decrease of 533 compared with the year 1972.

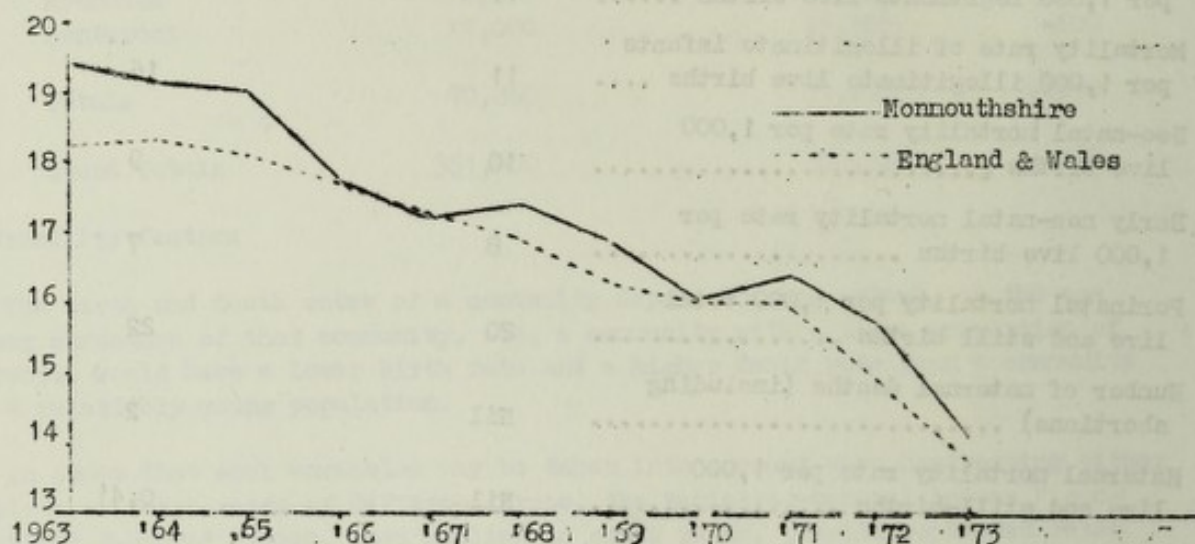
The live birth rate per 1,000 population for 1973, is compared with 1972 and with England and Wales in the following table:-

<u>Year</u>	<u>Live births</u>		<u>Totals</u>	<u>Rate per 1,000 population</u>		<u>Rate for England and Wales</u>
	Male	Female		Crude	Adjusted	
1972	2809	2587	5396	15.3	15.8	14.8
1973	2467	2396	4863	13.8	14.1	13.7

Cont'd

The number of live births in the county during 1973 gave a crude live-birth rate of 13.8 per 1,000 population. As the comparability factor for the county is 1.02, adjustment converts this rate to 14.1 which compares with 13.7 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 (adjusted) for Monmouthshire and England and Wales



The number of still-births in 1973 was 75, which gives a still-birth rate of 15 per 1,000 live and still-births. As late as 1965, the still-birth rate stood as high as 22.5 in Monmouthshire - a notable decline in less than a decade.

Year	Still-birth rate in Monmouthshire	Still-birth rate in England and Wales
1972	12	12
1973	15	12

Infant deaths

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

Year	Monmouthshire	England and Wales
1972	17	17
1973	16	17

During 1973 45 children died before reaching the age of four weeks. This represented a neonatal mortality rate of nine per 1,000 related live births. The figure for England and Wales was 11 per 1,000 related live births.

There were 36 deaths of infants under one week of age giving an early neonatal mortality rate of seven.

The infant mortality rate is less than the national figure. The improvement in recent years is a credit to the maternity services in the county, but also indicative of the influence of rising social and economic standards.

/Cont'd

Perinatal mortality

The perinatal mortality rate (still-births plus deaths of infants under one week) in 1973 was 22 per 1,000 live and still births. The declining rate of perinatal mortality can be related to the increase in the hospital confinement rate.

The accompanying table shows 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 rate 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
1972	20.0	95.0
1973	22.5	96.1

Maternal mortality

Two deaths were registered during the year from accidents and diseases of pregnancy.

Maternal mortality rates per 1,000 total births for the years 1972/73 are shown below:-

Year	Monmouthshire	England and Wales
1972	Nil	0.15
1973	0.41	0.13

Registrar-General's return of births and infant deaths in Urban and Rural districts in 1973

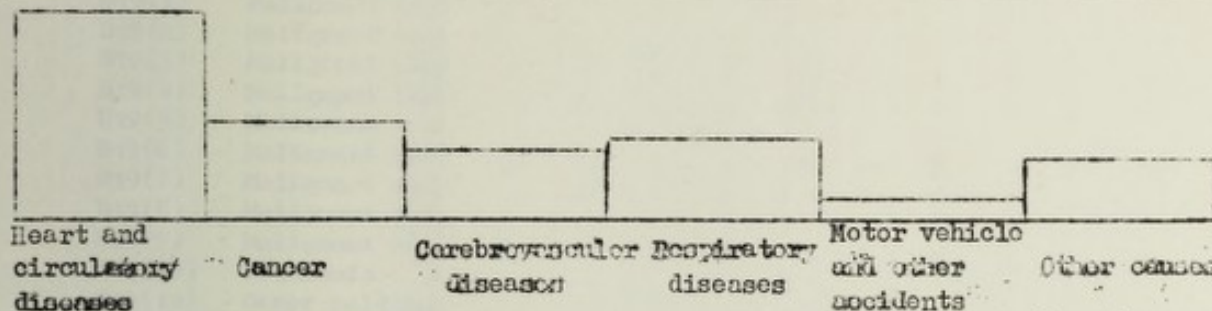
District	Live Births				Still Births				Deaths under 1 year of age				Deaths under 4 weeks of age				Deaths under 1 week of age				Comparability factors	
	Legit		Illegit		Legit		Illegit		Legit		Illegit		Legit		Illegit		Legit		Deaths			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Urban																						
Abercarn.....	139	111	8	7	1	1	-	-	1	4	-	-	-	1	-	-	-	-	1.00	1.24		
Abergavenny.....	52	54	7	4	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1.12	0.97		
Aberlillery.....	130	116	10	6	3	3	-	-	4	3	-	-	-	2	1	-	-	-	1.13	1.02		
Bodwas and Machen....	98	105	4	7	1	1	-	-	1	1	-	-	-	1	1	-	-	-	0.93	1.44		
Bedwellty	218	203	13	10	4	4	-	-	1	5	-	-	-	1	2	1	-	-	1.01	1.22		
Blanevion	38	39	3	2	-	1	-	-	1	1	-	-	-	-	-	-	-	-	1.05	0.89		
Caerleon	56	46	-	-	1	1	-	-	2	-	-	-	2	-	-	-	-	-	0.89	0.91		
Chepstow	53	51	8	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.97	1.01		
Cwmbran	274	252	17	24	6	5	-	-	4	5	1	-	1	3	4	1	-	1	0.86	1.78		
Ebbw Vale	162	145	11	17	3	1	4	-	2	2	-	-	2	1	-	-	-	-	1.09	1.14		
Monmouth M.B.....	43	42	-	6	2	2	1	-	1	1	-	-	1	1	-	-	-	-	1.10	0.85		
Nynyddislwyn	114	97	8	10	1	1	-	-	1	3	-	-	1	3	1	-	-	-	0.99	1.22		
Nantyglo and Blaena ..	56	52	6	7	-	-	-	-	3	1	1	-	1	1	1	-	1	-	1.02	1.10		
Pontypool	230	230	16	16	3	3	-	-	5	3	-	-	4	1	-	-	-	-	1.06	1.01		
Rhymer	41	41	6	11	1	1	-	-	2	1	-	-	2	1	-	-	-	-	0.99	1.08		
Risca	89	119	2	6	2	2	1	-	-	2	1	-	-	1	-	-	-	-	1.04	1.01		
Tredgar	102	100	13	9	2	2	1	-	1	1	-	-	1	-	-	-	-	-	1.17	1.00		
Usk	13	8	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	0.98	0.92		
Totals	1908	1811	132	153	32	22	5	5	32	28	3	2	20	17	3	16	13	2	1	1.02	1.13	
Rural																						
Abergavenny.....	65	67	1	4	2	-	-	-	-	1	-	-	-	-	-	-	-	-	1.09	0.63		
Chepstow.....	105	105	10	3	2	-	-	-	1	1	-	-	1	-	-	-	-	-	1.01	1.26		
Meor & St.Mellons ...	121	124	3	5	-	3	-	-	-	3	-	-	-	1	-	-	-	-	0.98	1.14		
Monmouth	37	41	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1.08	1.01		
Pontypool	76	82	6	1	-	2	-	-	3	1	-	-	1	1	-	1	1	-	1.14	1.24		
Totals.....	406	419	21	13	5	5	-	-	7	6	-	-	3	1	-	3	1	-	1.05	1.05		
County totals	2314	2230	153	166	37	27	5	6	39	34	3	2	23	18	3	19	14	2	1	1.02	1.12	

The total number of deaths registered in the administrative county as shown by the Registrar-General's return was 4,240. The following is a comparison of the adjusted death rates per 1,000 population with 1972 and with England and Wales:

Year	Monmouthshire	England and Wales
1972	13.10	12.1
1973	13.5	12.0

The chief causes of death for the county are summarised as follows:-

Cause	Total deaths	Percentage of total deaths
Heart and circulatory diseases	1706	40.24
Cancer	813	19.17
Cerebrovascular disease	536	12.64
Respiratory diseases	558	13.16
Motor vehicle and other accidents	145	3.42
Other causes	482	11.37
All causes	4240	100.00

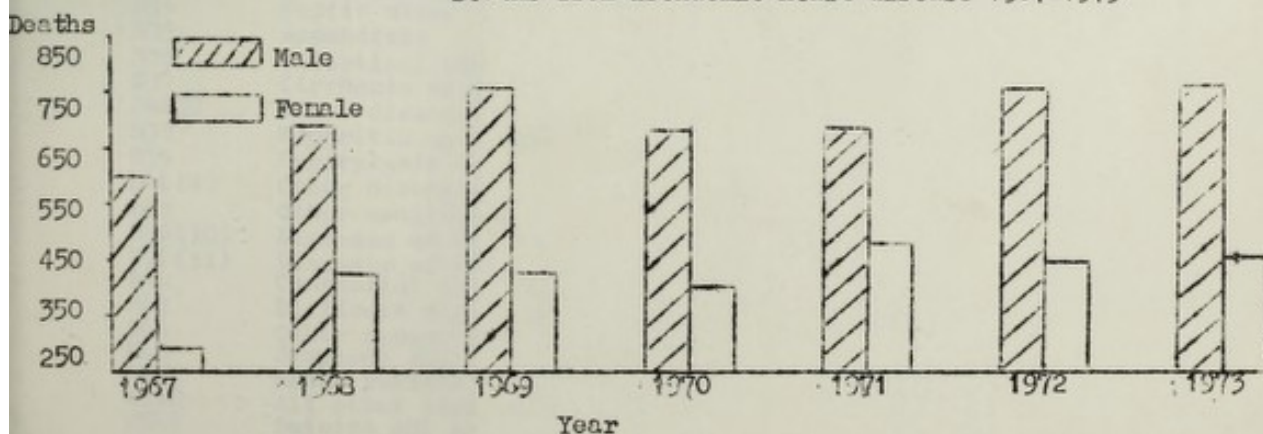


By far the main cause of death is related to diseases of the heart and circulation of the 1706 deaths in this group, 1233 resulted from coronary artery disease. This is essentially a disease of middle life and some of the possible contributing factors such as excess weight, lack of exercise, smoking 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

Year	Males (age groups)						Year	Females (age groups)					
	0-	25-	45-	65-	75-	Total		0-	25-	45-	65-	75-	Total
1972	-	24	249	262	222	757	1972	-	5	76	131	245	457
1973	1	16	234	273	243	767	1973	-	1	65	138	259	466

Deaths from ischaemic heart disease 1967-1973

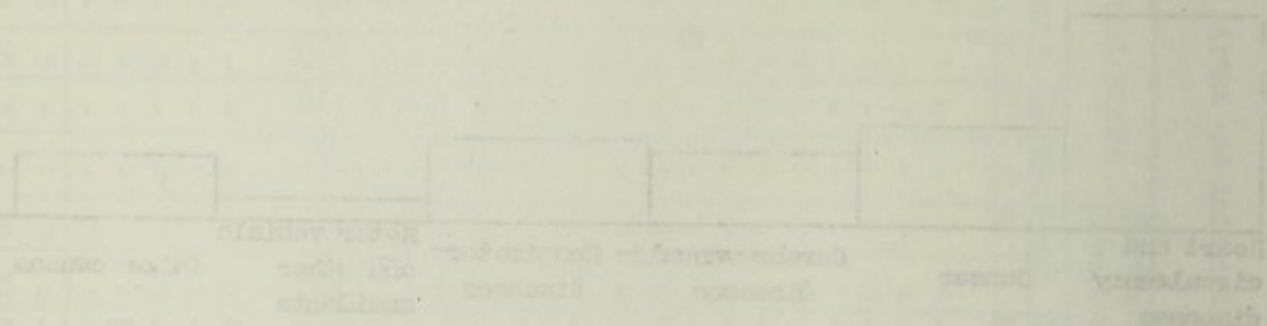


The total number of deaths registered in the administrative districts in 1972 was 4,121. The following table compares the total deaths in 1972 with 1971 and 1970.

Year	Administrative	Regional and National
1972	13,10	12,1
1971	12,2	12,0

The chief causes of death for the country are presented as follows:-

Causes	Total deaths	Percentage of total deaths
All causes	4121	100.00
Other causes	182	4.42
Motor vehicle and other accidents	142	3.45
Respiratory diseases	320	7.76
Cardiovascular diseases	320	7.76
Cancer	312	7.57
Heart and circulatory diseases	1732	41.99

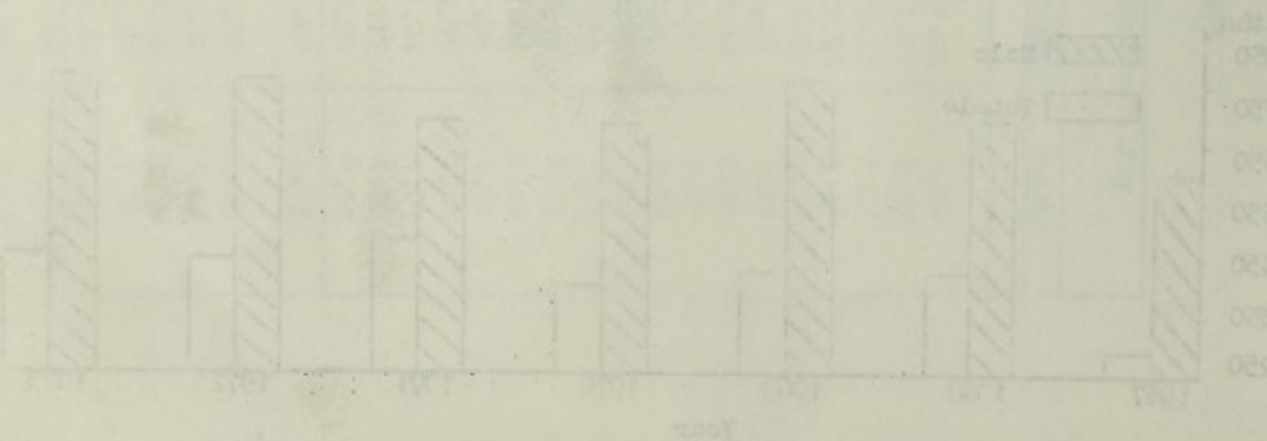


By the age group of death is related to the cause of death. The 1708 deaths in this group, 1972 revealed that a young group of deaths, this age group is related to the cause of death. The 1708 deaths in this group, 1972 revealed that a young group of deaths, this age group is related to the cause of death. The 1708 deaths in this group, 1972 revealed that a young group of deaths, this age group is related to the cause of death.

Below are the technical heart disease by sex, age and year.

Age group	Male (age group)		Female (age group)		Year
	15-24	25-34	35-44	45-54	
15-24	10	15	12	18	1972
25-34	15	20	18	25	1972
35-44	20	25	22	30	1972
45-54	25	30	28	35	1972

Below are the technical heart disease 1971-1972



Registrar-general's return of deaths from all causes, administrative county of Monmouthshire 1973

[illegible]

Age	Sex	Cause of death	Population		Rate per 1,000
			Total	Male	
1-4	M	Infants and other diarrhoeal diseases	2	2	0.0
5-9	M	Thrombosis of respiratory system	11	11	0.0
10-14	M	Infective diseases of respiratory system	2	2	0.0
15-19	M	Infective diseases of respiratory system	6	6	0.0
20-24	M	Infective diseases of respiratory system	1	1	0.0
25-29	M	Infective diseases of respiratory system	2	2	0.0
30-34	M	Other infective and parasitic diseases	6	6	0.0
35-39	M	Malignant neoplasms, bronchus, larynx, etc.	7	7	0.0
40-44	M	Malignant neoplasms, bronchus, larynx, etc.	30	30	0.0
45-49	M	Malignant neoplasms, bronchus, larynx, etc.	108	108	0.0
50-54	M	Malignant neoplasms, bronchus, larynx, etc.	120	120	0.0
55-59	M	Malignant neoplasms, bronchus, larynx, etc.	1	1	0.0
60-64	M	Malignant neoplasms, bronchus, larynx, etc.	108	108	0.0
65-69	M	Malignant neoplasms, bronchus, larynx, etc.	98	98	0.0
70-74	M	Malignant neoplasms, bronchus, larynx, etc.	32	32	0.0
75-79	M	Malignant neoplasms, bronchus, larynx, etc.	28	28	0.0
80-84	M	Malignant neoplasms, bronchus, larynx, etc.	17	17	0.0
85-89	M	Other malignant neoplasms	109	109	0.0
90-94	M	Heart and circulatory diseases	12	12	0.0
95-99	M	Diabetes mellitus	6	6	0.0
100+	M	Other diseases, etc., diseases	11	11	0.0
1-4	F	Infants and other diarrhoeal diseases	12	12	0.0
5-9	F	Other diseases of blood, etc.	1	1	0.0
10-14	F	Mental disorders	17	17	0.0
15-19	F	Infants and other diarrhoeal diseases	2	2	0.0
20-24	F	Infants and other diarrhoeal diseases	4	4	0.0
25-29	F	Other diseases of nervous system	22	22	0.0
30-34	F	Chronic rheumatic heart disease	63	63	0.0
35-39	F	Ischaemic heart disease	72	72	0.0
40-44	F	Ischaemic heart disease	103	103	0.0
45-49	F	Other forms of heart disease	102	102	0.0
50-54	F	Coronary atherosclerosis	236	236	0.0
55-59	F	Other diseases of circulatory system	161	161	0.0
60-64	F	Ischaemic heart disease	27	27	0.0
65-69	F	Ischaemic heart disease	261	261	0.0
70-74	F	Ischaemic heart disease	20	20	0.0
75-79	F	Other diseases of respiratory system	20	20	0.0
80-84	F	Ischaemic heart disease	20	20	0.0
85-89	F	Ischaemic heart disease	1	1	0.0
90-94	F	Ischaemic heart disease	21	21	0.0
95-99	F	Ischaemic heart disease	11	11	0.0
100+	F	Other diseases of digestive system	23	23	0.0
1-4	F	Ischaemic heart disease	16	16	0.0
5-9	F	Ischaemic heart disease	19	19	0.0
10-14	F	Other diseases of digestive system	19	19	0.0
15-19	F	Other diseases of digestive system	19	19	0.0
20-24	F	Other diseases of digestive system	19	19	0.0
25-29	F	Other diseases of digestive system	19	19	0.0
30-34	F	Other diseases of digestive system	19	19	0.0
35-39	F	Other diseases of digestive system	19	19	0.0
40-44	F	Other diseases of digestive system	19	19	0.0
45-49	F	Other diseases of digestive system	19	19	0.0
50-54	F	Other diseases of digestive system	19	19	0.0
55-59	F	Other diseases of digestive system	19	19	0.0
60-64	F	Other diseases of digestive system	19	19	0.0
65-69	F	Other diseases of digestive system	19	19	0.0
70-74	F	Other diseases of digestive system	19	19	0.0
75-79	F	Other diseases of digestive system	19	19	0.0
80-84	F	Other diseases of digestive system	19	19	0.0
85-89	F	Other diseases of digestive system	19	19	0.0
90-94	F	Other diseases of digestive system	19	19	0.0
95-99	F	Other diseases of digestive system	19	19	0.0
100+	F	Other diseases of digestive system	19	19	0.0

Registrar-general's return of causes of death by age and sex, administrative county of Monmouthshire, 1973

MALES

TABLE 2

	0 - 4 Wks.	4 Wks. - 1 yr	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and over	Totals
B4		1										1
B5								1	4	3	2	10
B6(1)					1				2	1		3
B11			2									2
B14												2
B17										2		2
B18												2
B19(1)								1	1	1		3
B19(2)								1	2	2	2	7
B19(3)						1	1	4	17	30	17	69
B19(4)							1	2	9	23	18	54
B19(5)										1		1
B19(6)							2	16	59	64	33	174
B19(7)												-
B19(8)												-
B19(9)								1	4	10	13	28
B19(10)				1				1	3	2		7
B19(11)					1	2	10	9	15	38	30	105
B20												3
B21				1		1			1	6	2	14
B46(1)				2				2			1	5
B23						1		1		1	3	6
B46(2)											1	1
B46(3)											4	7
B24										1		1
B46(4)									2			2
B46(5)				1	3	1		1	3	4	5	18
B26					1			1	6	6	2	16
B27								2	5	13	10	30
B28								1	11	20	50	82
B29						1	15	75	158	273	243	767
B30								1	11	20	50	82
B46(6)		1		2	1		4	9	26	75	112	230
B31								6	5	23	33	67
B32										4	14	18
B33(1)		2				1	1	2	5	25	56	92
B33(2)							1	8	41	82	77	209
B46(7)				1	1				1			3
B34		1		1			1	1	12	11	11	38
B35							2	1	1	5	8	17
B36			1									1
B37								1		6	7	15
B46(8)							1	2	1	1	1	6
B38						1	1	1	4	7	8	22
B39					1		1		2	1		5
B46(9)										4	9	13
B41								1	1	4	6	12
B46(10)												-
B46(11)											2	2
B42	8	8	1	1	2		1		2	1	1	25
B43	14											14
B44	2											2
B45		2					1					7
BE47			2	2	4	3	4	1	4	4	1	25
BE48		1	1	3	7	4	4	5	8	7	7	47
BE49							3	1	2	1		7
BE50							1					1
TOTAL ALL CAUSES	26	16	7	15	22	16	55	158	423	768	794	2300

Registrar-general's return of causes of death by age and sex, administrative county of Monmouthshire, 1973

FEMALES

TABLE 3

	0 - 4 Wks.	4 Wks. - 1 yr.	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and over	Totals
B4												
B5												
B6(1)										1		1
B11										1		1
B14		2	1									3
B17		1										1
B18												
B19(1)		2					1		2	1		6
B19(2)						1					3	5
B19(3)									3	6	4	13
B19(4)									7	15	11	33
B19(5)							2	6	5	22	30	66
B19(6)												
B19(7)								6	3	9	2	20
B19(8)						1	6	16	20	25	24	92
B19(9)							1	9	8	6	9	33
B19(10)												
B19(11)			2					1	1	1	5	10
B20			1	1	1	2	2	8	21	24	34	94
B21	1							1	2	4	2	10
B46(1)		1	1						3	9	20	32
B23								1	1	2		6
B46(2)									1		8	9
B46(3)												
B24										2	8	10
B46(4)										1		1
B46(5)		1	3	1	1	1		1	1			2
B26								1	3	3	3	17
B27							2	7	8	3	7	27
B28						1				15	26	42
B29							4	14	51	138	259	466
B30								2	6	23	82	113
B46(6)				1		1	4	10	23	75	192	306
B31					1	2		3	4	19	67	96
B32					1				7	8	17	27
B33(1)	1	1	1			1		3	7	28	83	125
B33(2)								2	9	15	26	52
B46(7)		3			1			2	1	1		5
B34									3	5	9	20
B35								1	1	1	3	6
B36												
B37										1	5	6
B46(8)							1		2	2	2	7
B38						1		5	3	9	13	31
B39						1	1			2	5	9
B46(9)												
B41							1	1	2		3	7
B46(10)					2							2
B46(11)												
B42									1	4	6	11
B43	5	2	2		1			1	3			14
B44	9	1										10
B45	3											3
RE47		3									8	11
RE48					4	1	1	1	3			10
RE49			1		3	2	3	3	6	12	33	63
RE50					1			3		1		5
						1						1
TOTAL ALL CAUSES	19	17	11	4	16	16	29	108	216	495	1009	1940

