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Contributors

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COUNTY BOROUGH OF NEWPORT

PUBLIC HEALTH COMMITTEE



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

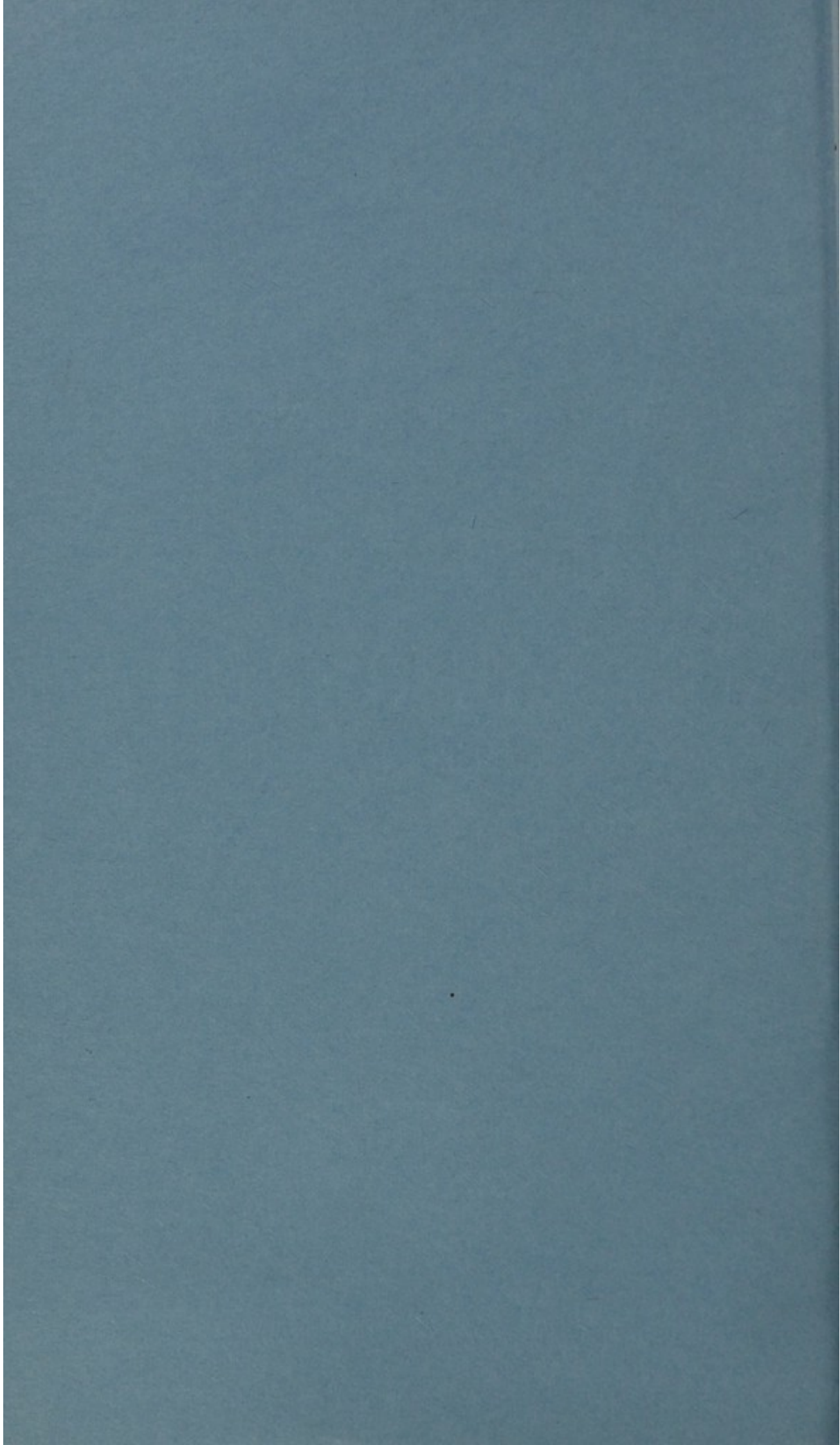
for the year

1959

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1960

HEALTH BOARD OF HEALTH.
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COUNTY BOROUGH OF NEWPORT

PUBLIC HEALTH COMMITTEE

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Deputy Chairman :

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G. H. COULSON.	Dr. W. J. THOMPSON.
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Mrs. M. J. DUNN.	E. W. ROWTHORN.
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STAFF

Medical Officer of Health:

W. B. CLARK, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health:

JOHN SLEIGH, M.B., CH.B., D.P.H.

Assistant Medical Officers of Health:

GWYNETH M. DANIEL, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	MARY PARRY JONES, M.R.C.S., L.R.C.P., D.P.H.
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R. M. BROWN, M.B., CH.B., D.P.H.	M. MARY GUEST GRAY, B.SC., M.B., B.CH. (appointed 1st Jul., 1959).
DENISE Y. JACOBS, B.SC., M.B., B.CH. (resigned 30th Jun., 1959).	

Chief Public Health Inspector:

W. J. GRIFFITHS, M.R.S.H., M.A.P.H.I.¹

Deputy Chief Public Health Inspector:

R. G. COSLETT, A.R.S.H., M.A.P.H.I.^{1, 2, 3, 4}

Public Health Inspectors:

F. C. FARTHING, M.R.S.H., F.A.P.H.I. ¹	L. J. ROBERTS, CERT. R.S.H. and P.H.I. JOINT BOARD. ¹
C. R. PEPPERELL, CERT. R.S.H. and P.H.I. JOINT BOARD. ¹	R. L. HOOPER, CERT. R.S.H. and P.H.I. JOINT BOARD. ¹ (resigned 6th Apr. 1959).
T. W. HARRY, CERT. R.S.H. and P.H.I. JOINT BOARD. ¹	ERIC ISMAY, CERT. R.S.H. and P.H.I. JOINT BOARD. ¹
G. J. RICHARDS, CERT. R.S.H. and P.H.I. JOINT BOARD. ^{1, 2}	J. C. BUCKINGHAM, CERT. R.S.H. and P.H.I. JOINT BOARD. (appointed 26th Oct. 1959).
ARTHUR BEVAN, CERT. R.S.H. and P.H.I. JOINT BOARD. ¹	
S. G. GITTINS, CERT. R.S.H. and P.H.I. JOINT BOARD. ^{1, 5, 6}	

Inspectors of Corporation Houses:

HERBERT BRAMBLEY.