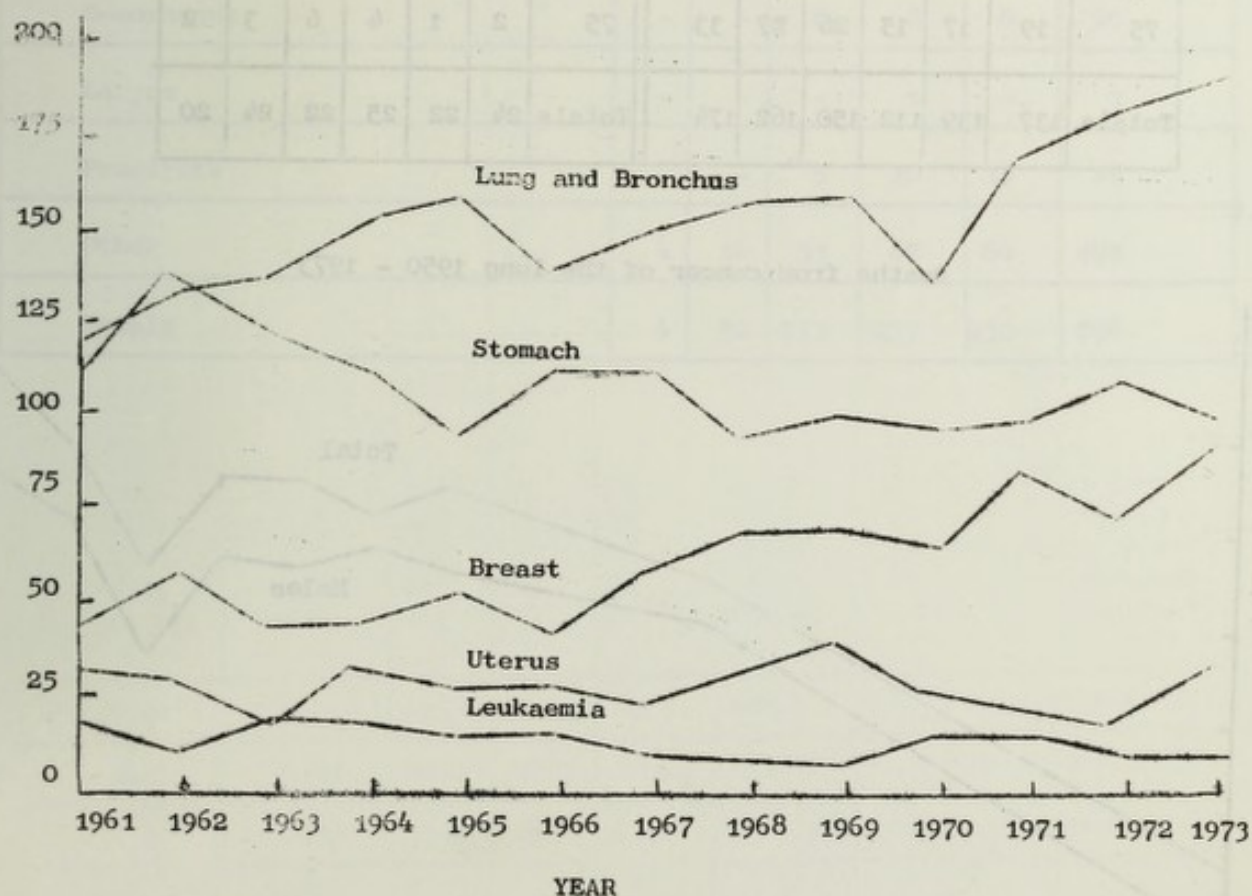
TOTAL ALL CAUSES		19		17	
1850	All other external causes				
1851	Scalds and self-inflicted injuries				
1852	All other accidents				
1853	Motor vehicle accidents				
1854	Syphilitic and ill-defined conditions				
1855	Other causes of perinatal mortality				
1856	Stillborn delivery and/or foetal condition				
1857	Congenital anomalies				
1858	Diseases of musculo-skeletal system				
1859	Diseases of skin and subcutaneous tissue				
1860	Other complications of pregnancy etc.				
1861	Other diseases, genital-urinary system				
1862	Hypertension of prostate				
1863	Hepatitis and nephritis				
1864	Other diseases of digestive system				
1865	Cirrhosis of liver				
1866	Intestinal obstruction and hernia				
1867	Appendicitis				
1868	Peptic ulcer				
1869	Other diseases of respiratory system				
1870	Asthma				
1871	Bronchitis and emphysema				
1872	Pneumonia				
1873	Influenza				
1874	Other diseases of circulatory system				
1875	Coronary vascular diseases				
1876	Other forms of heart disease				
1877	Ischaemic heart disease				
1878	Hypertensive diseases				
1879	Chronic rheumatic heart disease				
1880	Other diseases of nervous system				
1881	Multiple sclerosis				
1882	Menstritis				
1883	Mental disorders				
1884	Other diseases of blood, etc.				
1885	Anaemia				
1886	Other conditions of blood				
1887	Diabetes mellitus				
1888	Benign and unspecified neoplasms				
1889	Other malignant neoplasms				
1890	Lymphoma				
1891	Malignant neoplasms, prostate				
1892	Malignant neoplasms, uterus				
1893	Malignant neoplasms, breast				
1894	Malignant neoplasms, lung, bronchus				
1895	Malignant neoplasms, larynx				
1896	Malignant neoplasms, intestine				
1897	Malignant neoplasms, stomach				
1898	Malignant neoplasms, oesophagus				
1899	Malignant neoplasms, bladder, ovary etc.				
1900	Other infective and parasitic diseases				
1901	Syphilis and its sequelae				
1902	Measles				
1903	Scarlet fever				
1904	Diphtheria				
1905	Whooping cough				
1906	Polio				
1907	Measles and other diseases				
1908	Other diseases of respiratory system				
1909	Other diseases of respiratory system				
1910	Other diseases of respiratory system				
1911	Other diseases of respiratory system				
1912	Other diseases of respiratory system				
1913	Other diseases of respiratory system				
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1945	Other diseases of respiratory system				
1946	Other diseases of respiratory system				
1947	Other diseases of respiratory system				
1948	Other diseases of respiratory system				
1949	Other diseases of respiratory system				
1950	Other diseases of respiratory system				

There were 813 deaths from cancer and leukaemia in 1973 representing 19.17% 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 1972/3

Year	LOCATION						
	Stomach	Lung/bronchus	Breast	Uterus	Leukaemia	Other forms	All form
1972	109	186	70	19	17	383	784
1973	102	194	92	33	17	375	813

Deaths from cancer and leukaemia 1961/73

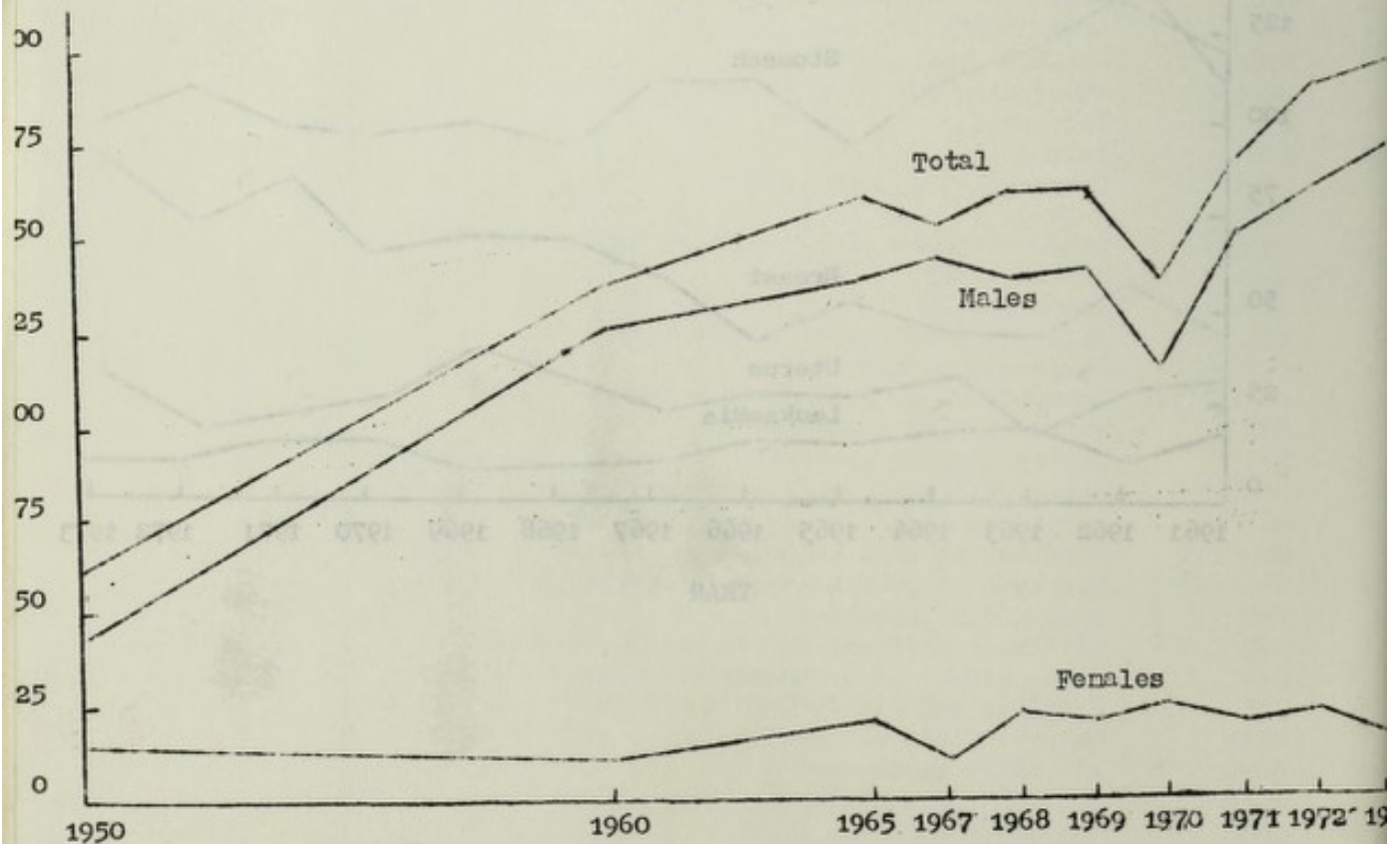


Deaths from cancer of the lung, especially associated with cigarette smoking, were the highest ever recorded in this county - a statement which has regrettably been repeated, without change, for several years.

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

MALES							FEMALES						
Age Group	1968	1969	1970	1971	1972	1973	Age Group	1968	1969	1970	1971	1972	1973
0	-	-	-	1	-	-	0	-	-	-	-	-	-
25	5	2	2	2	2	2	25	1	2	2	-	2	-
45	63	68	56	59	65	75	45	12	14	12	11	13	9
65	50	52	39	62	68	64	65	9	5	7	5	6	9
75	19	17	15	26	27	33	75	2	1	4	6	3	2
Totals	137	139	112	150	162	174	Totals	24	22	25	22	24	20

Deaths from cancer of the lung 1950 - 1973



There were 33 deaths from malignant neoplasms of the uterus. Because of the nature of the disease, it may take many years before we can expect reliable local statistical confirmation of the value of the cervical cytology service in preventing carcinoma of the cervix. An examination of the breast is routinely carried out at the same time.

Deaths from cancer according to age, and location of the disease 1973

Location	Age (years)					Total
	0-	25-	45-	65-	75-	
Stomach	-	1	28	45	28	102
Lung and bronchus	-	2	84	73	35	194
Breast	-	7	36	25	24	92
Uterus	-	1	17	6	9	33
Intestine	-	4	23	45	48	120
Buccal cavity	-	1	1	2	3	7
Oesophagus	-	-	6	8	6	20
Larynx	-	-	-	1	-	1
Prostrate	-	-	5	10	13	28
Other	4	16	53	62	64	199
Totals	4	32	253	277	230	796

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.

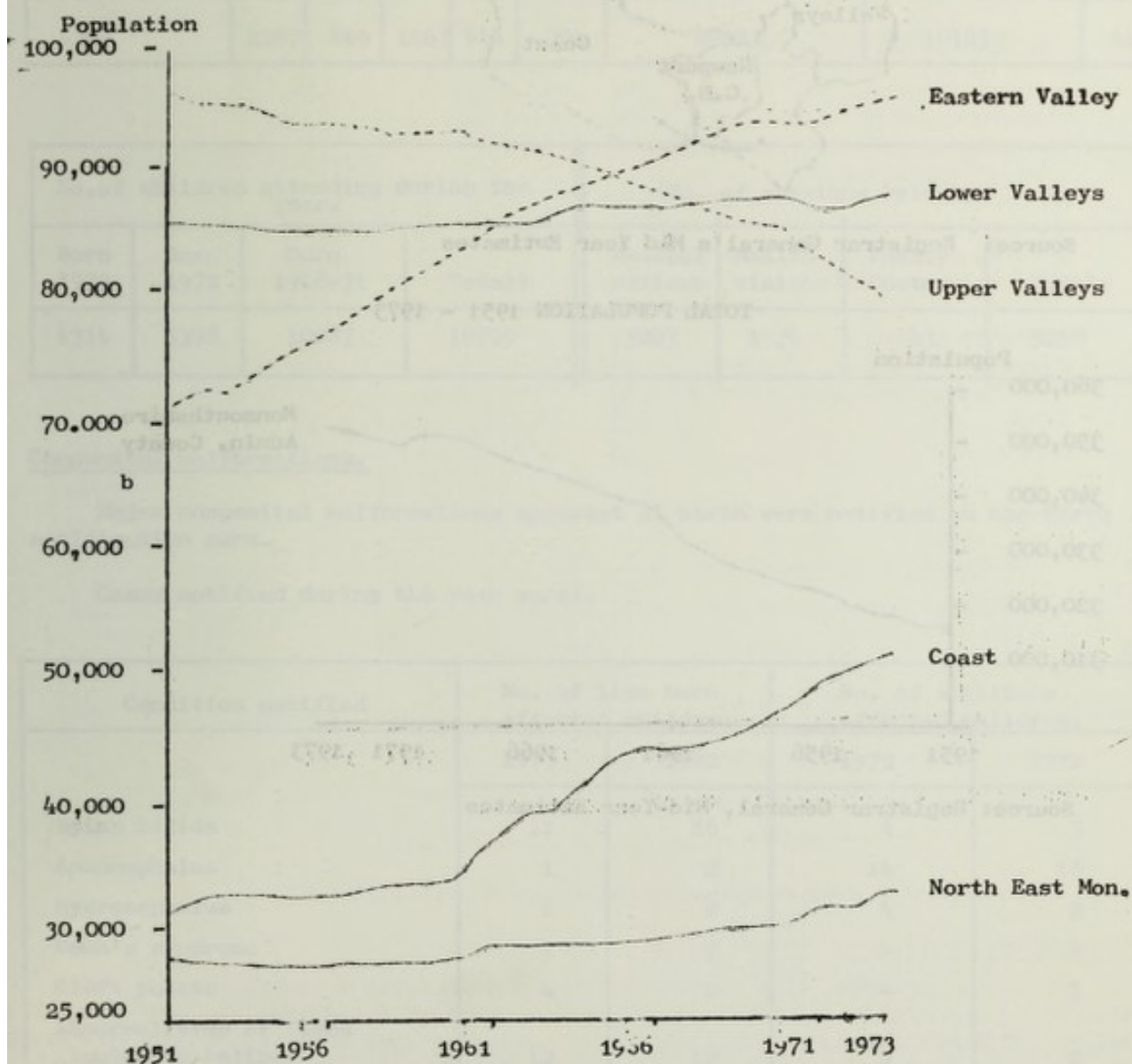
Deaths by district for year 1973

District	Estimated population	Deaths				
		Male	Female	Total	Rate per 1,000 of population	Adjusted rate
Urban						
Abercarn	18370	107	99	206	11.2	13.9
Abergavenny	9370	68	65	133	14.2	13.8
Abertillery	20550	166	125	291	14.2	14.4
Bedwas and Machen	12830	65	42	107	8.3	12.0
Bedwellty	25460	170	156	326	12.8	15.6
Blaenavon	6980	57	52	109	15.6	13.9
Caerleon	6940	47	46	93	13.4	12.2
Chepstow	8260	66	59	125	15.1	15.3
Cwmbran	32980	145	113	258	7.8	13.9
Ebbw Vale	25670	183	146	329	12.8	14.6
Monmouth	7000	35	47	82	11.7	10.0
Mynyddislwyn	15590	102	75	177	11.4	13.9
Nantyglo and Blaina	10500	87	66	153	14.6	16.0
Pontypool	36710	317	245	562	15.3	15.5
Rhymney	7920	64	53	117	14.8	16.0
Risca	15780	109	81	190	12.0	12.2
Tredeggar	17450	134	110	244	14.0	14.0
Usk	1890	8	11	19	10.1	9.2
Urban totals	280250	1930	1591	3521	12.6	14.2
Rural						
Abergavenny	10810	92	76	168	15.5	9.8
Chepstow	16880	78	68	146	8.6	10.9
Nagor and St. Mellons	20480	96	97	193	9.4	10.7
Monmouth	6720	30	38	68	10.1	10.2
Pontypool	16980	74	70	144	8.5	10.5
Rural totals	71870	370	349	719	10.0	10.5
Grand totals 1973	352120	2300	1940	4240	12.0	13.5
Totals for year 1972	351660	2302	1915	4217	12.0	13.1

I am grateful to the County Planning Officer for the following detail on population change in the county in recent years.

"The population of the County has increased by 9,460 during the period 1963 - 1973, an increase of 2.8%. This is an average yearly increase over the ten year period of 950 persons. Over the past two years this rate of growth has increased to almost 1,000 persons per year. The Coast Sub-Region has had the largest increase over the period the population being 22% higher in 1973 than in 1963. The population of North East Monmouthshire increased at an average rate of 346 persons per year between 1963 and 1973, but in the past two years the rate of increase has been higher, averaging 410 persons per year. Similarly, the rate of increase in the Lower Valleys has been more rapid in the past two years, whilst the rate of decrease in the Upper Valleys has slowed markedly, indicating a lessening of outward migration."

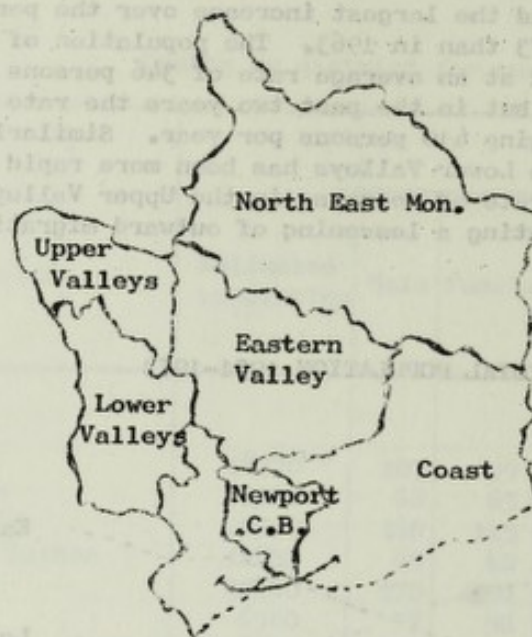
TOTAL POPULATION 1951-1973



Source: Registrar General, Mid-Year Estimates

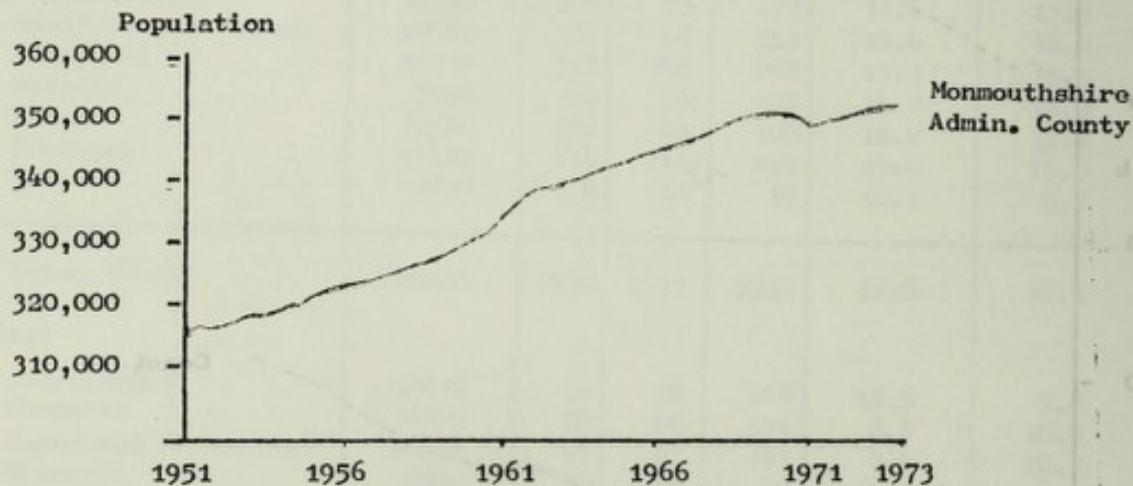
MONMOUTHSHIRE

Statistical Sub-regions



Source: Registrar General's Mid Year Estimates

TOTAL POPULATION 1951 - 1973



Source: Registrar General, Mid-Year Estimates

MATERNITY AND CHILD HEALTH.Child health services.

The child health service continued to provide clinic facilities throughout the county using purpose built premises where available - otherwise sessions were held in adapted premises or rented halls. In the rural area visits by the mobile clinic continued.

There were no radical changes in the type of work carried out - innovations introduced in recent years and described in previous reports were continued and expanded.

Details are shown below:

New baby examination	Screening tests					Immunisation & vaccination procedures	Other consultations	No of hearing tests
	6 mths	9 mths	1 yr.	2 yr.	3 yr.			
4399	2167	810	1463	614	204	20923	10123	4404

No. of children attending during the year.				No. of sessions held by:			
Born 1973	Born 1972	Born 1968-71	Total:	Medical officer	Health visitor	Family Doctor	Total:
4314	5398	10087	19799	3203	1974	43	5220

Congenital malformations.

Major congenital malformations apparent at birth were notified on the birth notification card.

Cases notified during the year were:-

Condition notified	No. of live born affected children		No. of stillborn affected children.	
	1973	1972	1973	1972
Spina bifida	11	16	4	3
Anencephalus	1	2	14	16
Hydrocephalus	1	6	4	2
Down's syndrome	1	7	-	-
Cleft palate	4	2	-	1
Abnormalities of limbs including talipes	12	18	2	2
Malformation of urino-genital system	9	4	-	-
Malformation of heart and circulation	-	1	-	-
Other	10	10	7	4

Screening for metabolic disorders.

Urine tests were carried out on all babies on or about the 12th day of life in a screening programme for metabolic disorders. Babies providing samples found to be positive on two separate occasions were referred to a paediatrician for further investigation. Cases referred were as follows:-

Cystinuria	1
Histidinuria	1

"At Risk" register.

Hospital paediatricians continued to notify babies in whom certain perinatal factors occurred and they were subsequently kept under close observation by health visitors. A medical officer attended each of the two general hospitals serving the county and examined as many babies as possible when they attended the out-patient clinic. Names were added to the "at risk" register by health visitors reporting certain family conditions and/or circumstances arising after birth.

Details were:-

Perinatal factors notified.

Multiple births	40
Prematurity < 36 weeks	89
Low birthweight < 10 percentile	93
Severe asphyxia-apgar < 4 at 1 min.	52
Apnoeic or cyanotic attacks	23
Fits or severe cerebral irritation	25
Exchange transfusion	3
Jaundice - S.B. > 15 m.g.%	54
Major congenital malformation	19
Other	154
Total:	552

Number seen by medical officer:

at Nevill Hall Hospital	=	83
at Royal Gwent Hospital	=	45
Total:		128

Cases added by health visitors.

Family history of deafness from birth	12
" " " blindness " "	7
" " " squint	49

These children were referred to audiology or eye clinics.

Observation register.

Children suffering from conditions apparent at birth or arising later which were thought to constitute a possible handicap were kept under observation and examined by medical officers throughout the pre-school period so that recommendations with regard to schooling could be made at the appropriate time. It is regrettable that the shortage of nursery school places does not allow all children in need of stimulation by trained staff to receive such attention. It is also a matter for concern that there is a long waiting list for children requiring assessment by a speech therapist due to the continuing shortage of these important persons.

Details of children examined during the year are given below:-

Condition	Number of initial examinations
General retardation	49
Epilepsy or convulsions	11
Delayed speech	15
Major C.N.S. malformations	6
High risk perinatal factor	20
Cerebral palsy	2
Cleft lip and/or palate	5
Down's syndrome	3
Miscellaneous	27
Total	138

Reassessment of children under observation.

(a) Excluding the pre-school examination	136
(b) Prior to school entry	47
Total	183

Sales of welfare foods

Although orange juice ceased to be a welfare food on 31st December, 1971 there were still 176 bottles in stock at the beginning of 1973.

Sales of National dried milk, vitamin drops and tablets decreased during 1973. There were no price increases in the year for these items.