E. D. ROBERTS.

Superintendent Health Visitor:

TERESA M. INNS, S.R.N., S.C.M., H.V. (appointed 19th Jan., 1959).

Health Visitors:

CEINWEN PARKER, S.R.N., S.C.M., H.V.	FLORENCE E. ROSSITER, S.R.N., S.C.M., H.V.
BATHSHEBA HOARE, S.R.N., S.C.M., H.V.	GRACE DOUGLAS, S.R.N., S.C.M., H.V.
SYLVIA I. HERRITTS, S.R.N., S.C.M., H.V.	RENA DAVIES, S.R.N., S.C.M., H.V. (resigned 9th Apr., 1959).
ALICE JONES, S.R.N., S.C.M., H.V.	DOREEN E. SWAIN, S.R.N., S.C.M., H.V.
ELEANOR E. NEVE, S.R.N., S.C.M., H.V.	VILMA E. BRAIN, S.R.N., S.C.M., H.V. (appointed 1st Jul., 1959).
GLENYS M. CAYZER, S.R.N., S.C.M., H.V.	EDNA M. MORGAN, S.R.N., S.C.M., H.V. (appointed 1st Jul., 1959).
CHRISTINE M. MOUNTAIN, S.R.N., S.C.M. H.V.	EDITH POWELL, S.R.N., S.C.M., H.V. (appointed 1st Sep., 1959).
ELIZABETH G. P. WILLIAMS, S.R.N., S.C.M., H.V. (resigned 5th Aug. 1959).	MARGARET D. WILLIAMS, S.R.N. S.C.M., H.V. (appointed 19th Oct. 1959).
CATHERINE REES, S.R.N., S.C.M., H.V.	ETHEL CHARD, S.R.N.
CECILIA M. CURTIS, S.R.N., S.C.M., H.V.	CECILE M. BOUCHER, S.R.N., S.C.M.
CHRISTINE J. MITCHEM, S.R.N., S.C.M., H.V.	NORAH SHEAHAN, S.R.N., S.C.M., H.V.
SYLVIA M. MARKLAND, S.R.N., S.C.M., H.V.	ROSINA PROSSER, S.R.N.
JOYCE M. BROCK, S.R.N., S.C.M., H.V. (resigned 28th Dec., 1959).	EDNA M. BOWMAN, S.R.N.
HILDA A. FORD, S.R.N., S.C.M., H.V.	HILDA M. YOUNG, S.R.N.
IRIS C. LEWIS, S.R.N., S.C.M., H.V.	

¹Meat and other Foods Certificate, Royal Society of Health.²Diploma in Smoke Inspection, Royal Society of Health.³Certificate in Sanitary Science, Royal Society of Health.⁴Final examination in Estate Management, Institute of Housing.⁵Higher National Certificate, Institute of Builders.⁶Licentiate Diploma, Institute of Builders.

Non-Medical Supervisor of Midwives and Superintendent Midwife:

KATHLEEN B. BAYNAM, S.R.N., S.C.M., H.V.

Midwives:

NANCY D. CARTER, S.R.N., S.C.M.
 MARY GLYNN, S.R.N., S.C.M.
 HILDA ATWELL, S.R.N., S.C.M.
 DORIS E. YENDLE, S.R.N., S.C.M., Q.N.
 PATRICIA M. WARNER, S.R.N., S.C.M.
 MARGERY G. M. BENNETT, S.R.N., S.C.M.
 MARJORIE E. FOSTER, S.C.M.,
 ELLEN P. MUGFORD JONES, S.R.N.,
 S.C.M.

MILDRED G. ROBINSON, S.R.N., S.C.M.
 JOAN P. REES, S.R.N., S.C.M.
 (resigned 31st Oct. 1959).
 BRIDGET T. LOGAN, S.R.N., S.C.M.
 JUNE M. COOMBES, S.R.N., S.C.M.
 ELAINE BRYANT, S.R.N., S.C.M.
 ESTHER G. HOLTON, S.R.N., S.C.M., Q.N.
 (appointed 23rd Nov., 1959).

Superintendent Home Nurse:

FLORENCE M. HEATH, S.R.N., S.C.M., H.V., Q.N.

Home Nurses:

JESSICA M. SIMMONDS, S.R.N., S.C.M., Q.N.
 MURIEL E. WILTSHIRE, S.R.N., S.C.M.
 EDITH M. B. AMOS, S.R.N.
 EDNA M. TANNER, S.R.N.
 DOROTHY V. BATEMAN, S.R.N.
 MARY M. DOLAN, S.R.N., S.C.M.
 DOROTHY A. DAVIES, S.R.N., S.C.M., Q.N.
 BERENICE BUSH, S.R.N.
 (resigned 30th Sep., 1959).
 PAMELA E. SHEPPERD, S.R.N.
 (appointed 1st Mar., 1959).
 BARBARA A. KERR, S.R.N.
 (appointed 26th May, 1959).
 DOROTHY M. DAW, S.R.N., S.C.M., Q.N.
 (appointed 1st Oct., 1959).
 MURIEL J. THOMAS, S.E.A.N.
 KATHLEEN SNELL, S.R.N.
 ANNIE CHESTERMAN, S.R.N., S.C.M.
 SYLVIA R. WILMOTT, S.R.N.
 (resigned 31st Jan., 1959).

MARY GRIPPAIOS, S.R.N.
 ELUNID O. VOKES, S.R.N.
 LILLIAN J. WHITSUN, S.R.N.
 (resigned 31st Jan., 1959).
 EDITH BADHAM, S.R.N.
 MARY E. SALT, S.R.N.
 MARY M. WILLIAMS, S.R.N., Q.N.
 BERYL M. CASHMAN, S.R.N.
 (resigned 19th May, 1959).
 DORITA M. WILSON, S.R.N.
 ELIZABETH J. TREHARNE, S.R.N.
 AVRIL G. PRICE, S.R.N.
 DOROTHY M. WILLIAMS, S.R.N.
 THOLGA MORGAN, S.R.N.
 SYBIL I. LYES, S.R.N.
 ANNIE T. TAMPLIN, S.R.N., Q.N.
 (appointed 23rd Jun., 1959).
 JOANNA MANLEY, S.E.A.N.

Home Help Organiser:

A. BERYL DAVIES, CERT. N.F.F., DIP. SOC. SC., CERT. PERS. MANAGT.

Duly Authorised Officers:

R. H. DAVIES.

P. D. C. STOKES.

Mental Health Social Worker:

FLORENCE P. TAYLOR.

Occupation Centre Supervisor:

HILDA B. WADE, DIP. N.A.M.H., MGT. MORRIS DIP.

Assistant Occupation Centre Supervisors:

OLIVE A. SLOAN, DIP. N.A.M.H., MGT. MORRIS DIP.
 DILYS M. JOHN, MGT. MORRIS. DIP.

ELIZABETH A. HOLLIS.

Physiotherapists:

JEAN K. LIDDELL, M.C.S.P.

MARGARET E. WOODSON, M.C.S.P.

VISITING STAFF

Chest Physician :

M. I. JACKSON, M.R.C.S., L.R.C.P.

Ophthalmic Surgeon :

F. W. ROBERTSON, M.A., M.D., D.O.M.S.

Ear, Nose and Throat Surgeons :

D. B. SUTTON, M.B., B.S., F.R.C.S., D.L.O.

J. L. D. WILLIAMS, M.D., F.R.C.S.

Orthopaedic Surgeon :

A. O. PARKER, F.R.C.S. (resigned 9th Jan., 1959).

Gynaecologist :

R. GLYN MORGAN, M.C., M.B., B.S., M.R.C.S., L.R.C.P.

Orthopaedic Clinic Nurse :

EILUNED PRINCE, S.R.N., S.C.M.

Physiotherapist :

JUNE B. J. JONES, M.C.S.P.

Public Analyst :

G. V. JAMES, M.B.E., M.Sc., PH.D., F.R.I.C.

CLERICAL STAFF

Chief Clerk :

A. J. ROWE

Clerks :

E. DE LLOYD (retired 28th Aug., 1959).
 K. J. WHITCUTT.
 T. P. SULLIVAN.
 H. F. DAVIES.
 W. J. CROKER.
 A. G. REECE.
 B. J. GOODWIN.
 BEATRICE M. PIERCE.
 M. G. PALMER.
 DOROTHY A. DICKINSON.
 DORIS I. BARRINGTON.
 F. ELIZABETH WALTON.

BERTHA E. CABLE.
 A. D. WILLIAMS.
 SYBIL THOMPSON.
 FREDA K. MEREDITH.
 MABEL WILLIAMS.
 PATRICIA E. A. GILLARD.
 ROSEMARY J. AXTON.
 WILLIAM BIRD.
 C. ANN HARVEY
 (appointed 1st Jan., 1959).
 FLORENCE R. BEER.
 WINIFRED E. M. HARRIS.
 BEATRICE ROSSER.

INTRODUCTION

To the Chairman and Members of the Public Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for the year 1959.

STAFF CHANGES

Dr. Denise Y. Jacobs, Assistant Medical Officer of Health and School Medical Officer, resigned on 30th June, 1959.

Dr. M. Mary Guest Gray, Assistant Medical Officer of Health and School Medical Officer, was appointed on 1st July, 1959.

Miss Teresa M. Inns, Superintendent Health Visitor and School Nurse was appointed on 19th January, 1959.

Mr. A. O. Parker, Visiting Orthopaedic Surgeon, retired on 9th January, 1959, after 30 years faithful and conscientious service in the Mother and Child Welfare Service.

MENTAL HEALTH

The provisions of the Mental Health Act 1959, make it clear that there is to be a reorientation in the Mental Health Service away from institutional care when the special facilities of the hospital service are not needed and towards care in the community. This must result in an expansion of Local Health Authority Services, for example the provision of residential accommodation for those suffering from mental illness and subnormality, the provision of training facilities for children, adolescents, and adults, and the undertaking of general social work for all categories of mentally disordered patients and their relatives including community care for ex-hospital patients.

The Local Health Authority's proposed development programme for the Mental Health Service includes the following

- (a) A Residential Home for those suffering from mental illness, providing accommodation for thirty adult patients of both sexes. This home will provide for those patients discharged from mental hospitals who have no relatives to offer them accommodation and having insufficient financial means to make a home for themselves would otherwise have to go into lodgings. This category of patient will not only be given accommodation but will if necessary be given special training for rehabilitation.
- (b) A Residential Home for those suffering from subnormality providing accommodation for thirty patients of both sexes and all ages. This home will provide for those mentally defective persons who do not need medical supervision and nursing care but do need temporary or permanent accommodation of a home-like kind.
- (c) An Occupation Centre for those suffering from subnormality, providing accommodation for 120 persons, to replace the existing occupation centre which provides accommodation for 50 persons. Facilities, which are not available at the existing occupation centre, will be provided for the teaching of domestic science, woodwork, and pottery. Suitable qualified staff will be employed.
- (d) Sheltered Workshop. When the new Occupation Centre is completed the existing Occupation Centre will be adapted to provide training for the category of adolescents of both sexes who have attended a special school for educationally subnormal children under the control of the Local Education Authority up to the age of 16 and who on attaining the age of 16 require to be dealt with under Section 57 (5) of the Education Act 1944 as requiring supervision after leaving school. Adolescents in this category cannot compete in the labour market with normal persons of the same age and need special training to improve their prospects.
- (e) A Residential Home for maladjusted adolescents. Consideration will also have to be given to providing residential accommodation for adolescents of both sexes who are under the care of the Child Guidance Service and who having left school are in need of residential accommodation. It is from this group that many of those adults suffering from mental illness come, and such provision offers the best hope of reducing the number of adults suffering from mental illness.