	National Dried Milk	Children's Vitamin Drops	Vitamin Tablets	Orange Juice	Total Value
1970	7915	-	4175	88,381	£7,806
1971	2846	4737	3093	91,329	£6,984
1972	1958	7938	2952	30,166	£2,974
1973	1665	7284	2787	176	£713

Sales of proprietary brands of food

1970	£28,500
1971	£32,300
1972	£28,100
1973	£26,703

In 1973 ten clinic clerks were employed for the sale of foods - four full time and six part-time. Food was sold in 57 clinics, and in 16 of these the task was undertaken by health visitors.

Two proprietary items increased in price during the year, and sales have continued to decrease.

Health Department Buildings

Health Centres

No new health centres were opened during 1973, but the year was, nevertheless, one of the busiest ever in the field of capital works as three new health centres were started and planning finalised for three more, at least one of which should begin to be built before April 1st, 1974.

There are nine health centres in Monmouthshire, five purpose-built and four pre-war buildings converted for health use. They house 30 general practitioners (20.6% of general practitioners in the county), and one of the buildings started during the year will be a replacement for the old Rhymney health centre, and this, together with the other projects started during 1973, will open in 1974. There would then have been 42 general practitioners working from health centres representing 28.8% of family doctors in the administrative county of Monmouth as it exists until 31st March, 1974.

The outgoing County Council will hand over a strong complement of existing and programmed health centres. In late 1973 there was a cutback in government spending on the health services and this has affected the programme seriously because any left over from the current year will have to be carried over into the year 1974/75, thus pushing others down the programme in their turn. The department's building section had three centres ready for financial approval before April 1st 1974, Caldicot, New Tredegar and Pontllanfraith. The first two mentioned have been fairly straight forward in their planning, but Pontllanfraith was once in the 1971/2 programme and has been held up by changes in the number of general practitioners intending to participate and also by disputes as to the location and problems of access to the site itself.

In the period 1974/6 there are definite plans for another five new health centres (Ebbw Vale, Abercarn, New Inn, Pengam and Raglan), the extension of two existing ones (Risca and Rogerstone) to provide more and upgraded accommodation and additions to a clinic (Garndiffaith) to provide a small health centre. The need for more consulting rooms at Risca is so great that a preliminary de-mountable extension has had to be built and this will be started in January 1974 and should be completed in early February of the same year. A further six health centres and two clinic premises are being actively planned and their completion will mean that 91 general practitioners will be housed in modern, well equipped premises in the foreseeable future. The clinics are at Usk and Beaufort though a new building at Beaufort now appears impracticable as there is ample purpose-built local authority accommodation nearby, and the general practitioners in the area are not willing to enter a health centre. Only the two health centres in Tredegar will then remain of the five buildings "adopted" in 1948 from the Medical Aid Societies.

During 1973 there has been an enormous increase in the cost of building; it has increased at a rate equivalent to 40% per annum, and this contributed to the difficulty in starting to build new health centres. The tenders received exceed by many thousands of pounds the cost limit set by the Welsh Office. The average health centre for Monmouthshire (four to five medical practitioners) will now cost at least £100,000.

Dr. Mills published an article outlining the level of staff satisfaction with the first year of experience of the new Blaenavon health centre (April 1971 - April 1972) (Health and Social Services Journal, Vol. 83, No. 4354, p. 2248) and also contributed an article on "Floor coverings and furnishing in health centres" for publication in its Health Technology series by the Health and Social Services Journal in 1974.

Ambulance Stations

Abergavenny Ambulance Station was completed at a cost of £53,419, being occupied in March, and officially opened on 12th July 1973 by County Councillor E.J. Gibson J.P.

At the end of 1973 the County Council was planning the following health centres and ambulance stations:-

rogrammed Year	Name of Health Centre	GP's	List	Position at 31.12.73	Comments
1971	Rhymney	4	8,700	28% complete Work started 6.2.73 expected completion 24.6.74, but there may be a delay of six weeks.	Cost: £76501.81. To be transferred to Mid- Glamorgan A.H.A. Replaced a 1948 health centre. Pharmacy to be dis- continued.
1972-4	Trethomas	4	10,000	45% complete Work started April 1973 expected com- pletion 24.6.74	Cost: £86,000. New health centre. Private pharmaceu- ticals to be built in same grounds. To be trans- ferred to Mid-Glamorgan A.H.A.
	Chepstow	7-8	17,000	23% complete. Work started 18.6.73 expected completion 7.10.74.	Cost: £124,995. New health centre. No pharmacy, one dispensing practice.
	Caldicot	6-7	14,000	Approval awaited from Welsh Office for tender of £86,000. Cost limit fixed at £61,000.	Delayed by six months at consultant architect. Extension of existing clinic: no pharmacy.
	New Tredegar	6	7,500	Cost limit £82,500. Detailed brief being completed.	Principal surgery for 3 G.P's one of two main surgeries for other group practice (See Pengam) No pharmacy. To be trans- ferred to Mid-Glamorgan A.H.A. New health centre.
	Pontllanfraith	4	12,100	Revised schedule of accommodation with consultant architect for new sketch plan.	New health centre. Two doctors agreed in late 1973 to re-enter scheme. Unresolved difficulties of access to the site adjacent to Police Divisional H.Q. Originally in 1971-72 programme.
1974-5	Ebbw Vale	6	9,500	Final sketch plans with Welsh Office for approval of extension of existing clinic. Replaced in 1972-4 programme by New Tredegar because of faster progress.	Replaces 1948 health centre. To have pharmacy run by consortium. Expected cost £90,000.

Programmed Year	Name of Health Centre	GP's	List	Position at 31.12.73	Comments
	Abercarn	6	16,000	Sketch plans from County Architect. Delays in purchase of site.	Cost limit £86,000. New health centre. Pharmacy to be run by a consortium
	New Inn	4	5,000	Site not finalised. Access not finalised on favoured site. Schedule of accommodation known and approved by Welsh Office. Cost: £42,500.	Small new urban health centre, providing branch surgery for general practice. No pharmacy.
	Pengam	4	7,200	Schedule of accommodation approved 1973. No sketch plans as yet. Cost: £49,000	Small new urban health centre, providing surgery for one doctor and one of two main surgeries for a practice of three. (See New Tredegar). No pharmacy
	Raglan	2	3,000	Schedule of accommodation approved by Welsh Office. No sketch plans as yet. Delay in finalising acquisition of site. Cost: £42,500	To be part of a community development of education and social amenities. Small new rural health centre.
1975-6	Risca	6	14,300	Schedule of accommodation prepared 1972. ? Cost.	Extension of existing health centre to improve and increase clinical and administrative accommodation. Temporary extension for one G.P. to be built January 1974. No pharmacy
	Rogerstone	4	8,300	Schedule of accommodation prepared 1972. ? Cost.	Extension of existing small health centre. No pharmacy
	Garndiffaith	4	?	Sketch plan approved. ? Cost	Extension of an existing clinic to give main surgery for one G.P. and branch surgery for three. No pharmacy.

Other projected centres and clinics being investigated but not programmed as yet:-

<u>Caerleon</u>	Extension of existing small clinic to give principal surgery for one G.P. and dental facilities for the first time. No pharmacy.
<u>Abersychan</u>	New health centre (site agreed): main surgery for four G.P.'s, branch surgery for one. Schedule of accommodation complete. No pharmacy.
<u>Cwmbran</u>	Town centre: extension of an existing clinic to provide for nine G.P.'s. No pharmacy.
<u>Cwmbran (Llanvraon)</u>	Small satellite health centre, for two G.P.'s. No pharmacy, no site yet.
<u>Cwmbran (South)</u>	Small satellite health centre for two G.P.'s. No pharmacy, no site yet.
<u>Monmouth</u>	Health centre for five G.P.'s. Site being investigated.
<u>Beaufort</u>	As a clinic this was refused permission by the Welsh Office as early as 1970-71. Attempts to interest local G.P.'s in a health centre have met with limited success and the project could not be supported by the Executive Council. Project unlikely to proceed as a clinic on present site because it is too near to Ebbw Vale health centre to justify duplication of services.
<u>Usk</u>	Present clinic accommodation is old and inconvenient. G.P.'s not interested in a health centre. Provision would be for nursing and community health services only.

Maternity services

Ante natal clinics remained open in areas where alternative facilities were not readily available.

Details are given below.

No. of women in attendance				No. of sessions held	
For ante-natal examination		For post-natal examination			
1972	1973	1972	1973	1972	1973
859	704	225	259	347	450

Attendances at ante natal classes were -

	1971	1972	1973
No. of mothers	1040	940	920
Total attendances	5417	4999	4759

The midwifery service underwent a radical change during 1973, and further changes will be necessary when the community and hospital midwifery service comes under the same administration.

The number of patients attended by domiciliary midwives during 1973 was:-

No. of confinements attended under National Health Service		No. of cases delivered in hospital and other institutions but discharged and attended by domiciliary midwives	
Doctor booked	Doctor not booked	Discharged within	
1666	35	2 days	863
		3-7 days	2649
		8 or more days	1364
			<hr/> 4876

Health visiting service

During 1973 six health visitors left the service. Five retired and one left for maternity reasons. This resulted in a serious shortage of staff and it has been most difficult to adequately cover the work performed by the health visitors. Much credit must be given to the field staff who have worked under tremendous pressure, the senior staff have been extremely grateful for their co-operation and understanding.

Four students have been sponsored by the Authority for training in 1973/74. Four health visitors have been trained as Field Work Instructors.

A new training school for health visitors commenced at Glamorgan Polytechnic Treforest, Pontypridd in October 1973, and fifteen students were accepted. It is anticipated the number of students accepted for 1974/75 will be thirty. This school will be a great asset for future training of health visitors in South Wales.

Cases visited by health visitors	Number of cases	
	1972	1973
Total number of cases	31199	23006
Children born during year	5492	4795
Other children aged under 5	19219	13004
Persons aged 65 and over	1682	1309
Number of tuberculosis households visited	198	110
Number of households visited on account of other infectious diseases	65	110
Other cases	4543	3678

Type of case visited	Cases seen for first time this year	No. of cases incld. in col (a) seen at special request of		Number of re-visits
		Hospital	G.P.	
	(a)	(b)	(c)	(d)
Children born in present calendar year	4795	29	88	12380
Other children aged under 5	13004	30	49	17352
Persons aged between 5 & 16 seen as part of health visiting (i.e. excluding those seen as part of school health service).	762	13	96	708
Persons aged between 17 & 64	2227	28	250	2908
Persons aged 65 & over	1309	32	575	2613
Households visited on account of tuberculosis	110	14	11	161
Households visited on account of other infectious diseases	110	6	9	19
Households visited for any other reason	689	23	65	601
TOTAL:	23006	175	1143	36742
Number of persons included in lines above who are:				
Mentally handicapped	72	-	5	111
Mentally ill	62	2	15	97

Maternity Liaison Committee

The department was represented at meetings of the North Monmouthshire Maternity Liaison Committee which met three times during the year and at the Newport & East Monmouthshire Committee which met once.

Premature births

In 1973, three hundred and twenty one premature babies were born alive and fifty two were stillborn. Of those born alive, eighteen died within 24 hours, seven died in the first week of life, and one after the seventh day but before the twenty eighth day. This represents a neonatal death rate amongst premature babies of 8% as compared with 5% last year. The accompanying table gives further details.

Weights at birth	Premature live births												Premat still- births	
	Born in hospital				Born at home or nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died				Born
Within 24 hours of birth		In 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 day and under 7 days	in 7 days and under 28 days	in hospital	at home or in	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1. 2lb. 3oz. or less.	12	7	3	-	-	-	-	-	-	-	-	-	14	-
2. Over 2lb. 3oz. up to and including 3lb. 4oz.	19	7	2	1	-	-	-	-	-	-	-	-	18	-
3. Over 3lb. 4oz. up to and including 4lb. 6oz.	42	4	1	-	1	-	-	-	-	-	-	-	11	-
4. Over 4lb. 6oz. up to and including 4lb. 15oz.	87	-	1	-	1	-	-	-	-	-	-	-	6	-
5. Over 4lb. 15oz. up to and including 5lb. 8oz.	153	-	-	-	6	-	-	-	-	-	-	-	2	-
6. Total	313	18	7	1	8	-	-	-	-	-	-	-	51	-

Dental Inspections and Treatment

The whole of the dental service for expectant and nursing mothers and young children was provided by the staff of the school dental service in the department dental surgeries.

In the main, applications for treatment came via the clinics following examination by medical officers or from mothers by way of the health visitors. Appointments were made for adjacent clinics where inspection and treatment were carried out by dental officers. Mothers could also apply direct to dental clinics or to the County Health Department.

Dental treatment of a comprehensive nature was available at the modern well-equipped clinics including X-Ray examination and the provision of dentures and crowns etc, made by the dental technicians at the dental laboratories at Cwmbran and Ebbw Vale.

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	828	123
Subsequent visits	533	216
Total visits	1361	339
Number of additional courses of treatment other than the first course commenced during year	17	11
Treatment provided during the year - number of fillings	642	256
Teeth filled	546	181
Teeth extracted	312	170
General anaesthetics given	142	32
Emergency visits by patients	91	29
Patients X-rayed	9	27
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	212	46
Teeth otherwise conserved	652	-
Teeth root filled	-	4
Inlays	-	-
Crowns	-	6
Number of courses of treatment completed during the year	498	93

B. Prosthetics

Patients supplied with full upper or full lower (first time)	-	21
Patients supplied with other dentures	-	33
Number of dentures supplied	-	54

C. Anaesthetics

General anaesthetics administered by dental officers	-	-
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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

Number of patients re-inspected during year

Children Q ₄ (incl)	Expectant and Nursing mothers
A. 929	D. 164
B. 583	E. 163
C. 580	F. 163
11	4

E. Sessions

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

For treatment	119
For health education	41

THE SCHOOL HEALTH SERVICE

MEDICAL INSPECTIONS

The number of children on school registers at December 1973 was:-

Type of school	Number of schools	Number of children		
		Boys	Girls	Totals
Nursery schools	10	347	332	679
Primary schools	271	21366	20406	41772
Secondary schools	40	15369	13943	29312
Special schools	8	272	118	390
Totals	329	37354	34799	72153

Arrangements for medical inspections

The raising of the school leaving age meant that relatively few school leaving examinations were carried out in 1972, but a large number of examinations fell due to be completed in 1973. In addition to the close links which have been formed with the careers officers, the implementation of the Employment Medical Advisory Act of 1972 meant that fresh links had to be made with the new medical adviser, Dr. Alun Jones, and I am glad to report that this has worked out extremely well. The new Act replaces the appointed factory doctor service which has run for many years, helping handicapped school leavers and employers over the difficult period of adjustment from school to adult life.

The first medical inspection of a child's school life takes place at school entry and a further opportunity of examination is offered in the year before the child proceeds to secondary school.

Personal invitations to parents, giving them the opportunity of being present at examinations if they wished, were sent out for each inspection.

	1972	1973
Periodic medical inspections	13035	11260
Re-inspections	3881	2419
Special inspections	509	454

Efforts made during previous years to develop close relations with the various departments concerned with the well being of school children were continued and intensified. A number of case conferences were organised to discuss the educational placement of handicapped children, involving paediatricians, psychiatrist the educational psychologists and Social Services representatives.

Reference was made in the Annual Report 1972, to the overloading of the child guidance service and we were pleased to welcome Dr. M.G.E. Morgan, the second consultant child psychiatrist, towards the close of 1973.

Cleanliness

The attached table shows the number of children seen at cleansing examinations in the County during 1973. The number of children requiring exclusion from school shows a sharp increase on previous years' figures; the increase in head infestation

/Cont.....

has been a cause for concern and an intensive programme to bring the matter under control is being planned for next year. Unfortunately, the number of school nurses and health visitors available does not increase to correspond with the increase of the school population.

No. of children examined for first time	27030
No. of children found to be infested	951
No. of re-examinations	28605
No. of children on re-examination found to be infested for first time	273
No. of cleansing notices issued	857
No. of children excluded from school	124

Handicapped Children

A number of handicapped children have been recommended for special schools within the County and elsewhere during the year in an attempt to meet their educational and social needs. Continuing difficulties are being experienced in placing a child with multiple handicaps, but the expansion of special educational facilities under the Gwent Education Authority's plans should improve the position as time goes on.

The number of Monmouthshire handicapped pupils accommodated in special day and residential schools at the 31st December, 1973, was as follows:-

Day Provision

Delicate

The Gaer, Newport	2
* St. Lawrence Hospital School, Chepstow	6
Greenhill House School, Cardiff	1

Maladjusted

Stow Hill Senior Adjustment Unit, Newport	1
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Educationally Sub-Normal

Westfield Special Day School, Newport	10
Oakdene Special School, Cinderford	4
Dean Hall Special School, Coleford	2
Greenfield School, Newport	34
* Rectory Special School, Hafodyrynys	80
* Neville House Special School, Garndiffaith	60
* Ty Bont Special School, Tredegar	45
Ty Gwyn Special School, Cardiff	2
Junior School, Brithdir	1

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, 1973, was as follows:-

Blind and Partially Sighted

Ysgol Penybont, Bridgend	30
Royal Normal College for the Blind, Shrewsbury	3
Queen Alexandra College, Birmingham	1
Hethersett Centre, Surrey	1
Worcester College for the Blind	1
Conover Hall, Shrewsbury	2

Deaf and Partially Hearing

Penarth School	17
St. John's Boston Spa, Yorkshire	2
Glamorgan Nursery School for the Deaf	2

/cont....

Educationally Sub-Normal

* Llanfrochfa Grange Hospital Educational Unit	25
Mount School, Wadhurst, Sussex	2
* Castle Hill, Chepstow	63
Ysgol Cefn Glas, Bridgend	19
St. Christopher's, Bristol	1
Besford Court, Worcester	1
Bryn Llywarch School, Montgomeryshire	1
Puddleton Court, Leominster, Hereford	12
Hendre Bryn Coch School, Neath	1
Sunfield Homes School, Stourbridge	1
Botleys Park Hospital School, Surrey	1
Hensol Hospital School, Pontyclun	1
Cyfronydd School, Welshpool	1
Garvale School, Peebles	1

Epileptic

Downlands College, Sussex	1
Lingfield Hospital School, Surrey	2
Chilton School, Liverpool	1

Psychotic

* St. Cadoc's Hospital, Educational Unit, Caerleon	16
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Maladjusted

* The Mount, Chepstow	4
Pitt House, Torquay	3
The Rocklands, Chudleigh, Devon	1
Whitstone Head School, Devon	1

Physically Handicapped

Chailey Heritage Craft, Sussex	1
Erw'r Delyn, Penarth	31
Craig-y-Parc School, Cardiff	2
St. Rose's School, Stroud	1

Delicate

South Bristol School	1
* Mounton House, Chepstow	30

Speech

Moorhouse School, Surrey	1
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(* Monmouthshire Schools are marked with asterisk).

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

Blind	13
Partially-sighted	15
Deaf	18
Partially-hearing	107
Educationally sub-normal	540
Epileptic	31
Maladjusted	89
Physically handicapped	171
Speech defect	24
Delicate	43
	<hr/>
	1051

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Home tuition

Home tuition was provided for 106 pupils during the year.

Special units opened 1973

Langstone unit for non-communicating children

This unit was set up following discussions between representatives of the Education department, including the educational psychologists and the Health department, to cater for children of junior school age (7 to 11) who suffered from severe difficulties of speech, though of normal or near normal intelligence. Langstone school was chosen because there was space available and easy access from most parts of the County, as the school was only a mile from the Coldra motorway intersection. The capacity of the unit is limited to six pupils and it is housed in a very pleasant demountable building within the school precincts. Adequate opportunities exist for integrating children with their peers in the main school. A teacher trained in speech and drama was appointed and a speech therapist attends the unit regularly. Frequent case conferences are held, giving the opportunity for interdisciplinary discussion. I hope this pattern of frequent discussion will be followed from the start of other special units which it is hoped to form in the County in the next few years.

Llantarnam adjustment unit, Llantarnam Comprehensive School.

This unit was set up to accommodate mild to moderately disturbed secondary school children from the south of the County. Frequent case conferences have been held to offer support to the teaching staff, who have coped admirably with difficult children. An attempt has been made to secure some balance between those acting out and others who, for one reason or another, were failing to attend school. The success of the unit can be measured from the fact that a number of children have been integrated into the main school after a relatively short attendance in the unit.

St.Dials therapy unit

A number of children living in the Cwmbran area have for a variety of reasons, been given "home tuition" at the local health clinics. The old St.Dials Junior School, became vacant and in consultation with the Director of Education's staff it was thought beneficial to accommodate them in this building. The "home" tutors are part-time but the unit is now open full time, each teacher covers part of the week so that there are three staff available at any one time.

The unit has expanded its function to become an observation and therapy unit, taking children whose behaviour, other schools find intolerable.

The success of the class has been the result of the enthusiasm of the teachers and their enormous tolerance and understanding. No behaviour problem is too difficult for them to copy with, and frequent discussion are held with psychologists and medical officers to ensure maximum possible support. Other specialists such as the peripatetic teacher of the deaf and the county physiotherapist are co-opted when their advice is needed. When a child is considered ready to leave, he is integrated gradually into the receiving school, the teacher usually going with him for an initial period. Other "social" links have been forged with Fairwater and Llantarnam Comprehensive Schools.

Meals are prepared at the kitchen of the nearby Brookfield Junior School.

Child guidance

During the year 45 sessions were held at the Child Guidance Clinic, The Grove, Tredegar; 70 cases were seen and 181 attendances made.

DEFECTS FOUND AT MEDICAL INSPECTIONS

DEFECTS FOUND AT PERIODIC INSPECTIONS

Defect or disease	Entrants		Leavers		Others		Totals	
	Requiring Treatment	Observation	Requiring Treatment	Observation	Requiring Treatment	Observation	Requiring Treatment	Observation
Skin	16	111	9	67	13	115	38	293
Eyes:								
(a) Vision	81	186	83	212	259	306	423	704
(b) Squint	22	88	1	15	17	73	40	176
(c) Other	3	17	-	6	2	26	5	49
Ears:								
(a) Hearing	28	58	3	23	39	45	70	126
(b) Otitis media	10	33	3	9	6	30	19	72
(c) Other	3	16	-	1	-	18	3	35
Nose and throat	54	231	12	39	53	194	119	464
Speech	21	61	2	10	7	16	30	87
Lymphatic glands	7	80	1	2	2	48	10	130
Heart	5	93	1	33	3	100	9	226
Lungs	4	77	1	39	2	112	7	228
Development:								
(a) Hernia	6	7	-	1	2	7	8	15
(b) Other	27	138	1	22	29	90	57	250
Orthopaedic:								
(a) Posture	1	21	2	33	2	49	5	103
(b) Feet	5	81	-	23	2	86	7	190
(c) Other	9	48	2	26	3	64	14	138
Nervous system:								
(a) Epilepsy	3	27	-	11	1	21	4	59
(b) Other	-	41	2	14	5	43	7	98
Psychological:								
(a) Development	6	31	-	12	9	55	15	98
(b) Stability	2	33	1	8	5	30	8	71
Abdomen:	10	38	-	17	19	54	29	109
Other:	4	10	10	24	1	23	15	57

DEFECTS FOUND AT SPECIAL INSPECTIONS

Defect or disease	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	3	10
Eyes:		
(a) Vision	27	40
(b) Squint	6	19
(c) Other	-	1
Ears:		
(a) Hearing	3	17
(b) Otitis media	3	6
(c) Other	-	2
Speech:	12	17
Nose and throat:	24	42
Lymphatic glands:	-	4
Heart:	1	15
Lungs:	-	27
Developmental:		
(a) Hernia	2	6
(b) Other	3	22
Orthopaedic:		
(a) Posture	2	9
(b) Feet	3	22
(c) Other	-	9
Nervous system:		
(a) Epilepsy	-	10
(b) Other	2	11
Psychological:		
(a) Development	3	22
(b) Stability	1	14
Abdomen:	3	15
Other:	3	4

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN) BY YEAR OF BIRTH.

Age group inspected (By year of birth)	For defective vision (Excluding squint)	Other conditions	Total pupils
1969 and later	53	152	202
1968	33	83	113
1967	3	14	17
1966	5	8	13
1965	2	2	4
1964	19	7	26
1963	51	24	70
1962	108	109	215
1961	61	59	119
1960	7	3	10
1959	10	9	19
1958 and earlier	71	41	113
TOTAL:	423	511	921

Physical condition of pupils.

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

The following table summarises the findings of medical officers in 1973:-

Age groups inspected (By year of birth)	No of pupils inspected:	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
1969 and later	1122	1122	-
1968	2004	1998	6
1967	1058	1057	1
1966	181	181	-
1965	48	48	-
1964	27	25	2
1963	277	276	1
1962	2646	2645	1
1961	1200	1198	2
1960	98	98	-
1959	68	68	-
1958 and earlier	2531	2531	-
TOTAL:	11260	11247	13

Percentage of children considered of satisfactory condition - 99.88%

The types of examination and/or treatment provided at the school clinics are shown in the following table:-

Clinic	Average No. weekly sessions							
	Ophthalmic	Ear, nose and throat audiology	Speech therapy	Physiotherapy	Orthoptic	Child guidance	Surgical consultation	Dental
Abergavenny	0.4	0.4	0.9	-	-	-	-	4.0
Abertillery	0.8	0.5	1.2	-	-	-	-	8.0
Blackwood	-	-	1.5	-	-	-	-	9.4
Blaenavon	0.2	0.1	-	-	-	-	-	2.5
Blaina	-	0.1	-	-	-	-	-	2.1
Caldicot	0.4	0.1	2.5	-	-	-	-	6.0
Chepstow	0.4	0.2	0.4	-	-	-	-	5.0
Cwmbran	1.4	1.1	2.5	-	-	-	-	9.3
Ebbw Vale	0.7	0.2	1.4	-	-	-	-	8.0
Griffithstown	-	-	-	-	-	-	-	7.6
Llanmartin	-	-	0.9	-	-	-	-	-
Monmouth	0.5	0.2	0.8	-	-	-	-	1.5
Newbridge	-	-	-	-	-	-	-	3.0
Newport	0.6	1.2	1.2	10.0	7.0	-	0.2	5.2
New Tredegar	-	-	-	-	-	-	-	1.5
Pontypool	1.0	0.6	1.1	-	-	-	-	9.3
Pontllanfraith	1.3	1.1	-	-	-	-	-	-
Rhymney	-	-	-	-	-	-	-	3.0
Risca	0.4	0.6	1.4	-	-	-	-	9.0
Tredegar	-	-	-	-	-	-	-	4.0
Tredegar (Grove)	0.6	0.8	1.2	-	2.0	0.9	-	-
Usk	0.1	-	-	-	-	-	-	-

Defective vision, squint and other eye diseases

Mr. Hoare, F.R.C.S. and Mr. Vaughan Jones, F.R.C.S., held Consultant Clinics at St. Woolos Hospital and Nevill Hall during 1973, the latter retired in April, 1973, after a long and happy association with the school ophthalmic service, first in Stanley Road, Newport and subsequently in St. Woolos and Nevill Hall. He will be greatly missed and his interest and concern for children with ophthalmic defects.

From April, 1973-December, 1973, Mr. Lalla, F.R.C.S., attended these clinics as a locum consultant until Mr. N.W.D. Walshaw, F.R.C.S., took up his duties in December, 1973.

75% of children who were offered appointments at consultant ophthalmic clinics attended.

New cases by age (99 cases)

<u>Under 18 months</u>	<u>18 months-3 years</u>	<u>3-5 years</u>	<u>6-15 years</u>
24 (24%)	34 (35%)	23 (23%)	18 (18%)

Orthoptic clinics

New cases by age

<u>Under 18 months</u>	<u>18 months-3 years</u>	<u>3-5 years</u>	<u>Over 5 years</u>
118 (32%)	110 (30%)	59 (16%)	80 (22%)

The second group of figures closely resemble the first group of figures - as one would expect because most children with squints are first seen by the orthoptist and then referred to the consultant. These figures are very encouraging indicating that medical officers and health visitors are well aware that children with squints or with a family history of squints must be referred at an early age.

446 orthoptic sessions were held, 357 at Stanley Road clinic, and 95 at Tredegar clinic. Three sessional orthoptists share the work and in four administrative areas one orthoptist works at Nevill Hall as well as in Stanley Road. One orthoptist is always present at a consultant clinic together with a medical officer and two nurses.

Diseases of the ear, nose and throat

In 1973 2,720 children were seen at ear, nose and throat clinics and of the 785 new cases 47 (6%) were under five years of age.

Mr. J.L.D. Williams, F.R.C.S., and Mr. G.B. Leitch, F.R.C.S., saw children referred for further investigations and treatment at consultant clinics held at Stanley Road, Newport.

During 1973 Drs. Love, Hayes, Yerbury, Thomas and Watkeys have interested themselves in E.N.T. work and have conducted clinics in the four administrative areas of the County. The clinics have been staffed by school nurses, who, after instructions from the Principal E.N.T. Nurse have used the audiometer on simple cases of suspected hearing loss.

Audiology

During 1973 the two peripatetic teachers of the deaf had between them a case load of 91 registered partially hearing and deaf children, 59 being school children and 32 pre-school children.

In addition there are 9 children in the Infant, 9 in the Junior and 8 in Senior partially hearing units and another 10 children at a residential school for the deaf - a grand total of 127 cases of deafness, partial or complete, 9 per school age group.

Twelve new cases were diagnosed in 1973, from 6 months to 14 years of age, 2 were congenital cases of unknown cause, while 6 were of unknown cause but probably due to infectious diseases such as measles or mumps. One case was

due to maternal rubella, another to meningitis, one followed a severe motor accident and one was a congenital disorder with atresia(closure) of the external auditory meatus.

In 1973 545 other children out of 5136 seen were referred for further examination in E.N.T. clinics when they had failed a hearing screening test carried out by the Audiometrician, during their first year in school.

Refraction clinics

During 1973 Dr.McLoughlin trained in refraction work, under the supervision of Mr.Hoare, F.R.C.S., Dr.Rees and Dr.Shah and started her own regular refraction clinics in October.

A total of 4,256 children were examined at the clinics - 1156 being new cases.

Source of referral of new cases

	Pre-school child	School child
Medical officers & school nurses	61%	77%
Health visitors	31%	6%
Parents	4%	11%
General practitioners	1%	1%
Hospital staff	1%	1%
Other	2%	4%

In September 1973 an Infant/Junior partially sighted unit was opened at Maesglas Primary School, Newport. Monmouthshire took advantage of this new service sending two children. One has progressed very well but the other required education as a blind child and is to be admitted to Ysgol, Penybont.

The county has been fortunate to have had help from Miss.Banner, a peripatetic teacher of the blind attached to the Royal National Institute of the Blind. Miss.Banner has been able to give expert advice on teaching methods and also to counsel both parents and teachers of visually handicapped children.

Speech therapy

At the beginning of the year the speech therapy staff consisted of five therapists, 1 full time, and four therapists working a total of 18 sessions between them.

This position improved during the year, when Mrs.A.Cecil recommenced full time duties in April 1973.

Clinics were held at the following centres:-

Abergavenny, Abertillery, Ebbw Vale, Blackwood, Newport, Cwmbran, Llanmartin, Pontypool, Tredegar, Caldicot, Risca, Monmouth, Chepstow.

Regular visits were made to the special remedial classes throughout the County, although it was necessary, because of staff shortage, to make these advisory rather than therapeutic.

In April 1973 the first unit for Non-Communicating children was opened at Langstone Primary School. This post for a full time therapist was advertised nationally but without success, and Mrs.Cecil attended for four sessions a week, until September 1973, when she assumed full time work at the unit.

The need for a full time complement of at least six therapists has become increasingly evident throughout the year. The volume of referrals has increased, and therapists have felt considerable frustration in not being able to deal fully with their case loads, as apart from clinical work, there is a need for case discussion with other disciplines, home and school visits, and in the case of many patients intensive treatment, which is not possible when a therapist can only work one day a week at each clinic.

The permanent shortage of speech therapists has again this year prevented the optimum development of the service which can be offered to patients in this county, however this is a national problem, and it is hoped will improve with the implementation of the Quirk Report, in the coming year.

In 1977 the speech therapists and other staff were involved in a major project to develop a new service for the hearing impaired. This involved a major restructuring of the service and the establishment of a new department. The project was completed in 1978 and the new service is now operating. The new service is a major development for the county and will greatly improve the service for the hearing impaired.

Speech therapists		Other staff	
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10

The county has been fortunate to have had help from the Department of Health in the development of the new service. The Department of Health has provided a grant to help with the costs of the new service. This grant has been used to purchase equipment and to pay the salaries of the staff. The new service is now operating and is providing a high standard of care for the hearing impaired.

The county has also been fortunate to have had help from the Department of Health in the development of the new service. The Department of Health has provided a grant to help with the costs of the new service. This grant has been used to purchase equipment and to pay the salaries of the staff. The new service is now operating and is providing a high standard of care for the hearing impaired.

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The School Dental Service

General

1973 will be the last year for an annual report on the School Dental Service in its present form. The forthcoming reorganisation of the National Health Service and of local government which is due to take place on April 1st, 1974, will affect the whole of the School Health Department, including the dental service. The new Gwent Area Health Authority will absorb the present service but existing County boundaries will be changed, some areas being lost to, and others gained from contiguous Authorities.

In approaching the new regime, one may be forgiven for glancing over one's shoulder and recollecting some of the remarkable changes which have come over the Service during its development under the care of the Monmouthshire County Council. No Council could have been more aware of the necessity to build up its dental amenities and none could have done better with the resources at hand. It is only 25 years ago that school dental clinics were housed in any premises which could be obtained, such as dwelling houses and the equipment available was, to present eyes, primitive in the extreme. Transport of staff to schools and clinics was often a difficult proposition, today crowded out of memory by the wealth of motor road transport. Over these years, the County Council assiduously worked away at improving the position, weeding out the less salubrious premises and eventually embarking upon the programme of purpose built units housed in clinics or health centres and complete with all modern refinements. The Council was pioneer in the provision of a mobile dental clinic for use in the rural areas and progressed from the possession of a converted van to highly sophisticated mobile units capable of most treatment. Such is progress and now a new era is contemplated and high hopes are engendered that the service will soon soar even higher in its endeavour to provide for school children all that is good in dental care.

Staff

The ever pressing problem of an adequate staff of dental officers was still with us during 1973 and the year commenced with 12 full time officers and 5 part-time. There were also 5 dental auxiliaries, 18 full time dental nurses and 3 part-time.

Mr.P.A.Jenkins, area dental officer for Risca, obtained his D.D.P.H., and at the end of February Mr.L.Holding reduced his services to part time in order to attend to his growing private practice and on July 31st terminated his appointment. Mrs.Rosemary Nuttall, at the end of March, left to join her husband in Harrogate but later, in September, returned to Monmouthshire and her return to the staff was welcomed. On September 2nd., Mr.Hiscox, a newly qualified dental officer was recruited and on November 1st Miss.Barbara Jenkins joined the staff from St.Lawrence Hospital where she had been resident dental officer. Two newly qualified dental auxiliaries, Miss.Lynne Evans and Miss.Lynwen Thomas joined the staff on September 2nd., whilst during the same month Miss.L.Pritchard left our staff to join Newport Borough. Miss.Diane Shattock and Miss.Hilary Farrell left to take additional qualifications as oral hygienists and having been successful Miss.Shattock returned in December to her old post of dental auxiliary.

The staff of dental technicians remained at 3, who provided the dentures, orthodontic appliances and crowns for the Service. A large number of hearing aid inserts were also made by the chief technician, Mr.G.D.McKenzie.

Routine dental inspections

With approximately the same strength of dental officers as for last year, the number of routine dental inspections at schools or clinics showed a slight rise over the previous year, being 66,066 as against 64,908. The number of sessions devoted to school inspections was 601 compared with 400 for last year.

The number of pupils inspected at clinics, having been absent at the time of the dentist's school visit, was 4,294, an increase of 934 over last year. 31,157 pupils were found at first inspection at school or clinic to be in need of dental treatment as compared with 35,328. 30,864 were willing to accept and were offered treatment. In addition, 131 pupils were re-inspected and 46 found to require treatment.

The large number of inspections carried out is gratifying and attention like this has its reward in showing that less than half of those inspected were in need of treatment.

Dental treatment

The following table shows the increase in inspections and a decrease in those requiring treatment. Fillings in permanent teeth rose, while those in deciduous teeth decreased. The number of permanent teeth extracted was reduced as also was the number of deciduous teeth. It is always difficult to arrive at conclusions from such a small set of figures, but they all fit into a pattern of dental conservation as conditioned by regular inspections and attention to conservation treatment.

	<u>1973</u>	<u>1972</u>
No. of pupils inspected at school or clinic.	66,066.	64,908.
" " " found to require treatment.	31,157.	35,328.
" " fillings in permanent teeth.	29,692.	27,566.
" " " " deciduous "	8,330.	9,260.
" " permanent teeth filled.	19,869.	19,885.
" " deciduous teeth filled.	6,105.	6,447.
" " permanent teeth extracted.	3,968.	4,666.
" " deciduous teeth extracted.	7,291.	9,387.

Evening clinics

The convenience of evening clinics still met a need and was much appreciated by parents and the older pupils.

Anaesthetics

The total number of anaesthetics administered dropped from 5791 in 1972 to 4277 in 1973. Of the latter 18 were given by dental officers, a decrease of 272 on the previous year, while the remaining 4259 were administered by Dr.G.A.D.Rees, a consultant anaesthetist working on a part-time basis and Dr.M.Lewis, a general medical practitioner.

Orthodontics

The orthodontic service continued to be in great demand during the year and occupied most of the time of the Principal Dental Officer, who carried out the great majority of the work. Expansion of the service has been difficult however and it is to be hoped that in the future a full time Orthodontist may be available. Continued help was received from the Welsh Dental School in Cardiff and from the Bristol Dental School, for which we render our grateful thanks.

Fluoridation of water supplies

There has been no change in this position since last year, but from 1st April, 1974, this will be the responsibility of the Gwent Area Health Authority and it is hoped that they will deal with this matter as of some urgency.

New clinics

No new clinics were opened in 1973 and there were no additions or alterations to the fleet of 3 mobile dental clinics.

Dental health education

In Monmouthshire all Infant and Junior schools were visited, and instruction given to all age groups, in their class rooms, age range 4 years - 11 years.

The children, now, are very 'tooth conscious'. 'Care of the teeth' has assumed an importance to them and the ownership of a toothbrush has become something of which to be proud. The fear of the dentist has abated, and many more children are seeking advice and treatment, and are proud of their fillings and 'saved' teeth. More Junior schools are undertaking Dental Health Projects as part of the teaching programme and excellent work has been submitted to the Dental Organiser for her approval.

Opportunities to talk to school head-teachers and staff, has resulted in many school prohibiting the sale of sweets and biscuits in break-time. Many schools now sell only crisps, a small step in the right direction. Perhaps in

1974 we will see apples only on sale in schools, and facilities for tooth brushing after school meals.

Interest and understanding of the true meaning of dental health, must be fostered in young parents. Only in this way, can children be wholly converted to dental health. To achieve this, discussion groups were formed, consisting mostly of young mothers of school children, and the organiser.

The interest and the co-operation of the head teachers was essential and this was always readily available. She found the time and accommodation within the school, which allowed the discussion group to take place. This was a new venture which has proved very successful.

One of the hazards to good dental health, is the sale of sweet sticky confections in schools. If all teachers and mothers were fully aware of this, one battle would have been won against tooth decay. To try to foster this ideal, a series of lectures were arranged at the Teachers Training College, Caerleon. They were well supported, and well received.

Attendances and treatment	No. of pupils aged 5-9	No. of pupils aged 10 - 14	No. of pupils 15 and over	Total:
First visit	7305	6538	1789	15632
Subsequent visits	8353	10263	3701	22317
Total visits	15658	16801	5490	37949
Additional courses of treatment				
commenced	204	146	100	450
Fillings in permanent teeth ...	7443	15693	6556	29692
Fillings in deciduous teeth ...	7674	656	-	8330
Permanent teeth filled	3350	11600	4919	19869
Deciduous teeth filled	5486	619	-	6105
Permanent teeth extracted ..	522	2462	984	3968
Deciduous teeth extracted ..	5945	1796	-	7291
General anaesthetics	2595	1416	266	4277
Emergencies	918	449	126	1493
Prosthetics				
Pupils supplied with full upper or full lower (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	7	94	65	166
Number of dentures supplied ...	7	94	66	167

Number of pupils x-rayed	546
Prophylaxis	2966
Teeth otherwise conserved ..	3454
Number of teeth root filled	64
Inlays	4
Crowns	111
Courses of treatment completed	12012
Orthodontics	
New cases commenced during year	413
Cases completed during year	82
Cases discontinued during year	4
Number of removable appliances fitted ..	456
Number of fixed appliances fitted	19
Pupils referred to hospital or consultant	56
Anaesthetics	
General anaesthetics administered by dental officer	18
Inspections	
(a) First inspection at school	
Number of pupils	61772
(b) First inspection at clinic	
Number of pupils	4294
Number of (a) + (b) found to require treatment	31157
Number of (a) + (b) offered treatment	30864
(c) Pupils re-inspected at school or clinic ...	131
Number of (c) found to require treatment ...	46
Sessions	
Sessions devoted to treatment	5899
Sessions devoted to inspection	601
Sessions devoted to dental health education ..	546

CARE AND AFTER CARE.Community Nursing services.

During 1973 the community nursing services settled down after their major reorganisation, and strong links were forged with general practitioners. The reorganisation of the National Health Service planned for April 1st, 1974, hung like a dark cloud, and staff required tremendous reassurance that their functions would not change when the Area Health Authority assumed responsibility. The Community Nursing Services were fortunate in this respect as the delivery of care given to the patient would be very similar in the new service as that provided by the local authority.

However, staff working in the Rhymney valley had to decide whether to continue to work in their present place of employment and be employed by the Mid Glamorgan Health Authority after 1st April, 1974, or to transfer to a different area of work if wishing to stay with the Gwent Area Health Authority. This was a difficult decision for staff to make as they felt an inspiring loyalty toward the Monmouthshire County Council. However, because of the practicalities of the situation, seven district nurses will be transferring in April 1974, along with one part-time nursing auxiliary. Three midwives and three health visitors are also due for transfer.

Staff from Breconshire who are working in Brynmawr and Llanelli Hill will be transferred to the Gwent Area Health Authority. During December a meeting was arranged with these staff who included four district nurse/midwives, one full-time nursing auxiliary, one health visitor plus a health visitor vacancy.

District nursing service.

The work of the district nurse is steadily increasing as a result of better liaison with hospitals and closer working relationships with general practitioners and due to earlier discharge of patients from hospitals. The following figures show how the work has increased:-

Total visits for 1971 was	293,000
" " " 1972 "	319,749
" " " 1973 "	321,360

Much of the work of the district nurse is spent caring for the elderly, and 71.6 per cent of their time is spent with patients over the age of sixty five years.

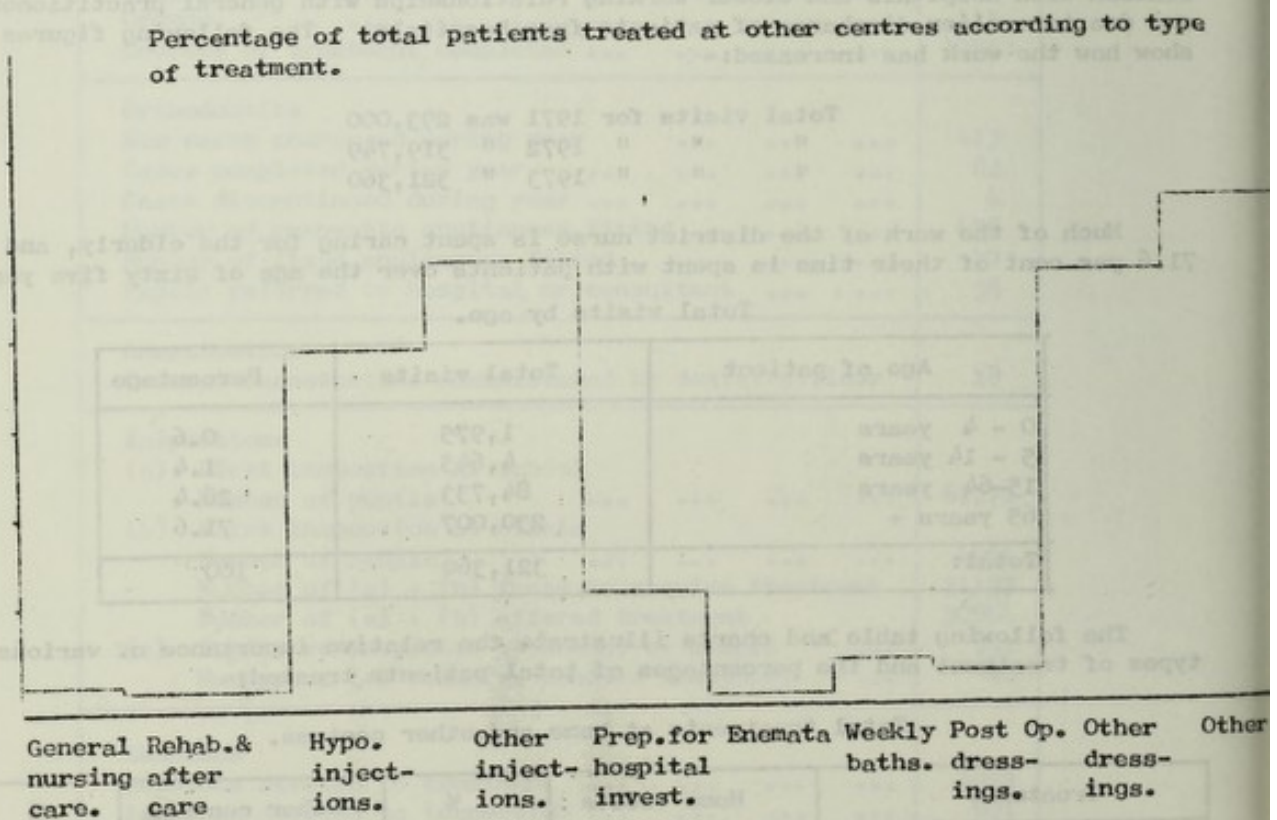
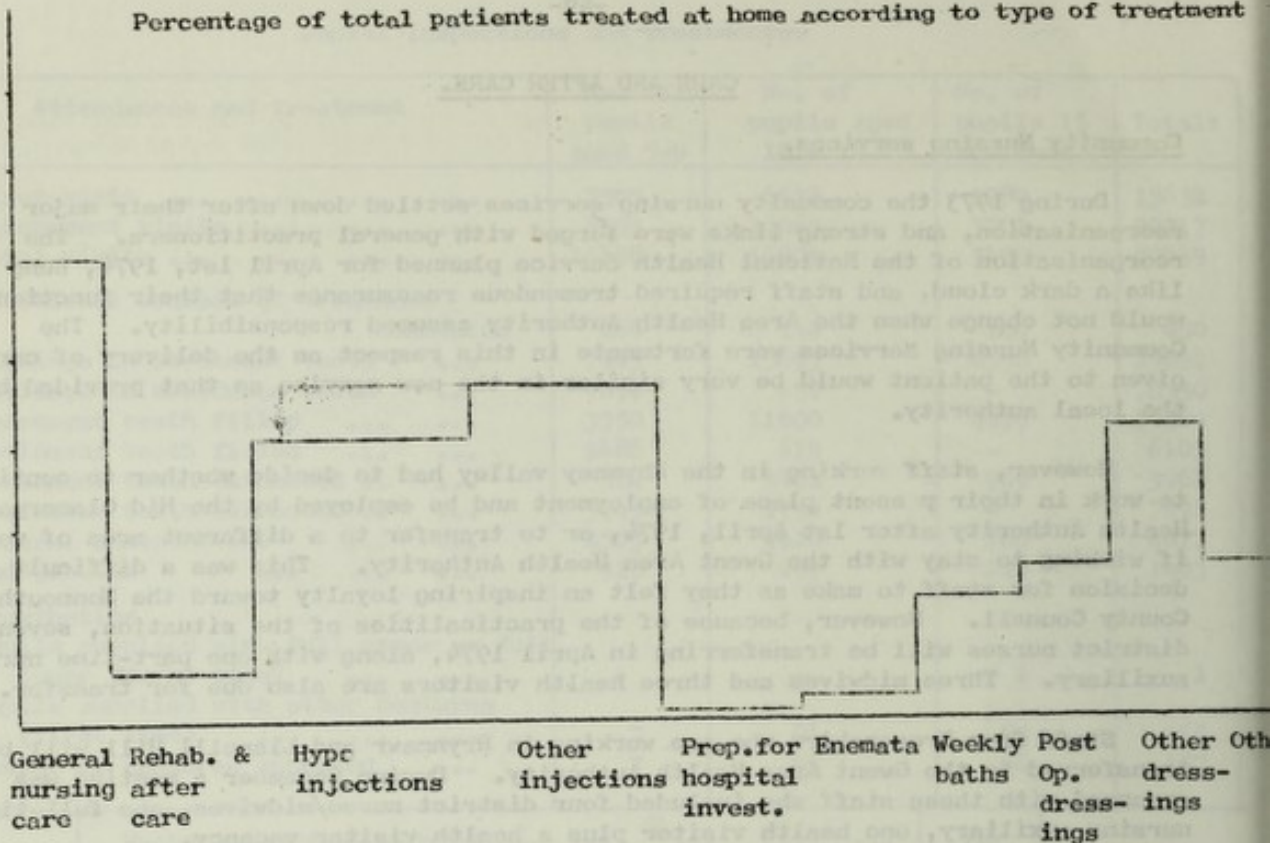
Total visits by age.

Age of patient	Total visits	Percentage
0 - 4 years	1,975	0.6
5 - 14 years	4,645	1.4
15-64 years	84,733	26.4
65 years +	230,007	71.6
Total:	321,360	100

The following table and charts illustrate the relative importance of various types of treatment and the percentages of total patients treated:-

Total treatments at home and other centres.