CARE OF MOTHERS AND YOUNG CHILDREN

The Local Health Authority propose to build two new Mother and Child Welfare Centres, one of which will be in the same building as the proposed new Occupation Centre.

AMBULANCE SERVICE

The Local Health Authority propose to build a new Ambulance Depot which will adjoin the other new Mother and Child Welfare Centre.

CHIROPODY SERVICE

In accordance with Circular 11/59 (Wales) issued by the Welsh Board of Health on 21st April, 1959, the Local Health Authority propose to establish a Chiropody Service for the elderly, the physically handicapped, and expectant mothers, in the first instance, the service to be extended to include other categories at the discretion of the Authority. Initially the Old People's Welfare Committee, a voluntary body, will be acting as the Authority's agent in the treatment of the elderly, and it is envisaged that the treatment of the physically handicapped and expectant mothers will be carried out in the surgeries of private Chiropodists.

RECRUITMENT OF PUBLIC HEALTH INSPECTORS

In an effort to overcome the difficulty experienced in recruiting Public Health Inspectors the Local Health Authority propose to institute a pupilage scheme. During the period of their four year training as Public Health Inspectors, they will be employed in the Public Health Department on clerical duties covering the whole of the work of the Department and paid in accordance with the General Division Scale of Salaries. The provisions of the National Scheme of Conditions of Service relating to post-entry training and financial assistance will apply.

REORGANISATION OF THE CLERICAL SECTION

This matter was referred to in the Annual Report of the Medical Officer of Health for 1958 and it is pleasant to report that the effect of the reorganisation has been entirely satisfactory.

In a Department of this size, where the duties of the Department are extensive and varied, it is essential that there should be frequent investigation into organisation and method to ensure the greatest efficiency. The re-organisation of the clerical section made it possible to economise in manpower without loss of efficiency. Wherever possible clerical staff are now doing clerical work which was previously carried out by professional staff.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

	1958	1959
Area (in acres)	8,182	8,182
Registrar General's estimate of home population, mid-year	104,200	104,300
Number of inhabited houses (end of year) according to Rate Books	29,413	30,165
Rateable value	£1,281,718	£1,519,763
Sum represented by a penny rate	£5,080	£6,250
Live Births—		
Number	1,773	1,831
Rate per 1,000 population	17.0	17.6
Illegitimate live births per cent of total live births	3.6	4.4
Stillbirths—		
Number	47	38
Rate per 1,000 total live and still births ...	25.8	20.3
Total live and still births	1,820	1,869
Infant Deaths (deaths under 1 year)	45	57
Infant Mortality Rates—		
Total infant deaths per 1,000 total live births	25.4	31.1
Legitimate infant deaths per 1,000 legitimate live births	24.6	30.9
Illegitimate infant deaths per 1,000 illegiti- mate live births	46.9	37.0
Neonatal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	18.1	21.9
Early Neonatal Mortality Rate (deaths under 1 week per 1,000 total live births)		19.7
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)		39.6
Maternal Mortality (including abortion)—		
Number of deaths	3	1
Rate per 1,000 total live and still births ...	1.7	0.5
Deaths—		
Number	1,207	1,240
Rate per 1,000 population	11.6	11.9

POPULATION

Newport's population showed an increase of 100 during the year, from 104,200 to 104,300, according to the Registrar General's estimate. Births were 1,831, as compared with 1,773 for the previous year, and deaths 1,240, as compared with 1,207, so that the natural increase of births over deaths was 591, as compared with the estimated increase of 100. Emigration must therefore have amounted to 491. This is an illustration of the impossibility of rehousing Newport's population within its present boundary, and of the necessity for boundary extension. Since 1951 births have totalled 15,524, and deaths 10,558, a natural increase of 4,966, although the population has gone down in the same period from 105,285 to 104,300, a decrease of 985. Emigration during the same period therefore has totalled 5,951.

BIRTHS AND INFANT DEATHS

LIVE BIRTHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	920	830	1,750
Illegitimate ...	33	48	81
TOTAL ...	953	878	1,831

STILL BIRTHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	15	20	35
Illegitimate ...	2	1	3
TOTAL ...	17	21	38

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	29	25	54
Illegitimate ...	1	2	3
TOTAL ...	30	27	57

DEATHS OF INFANTS UNDER FOUR WEEKS OF AGE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	22	17	39
Illegitimate ...	—	1	1
TOTAL ...	22	18	40

DEATHS OF INFANTS UNDER ONE WEEK OF AGE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	20	15	35
Illegitimate ...	—	1	1
TOTAL ...	20	16	36

BIRTHS

Newport's births for the year were 1,831, as compared with 1,773 for the previous year, and representing a rate of 17.6 as compared with 17.0. The area comparability factor by which Newport's rate has to be multiplied to make it comparable with that for England and Wales is 0.98, which indicates that at the child bearing ages Newport has slightly more population proportionately than England and Wales. When multiplied by this factor Newport's birth rate becomes 17.2, as compared with a provisional birth rate for England and Wales for 1959 of 16.5

STILL BIRTHS

Newport's still births for the year were 38, as compared with 47 for the previous year and representing a rate of 20.3 as compared with 25.8. The provisional still birth rate for England and Wales for 1959 is 20.7.

INFANT DEATHS

Newport's infant deaths for the year were 57, as compared with 45 for the previous year and representing a rate of 31.1 as compared with 25.4. The provisional infant death rate for England and Wales for 1959 is 22.0.

DISCUSSION OF STILLBIRTHS AND INFANT DEATHS

The 57 infant deaths listed according to the International Classification of Diseases, and divided by sex, and into 1 week, 1-4 weeks, and 1-12 months, are shown in the following table. It will be seen that the main causes of death, all occurring in the first week, are immaturity unqualified (15 deaths), postnatal asphyxia and atelectasis (8 deaths), and intracranial and spinal injury at birth (5 deaths). The two latter causes are more likely to be found among immature babies, which reinforces the importance of immaturity as a cause of death, and they are also more likely to be found where the birth has been difficult, by reason of small pelvic diameter in the mother or of wrong presentation of the child. The first point which arises therefore is the importance of good antenatal care, by which small pelvic diameter might be ascertained and hospital admission for confinement arranged, and by which wrong presentation might be ascertained and corrected.