Treatment	Home visits	%	Other centres	%
General nursing care	82,946	25.4	35	0.4
Rehab. and after care	10,404	3.2	26	0.3
Hypodermic injections	49,924	15.3	1,583	19.6
Other injections	59,343	18.2	1,959	24.3
Prep. for hospital invest.	746	0.2	449	5.6
Enemata	2,308	0.7	6	0.1
Weekly baths	21,677	6.6	84	1.0
Post op. dressings	25,487	7.8	64	0.7
Other dressings	48,711	15.0	1,834	22.7
Other	24,775	7.6	2,025	25.3
Total:	326,321	100	8,065	100

[illegible]

District Nurse training.

The first course of training was commenced during January 1973. There were twelve candidates and eleven successfully passed the National District Nurse Examination.

Courses were also held in May 1973 and September 1973, with ten students in the May course and twelve in the September course.

Night sitting service.

The night sitting service continues to be a very valuable supplementary service for the district nursing service. It is a well appreciated service which helps to keep patients out of hospital.

It is an emergency service with the main objectives of:-

- (a) Giving relief to families looking after elderly relatives.
- (b) Providing temporary care for acutely ill patients awaiting admission to hospital.
- (c) Giving short-term care to patients suffering from terminal illness.

The following figures show the demand upon the service during recent years:-

	<u>Referrals</u>	<u>Patients who received treatment.</u>
1966	180	111
1967	148	90
1968	168	111
1969	217	169
1970	154	113
1971	175	139
1972	234	216
1973	218	212

The number of night attendants is fifty one.

Chiropody service.

The domiciliary chiropody service especially continued to be in great demand, consequently there was an unavoidable waiting list in some areas.

The introduction of the new appointment system 'on request only' has avoided the necessity of having to close the domiciliary list, which has happened in some other parts of the country due to the very heavy demand made on it.

At the end of the year, due to the fuel crisis, it was necessary to reduce the mileage travelled by the mobile chiropody clinic.

In order to minimise inconvenience to the public and to continue regular visits to the villages concerned, it was decided to combine two villages in the same area each day.

This meant that owing to each village only having a half day session, some patients had to wait a little longer between appointments, but it was still possible to visit all villages on the list every four weeks.

Except for a few instances, the situation regarding static clinics is much improved. Waiting time for appointments has been considerably reduced.

Treatments carried out by the service over the past year were as follows:-

(a) Static clinics	31779
(b) Mobile clinic	2754
(c) Welfare homes and training centres	3155
(d) Domiciliary	5482

Medical Comforts.

As will be seen by the accompanying tables, medical loans have increased still further on previous years.

It has been pleasing to note, that the service has been extensively used for patients who normally would have been admitted to hospital, but because of the district nursing and other services, they have been cared for at home.

The part of the service which is most appreciated by patients, and relatives alike, has been the supply of incontinent garments and pads to mentally and physically handicapped children and adults. This has rapidly expanded during 1973.

Equipment Loaned 1970 - 1973

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>
No. of patients visited	568	1,006	1,849	2,088
Wheelchairs	196	295	508	506
Commodore	138	239	452	548
Ripple beds	38	68	141	203
Back rests	80	108	289	264
Urine bottles	48	73	168	197
Bed cradles	44	95	177	124
Bed pans	70	79	169	125
Air rings	56	61	167	113
Bed and mattress	31	41	64	65
Miscellaneous items	128	377	544	407

The service provided by the St. John's Ambulance and Red Cross for the County Council has continued to operate, although to a lesser degree than previous years, probably due to the closure of a number of long standing depots.

Services for the Elderly & Disabled

The close liaison established with the Social Services has been maintained and has developed particularly at area level although retaining a very important contact with the headquarters organisation in Cwmbran.

The hospital services have been pressing hard for more discharges from hospital. This involves increased domiciliary services such as (a) home help (b) home nursing - for bathing, dressings, injections etc. and general nursing care facilities and (c) Social Service involvement with (i) aids to daily living (ii) meals on wheels etc. and (iii) attendance at day centres etc.

All these services are required if the cases are to be discharged home successfully - since it would appear that families are becoming less able to care for their elderly and disabled member at home, often due to the fact that both husband and wife work or because they are domiciled long distances from the elderly parents etc.

These difficulties also increase the demand on beds in Part III accommodation. In October 1973, the findings of the survey conducted in 1971 on all cases resident in Welfare homes for the elderly in the County of Monmouth was combined with a particular survey of incontinence in such residents. A paper was read by Dr.M.C.Jenkins, senior medical officer and Dr.M.Insley, consultant geriatrician of St.Woolos Hospital, before the British Geriatric Society at the Royal College of Physicians, London, presenting the situation with particular reference to staffing problems in the homes for the aged. The medical audience, many from overseas, clearly felt it offered much for consideration by them in future policy and treatment.

The geriatric clinics at Risca and Tredegar have continued but the opening of additional clinics in other health centres has not been possible because of staff shortages.

Domiciliary Physiotherapy

This service has continued actively and regular case conferences were held for cases with major problems.

The physiotherapists conducted 3,692 treatments during the year. The number of referrals were as follows:-

<u>Source</u>	<u>1973</u>	<u>1972</u>	<u>1971</u>
General practitioners	137	153	56
Hospitals	21	13	13
Other sources	-	3	7
Total	<u>158</u>	<u>169</u>	<u>76</u>

The physiotherapists also give special therapy at special schools:-

Mounton House (30 cases) Castle Hill (6 cases),

Sunny Bank Adult Special Care Unit, Griffithstown, Sunninghill Adult Training Centre, Tredegar, Nevill House Special Day School, Garndiffaith and The Rectory Special Day School, Hafodyrynys.

Riding for the disabled (under the personal supervision of the senior physiotherapist Mr. Stratford Leach), has continued at Sunny Bank and Hafodyrynys and it is hoped, with the co-operation of the Hunts in the areas, that the service can be started at the Mounton House and Nevill House schools.

Care of 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 persons eligible for registration as either blind or partially sighted.

The following information relates to examinations carried out in 1973:-

New cases

Registered blind	89
Registered partially sighted	62
Neither blind nor partially sighted	19
Total	<u>170</u>

Re-examinations

Still blind	28
Still partially sighted	78
Total	<u>106</u>

I am indebted to the Director of Social Services for supplying me with details of numbers of patients on the registers maintained by his department. These figures state the position as at 31st December 1973.

<u>Registered</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Blind	454	796	1250
Partially sighted	183	360	543

Home dialysis treatment

In 1965, the Minister of Health gave approval, under section 28 of the National Health Service Act, 1946, to local authorities to arrange for the adaptation of any dwelling, or the provision of any additional facilities which might be necessary for installing equipment for intermittent haemodialysis, for the use of any persons suffering from illness.

Initially the County carried out structural adaptations to the homes of patients suitable for home dialysis, but it soon became apparent that few families had spare rooms suitable for adaptation and 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.

The unit, a compact prefabricated building measuring 16' 6" x 8' 6", is fitted with 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. There is separate storage space.

Initially, the units were supplied by a local firm but, more recently, arrangements have been made for their provision by competitive tender.

By the end of 1973, the County Health Committee had, in the space of four years, approved the provision of facilities for a total of 32 home dialysis patients and during this time, five patients received successful kidney transplants.

PREVENTION OF ILLNESS.Health Education.

There is an ever increasing demand for health education from all sections of the community, especially from schools.

Although the rate at which calls were made to the venereal diseases telephone answer service decreased, a total of 8,660 calls were made during the year making a total of 16,768 calls, since September 1972. The number of new cases attending the Royal Gwent Hospital clinic continued to rise as they did in clinics throughout the country; factors contributing to this rise included - increased propaganda from the mass media, particularly television programmes, increased health education in schools and parent-teacher associations, telephone answer services, and as a result of all this education a greater awareness of the need for early treatment and a greater readiness to discuss a subject which has in the past often been taboo.

Ante natal classes were opened as required and a rota of health visitors attended ante natal clinics at the County Hospital, Griffithstown, and St. James' Hospital, Tredegar, giving valuable advice to expectant mothers. Refresher courses in psychoprophylaxis were conducted for health visitors and midwives.

Mothercraft classes were closed where attendances were poor.

Again work in schools increased greatly. Staff participated in an advisory capacity as well as giving instruction in health education subjects. The amount of time spent in senior schools does not allow much time for participation in programmes in primary and junior schools, although help is given when possible.

There is a great deal of health education which could be included in the work of Junior schools, some of which is now being carried out in senior schools; when it is often too late to be of real value. A meeting was arranged between representatives of the education department and the health education officer. It was decided to offer headteachers a health education course on seven half days. Subjects included were, rules of health, accident prevention, simple first aid, foot health, dental health, nutrition and "growing up" and the course ended with a visit to the section to view an exhibition of materials available to teachers.

Response to the invitations was poor, and it was subsequently discovered that a number of other courses had been arranged for the same period. It was decided to hold a course in the St. Dials' Teachers Centre, and to wait until a later date to hold the one in Libanus Teachers Centre.

A study day for headteachers of senior schools was arranged at the St. Dials centre and subjects dealt with were general health education, the use and abuse of drugs, and family planning.

In March a study day similar to the one held in October 1972 on the management of cleft lip and palate was organised jointly by the Plastic Surgery Centre, St. Lawrence Hospital, Chepstow, and the local authority. About 90 people attended, drawn from the various disciplines concerned with the care of children so handicapped.

The programme followed the same pattern as the previous one, and again the speakers readily gave of their services. Our thanks must be expressed to Mr. Michael Tempest, Consultant Plastic Surgeon at the hospital and his staff for the splendid way in which they organised the day.

In March, the University of Wales School of Education and the Health Education Council organised a non-residential colloquium on health education at the Llandaff College of Education, Cardiff. The health education officer was invited to participate by giving a joint presentation with the health education officers from Glamorgan and Merthyr, on the contribution of health education officers to the teaching of health education. Representatives attended from the various Colleges of Education in Wales.

The amount of work carried out in Caerleon College of Education increased considerably. Weekly sessions were held for 1st year students, and some sessions arranged for 2nd and 3rd year students. Requests from students for help with their health projects entailed so many visits to the section that it was decided time would be saved if the health education officer could spend some time in the college to deal with these requests. Mr. C. Joynson, head of the department, placed his office at the disposal of the officer and the arrangement works very well.

Lectures on health education were given by officers to student nurses in the Royal Gwent and Nevill Hall hospitals, an increasing number of student nurses visited the department for instruction on health education.

An exhibition on the prevention of home accidents was requested for the cub scout 'activities' day held at Bassaleg, this proved very successful.

Officers participated in most of the training courses arranged by the Social Services department for members of their staff.

Study days were arranged in the section as follows:

January: for physiotherapists, and occupational therapists, domiciliary and hospital.

May: Study day on "Rehabilitation" for medical officers, nursing officers, physiotherapists, occupational therapists and other interested personnel. Speakers were Dr. G. Lloyd Jones, Medical Officer in Charge, Limb Fitting Service, Welsh Office, Dr. Russell Grant, Consultant in Physical Medicine, Hampshire, and Dr. Ferguson Lewis, Medical Officer in Charge, Rockwood Hospital. Dr. Russell Grant also arranged a small exhibition of aids for the disabled, and the day proved very successful indeed.

November: Study day for voluntary social workers at which speakers from the Social Services and health departments presented illustrated lectures.

Dental auxiliaries met once monthly in the lecture room, when they were able to discuss health education aspects of their work.

Liaison with the tutor at Usk Detention Centre was maintained as was the provision of visual aids to the Centre. Weekly sessions at Troy House Approved School for girls continued.

Officers participated in pre-retirement courses, and in health education for youths in industry, and a series of lectures were given at the John Fielding House, Llantarnam. Fortnightly sessions were arranged for the remedial workshops, Abertillery.

Visitors to the section included the student health visitors from the Welsh National School of Medicine, who spent one day in the section, Miss M. O'Connell from Pennsylvania and Miss Ula Guthrie from Australia.

Requests for talks to various organisations meant a great deal of evening work. As time off is given in lieu of such work, great difficulty is experienced in fitting this in. This also applies to parent teachers associations and youth clubs, which seem to be increasing their requests. Requests for staff to attend Sunday evening sessions of youth clubs were refused as it was felt staff needed some evenings on which they could depend in order to follow their own pursuits.

Conferences and Courses attended by staff:-

The quarterly meetings of Wales Home Safety Council.

The Annual Conference of the Wales Home Safety Council.

The Annual Conference of the National Home Safety Council.

The Half-yearly meetings of Health Education Officers.

Seminar for Health Education Officers.

Royal Society of Health - Health Education Group Meeting.

Royal Society of Health - Cardiff Meeting.

Royal Society of Health - Gloucester Meeting.

A Course on drug abuse at Nottingham University.

A Study Day at Shrewsbury.

A Course on Drug Abuse and Alcoholism at Liverpool.

Unless there is an increase in staff it will not be possible to expand this service further, although the demands are there.

Community nutrition

The community nutrition service has been greatly extended during the past year and has shown a demand that has rapidly outpaced resources.

Obesity still presents as a major problem and is being tackled in a number of ways. The two obesity clinics for children at Newbridge and Caldicot continue to flourish and advice on sensible eating is given to both parents and children. It is increasingly apparent from the number of referrals in these two areas alone that the service must be expanded to cope adequately with the problem.

An increasing amount of work is being done to instill sensible feeding habits for infants, as recent surveys have shown that feeding patterns established in the first year of life bear an important relationship to the child's health in later years. With the large amount of professional discord, and vast outpourings of commercial interest, coupled with the wealth of ill opinion, fallacies, etc., available on infant feeding, it is not surprising that young mothers are confused. More must be done to ensure that mothers are given a simple, direct system of infant feeding. Unfortunately, this is a most difficult objective to achieve. The need to concentrate in this field is obvious for, in preventive terms, it offers the highest reward to individual and community. A recent survey carried out in South East Monmouthshire on infant feeding habits showed that many fallacies associated with infant feeding are still unfortunately put into practice.

To be successful, nutritional advice must be sustained and constant. Establishing a service for giving nutritional advice to mothers and young children demands continuation into the school environment. During September the nutritionist participated in a very rewarding study day on nutrition with teachers from infant and junior schools. An exhibition of books and visual aids was shown and many interesting projects have developed from this meeting. A good working contact has also been established with both children and parents in the participating schools. Contact with children at this age is especially important as permanent feeding habits have not become too established.

School meals continue to play an important role and should provide a major part of a child's daily requirement. Direct contact has been established with the school meals service when a child on a dietary regime is in need of a special meal at lunch time and on such occasions the child's diet is discussed with the organiser or school cook. Courses organised for the training of canteen workers have involved the nutritionist but much work needs to be done in this field as many canteen staff are recruited from older women who tend to have rigid ideas on the subject. A survey was undertaken during the early part of the year, involving both primary and secondary schools, to estimate the real nutritional value of the average school dinner to the pupil.

During the earlier part of the year much interest was shown in weight watching in Blaina Day Centre and, as a result, a six week programme was introduced to discuss sensible eating and weight control. This proved most successful and worthwhile to all concerned.

To be a complete educator then indirect teaching is also of importance. The people who have direct access to the home and mother must also have a good working knowledge of nutrition and be aware of the changing attitudes in this field. Therefore, inservice training has become a vital part of a nutritionist's work. Much time has been spent during the year lecturing to nurses involved in the Community Nursing Course. Guidance on feeding in the home has also been given to all home help supervisors within the County as part of inservice training within the Social Services Department. In September the nutritionist partly organised a course for the instruction of cooks employed within residential homes. This proved most

successful and a second course is now under way and a third is envisaged to cover other catering staff employed within the Social Services Department. "Diet and its importance to the elderly" was also a topic discussed by the nutritionist at a recent induction course for all staff at Ty Iscoed residential home, Newbridge.

Talks have also been given at many pre-retirement courses, to nursery nurses during their training, also to the pre-nursing courses.

Arrangements were also made during the year for student dietitians from colleges all over the country to attend for periods of up to four weeks to study community nutrition. Many other students, e.g. health visitor students, student teachers, have also made brief visits to the Department and much useful contact was established.

During May the nutritionist attended the International Congress of Dietetics and Nutrition at Hanover in Germany. This proved to be one of the most rewarding courses ever attended and many worthwhile contacts with other Health Departments were made from many parts of the world. It is hoped to carry out some comparative studies some time in the future with nutritionists from other countries.

Other conferences and courses attended by the nutritionist included:

- British Nutrition Foundation - Exhibition of Visual Aids
- British Dietetic Association - quarterly
- Meetings of Community Health Dietitians
- Regional : Standing Conference on Re-organisation of the National Health Service
- Symposium on "School Feeding"

The County Medical Officer attended a Day Symposium organised by the University of Kent in the work of nutritionist in the health services in June. In September he visited the Netherlands Bureau for Food and Nutrition Education in the Hague.

Cytology Service

Cervical cytology screening was carried out at 28 clinics in Monmouthshire during 1973. A total of 7,331 smears were taken and of these, 19 were found to be positive and referred for gynaecological investigation. In addition numerous patients were found to have minor gynaecological problems and referred to their own doctors for treatment.

Family Planning Service

Family planning advice was given at 28 clinics in Monmouthshire during 1973. A total of 8,002 patients were seen and 14,381 attendances made.

Domiciliary visits were made to 152 patients during 1973. Patients were referred from the local authority clinics and domiciliary visits to Penteg Hospital, L.A. clinic, Nevill Hall Hospital, St. James' Hospital and Royal Gwent Hospital F.P.A. clinics for I.U.C.D. insertion and to the Royal Gwent Hospital F.P.A. clinic for vasectomy where indicated.

Occupational Health Service

This service continued to be widely used by all departments of the County Council.

Increasing demands were made on the time of the occupational health visitor for advice to staff at home because of prolonged illness and it is obvious that there is a need for a still greater expansion of this service.

An increased number of pre-employment medical examinations and examination of college entrants were carried out during the year.

Details of medical examinations carried out during the year

College entrants (male)	190
" " (female)	365

Departmental Staff

Architects	77
Clerks	67
Education - teaching	271
non-teaching	174
special services	502
Engineers & surveyors	47
Fire Brigade	62
Health	84
Library	34
Planning	17
Land Reclamation	5
Small Holdings	0
Social Services	350
Treasurer	39
Weights & Measures	5
Eastern Valley Sewage Board	4
Gwent Water Board	33
Usk River Authority	10
Other Local Authorities	18
H.G.V. Licences (drivers)	17
	<hr/>
	2,371

Infectious Diseases

Immunisation and vaccination

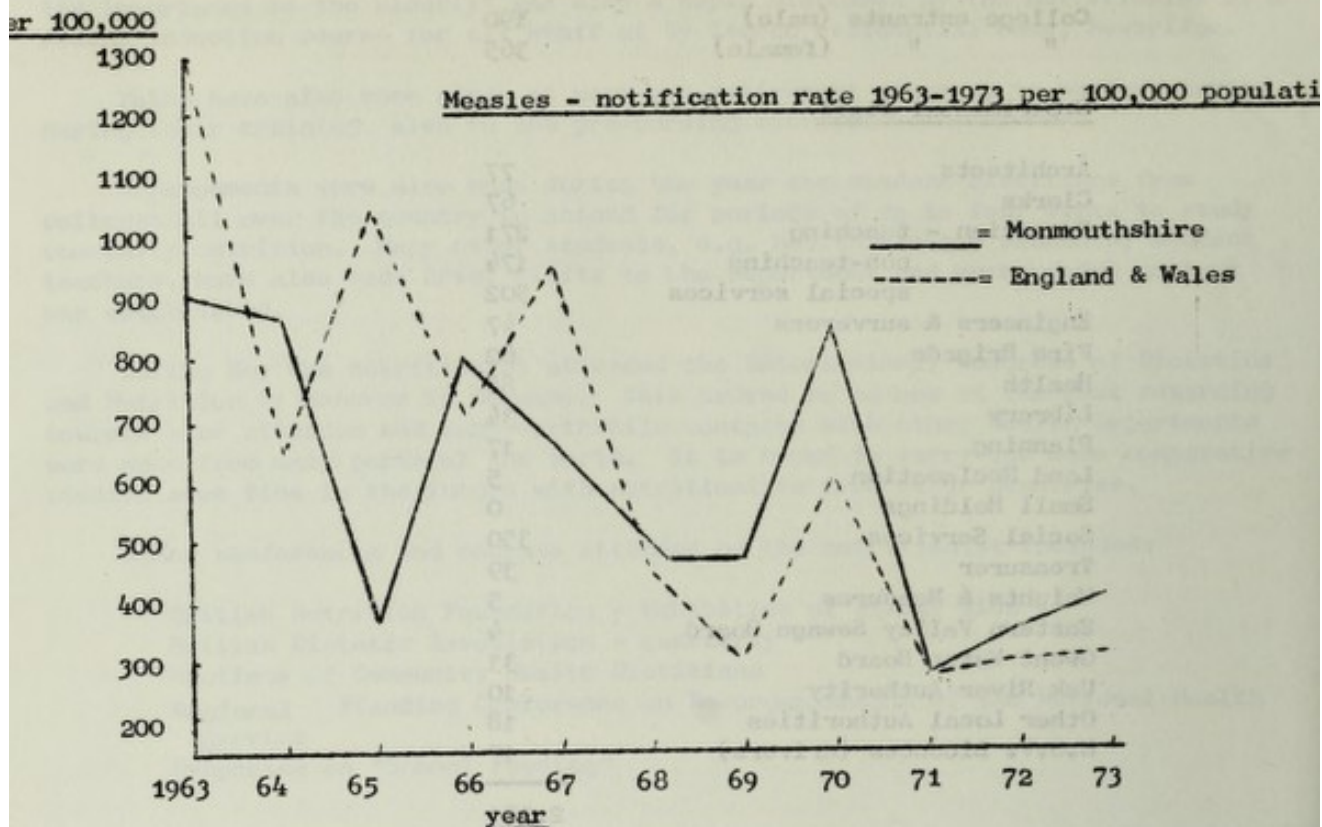
The programme for the immunisation and vaccination of children from infancy to the age of school-leaving was continued during 1973.

The figures published by the Welsh Office during the year giving immunisation rates against whooping cough, diphtheria and poliomyelitis for children born in 1970, showed a drop on the previous year. This was very disappointing as it had been hoped to maintain the rate at the national level at least. However, the battle against public apathy must continue.

The figures referred to are shown below as immunisation rates per 100 children

	Children born in 1970		
	Whooping cough	Diphtheria	Poliomyelitis
England and Wales	78	81	80
Wales	75	77	78
Monmouthshire	72	74	75

The number of children vaccinated against measles was also disappointing. It does appear, however, that measles vaccination introduced for special categories in 1968-69 and extended to all children in 1970, is beginning to have an effect on the notification rate of measles as the accompanying graph shows.



Notifiable Diseases

The incidence of notifiable infectious diseases is shown in the accompanying table.

Children born in 1970			England and Wales
Polio	Diphtheria	Whooping cough	
60	21	78	Wales
78	7	73	
75	7	73	Non-notifiable

Notification of infectious and other notifiable
diseases 1973

	Scarlet fever	Whooping cough	Acute poliomyelitis	Measles	Diphtheria	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis	Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Acute meningitis	Food poisoning	Puerperal pyrexia	Ophthalmia neonatorum	Tuberculosis	Infective hepatitis	Total
<u>Urban</u>																			
Abercarn	1	-	-	140	-	-	-	-	-	-	-	-	8	-	-	1	4	-	-
Abergavenny	2	-	-	119	-	-	-	-	-	-	-	-	5	2	-	-	2	1	-
Abertillery	16	3	-	33	-	-	-	-	-	-	-	-	14	-	-	-	3	-	-
Bedwas & Machen	-	-	-	43	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Bedwellty	-	-	-	19	-	-	-	-	-	-	-	-	4	-	-	-	3	1	-
Blaenavon	-	-	-	4	-	-	-	-	-	-	-	-	1	1	-	-	2	3	-
Caerleon	4	-	-	60	-	-	-	-	-	-	-	-	-	57	-	-	1	1	-
Chepstow	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
Cwmbran	-	-	-	117	-	-	1	-	-	-	-	-	2	3	-	-	5	-	-
Ebbw Vale	10	-	-	71	-	-	-	-	-	-	1	-	4	35	-	-	6	-	-
Monmouth	-	-	-	16	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-
Mynyddislwyn	2	-	-	26	-	-	-	-	-	-	-	-	2	-	-	-	2	3	-
Nantyglo & Blaina	7	-	-	6	-	-	-	-	-	-	-	-	5	-	-	-	4	-	-
Pontypool	11	-	-	141	-	-	-	1	-	-	-	-	3	2	-	-	7	4	-
Rhymney	13	-	-	123	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-
Risca	81	-	-	161	-	-	1	-	-	-	-	-	3	5	-	1	7	2	-
Tredeggar	-	-	-	48	-	-	-	1	-	-	-	-	2	1	-	-	4	-	-
Usk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>Rural</u>																			
Abergavenny	-	-	-	58	-	-	-	1	-	-	-	-	8	1	-	-	2	-	-
Chepstow	-	-	-	80	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-
Magor & St. Mellons	13	-	-	27	-	-	4	-	-	-	-	-	-	-	-	-	3	-	-
Monmouth	-	-	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Pontypool	-	-	-	64	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
TOTALS:	158	3	-	1380	-	-	6	3	-	2	-	61	114	-	2	60	18	-	-

Of note is the continuing occurrence of cases of acute meningitis and a small epidemic of scarlet fever. Notifications of tuberculosis were five more than in the preceding year.