INFANT MORTALITY

	Under 1 Week		1-4 Weeks		1-12 Months		Total	
	M	F	M	F	M	F	M	F
Meningococcal infections					1		1	
Cerebral haemorrhage					1		1	
Meningitis except meningococcal and tuberculous	1					1	1	1
Influenza						1		1
Bronchopneumonia			1		1	1	2	1
Pneumonia other and unspecified ..				1				1
Intestinal obstruction without mention of hernia						1		1
Gastroenteritis and colitis except ulcerative						1		1
Monstrosity	1						1	
Spina bifida and meningocele					1	3	1	3
Congenital hydrocephalus		1			1	1	1	2
Congenital malformations of circulatory system			1	1	1		2	1
Congenital malformations of digestive system	1	1					1	1
Intracranial and spinal injury at birth ..	3	2					3	2
Postnatal asphyxia and atelectasis ..	6	2					6	2
Haemolytic disease of new born		2						2
Illdefined diseases peculiar to early infancy		1						1
Immaturity unqualified	8	7					8	7
Accidental mechanical suffocation in bed and cradle					1		1	
Assault by other means					1		1	
	20	16	2	2	8	9	30	27

The 130 births of babies under 5½lb., the 26 births of twins, the 24 miscarriages, the 30 stillbirths, the 36 perinatal deaths, and 4 neonatal deaths, which occurred in Newport in 1959, are brought together in the following table. These categories overlap, and any baby coming into more than one category is shown in each. Here again the importance of low birth weight as a cause of infant mortality is clearly shown, babies under 5½lbs. at birth and particularly babies under 4½lbs. at birth being responsible for a disproportionately large share of infant mortality. The other feature that appears is the importance of twin pregnancy as a cause of infant mortality. This is as would be expected. Twins are likely to be smaller than average, and so are more likely to die of immaturity, and they are also more likely to die of postnatal asphyxia and atelectasis, and of intracranial and spinal injury at birth, in both cases both because of the greater incidence of immaturity among twins, postnatal asphyxia and atelectasis, and of intracranial and spinal injury at birth, in both cases both because of the greatest incidence of immaturity among twins, and because of the greater likelihood of difficult birth as a result of wrong presentation among twins. The second point which arises therefore is the importance of correct diagnosis of twin pregnancy, followed by hospital admission for confinement.

PREMATURITY, TWINS, MISCARRIAGES, STILLBIRTHS,
AND INFANT MORTALITY.

130 under 5½ lb.	74 under 4½ lb.	including 11 twins (including 2 stillbirths and 7 perinatal deaths) 24 miscarriages, 11 stillbirths (including 2 twins), 17 perinatal deaths (including 7 twins) and 1 neonatal death.
	56 4½ lb. and under 5½ lb.	including 12 twins (including 1 perinatal death), 4 stillbirths, and 6 perinatal deaths (including 1 twin).
26 twins	11 under 4½ lb.	including 2 stillbirths and 7 perinatal deaths.
	12 4½ lb. and under 5½ lb.	including 1 perinatal death.
	3 5½ lb. and over	including 1 perinatal death.
24 miscarriages	24 under 4½ lb.	
30 stillbirths	11 under 4½ lb.	including 2 twins.
	4 4½ lb. and under 5½ lb.	
	15 5½ lb. and over	
36 perinatal deaths	17 under 4½ lb.	including 7 twins.
	6 4½ lb. and under 5½ lb.	including 1 twin.
	13 5½ lb. and over	including 1 twin.
4 neonatal deaths	1 under 4½ lb.	
	3 5½ lb. and over	

The same babies are brought together again in the following table, which shows how many in each group were first, second, third, fourth and later babies, and in brackets how many in each group would have been first, second, third, fourth and later babies if they had been distributed according to the proportions found in the 1951 census.

		1st Pregnancy	2nd Pregnancy	3rd Pregnancy	4th Pregnancy	4th + Pregnancy
130 under 5½ lb.	74 under 4½ lb.	26 (27.9)	18 (23.2)	10 (11.9)	7 (5.3)	13 (5.7)
	56 4½ lb. and under 5½ lb.	24 (21.2)	14 (17.5)	8 (9.0)	4 (4.0)	6 (4.3)
26 twins		2 (9.8)	8 (8.1)	4 (4.2)	4 (1.9)	8 (2.0)
24 miscarriages		9 (9.1)	4 (7.5)	5 (3.9)	3 (1.7)	3 (1.8)
30 stillbirths		18 (11.3)	2 (9.4)	0 (4.8)	5 (2.2)	5 (2.3)
36 perinatal deaths		13 (13.6)	9 (11.3)	3 (5.8)	4 (2.6)	7 (2.7)
4 neonatal deaths		2 (1.5)	0 (1.3)	1 (0.6)	1 (0.3)	0 (0.3)

The numbers in each group are too small to exclude variation produced by chance, and this is illustrated by the divergence between the actual and the expected figures for twins, which figures, if the numbers had been large enough, should have shown a large degree of correspondence. However, leaving out the figures for twins, which for the reason just given cannot be of importance, the figures do show that these conditions are slightly more common among first babies, considerably less common among second and third babies, and considerably more common among fourth and later babies, than might have been expected if they had been proportionately distributed. This experience is made clearer in the following table where the numbers are effectively increased by the combination of the two categories of premature babies, the two categories of babies born dead and the two categories of babies dying after birth.

	1st Pregnancy	2nd Pregnancy	3rd Pregnancy	4th Pregnancy	4th + Pregnancy
130 under 5½ lb.	50 (49.1)	32 (40.7)	18 (20.9)	11 (9.3)	19 (10.0)
24 miscarriages and 30 stillbirths	27 (20.4)	6 (16.9)	5 (8.7)	8 (3.9)	8 (4.1)
36 perinatal deaths and 4 neonatal deaths ..	15 (15.1)	9 (12.6)	4 (6.4)	5 (2.9)	7 (3.0)

The third point which arises therefore is that there is a case for hospital admission for confinement of mothers of first babies, and that mothers of fourth and later babies should be admitted to hospital for confinement.