The following table summarises tuberculosis notifications by the District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations 1952 for 1973:

Age Periods	Primary notifications of new cases					Age Periods
	Respiratory		Non-respiratory		Total	
	Males	Females	Males	Females		
0 -	1	-	-	-	1	0 -
1 -	-	-	-	-	-	1 -
2 -	-	2	-	-	2	2 -
5 -	1	2	-	-	3	5 -
10 -	-	1	-	1	2	10 -
15 -	1	-	-	-	1	15 -
20 -	2	-	-	1	3	20 -
25 -	1	4	-	2	7	25 -
35 -	5	-	1	-	6	35 -
45 -	6	1	2	1	10	45 -
55 -	7	1	-	-	8	55 -
65 -	10	2	-	1	13	65 -
75 and upwards	2	1	-	1	4	75 and upwards
Totals	36	14	3	7	60	Totals

Completed primary courses

Type of vaccination or dose	Year of birth					Others under age 16	Total
	1973	1972	1971	1970	1966-1969		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	3	2550	952	94	93	9	3701
3. Diphtheria/whooping cough	-	-	-	-	-	-	-
4. Diphtheria/tetanus	1	38	10	7	74	11	141
5. Diphtheria	-	-	-	-	1	1	2
6. Whooping cough	-	-	-	-	-	-	-
7. Tetanus	-	-	-	1	11	14	26
8. Polio (Salk)	-	-	-	-	-	-	-
9. Polio (Sabin)	5	2569	963	101	159	22	3819
10. Measles	3	893	1458	149	124	12	2639
11. Rubella	-	-	-	-	-	1499	1499
12. Lines 1+2+3+4+5(Diphtheria)	4	2588	962	101	168	21	3844
13. Lines 1+2+3+6(Whooping cough)	3	2550	952	94	93	9	3701
14. Lines 1+2+4+7(Tetanus)	4	2588	962	102	178	34	3868
15. Lines 1+8+9(Polio)	5	2569	963	101	159	22	3819

Reinforcing doses

Type of vaccine	Year of birth					Others under age 16	Total
	1973	1972	1971	1970	1966-1969		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	5	3	3	87	7	105
3. Diphtheria/whooping cough	-	-	-	-	-	-	-
4. Diphtheria/tetanus	-	4	1	7	3302	30	3344
5. Diphtheria	-	-	-	-	2	-	2
6. Whooping cough	-	-	-	-	-	-	-
7. Tetanus	-	-	1	2	2	39	44
8. Polio (Salk)	-	-	-	-	-	-	-
9. Polio (Sabin)	-	2	2	6	3411	39	3460
10. Measles	-	-	-	-	-	-	-
11. Lines 1+2+3+4+5(Diphtheria)	-	9	4	10	3391	37	3451
12. Lines 1+2+3+6(Whooping cough)	-	5	3	3	87	7	105
13. Lines 1+2+4+7(Tetanus)	-	9	5	12	3391	36	3493
14. Lines 1+8+9(Polio)	-	2	2	6	3411	39	3460

B.C.G. Vaccination:

Number of pupils skin tested and present for reading of test	2385
Number found positive	109
Number found negative	2141
Number vaccinated	2082

The 109 positive reactors represent 4.6% of pupils tested as compared with 6.7% for last year and 8.1% for the previous year.

Completed primary courses for 1973 and 1974 are shown in the following table. The number of children in each age group is also shown.

Type of vaccination or dose	Year of birth					Total under age 16
	1973	1974	1975	1976	1977	
1. Diphtheria	-	-	-	-	-	-
2. Tetanus	-	-	-	-	-	-
3. Diphtheria/tetanus/cough	-	-	-	-	-	-
4. Diphtheria/tetanus	-	-	-	-	-	-
5. Diphtheria	-	-	-	-	-	-
6. Whooping cough	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-
8. Polio (oral)	-	-	-	-	-	-
9. Polio (oral)	-	-	-	-	-	-
10. Measles	-	-	-	-	-	-
11. Measles	-	-	-	-	-	-
12. Measles 1-2-3-4-5 (diphtheria)	-	-	-	-	-	-
13. Measles 1-2-3-4-5 (whooping cough)	-	-	-	-	-	-
14. Measles 1-2-3-4-5 (tetanus)	-	-	-	-	-	-
15. Measles 1-2-3-4-5 (polio)	-	-	-	-	-	-

Relinquishing doses

Type of vaccine	Year of birth					Total under age 16
	1973	1974	1975	1976	1977	
1. Diphtheria	-	-	-	-	-	-
2. Tetanus	-	-	-	-	-	-
3. Diphtheria/tetanus/cough	-	-	-	-	-	-
4. Diphtheria/tetanus	-	-	-	-	-	-
5. Diphtheria	-	-	-	-	-	-
6. Whooping cough	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-
8. Polio (oral)	-	-	-	-	-	-
9. Polio (oral)	-	-	-	-	-	-
10. Measles	-	-	-	-	-	-
11. Measles 1-2-3-4-5 (diphtheria)	-	-	-	-	-	-
12. Measles 1-2-3-4-5 (whooping cough)	-	-	-	-	-	-
13. Measles 1-2-3-4-5 (tetanus)	-	-	-	-	-	-
14. Measles 1-2-3-4-5 (polio)	-	-	-	-	-	-

S.C.C. Vaccination

Number of pupils who tested and present for reading of test
 Number found positive
 Number found negative
 Number vaccinated

The 100 positive responses represent 4.2% of pupils tested as compared with 6.7% for last year and 8.1% for the previous year.

MENTAL HEALTH SERVICES.

The mental health services are now the responsibility of the Social Services department but two senior medical officers continued to act as medical advisers in this field.

Services for Mentally Handicapped Adults.

The first hostel for mentally handicapped adults in Monmouthshire, John Fielding House, Llantarnam was opened in January 1973 by the Social Services Department to accommodate twenty-four adults, both male and female. One of the senior medical officer's duties include giving advice relating to medical problems arising in this establishment; in addition she continued to carry out routine and special medical examinations at the adult training centres, Glengariff - Griffithstown; Sunninghill - Tredegar and the Adult Special Care Unit at Sunnybank, Griffithstown; and attended monthly case conferences at Springfield Workshop, Pontllanfraith and Brookside Workshop, Abertillery where discussions about pupil's progress were held with the managers of the respective workshops, principal area officers of the Social Services department and social workers.

Medical advice is available to social workers and the staff of social services establishments at all times and domiciliary visits are carried out by request. As a result liaison with general practitioners and hospital consultants, particularly with consultants at Llanfrechfa Grange Hospital, Cwmbran, is often necessary.

In June 1973 Dr.J.Lowther, Consultant Psychiatrist, Llanfrechfa Grange Hospital commenced to hold an out-patient's clinic at Glengariff Adult Training Centre, Griffithstown on one session per month for trainees attending the adult training centres and the Adult Special Care Unit. This proved to be extremely beneficial to the community mental health services in the county.

With the introduction of the Employment Medical Advisory Service in February, 1973 the County Medical Officer ceased to act as factory doctor for persons aged 16-19 years, attending the adult training centres and the two workshops.

Services for the Mentally Ill.

The other senior medical officer continued to be responsible for medical advice on matters relating to mental illness to the Social Services department. This included visiting the four centres for the promotion of mental health and assisting in the assessment of new clients, reviewing persons already attending and the discharge of some of their homes or other suitable occupational or therapeutic situations.

He was also responsible for the examination of Monmouthshire County Council employees where necessary by reason of psychological ill health, under the Occupational Health Scheme.

MENTAL HEALTH SERVICES

The mental health services are now the responsibility of the Social Services Department but two senior medical officers continued to act as medical advisors in the field.

Area for Mentally Handicapped Adults

The first hostel for mentally handicapped adults in Monmouthshire, John King House, Llantrisant was opened in January 1973 by the Social Services. It accommodates twenty-four adults, both male and female. One of the hostel's duties is giving advice relating to medical problems. In addition the hostel is continued to carry out routine and medical examinations at the adult training centre, Gwent - Gwent Institute. Monthly case conferences at Springfield Workshop, Pontliffarth and monthly case conferences at Springfield Workshop, Pontliffarth and the monthly case conferences at Springfield Workshop, Pontliffarth. The managers of the respective workshops, psychological area officers of the Social Services Department and social workers.

Medical advice is available to social workers and the staff of social services departments at all times and domiciliary visits are carried out by request. As well as liaison with general practitioners and hospital consultants, particularly consultants at Llantrisant General Hospital, Gwent, is often necessary.

In June 1973 Dr J. Lawther, Consultant Psychiatrist, Llantrisant General Hospital, opened to hold an out-patient's clinic at Gwent - Gwent Institute. This proved to be extremely beneficial to the community mental health services in the county.

With the introduction of the Employment Medical Advisory Service in February, 1974 County Medical Officer ceased to act as factory doctor for persons aged 16-64 years and the adult training centre and the two workshops.

Area for the Mentally III

The other senior medical officer continued to be responsible for medical advice on matters relating to mental illness to the Social Services Department. Included visiting the four centres for the provision of mental health and acting in the assessment of new clients, reviewing persons already attending and discharge of some of their homes or other suitable occupational or therapeutic activities.

He was also responsible for the examination of Monmouthshire County Council's officers where necessary by reason of psychological ill health, under the Occupational Sickness Scheme.

AMBULANCE SERVICE

Review of the Year's Work

During 1973, the number of patients conveyed by the County Ambulance Service was almost 20,000 less than the total for 1972 and consequently, the mileage for the same period dropped by over 100,000 miles.

The main reason for these reductions was "industrial action" during the last six weeks of the year, by ambulance men throughout the County who adopted the national policy of "emergencies only" working. During this latter period, instead of an average of approximately 400 patients per day being conveyed the number decreased to about 40 per day.

During the year, ambulances attended 837 road accidents.

A Psycho-Geriatric Day Centre at St.Cadoc's Hospital, Caerleon opened during the year and it became necessary to extend the use of the supplementary hospital car service which conveyed some 5,000 patients and incurred over 15,500 miles.

Staff

Recruitment of staff was again essentially for replacements in order to maintain the establishment of 165 ambulancemen.

Vehicles

The late delivery of the 1973 new vehicle allocation, plus the early arrival of the 1973 ambulances, accounted for twelve Ford Transit ambulances with purpose built Wadham-Stringer bodies which were placed in service during the year.

These new ambulances were distributed to the nine stations, and upgrade the fleet to a still higher standard.

Ambulance Stations

The new ambulance station at Abergavenny was completed and officially opened in June and has been widely recognised as an excellent functional unit.

The location of a new ambulance station for the Tredegar/Ebbw Vale area is still undecided and in view of the restricted poor, accommodation at Vale Terrace, Tredegar, the Health Committee sanctioned the erection of a prefabricated extension to the existing station. Work on this project is now in progress.

Equipment

Ambulances

The remainder of the fleet was supplied with entonox and each vehicle has been supplied with a Laerdal suction unit, an automatic aspirator.

Communications

Telex communication was installed between Control and five of the ambulance stations which greatly eased the load on telephones and manpower.

The new High Band F.M. Radio System, has been on order for many months, but due to certain technical difficulties has not yet been forthcoming.

Joint Consultative Committee

The Committee met regularly during the year to discuss and resolve many problems in a friendly and co-operative manner.

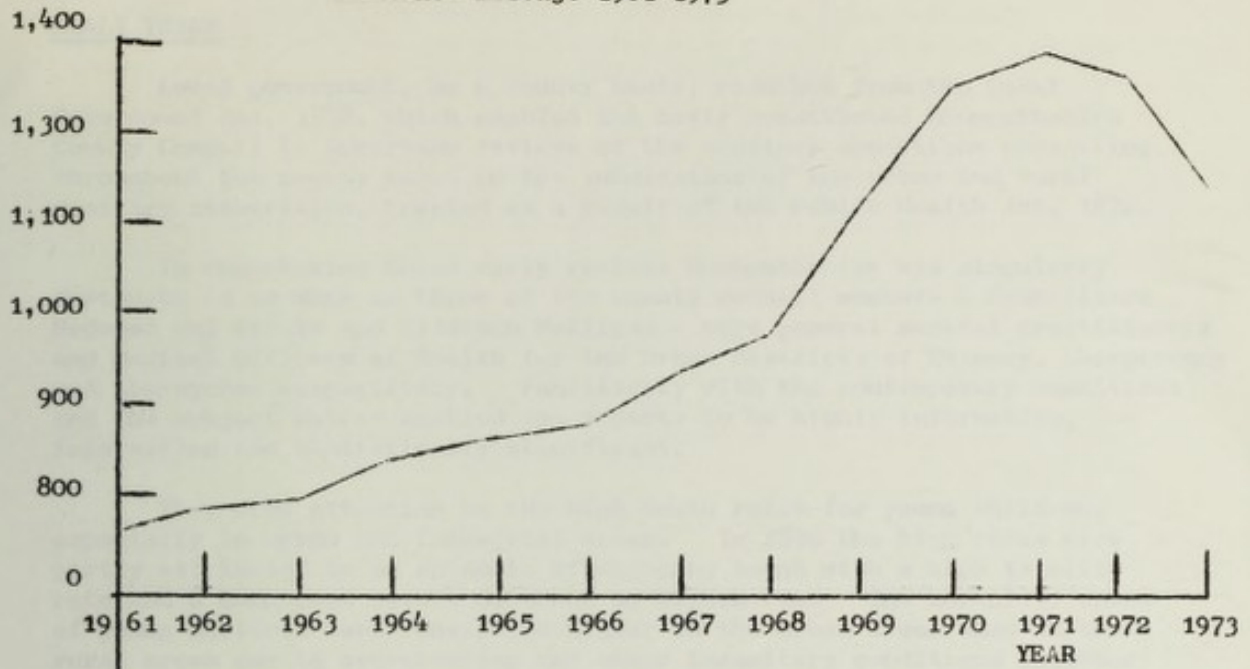
AMBULANCE SERVICE

Operational return for the year ended 31st December 1973

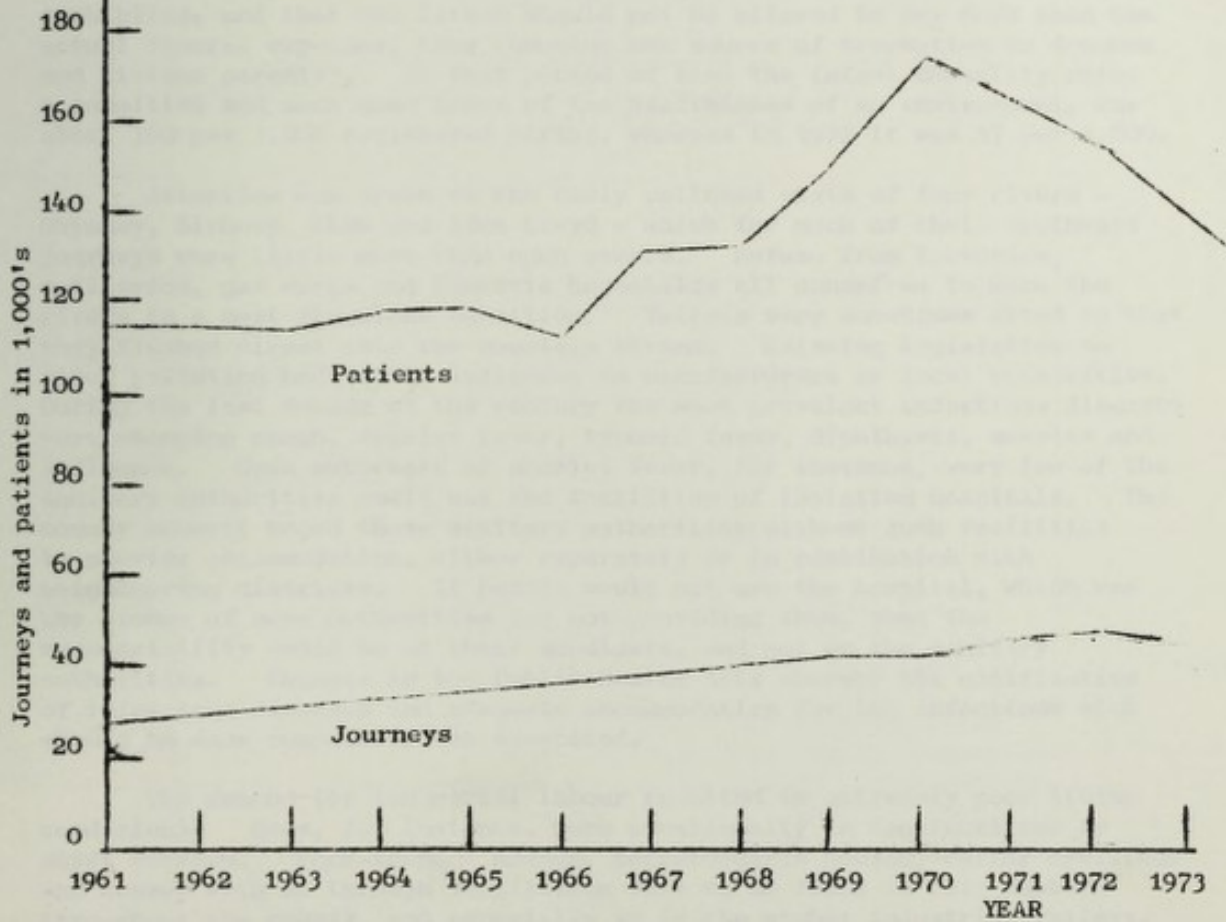
	Directly operated				Supplementary Service	
	Ambulance	Sitting-case vehicles	Equipment vehicle	Total	Hired cars	
A. Number of patients						
(1) Accident and emergencies	14,001	59	-	14,060	-	
(2) Others	113,972	2,819	-	116,791	4,433	
(3) Total of (1) and (2)	127,973	2,878	-	130,851	4,433	
B. Journeys	41,284	1,025	38	42,347	652	
C. Total mileage	1,158,217	42,186	772	1,201,175	11,383	
D. Number of operational vehicles at 31.12.73.	81	3	2	86	-	
E. Number of operational staff as at 31.12.73	Driving staff 160 ambulancemen - sitting case car driver	Station officers 9 station officers 9 deputy station officers 2 relief officers	Control room staff 8 telephonists 5 control officers 1 liaison officer (full time equivalent)	Total		194
F. Number of ambulance stations as at 31.12.73	6 zone stations	3 depots	Total = 9			
G. National Coal Board details	Number of patients conveyed 509	Total miles 12,202				

Miles
in
1,000's

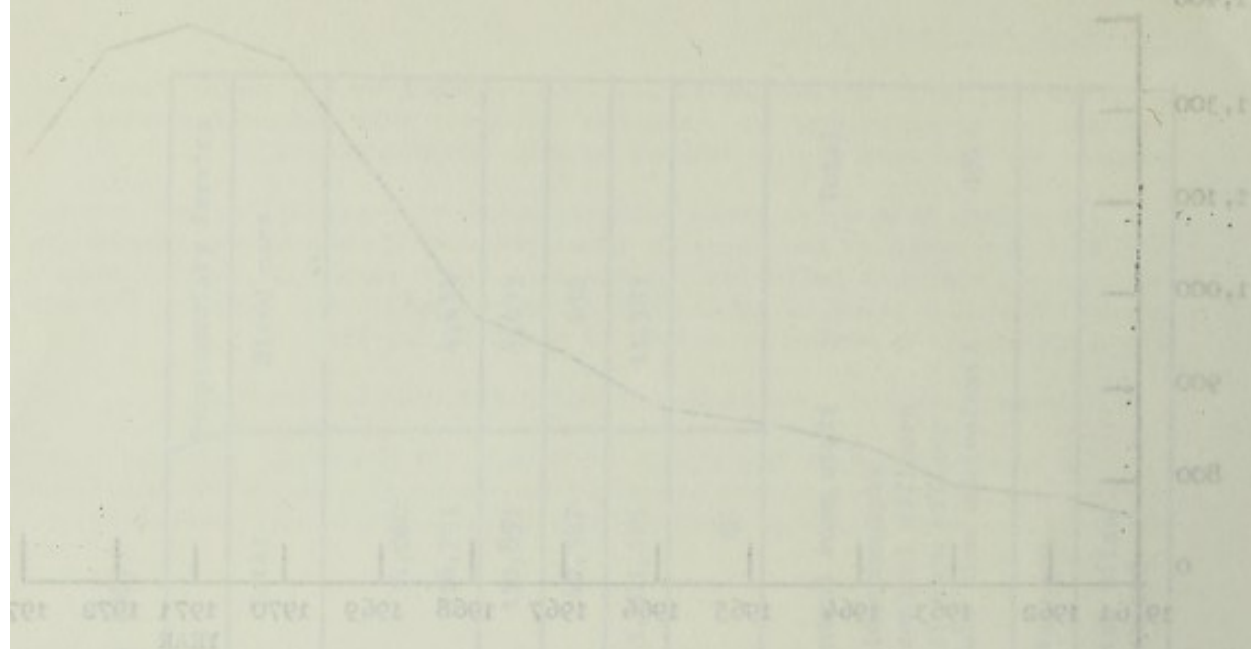
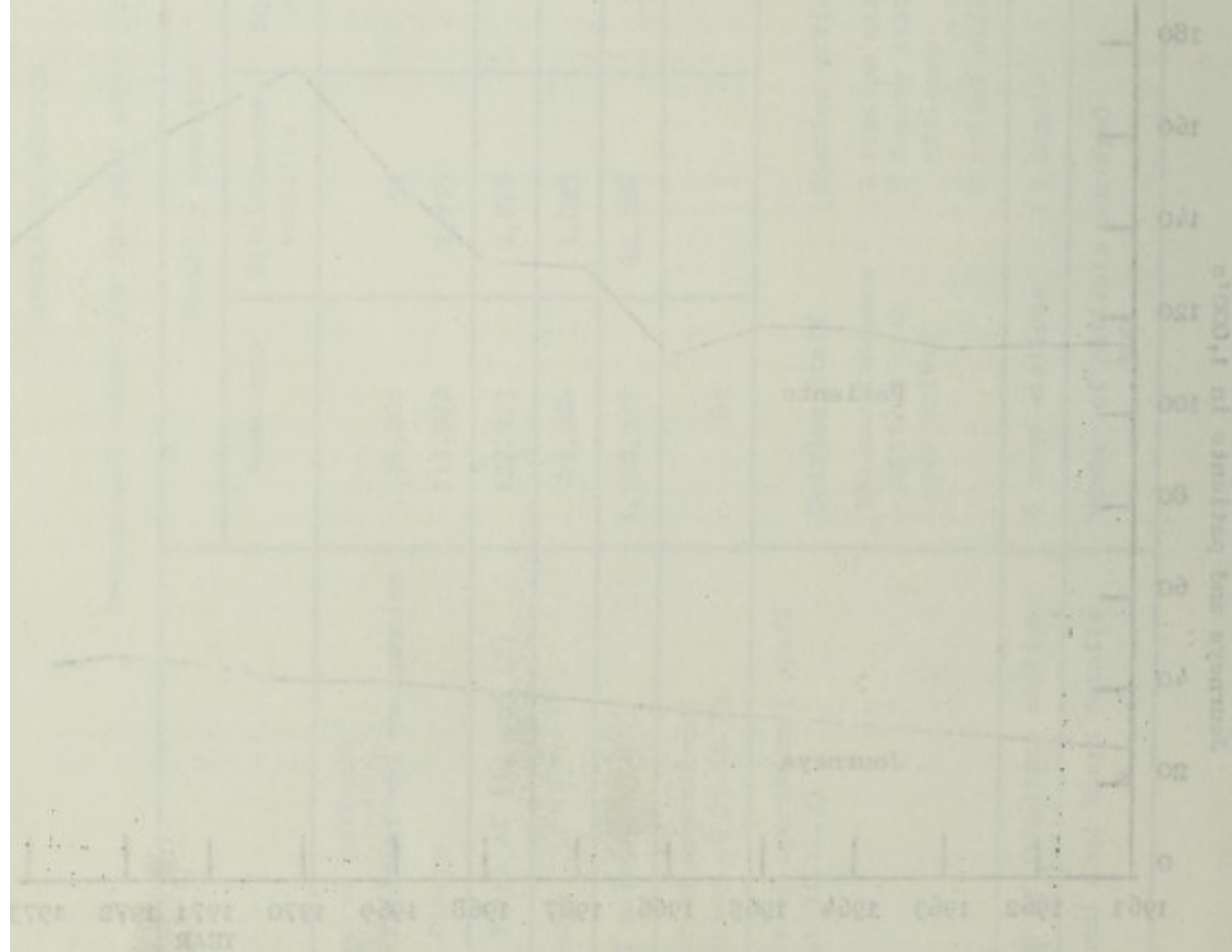
Ambulance mileage 1961-1973



Number of journeys made and patients
carried by ambulances 1961-1973



Ambulance mileage 1961-1973

Miles
in
1,000'sNumber of journeys made and patients
carried by ambulance 1961-1973

EARLY YEARS

Local government, on a county basis, resulted from the Local Government Act, 1888, which enabled the newly constituted Monmouthshire County Council to undertake reviews of the sanitary conditions prevailing throughout the county based on the submissions of the urban and rural sanitary authorities, created as a result of the Public Health Act, 1872.