INFANT MORTALITY, 1905-1959.

It is not generally realised how great has been the fall in the number of deaths in children over the last fifty years. It is actually the case that whereas the average number of deaths each year in Newport in children under 15 was 497.0 during the five year period 1905-1909, it had fallen to 68.4 during the ten year period 1950-1959, a percentage fall of 86.2. Detailed figures are given in the following table.

*Average number of deaths each year in Newport
in children under 15 in 10 year periods 1905-1959
arranged in age groups*

	Under 1 week	1 - 4 weeks	1 - 12 months	1 - 4 years	5 - 15 years	TOTAL
1905-1909	63.6	44.6	205.4	132.8	50.6	497.0
1910-1919	48.4	26.0	152.2	108.7	53.6	388.9
1920-1929	43.5	24.0	79.7	78.5	39.8	265.5
1930-1939	40.8	17.2	49.8	39.7	29.9	177.4
1940-1949	41.5	15.6	53.5	23.3	16.7	150.6
1950-1959	30.8	6.2	17.4	8.1	5.9	68.4
1950-59 as % of 1905-09	48.4	13.9	8.5	6.1	11.7	13.8

The largest percentage fall (93.9) has been among children aged 1-4 years, the group in which the second largest number of deaths (132.8) occurred in 1905-1909 and the third smallest (or third largest) number (8.1) in 1950-1959. Then comes the percentage fall (91.5) among children aged 1-12 months, the group in which the largest number of deaths (205.4) occurred in 1905-1909 and the second largest number (17.4) in 1950-1959. The percentage falls among children aged 5-15 years (second smallest number of deaths (50.6) in 1905-1909 and smallest number (5.9) in 1950-1959) and among children aged 1-4 weeks (smallest number of deaths (44.6) in 1905-1909 and second smallest number (6.2) in 1950-1959) are about the same (88.3 and 86.1 respectively.) Much the smallest percentage fall (51.6) has been among children under 1 week, the group in which the third smallest (or third largest) number of deaths (63.6) occurred in 1905-1909 and the largest number (30.8) in 1950-1959.

The factors responsible for the fall can be illustrated by looking at the deaths arranged according to the six main causes of death in 1905-1909. Detailed figures are given in the following table.

*Average number of deaths each year in Newport
in children under 15 in 10 year periods 1905-1959
arranged in causes*

	Measles	Diarrhoea Dysentery Enteritis	Prematurity	Convulsions	Bronchitis	Pneumonia	All Other Causes	Total
1905-1909	35.0	55.8	57.2	41.0	29.0	63.8	215.2	497.0
1910-1919	23.1	38.3	48.4	27.8	22.9	50.4	178.0	388.9
1920-1929	17.9	16.7	37.2	9.4	18.9	39.6	125.8	265.5
1930-1939	8.3	7.6	36.1	1.4	4.2	27.5	92.3	177.4
1940-1949	3.3	13.3	31.2	0.6	1.2	26.3	74.7	150.6
1950-1959	0.5	3.4	18.3	0.0	0.8	7.6	37.8	68.4
1950-59 as % of 1905-09	1.4	6.1	32.0	0.0	2.8	11.9	17.6	13.8

Much the largest percentage falls (100.0, 98.6, and 97.2) have been in Convulsions, Measles, and Bronchitis, which were the fourth, fifth and sixth most important causes of death 1905-1909 (41.0, 35.0 and 29.0 deaths) and the sixth, fifth and fourth most important causes of death in 1950-1959 (0.0, 0.5 and 0.8 deaths). Then come the percentage falls (93.9 and 88.1) in Diarrhoea, Dysentery and Enteritis, and in Pneumonia, which were the third most important and the most important causes of death in 1905-1909 (55.8 and 63.8 deaths) and the third most important and the second most causes of deaths in 1950-1959 (3.4 and 7.6 deaths). Much the smallest percentage fall (68.0) has been in Prematurity, which was the second most important cause of death in 1905-1909 (57.2 deaths) and the most important cause of death in 1950-1959 (18.3 deaths).

So while infectious or contagious diseases and diseases of poor living conditions have been largely overcome by the combined efforts of Health Visitors and Public Health Inspectors (and there could be no better evidence than this of the value of the work of these two groups of Public Health Workers), prematurity, which is outside the field of work of the Public Health Inspector, and to a considerable extent outside the field of work of the Health Visitor, is a different kind of problem. This cause of infant mortality belongs to the field of work of the Midwives, and of the Medical Officers and Health Visitors working in the antenatal clinics.

DEATHS

Newport's deaths for the year were 1,240, as compared with 1,207 for the previous year, and representing a rate of 11.9 as compared with 11.6. The area comparability factor by which Newport's rate has to be multiplied to make it comparable with that for England and Wales is 1.17, which indicates that at the older ages Newport has considerably less population proportionately than England and Wales. When multiplied by this factor Newport's death rate becomes 13.9 as compared with a provisional death rate for England and Wales for 1959 of 11.6.

DISCUSSION OF DEATHS

The 1,240 deaths listed according to the abbreviated list of the International Classification of Diseases, and divided by sex and into eight age groups, are shown in the following table. It will be seen that the main causes of death are cancer, which was responsible for 235 deaths, or 19.0% of the total, heart disease other

DEATHS

	MALE								FEMALE								TOTAL	
	0-4	1-4	5-14	15-24	25-44	45-64	65-74	75-	0-4	1-4	5-14	15-24	25-44	45-64	65-74	75-	M	F
Tuberculosis, respiratory	—	—	—	1	3	3	3	1	—	—	—	—	—	1	1	—	11	2
Tuberculosis, other	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	1
Syphilitic disease	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	2	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	—	—	—	—	—	9	7	—	—	—	—	—	—	5	4	7	16	16
Malignant neoplasm, lung, bronchus	—	—	—	—	2	24	8	3	—	—	—	—	—	5	3	—	37	8
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	8	8	3	—	19
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	3	3	1	1	—	8
Other malignant and lymphatic neoplasms	—	1	—	—	3	27	23	20	—	—	—	1	3	14	17	16	74	51
Leukaemia, aleukaemia	—	—	—	—	1	—	1	1	—	—	—	—	1	—	1	1	3	3
Diabetes	—	—	—	—	1	—	1	1	—	—	—	—	—	—	3	—	3	3
Vascular lesions of nervous system	1	—	—	—	3	14	21	31	—	—	—	—	1	13	30	43	70	87
Coronary disease, angina	—	—	—	—	5	58	52	17	—	—	—	—	—	11	28	26	132	65
Hypertension with heart disease	—	—	—	—	1	6	3	2	—	—	—	—	—	2	2	8	12	12
Other heart disease	—	—	—	—	2	14	23	49	—	—	—	—	2	11	21	85	88	119
Other circulatory disease	—	—	—	—	—	5	6	11	—	—	—	—	—	—	5	13	22	18
Influenza	—	—	—	—	—	1	2	3	1	—	—	—	—	3	4	1	6	9
Pneumonia	2	1	—	—	1	8	3	—	2	2	—	—	—	3	2	5	15	14
Bronchitis	—	—	—	—	2	16	15	15	—	—	—	—	—	4	2	11	48	17
Other diseases of respiratory system	—	1	—	—	—	4	7	3	—	—	—	—	—	1	2	2	15	5
Ulcer of stomach & duodenum	—	—	—	—	—	3	—	—	—	—	—	—	—	2	1	—	3	3
Gastritis, enteritis & diarrhoea	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2
Nephritis and nephrosis	—	—	—	—	—	1	1	—	—	—	—	—	—	2	1	—	2	3
Hyperplasia of prostate	—	—	—	—	—	2	1	10	—	—	—	—	—	—	—	—	13	—
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Congenital malformations	7	—	—	—	1	—	—	—	8	2	—	—	—	—	—	—	8	10
Other defined and illdefined diseases	17	1	—	—	2	6	5	9	15	—	1	2	—	12	15	28	40	73
Motor vehicle accidents	—	1	—	4	2	3	3	3	—	1	—	—	—	—	1	—	16	2
All other accidents	1	1	—	6	4	4	1	4	—	—	—	—	1	—	5	11	21	17
Suicide	—	—	—	—	1	1	2	1	—	—	—	—	1	2	1	—	5	4
Homicide and operations of war	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—
	30	7	—	11	34	210	190	185	27	6	1	3	13	102	159	262	667	573

than coronary and hypertensive heart disease, which was responsible for 207 deaths, or 16.7% of the total, coronary heart disease, which was responsible for 197 deaths, or 15.9% of the total, and vascular lesions of the nervous system, which were responsible for 157 deaths, or 12.7% of the total. These four causes were responsible for 796 deaths, or 64.2% of the total. Apart from lung cancer, which is almost entirely preventable by not taking up smoking, and very considerably reduced by giving it up, there is nothing that can be done about preventing cancer. Heart disease other than coronary and hypertensive disease consists largely of degenerative heart disease with rheumatic heart disease as the next most important component. Most of degenerative heart disease is old age (134 of the 207 deaths from other heart disease or 64.7% were in persons aged 75 or over) and nothing can be done about preventing old age. However the Registrar General frowns on old age as a cause of death on a death certificate and the importance of heart disease other than coronary disease is exaggerated as a result. Rheumatic heart disease is preventable by permanent prophylactic treatment with penicillin or sulphonamide of all who have had rheumatic fever. Coronary heart disease and vascular lesions of the nervous system all come under the general category of degenerative vascular disease, and evidence is steadily accumulating that the increase in degenerative vascular disease in privileged western communities is due to excess consumption of animal and dairy fat.

**SECTION B. GENERAL PROVISION OF
HEALTH SERVICES FOR THE AREA
National Health Service Act 1946
LOCAL HEALTH SERVICES UNDER PART III
Section 22. Care of Mothers and Young Children**

ANTE NATAL CLINICS

Name of Centre	Address	Sessions	
		Morning	Afternoon
ALWAY	Mother and Child Welfare Clinic, Aberthaw Road	Monday Wednesday	Monday
CLYTHA	Mother and Child Welfare Clinic, 27 Clytha Park Road	Tuesday Wednesday Thursday Saturday	Tuesday Wednesday Thursday
GAER	Mother and Child Welfare Clinic, Gaer Road	Thursday	
MALPAS	War Memorial Institute, Malpas Rd.		Friday

Expectant Mothers Attending and Attendances for 1959.

	Mothers first attended in 1958	Mothers first attended in 1959	Total	Attendances
ALWAY	62	353	415	1,915
CLYTHA	176	709	885	4,916
GAER	23	117	140	666
MALPAS	32	130	162	833
TOTAL	293	1,309	1,602	8,330

ABNORMAL CONDITIONS FOUND AMONG EXPECTANT MOTHERS

Anaemia 518	Previous Difficult
Dental Caries 331	Confinement 21
Abnormal Presentation 182	Obesity 19
Varicose Veins 156	Nervous Conditions 12
Glycosuria 112	Rhesus Incompatibility 12
Pelvic Deformity 93	Antepartum Haemorrhage 10
Excess Weight Gain 89	Thyroid Enlargement 10
Gynaecological Conditions 89	Tuberculosis 9
Oedema 77	Twins 9
Hypertension 65	Haemorrhoids 6
Albuminuria 50	Venereal Disease 5
Cardiac Conditions 49	Cystitis 3
Gastrointestinal Conditions . 49	Hydramnios 2
Dermatological Conditions . 35	Scoliosis 2
Threatened Abortion 34	Subacute Appendicitis 2
Respiratory Conditions 28	Umbilical Hernia 2
Vaginal Discharge 22	