In undertaking those early reviews Monmouthshire was singularly fortunate in as much as three of the county council members - Councillors Redwood and Steele and Alderman Mulligan - were general medical practitioners and Medical Officers of Health for the Urban Districts of Rhymney, Abergavenny and Abersychan respectively. Familiarity with the contemporary conditions and the subject matter enabled the reports to be highly informative, interesting and statistically significant.

They drew attention to the high death rates for young children, especially in urban and industrial areas. In 1890 the high rates were partly attributed to an epidemic of whooping cough with a high fatality rate and a much less severe outbreak of diphtheria. The mortality rates of young children were considered higher in the urban areas than in the rural areas due to overcrowding and other insanitary conditions together with the fact that the insurance cover was more costly in urban areas with the result that parents, in those areas, were more careless and neglectful than their rural counterparts. It was suggested "for the better protection of infant life, that the insurance of children under a certain age - say 10 or 12 - except in burial clubs, should be restrained or altogether prohibited, and that the latter should not be allowed to pay more than the actual funeral expenses, thus removing one source of temptation to drunken and vicious parents". At that period of time the infant mortality rate, a sensitive and much used index of the healthiness of an environment, was about 160 per 1,000 registered births, whereas in 1972 it was 17 per 1,000.

Attention was drawn to the badly polluted state of four rivers - Rhymney, Sirhowy, Ebbw and Afon Llwyd - which for much of their southward journeys were little more than open sewers. Refuse from factories, collieries, gas works and domestic households all conspired to make the rivers in a most obnoxious condition. Toilets were sometimes sited so that they flushed direct into the mountain stream. Existing legislation on river pollution had little influence on manufacturers or local authorities. During the last decade of the century the most prevalent infectious diseases were whooping cough, scarlet fever, typhoid fever, diphtheria, measles and influenza. Upon outbreaks of scarlet fever, for instance, very few of the sanitary authorities could use the facilities of isolation hospitals. The county council urged those sanitary authorities without such facilities to provide accommodation, either separately or in combination with neighbouring districts. If people would not use the hospital, which was the excuse of some Authorities for not providing them, then the responsibility would be on their shoulders, and not on the sanitary authorities. Changes in the Public Health Acts whereby the notification of infectious diseases and adequate accommodation for the infectious sick should be made compulsory was advocated.

The demand for industrial labour resulted in extremely poor living conditions. Beds, for instance, were occasionally in continual use by shift workers. Back-to-back houses, back-to-earth houses, cellar dwellings and houses with no through ventilation were to be found in fair numbers throughout the county, and especially so in the higher industrial valleys. The crowded and inadequate living conditions made it very difficult to attempt home isolation in the case of the infectious sick for both they and the healthy frequently had to live and sleep in the same rooms. The water supply in some districts were described as sufficient and good, but, in many others as deficient and bad. Remedial measures had, in some instances, been taken but many supplies remained unfit for domestic use. School premises were also the subject of comment where overcrowding and bad ventilation were in evidence. Reference was made in the 1891 report to the way in which teachers were overworked. Their working day beginning, as a rule, at 7.00 a.m. and continuing with little respite until 10.00 p.m. or 11.00 p.m.

With the passing of the 19th century and entry into the 20th century there developed a more general awareness of the insanitary and unhealthy state of the nation. That awareness was due, in part, to both national and local reports and also to the graphic writings of contemporary authors. During that period Monmouthshire County Council had presented to it a depressing picture. From time to time proposals were made that consideration be given to the appointment of a County Medical Officer, but positive action was not the order of the day.

CREATION OF HEALTH DEPARTMENT

The first decade of this century witnessed the publication of the Minority and Majority Reports of the Royal Commission on Poor Laws and the report of the Interdepartmental Committee on Physical Deterioration all of which were damning indictments of the social and physical state of the nation. The latter report and other contemporary reports on the health of the school child indicated the advantage of the school medical officer also being the medical officer of health for the area and on 4th March, 1908, Dr. David Rocyn-Jones was appointed to both these posts on an annual salary of £600 together with travelling expenses, and that an office be provided in the County Council buildings. His duties were listed as:-

- (a) to collate and report upon the District Medical Officers' reports;
- (b) to attend all meeting of the Council and its Sanitary Committee and to advise on all sanitary matters; also to attend any other committees of the council when requested;
- (c) to keep himself acquainted with the sanitary condition of each District, and to pay special visits, make inspections, and report fully to the Sanitary Committee;
- (d) to assist and advise all the District Medical Officers when required by them, free of charge;
- (e) to advise the Committee on matters bearing on Public Health of the County in all Bills introduced into Parliament;
- (f) to report on the sanitary condition of the Asylum, Police Stations, and all other buildings belonging to the County Council;
- (g) to perform all duties which might arise under the Local Government Acts, 1888 and 1904; the Housing of the Working Classes Act, 1890; the Pollution of Rivers Prevention Acts; the Isolation Hospitals Act, 1893, etc., etc.
- (h) to give evidence, when required by the Council or the Committees, in support of his reports and to attend all Local Government enquiries in the County relating to public health.

In addition to the above, he would have to undertake the duties imposed upon him by the Education Committee and it was considered that he should divide his time as equally as possible between the council and the education committee.

The first annual report of the County Medical Officer (1908) outlined in detail the appalling loss of infant lives:-

	CAUSE OF DEATH	Total Deaths Under 1 year
	All Causes (Certified) (Uncertified)	1368 9
Common Infectious Diseases	Small Pox Chicken Pox Measles Scarlet Fever Diphtheria (including Membranous Croup) Whooping Cough 22 1 3 89
Diarrheal Diseases	Diarrhea, all forms Enteritis, Muco-Enteritis, Gastro Enteritis Gastritis, Gastro-Intestinal Catarrh	102 123 46
Wasting Diseases	Premature Birth Congenital Defects Injury at Birth	157 36 5
Tuberculous Diseases	Want of Breast-milk, Starvation Atrophy, Debility, Marasmus Tuberculous Meningitis Tuberculous Peritonitis, Tabes Mesenterica Other Tuberculous Diseases	3 195 17 16 9
Other Causes	Erysipelas Syphilis Rickets Meningitis (not Tuberculous) Convulsions Bronchitis Laryngitis Pneumonia Suffocation, Overlying Other Causes	3 4 1 4 152 119 2 156 1 102
	Totals	1368

The deaths of 1,368 children under the age of one year represented an infant mortality rate of 138 per 1,000 live births for the county. The urban district of Bedwellty had the unenviable record of "topping" the county league with a rate of 190 per 1,000 - it is important to remember, however, that in an area with a comparatively small population, fluctuation of vital statistics are not always significant. Nevertheless that rate contrasted sharply with a rate of 121 per 1,000 for England and Wales. In the opinion of the County Medical Officer the contributing factors to the high county rate was the absence of health visitors, delay in birth notifications, poor quality midwives (of 202 midwives upon the midwives roll in the county - 68 were illiterate and only 28 had been trained and certificated), poor sanitation and overcrowding. In the first report the institution of a health education programme was advocated as one measure to reduce the infant mortality rate. The scheme, which was unanimously accepted by the county council, was for the head teacher, or one of the teaching staff of each county school to attend a series of lectures in practical hygiene at the University College, Cardiff. In addition, instruction in infant care was given to the elder girls in all

elementary schools, with demonstrations upon a model. Booklets entitled "simple lessons on health and habits" were given to all older pupils. Among other steps advocated were the improvement of dwellings for the poorer classes, the early notification of births, the appointment of lady health visitors, and the municipal supply of sterilised milk.

Soon after Dr. Rocyn-Jones' appointment he, together with a newly appointed inspector of midwives, undertook responsibilities in accordance with the Midwives Act, 1902, which placed supervisory powers with county councils. In 1909 a midwife was reported to the Central Midwives Board for laying out the body of a child that had died from scarlet fever, for which misconduct she was suspended for 3 months; shortly afterwards another midwife was removed from the roll for drunkenness.

As School Medical Officer, Dr. D. Rocyn-Jones lost little time in implementing the Education (Administrative Provisions) Act, 1907, for within twelve weeks he had appointed two assistant school medical officers and the first school had been inspected. During the period May to December, 1908, a total of 5,717 elementary school children were examined of whom 3,427 were entrants and the remainder leavers. In the first annual report (1908) special reference was made to infectious diseases, general cleanliness, condition of teeth, nose and throat and eyes. The salient points were that 40 schools were closed for periods varying from 1 - 6 weeks during the year, due to infectious diseases. Clothing and footwear were surprisingly satisfactory considering local depressions of trade, and a very high degree of cleanliness was found, due, in part, no doubt, to parental preparation prior to the medical officers' visits. The dental report, however, was alarming for 857 (15%) of the children had foul mouths with very decayed teeth while 3,167 (55%) had moderately clean mouths but with a few decayed teeth. Abnormalities of the tonsils and adenoids showed 435 child sufferers - not a high figure. Examination for verminous heads in boys and girls showed the latter to be badly affected, whereas the boys were satisfactory. Of girl leavers some 44% were affected by vermin but only 1.3% of the boys were likewise affected. A large number of children were referred for treatment for eye disease and defective vision to an ophthalmic surgeon in Newport. Apart from attention to defective eyesight no other schemes existed for remedying the numerous defects found at school inspection.

By 1909, therefore, the county council had established the nucleus of a health department from which a wider extension of the county health services began.

DEVELOPMENT OF SERVICES

Up to the outbreak of war no sanatorium existed in the county for treatment of tuberculosis, although a small poor law institution existed in Newport for patients living in the county. In 1913 arrangements were made for cases to be sent for treatment in Highfield House, Bassaleg, where 63 beds were available.

Despite war stresses a scheme to set up maternity and child welfare centres was adopted and by the end of hostilities over 20 such centres were in operation. Each staffed by a medical officer, health visitor and voluntary helper. During that same period a scheme to combat venereal disease was started and treatment became available at a clinic in the Royal Gwent Hospital, Newport. The county appointed a fully trained nurse as an enquiry officer to visit female patients encouraging them to undergo and persevere with treatment. She was also able to detect congenitally infected cases.

In 1919 the county co-ordinated the maternity and child welfare and school medical services and employed 31 health visitors in the unified service. Attendances at the child welfare centres were encouraging and of the infants for whom advice was offered the main complaints were bronchial catarrh, skin diseases and enteritis. It seemed many infants

were kept like hot house plants, beside a large fire in an ill ventilated room, muffled up in clothes and then periodically moved near an open door, or taken out into poor conditions.

The Monmouthshire Nursing Association set up a hostel for unmarried mothers at Nantyderry shortly after the war with accommodation for about 10 girls and their babies, the object being to save infant life and to provide a proper home for the confinement and support of single girls about to become mothers. The length of stay was six months, or longer if necessary. The county council made a financial contribution to the hostel.

Routine school inspection was resumed in 1919 with a gradual increase in staff who had returned from the forces. The first school clinic opened at Stanley Road, Newport, in the same year, included a dental suite. Due to the long and arduous journeys from distant parts of the county the attendance rate was only 50%. In order to combat travelling difficulties the county paid assisted rail fares to poor parents. It also opened additional clinics in certain urban areas. For the rural areas a 3 ton Albion lorry was purchased, it had previously experienced war service in France. As the first mobile clinic it was equipped to cater for dental inspection and defective vision cases. A water tank was installed in the roof and hot water obtained from a primus stove. It proved a great boon to the outlying districts and was well patronised. In 1921 the attendance rate was 84.5%

During the early 1920's main trunk sewers served the Western and Sirhowy valleys from Ebbw Vale, Nantyglo and Blaina and Tredegar districts to Bassaleg. Work on the Rhymney Valley main trunk sewer was in progress. The situation in the Eastern Valley, however, was deplorable. The Afon Llwyd still received nearly all its sewage in crude form. Uncompromising local authorities and vested interests hampered progress.

Throughout most of the first half of the 20th century tuberculosis took a heavy toll of life. The opening of institutions at Talgarth and Cefn Mably served a useful purpose in segregating cases at a time when they were most prolific source of infection to others. In addition to the medical approach, emphasis was being placed on inadequate housing and other social factors. One of the local tuberculosis physicians referred to confined and crowded places such as picture palaces, billiard rooms and local bars frequented by the large number of colliers lodging in the mining valleys, as being the perfect environment for the spread of tuberculosis infection, and an obstacle to prevention. Too often overcrowded families with lodgers lived around kitchen fires and the best use of available rooms was not made. He advocated a new and challenging social approach to fight a disease so closely associated with economic deprivation. As cleanliness could not be made compulsory he suggested the natural instinct of competitiveness be harnessed in the way of local competitions for the best kept cottage.

By 1923 eight isolation hospitals were available, but some were totally inadequate. Facilities for controlling infectious diseases in the county were completely unsatisfactory but due to the financial limitations the County Medical Officer was unable to recommend improvement.

In his annual report for 1922 Dr.D.Rocyn-Jones commented upon the effects of industrial depression upon the health and physique of elementary school children - "the advantage gained during the favourable economic conditions obtained during the war is gradually being lost and there has been a progressive deterioration in the physical condition of the children in the past three years". February 1924, saw no relief

for then the county council introduced a scheme whereby parents whose incomes were above a prescribed limit were called upon to contribute towards the cost of their child's treatment at school clinics e.g. 6d per dental extraction. On the credit side the council's revenue increased by the princely sum of £35 for that year; but on the debit side.....???. Advocates of the scheme argued that parents appreciated the provision of treatment much more if they had to pay for it. Unfortunately, many parents preferred their children to go untreated rather than submit to a means test.

Public concern about venereal disease was growing as could be gauged by an attendance of 250 one wet winter's night at Risca. Such meetings regularly drew gatherings in excess of 100 throughout the mid 1920's and encouragingly young men formed the majority. Workmen's Institutes seemed the most popular venue, although Chapels were also much used.

In 1925 most of the milk was imported by train. It was generally good but much needed to be done to secure increased cleanliness. Food and Drug's Inspectors periodically took samples for analysis and roadside samples were also taken. In addition to bacteriological examinations, animal inoculations were made for the purpose of ensuring against possible infection with tuberculosis. When tuberculosis was found, the farm was visited and the herd submitted for veterinary examination and affected animals destroyed.

The provision of an adequate and wholesome water supply received a boost in 1928 when the Grwyne Fawr reservoir was completed. Situated in the Black Mountains north of Abergavenny, it had a storage capacity of nearly 400 million gallons and was the highest in Great Britain, being some 1,790 feet above sea level. The scheme was embarked upon by Abertillery and District Water Board in 1910 but due to the war and other difficulties its completion was 13 years late. It served a population of 100,000. Initially, a new road had to be constructed up a narrow wooded valley to convey materials. This proved inadequate, however, and it became necessary to build an eleven mile railway from Llanfihangel station alongside the road to a "Navy" village near Blaen-y-cwm, where 400 workmen were housed together with a school, hospital, police station and canteen. It is worth noting that the Metropolitan Water Board surveyed the site and in 1907 formulated a scheme for taking water to London but later rejected.

Nineteen twenty eight saw the continuation of a smallpox epidemic, which commenced the previous year, with 1,244 notifications, but no deaths. The County Medical Officer countered a campaign by anti-vaccinators by submitting a report on the vaccinal condition of 60,000 school children which revealed that 61% had been vaccinated. He continued - "The anti-vaccinator may call this disease any name he chooses for propaganda purposes, but will he explain the significant fact why, among this huge number of vaccinated school children, there's not a single case of the disease in a child who was successfully vaccinated before the epidemic, while among the unvaccinated there are no less than 355 cases".

THE DIFFICULT YEARS - 1929 - 1939

The Local Government Act, 1929, among other things, abolished the Boards of Guardians and thus implemented one of the twenty year old recommendations of the Royal Commission on the Poor Law. General hospital care became an activity of the county councils. During the next few years the Monmouthshire County Council gradually "appropriated" the old infirmaries and began the slow and difficult process of converting them into modern hospitals. It, together with other county councils,

was handicapped by unsuitable buildings and the old poor law atmosphere. Lighting conditions at Coedygryc Institution, Griffithstown, was an example of the problems to be tackled - during day time electricity was the medium for lighting but at night an unsatisfactory gas system was in use and it had been known for that to fail when surgical operations were in progress.

Eleven additional ante-natal clinics opened in 1929 to supplement the three which had been in existence some years. A report by Sir George Newman, Chief Medical Officer of the Ministry of Health, in 1931, pointed out that maternal mortality during the past thirty years had remained stationary whereas infant mortality, deaths from tuberculosis and the general death rate had fallen considerably. It was concluded that half the maternal deaths were preventable. Contributory factors to the persistently high rates were:-

- (i) lack of ante-natal care;
- (ii) errors of judgement on the part of the doctor or midwife;
- (iii) negligence of patients or friends;
- (iv) at the moment of childbirth a serious lack of facilities, e.g. no doctor, midwife, competent assistant or available hospital bed.

In Monmouthshire, it was anticipated the benefits of the new ante-natal clinics and the conversion of "The Coldra" into a maternity hospital to cater for the difficult births would considerably reduce that rate.

Mr. A. Rocyn-Jones, Consultant Orthopaedic Surgeon, held twice monthly clinics in Stanley Road Clinic, Newport, for the purpose of examining new cases and re-examining children who had received treatment at the Royal National Orthopaedic Hospital, London. On discharge from hospital after-care was catered for at local county clinics where massage and electrical treatment facilities were available.

In 1931, the County Medical Officer conducted a searching examination into the nutritional state of school children. He wished to know how children had fared under the prolonged industrial depression. A definite standard of malnutrition was adopted as the norm. It was concluded Monmouthshire children had a physique equal to the average in the country. An important finding was the poor showing of children in places such as Rhymney, Ebbw Vale, Blaenau, Nantyglo and Blaenavon - the older industrial areas. On the whole it was thought children had improved despite the depression but had they not suffered from the effects of prolonged poverty, the improvements would undoubtedly have been more marked. Nevertheless, children were not as fit as they should have been, and possible reasons included:-

- (i) insufficient food;
- (ii) insufficient rest;
- (iii) insufficient warm clothing and sound footwear.

Following the report the County Medical Officer recommended that school meals be provided on a health basis as well as on an income basis; enabling school medical officers to recommend children for a course of school meals even when the family income level precluded such a provision. It was submitted that on the grounds of health, no child needed school meals all the time and by a reasonable distribution of limited resources the nutrition of the average child could be improved.

In the field of environmental health the Eastern Valley main trunk sewerage scheme was still as far from completion as ever although minor schemes in Llantarnam and Llanfrechfa had resulted in an improvement in the Afon Llwyd.

Due to the economic condition of the county adequate hospitalisation of the infectious sick and the mentally defective, though urgent, could not be countenanced.

Facilities to all medical practitioners throughout the county for diagnostic assistance continued to be provided at the laboratory in County Hall. For example in 1935 a total of 24,135 specimens were examined, nearly half being swabs taken from possible diphtheria cases, the next highest were venereal diseases' tests. The laboratory also undertook work for authorities outside the county.

The severe industrial depression affected all fields of public health. Thousands of families had to depend for maintenance on unemployment pay or public assistance, and many tuberculosis patients were unable to meet the extra expenses of fares and clothing when admitted to sanatoria. Sometimes the good results of institutional treatment were lost when a patient returned to bad home conditions. As one tuberculosis physician pleaded in 1935 - "if only there were after-care committees with available funds".

The Midwives Act, 1936, required the County Council to secure the employment of sufficient whole-time midwives to meet the needs of the area. In the rural areas that service was provided through the auspices of the Monmouthshire Nursing Association and in the urban areas by 63 whole-time midwives employed by the authority. Of the 22 nurses employed as midwives in the rural areas 18 did district nursing as well.

WAR TIME BRITAIN 1939/1945

The outbreak of war resulted in many evacuees from industrial centres such as Birmingham coming to reside in Monmouthshire. School children were often accompanied by their teachers and in order to ease the nursing burden on the County, Birmingham seconded two nurses. Another important early war-time event was the inauguration of an Air Raid Precaution Emergency Ambulance Service to deal with casualties from enemy action. As far as general public health facilities were concerned there was no curtailment of county activities.

From a statistical viewpoint 1939 was significant. The maternal mortality rate reached its lowest level - 3.06 per 1,000 total births and for the first time compared favourably with the rate of 2.82 for England and Wales. The infant mortality rate was 61.2 per 1,000 live births which indicated a steady decline from the average rate of 137.4 for the period 1891-1915 and 74.3 for the period 1916-1939. The number of ante-natal clinics had increased to 18 with an average attendance per session of 23. Maternity and child welfare clinics had also increased in numbers and had an average sessional attendance of 46 infants. Those were encouraging figures for, among other things, they showed a responsive community.

On the 22nd January, 1940, "The Coldra" which had been converted into a maternity hospital, eventually opened and was named "The Lydia Beynon Maternity Hospital", as a tribute to its donor. The County Council had purchased a 26 h.p. Austin ambulance to convey patients to and from hospital. It had accommodation for 24 beds and during that first year 257 patients were admitted, all of whom posed special obstetric problems. A consultant clinic was held twice monthly when patients referred from the county ante-natal clinics and general practitioners were seen. Later that year a 40 bed maternity unit at Llanfrechfa Grange Hospital was opened to cater for evacuee expectant mothers and county patients whose homes were considered unsuitable for confinement. The establishment was administered by the County Council on behalf of the Ministry of Health.

During the preceding twenty years a slight increase had occurred in the notification rate of all forms of tuberculosis; being attributed to the efforts of the county health department in obtaining correct records of cases from the districts. The death rate showed a slight decrease over that same period, but even so there were 222 deaths in 1940, of which 180 were pulmonary cases.

Implementation of the Food and Drugs legislation was a continuing process. Samples of all classes of food were regularly submitted to the Public Analyst. As with all organisations humorous occasions occurred, for example, in 1942 when a sample labelled "tinned tomatoes" was found on examination contain indian corn. The product had been imported and it was hoped a mistake had occurred in labelling at the factory of origin

The prolonged downward trend of the birth rate was checked in 1942 when it was numbered 18.4 per 1,000 population. The County Medical Officer that year was happy to report that the maternal mortality rate was the lowest ever and for the first time below that for England and Wales. "If those results can be maintained", he remarked, "we shall have reached the goal for which we have been straining for so long".

War-time nurseries emerged in various urban areas to cater for the needs of children, many of whose mothers were working. Frequent medical inspections were carried out and those requiring treatment were able to avail themselves of facilities at the various clinical establishments.

The after-care of orthopaedic cases previously seen by Mr. A. Rocyn-Jones continued to be undertaken by his nephew Mr. D. N. Rocyn-Jones, F.R.C.S. Children under 5 years of age, school children and adults referred from Public Assistance were seen at the central clinic, Newport.

A report on the provision of water in 1944 indicated 91.8% of the county population received water direct from the mains; being available to 98.4% of the urban population but only 50.1% of the rural population. The 7,048 houses not on the mains supply relied upon water from wells, springs etc., which often failed during periods of drought and were of doubtful origin at all times.

Throughout the war years shortages of labour and materials often made the operation of the Public Health and Housing Acts impossible so that at the end of the war much ground had to be made good in connection with repair works and abatement of nuisances.

The Public Health Act 1936 provided that a local authority could provide ambulances and make charges for their use. Monmouthshire County Council, using its war-time experiences, appreciated the need for a comprehensive ambulance service and decided to call a conference with representatives from local authorities, the British Red Cross Society, the Order of St. John and Hospitals within the County. An effort was made to set up a co-ordinated service - a portent of the near future.

THE GROWTH YEARS 1945 - 1974

The first ten years of the National Health Service

The estimated population of the administrative county in 1946 was 309,790 a loss of about 54,000 since 1921. The decline was due largely to an outward movement during the years of depression most of those migrants were the able bodied and the young - people the community could ill afford to lose.

One of the most significant events in Monmouthshire during the early post-war years was the retirement of Dr. David Rocyn-Jones, who had been County Medical Officer for 38 years since his appointment in 1908. Much of the credit for the advance of public health in the county must be

attributed to his skill, perseverance and dedication. His knighthood in 1948 came as a just reward for services to the community he served so well. His successor was Dr. Gwyn Rocyn-Jones, his son, who was previously his deputy. Another member of the family was Mr. A. Rocyn-Jones, brother of Sir David who held consultant orthopaedic clinics for the county from the mid 1920's until his retirement in 1948, journeying regularly from London. These clinics were continued by his nephew, Mr. D.N. Rocyn-Jones. The involvement of the Rocyn-Jones family in the field of preventive and curative medicine in the county must surely be unequalled.

One of the first items of legislation passed by the reforming Labour Government of 1945 was the National Health Service Act, 1946. The Bill was piloted through Parliament by Mr. Aneurin Bevan, Minister of Health, a native of Tredegar. The object of the Act was to create an administrative framework in which a health service, universal in scope, comprehensive in character and free of charge to the user, could be built up. Part III of the Act placed a variety of responsibilities on Monmouthshire County Council, as a local health authority, including the provision of a domiciliary midwifery service, the care of mothers and young children, health visiting, home nursing, vaccination and immunisation, ambulance service and the provision of health centres.

In 1948 much of the county's health services was decentralised. The 23 urban and rural districts were divided into 10 areas, each with an area medical officer who also acted as a district medical officer, thus severing the long existing arrangement for part-time general medical practitioners to undertake district public health work in the County.

On 5th July, 1948, district nurses and midwives formerly employed by several nursing associations joined their colleagues as employees of the county council. During the next few years they became increasingly mobile as advantages were taken of the council's motor car scheme.

The home help service, started in 1946, enabled fewer old age pensioners to need to seek institutional accommodation and also kept many wage-earners who otherwise might have had to stay at home. It also helped to relieve the anxiety of housewives during hospitalisation.

Premises formerly used in connection with medical-aid schemes at Rhymney, Tredegar, Ebbw Vale and Blaenavon came into the possession of the county council. They provided a valuable basis to gauge structural, staffing and accommodation requirements upon which purpose built health centres would be designed, for the premises accommodated some of family doctors, dispensaries, dental units, medical appliance depots, minor surgeries, ante-natal and child welfare clinics and specialist clinics.

With a growing awareness of the need for health education the County Council appointed a health publicity officer, whose duties included the organising of lectures, film shows and the distribution of leaflets and posters. It was hoped to inculcate a concept of health education not as propaganda, but as a way of life. Advantage was taken of the well attended local agricultural shows as venues for display. The County Council also presented an impressive health exhibition when the National Eisteddfod visited Ebbw Vale, evoking much interest. Children showed a lively interest particularly in "peepshows" dealing with dental health.

In 1949 the county council established a scheme whereby adults, who were ambulant and not in need of medical attention, were able to convalesce at Porthcawl. During that year, 16 persons attended, of whom 13 were not charged.

From time to time it was possible to admire the results of past endeavour. Such a time occurred in 1949 when Dr. Gwyn Rocyn-Jones, in his annual report, announced with considerable pleasure that the management and control of infectious diseases was no longer a serious problem. That good tidings took place the year following the centenary of the first Public Health Act which, among other things, was designed to eliminate infectious diseases as a major health hazard.

The initiation of a geriatric service in the early 1950's was an attempt to do for the aged everything reasonable to enable them to remain active and useful citizens as long as possible. A part-time domiciliary physiotherapist was engaged who visited patients at home and at Welfare homes.

The basic work of the school health service remained as routine school medical inspections when every endeavour was made to examine each child at least three times during his school life. Children with defects were either referred for treatment or kept under observation. Thus remedial measures permitting children to fully benefit from their education.

The provisions for handicapped pupils improved rapidly during the early 1950's when the Mount, Mounton House and Hilston Park residential schools opened to cater for maladjusted boys, delicate children and educationally sub-normal boys respectively. Residential education for children with other types of defect were obtained in co-operation with other local education authorities. Children suffering from cerebral palsy (spastics) presented a particular problem by virtue of their degree of physical and mental handicap. In the past many had been deemed ineducable but had the exact nature of their disabilities been diagnosed and treated at an earlier age they might have been able to take a normal place in life. A survey in 1955 showed there were 111 cerebral palsied cases under 16 years of age in the County. A scheme was formulated to meet their special needs and to try to ensure all would become independent and useful citizens. That scheme was based on early diagnosis, physical treatment, education and further training.

The school dental service sought to annually inspect all school children and offer treatment, where necessary. The service was comprehensive, dealing with the alleviation of toothache as well as other forms of dentistry, but its main function was one of conservation. Many applications were received for emergency treatment, but often such applicants had failed to keep earlier appointments for treatment. By 1953 the demand for orthodontic treatment had so increased that it became necessary to hold additional sessions. Expectant and nursing mothers and young children were afforded similar provisions to that available for school children.

During this period the mental health service extended its activities within the community. Persons who suffered from early nervous strain, out-patients and discharges from mental hospitals were encouraged to attend adult guidance clinics. The responsibility for institutional accommodation for mental defectives was that of the Welsh Hospital Board. The bare statistics that in 1950 sixty-three mental defectives were awaiting urgent hospital accommodation does not convey to the reader the difficult situation imposed upon the relatives of such cases. Often family supervision could extend through day and night. An arrangements which began in 1952 whereby short-term care was offered to mental defectives removed some family distress and was a welcome innovation. During the same year the county council purchased a house in Garndiffaith and adapted it as an occupation centre. Subjects such as woodwork, rug making and embroidery were taught and efforts made to improve behaviour and social habits.

Deaths from all forms of tuberculosis in 1952 numbered 88, a marked contrast to the 298 in 1921. Annual skin testing of babies attending infant welfare centres and of school entrants and leavers was undertaken. The radiography service of the Welsh Hospital Board, together with close co-operation from the chest physicians helped to reduce the former scourge.

In May 1910, Monmouthshire County Council convened a meeting of sanitary authorities from Blaenavon to Caerleon and informed delegates that the existing provisions for disposing of sewage could no longer be tolerated. Delegates were told that unless the sanitary authorities desisted from discharging raw sewage into the Afon Llwyd the County Council and the Local Government Board would use their powers of default. The next decades witnessed countless disagreements between the bodies until a compromise was reached in the late 1930's but aborted by the second world war. A newly constituted joint board was established at the end of the war. Work commenced in December 1950, and the 15 mile long Eastern Valley Joint Sewerage Board's main drainage scheme was opened in 1954 and so bringing to an end a chapter which spanned nearly half a century - better late than never.

The increasing use of the motor car and the extension of the health services was reflected in the increased burden placed upon the ambulance service. The county council increased its fleet of vehicles and also supplemented its service by acquiring a number of sitting-case cars. In 1955 it introduced a radio control system whereby vehicles, which hitherto had stood idle in readiness for emergencies, could be immediately directed, as circumstances required.

In 1955 a sudden increase in the incidence of acute poliomyelitis resulted in the formulation of a scheme for a limited supply of vaccine to be offered to selected age groups. With increased supplies coming both from home and abroad the vaccination scheme was extended to include all children between the ages of 6 months and 15 years. Distribution problems were considerable when general practitioners were later given the opportunity of involvement in the programme, for the vaccine had to be refrigerated within prescribed temperatures and periods of time. During the first 18 months of the scheme 11,314 children received two injections and 1,352 children were awaiting their second injection. The peak of the epidemic was in 1957 when 63 notifications were received and 3 deaths resulted.

During April of the same year an outbreak of influenza was reported in the Far East which extended widely, but was not generally fatal. It appeared five months later in one of the county secondary schools. Children in junior and infant schools were next effected followed by adults and pre-school children. The duration of the illness was about one week, and some schools recording 50% absenteeism. Vaccination was offered to all members of the council's staff who cared for the sick, e.g. nurses, midwives, home helps and ambulance personnel.

The average number of premature live births (babies of 5½ lbs or less, irrespective of the period of gestation) in the county during the mid 1950's was about 470 - 90 per 1,000 of all live births. As a safeguard, arrangements were made for the less mature of them to be admitted to hospital as quickly as possible.

The local health services clearly prospered in the wider scope of the first ten years of the National Health Service and they played a great part in its success. Dr. Gwyn Rocyn-Jones, in his review of that period, referred to the good-will and co-operation which had abounded and dispelled the gloomy predictions made at its inception.

Period of Rapid Growth

The pioneering effort in Monmouthshire relating to developmental diagnostic clinics for "backward babies" was the subject of an article in the "Medical Officer" in 1959. The interest brought correspondence from as far afield as New York. The objectives of the clinics were to locate very young children whose development was retarded with a view to early treatment and to provide a family counselling service for the parents. The children were re-examined before school entry. The information gained had not only short term advantages but also enabled the education and health committees to assess future needs.

The Mental Health Act, 1959, placed great emphasis on the extension of community care. It required local health authorities to provide training and occupation facilities for all children deemed "unsuitable for education at school". Monmouthshire was thus to be congratulated on its forward looking policy for such requirements had been largely anticipated.

Although charged with no specific duties under the Clean Air legislation the County Council made full use of its health education powers to promote informed publicity. The huge Spencer steelworks and additional development in the Cwmbran new town increased the local awareness of atmospheric pollution.

The early diagnosis and treatment of deafness in young children became more possible with health visitors especially trained to detect deafness and by the continuing activity of the peripatetic teacher of the deaf who, in addition to assisting in the audiology clinic, performed invaluable work in the home. For older children a partially deaf unit opened at Pentwynmawr school in January 1960, consisting of a sound proofed room fitted with a group hearing aid and a loop system, enabling pupils to have individual and group training. The children were able to mix with the hearing children of the school and to join in general lessons, such as physical education. The demand for residential schooling was thus reduced.

In 1961 the first purpose built clinics were opened in the Cwmbran area. The major one was in the town centre and included suites for maternity and child welfare, audiology, vision, dental (including a laboratory), accommodation for the area medical officer and staff rooms.

The emphasis on the care and after-care of the mentally ill became more apparent in the county. Day centres in improvised buildings were opened for a few days a week with the accent on group and occupational therapy. The Mental Health Act encouraged informal hospital admissions and mental welfare officers were often instrumental in influencing patients to accept such treatment. Although often time consuming, the effort was well spent for it engendered mutual trust and confidence - essential prerequisites for success.

During late 1961 three confirmed cases of smallpox arrived in the U.K. from Karachi, one of the victims travelled by train to Cardiff. Information was received from the Welsh Board of Health that the train had afterwards been in circulation three days, and all who had travelled on stated journeys should be vaccinated. Although the Cardiff case became seriously ill, no cases developed among his contacts. On the 25th February, 1962, however, six suspected cases were found in Glamorgan - the sources being unknown. The general public in Monmouthshire became increasingly alarmed and pressure for vaccination was exerted on county clinics and family doctors. The discovery of further cases of small pox in Glamorgan in early March resulted in the opening of twenty county clinics to the public at large. The demand was overwhelming. The emergency lasted a few weeks, and about 140,000 vaccinations and re-vaccinations were carried out. Shortly afterwards cases of acute poliomyelitis were notified from the Ebbw Vale and Nantyglo areas. Clinics were organised in the area and the news media helped in publicising the vaccination facilities and about 100,000 doses of oral vaccine were used. A large number of those persons who were so anxious to be vaccinated when the cases were occurring ceased to be interested immediately the epidemic was arrested.

A review of the county's ambulance service for 1963 showed 111,647 patients were conveyed and 894,771 miles travelled. Those figures represented a continuing trend of increased use due to a variety of factors including the expansion of Cwmbran new town, a new major hospital at Abergavenny, more facilities for the geriatric and mentally disordered persons, centralisation of consultant clinics and the curtailment of rail travel. Such were the pressures on the ambulance service that it became necessary to re-adjust and expand its facilities to overcome the contemporary problems.

The staffing of the school dental services was becoming a serious problem. Efforts to recruit additional dentists met with no response but the appointments of dental auxiliaries, who were trained to carry out certain procedures under the supervision of a dental officer, helped somewhat to relieve the situation.

The first purpose built health centre in Monmouthshire, and indeed in Wales, was opened at Risca in 1965. Comprehensive local health authority clinic facilities were provided, together with accommodation for the Area Medical Officer and his staff plus facilities for four general practitioners with storage for 14,000 patients' records. The health centre attracted many visitors during the first year or so and created an awareness of such possibilities amongst general practitioners throughout the county.

Attendances at child welfare clinics remained high throughout the 1960's. In 1967, for instance, 95% of babies born in that year attended a clinic at least once. Unfortunately, those figures were not reflected in immunisation and vaccination rates. Reduced attendances at some of the ante-natal clinics did not justify their continuation, the fall was largely attributable to an increasing number of cases attending family doctor and hospital ante-natal clinics. The pattern of domiciliary midwifery was changing due to the increase in hospital confinements. The midwives attended fewer confinements but attended many women who were confined in hospital and had an early discharge. They were also involved in reporting on housing and social conditions to enable hospital authorities to select cases suitable for early discharge.

The health visitors continued to work mainly with the mothers and the young children, but more and more visits were being made to the aged and the

mentally disordered. There was also an increase in the number of visits made at the request of family doctors which corroborated the impression that they were becoming more aware of the value of the health visitor.

In the field of mental health an entirely new venture emerged during 1966/7 with the setting up of group homes for the mentally ill at Cwmbran. The homes provided for the needs of patients who had remained in hospitals simply because they had nowhere to live and due to their illnesses often lacked initiative. The new accommodation assisted rehabilitation to a more normal life. A further expansion in that field was the opening of a remedial workshop at Pontllanfraith, which catered for trainees in the age range of 17 - 22 years. Some were transferred from adult training centres while others had been awaiting placement in suitable occupations. Sub-contracts were obtained from local firms allowing the trainees to work in an industrial environment for assessment purposes.

The family planning service, started in the county by the Family Planning Association, had extended its activity by 1968. Advice was available upon all aspects of family planning. The atmosphere at the clinics was conducive to the discussion of topics which many women normally hesitated to mention. Invitations were extended to husbands and fiancés.

As well as being concerned with the assessment and placement of handicapped pupils the school medical officer, in his advisory capacity, took an active part in ensuring that they were placed in a suitable occupation on leaving school. Consideration was given by officers in the Health, Welfare and Youth Employment departments to the problems of each handicapped pupil due to leave school and to those who had left school but had encountered employment difficulties.

Few children who had been seen by school medical officers in 1968 were undernourished. More were regarded as unsatisfactory due to being overweight. The obese school child was physically and psychologically at a disadvantage. Although we all liked to recall as typical the adolescent whose "puppy fat" melted away to produce a lovely sylph, that was unfortunately not the usual course. The fat baby became the fat child and later the fat adult, with a shorter life expectancy. The solution to the problem was both simple and complex. Simple in so far as a reduced calorie intake was all that was needed to reduce weight. Yet complex because the process required education in sensible nutrition and food values, the co-operation of the child, the parent and of the school.

On the 1st January, 1969, Dr. Antony J. Essex-Cater commenced his duties as County Medical Officer having succeeded Dr. G. Rocyn-Jones, who retired after occupying the post for 22 years.

In 1969 the chiropody service employed the equivalent of fourteen whole-time chiropodists who carried out a total of 38,000 treatments at clinics, welfare homes, training centres and patients' homes.

The older members of the community were the main beneficiaries of the home help service which exceeded one million hours annual help. A much appreciated service related to the medical appliances scheme which over the years has brought relief to the old and disabled. Appliances such as air beds, air rings, bed pans, bed rests, crutches and invalid chairs were distributed from several depots. Depots were staffed on a voluntary basis but the equipment was supplied by the county council. There had been an increase in demand for the service but even so there still appeared to be a lack of awareness by the general public. An allied service was the domiciliary physiotherapy service which attended the housebound chronic sick, irrespective of age. It is difficult to understand why the extension of this valuable community service is rigidly opposed by central government - Monmouthshire is almost unique amongst local health authorities in having any service at all.

It is evident that over the years considerable improvement has been effected in the dental health of the county's school children. Nowadays parents and children show more interest in dental care. Dental irregularities

come in for added attention - the wearing of a dental brace in some cases is regarded as the "in thing" and is shown off with pride by teenage girls. Although results have been encouraging much remains to be done in the field of dental health education.

During 1970 an occupational health service was started with the intention of re-organising the somewhat piecemeal and disjointed service offered by the county council to its 12,000 employees. Some, such as firemen, require a high degree of physical fitness; while those in close contact with children need to be closely observed. The service had the responsibility of helping, from a medical stand point, in the selection of the right person for the right job, to safeguard health and welfare throughout a working career and occasionally to indicate when a change in the character of the work or even the termination, on medical grounds, was necessary.

Some patients suffering from chronic renal failure can be treated successfully at home with an artificial kidney machine. Initially the county council carried out structural adaptations to the patients' homes. It was soon apparent that few families could spare a room and so a sectional mobile unit was designed. The unit was fitted with a bed, kidney machine, lighting, heating and a telephone extension, in case of emergency. By 1971 seventeen patients were undergoing, or being trained for home dialysis. One of the first recipients had a successful kidney transplant in 1971, thus enabling the unit to be moved to another patient's home.

During recent years there has been an increase in the number of purpose built health centres in the county. In 1971 one was opened at Blaenavon, that being the fourth to be built and at that point in time twelve other health centres were at various stages of planning. At the end of that year 15.2% of the county's population were served by health centres. The most recent figures then for England was 5.3% and for Wales 7%

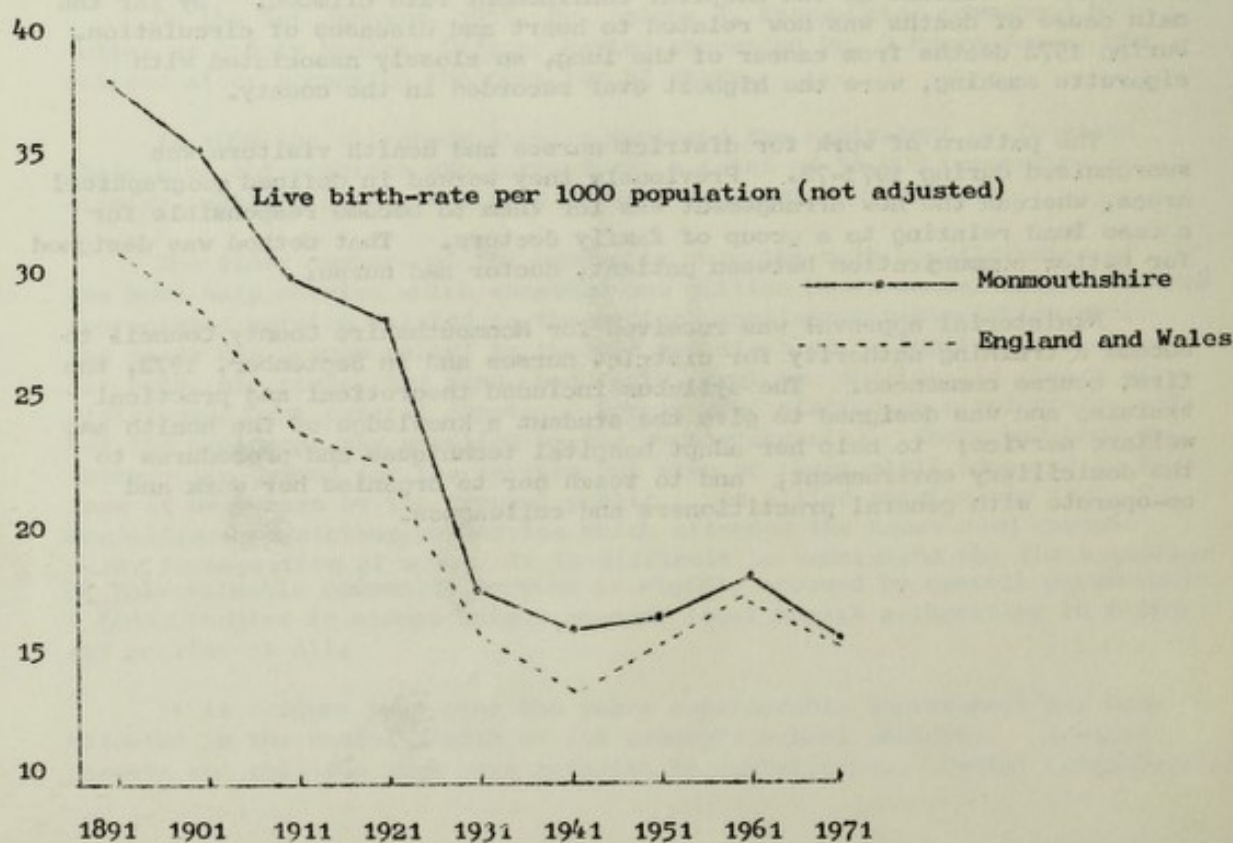
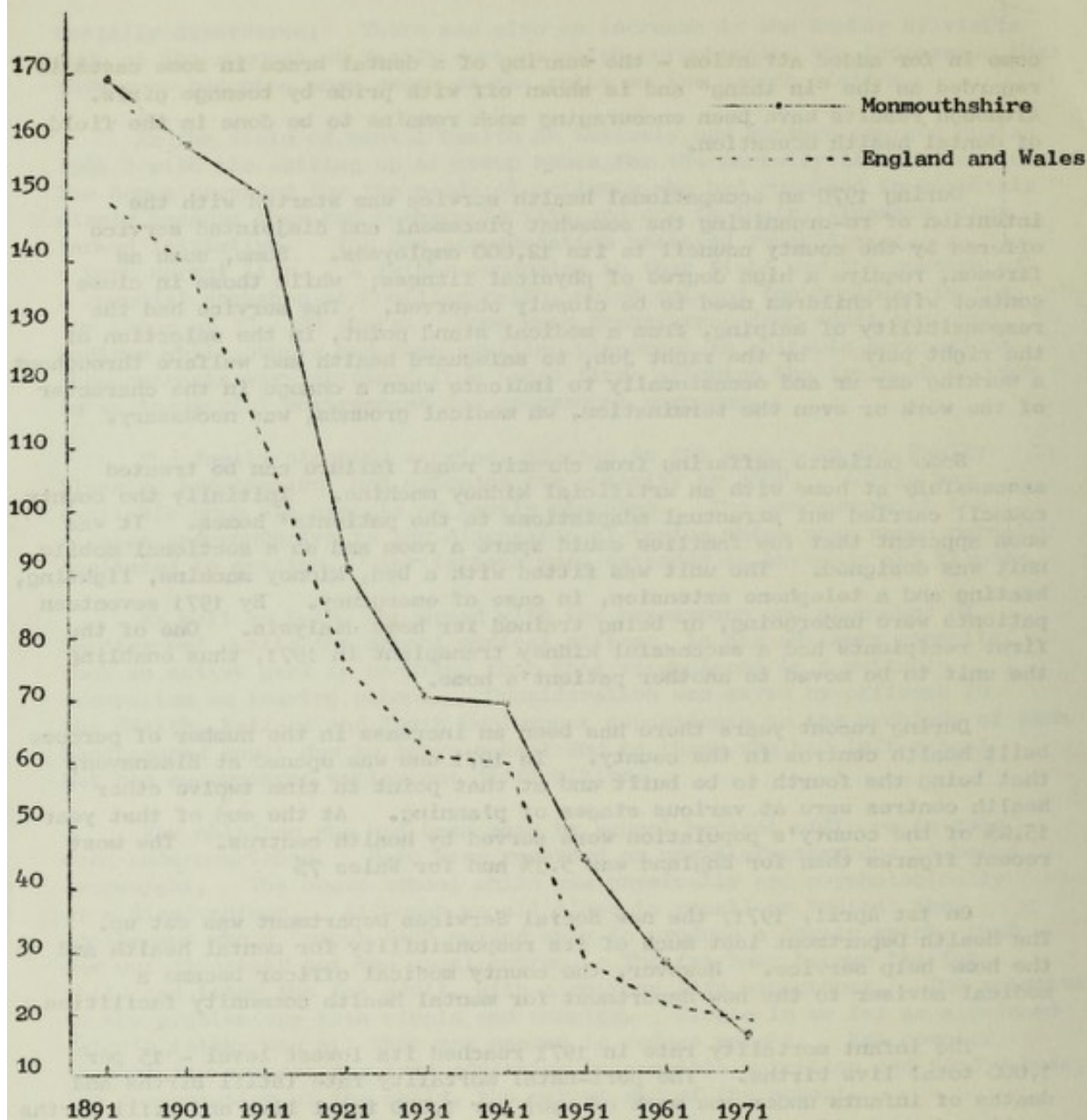
On 1st April, 1971, the new Social Services Department was set up. The Health Department lost much of its responsibility for mental health and the home help service. However, the county medical officer became a medical adviser to the new department for mental health community facilities.

The infant mortality rate in 1971 reached its lowest level - 15 per 1,000 total live births. The peri-natal mortality rate (still births and deaths of infants under one week of age) per 1,000 total live and still births continued to decline as the hospital confinement rate climbed. By far the main cause of deaths was now related to heart and diseases of circulation. During 1972 deaths from cancer of the lung, so closely associated with cigarette smoking, were the highest ever recorded in the county.

The pattern of work for district nurses and health visitors was reorganised during 1971-72. Previously they worked in defined geographical areas, whereas the new arrangement was for them to become responsible for a case load relating to a group of family doctors. That method was designed for better communication between patient, doctor and nurse.

Ministerial approval was received for Monmouthshire County Council to become a training authority for district nurses and in September, 1972, the first course commenced. The syllabus included theoretical and practical training and was designed to give the student a knowledge of the health and welfare service; to help her adapt hospital techniques and procedures to the domiciliary environment; and to teach her to organise her work and co-operate with general practitioners and colleagues.

Deaths of infants under one year of age per 1000 live births



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