EXAMINATION OF EXPECTANT MOTHERS FOR TUBERCULOSIS

For the first seven months of the year expectant mothers were sent to the mass miniature X-ray unit for chest X-ray and during this period 560 expectant mothers were X-rayed. Following the publication of a Ministry of Health Statement on the potential risk of mass miniature chest X-ray of expectant mothers there was a month during which expectant mothers were sent to the Chest Clinic for chest X-ray and during this period 99 mothers were X-rayed. For the last four months of the year the practice has been to carry out a tuberculin test on expectant mothers at the antenatal clinic and to send to the Chest Clinic for chest X-ray only those mothers who showed a positive reaction to the tuberculin test. During this period 167 expectant mothers were given a tuberculin test and of these 82 showed a negative reaction to the test and 76 a positive reaction, and the remaining 9 did not attend to have the result of the test read. Of the 76 who showed a positive reaction 38 were given a chest X-ray at the Chest Clinic before the end of the year. 33 of these were reported as having an X-ray picture within normal limits or showing no evidence of active disease, 4 as having an X-ray picture showing calcification in the lung, 1 of whom was recalled to the Chest Clinic for further examination, and 1 as having an X-ray picture showing an enlarged heart shadow.

HAEMOGLOBIN LEVELS AMONG EXPECTANT MOTHERS

The following table shows the result of the 3,983 haemoglobin estimations of expectant mothers carried out during the year.

Under 50%	50-60%	60-70%	70-80%	80-90%	90-100%	over 100%
2	46	625	2,584	682	44	0

The graph of this table would show an almost perfect normal frequency distribution curve with the average haemoglobin level among expectant mothers at 75%. This is a serious matter, being evidence of the wide extent of anaemia among women of child bearing age, with its resultant ill health,

RHESUS TESTS OF EXPECTANT MOTHERS

1,797 Rhesus Tests of expectant mothers were carried out during the year. Of the 860 tests carried out at the expectant mother's first visit, 712 were positive, including 4 showing antibodies, and 148 were negative, including 2 showing antibodies. Of the 937 tests carried out at the 34th week of pregnancy, 785 were positive, including 5 showing antibodies, and 152 were negative, including 5 showing antibodies.

WASSERMAN AND KAHN TESTS OF EXPECTANT MOTHERS

1,100 Wasserman tests of expectant mothers of which 1,077 were negative and 23 positive and 1,032 Kahn tests of expectant mothers, of which 1,025 were negative and 7 positive, were carried out during the year.

EXPECTANT MOTHERS REFERRED TO GYNAECOLOGIST

14 expectant mothers were referred to Mr. R. Glyn Morgan during the year.

EXPECTANT MOTHERS REFERRED TO HOSPITAL

198 expectant mothers were referred to St. Woolos Hospital and 2 to the Royal Gwent Hospital during the year.

MATERNITY PACKS ISSUED TO EXPECTANT MOTHERS

898 maternity packs were issued to expectant mothers during the year.

EXPECTANT MOTHERS ATTENDING ANTENATAL CLINICS
BOOKED FOR CONFINEMENT IN HOSPITAL

Of the expectant mothers attending antenatal clinics under the control of the Newport Local Health Authority 738 were booked for confinement in hospital.

St. Woolos Hospital	...	...	...	...	670
Royal Gwent Hospital	...	...	...	...	3
County Hospital, Griffithstown	...	...	...	...	25
Lydia Beynon Maternity Hospital	...	...	...	...	39
Cefn Ila Maternity Hospital, Usk	...	...	...	...	1

In addition 22 expectant mothers were admitted to St. Woolos Hospital during pregnancy for treatment.

Of the expectant mothers booked for confinement in hospital 110 had abnormal confinements.

Caesarean Section	...	...	...	...	37
Instrumental Delivery	...	...	...	...	29
Abnormal Presentations	...	...	...	...	21
Stillbirths	...	...	...	...	20
Miscarriage	...	...	...	...	3

PRIORITY SCHEME FOR ADMISSION OF EXPECTANT MOTHERS TO HOSPITAL

During 1959 the Local Health Authority were allocated 56 maternity beds each month in St. Woolos Hospital for admission of expectant mothers attending the antenatal clinics. A priority scheme for admission was operated by the Local Health Authority as follows (in order of priority):—

1. Disproportion including previous history of difficult confinements
2. Breech Presentation
3. Multiple Pregnancy
4. Toxaemia
5. Multiparity of 4 or more
6. Diabetes
7. Social Reasons.

Primiparae were recommended if one of these conditions were present rather than for primiparity. Expectant mothers with Rhesus antibodies in their blood were automatically admitted whether the full allocation of beds had been used or not.

Admission for social reasons was still high and could be cut down if more pressure were brought to bear to persuade expectant mothers to have home confinements.

CARE OF UNMARRIED MOTHERS

The Llandaff Diocesan Association for Moral Welfare accepted one unmarried expectant mother from Newport into their Mother and Baby Home at Penarth. The mother remained in the Home for eight weeks and the Local Health Authority accepted financial responsibility for the cost of her stay subject to her making a small contribution.

PLACES OF BIRTH OF BABIES BORN IN NEWPORT IN 1959

There follows a list of the places of birth of the 1,587 Newport residents and 375 non-residents born in Newport in 1959.

	<i>Residents</i>	<i>Non-residents</i>
St. Woolos Hospital	724	322
Royal Gwent Hospital	3	8
Grange Nursing Home	35	35
Rothbury Nursing Home	1	—
236 Cardiff Road	3	1
Total born in hospital	766	366
Total born at home	821	9

To the 1,587 Newport residents born in Newport must be added 184 Newport residents born outside Newport making 1,771 altogether.

PLACES OF OCCURRENCE OF STILLBIRTHS IN NEWPORT IN 1959

There follows a list of the places of occurrence of the 34 stillbirths of Newport residents and 20 of non-residents in Newport in 1959,

	<i>Residents</i>	<i>Non-residents</i>
St. Woolos Hospital ...	23	18
Grange Nursing Home ...	—	2
Total stillbirths in hospital ...	23	20
Total stillbirths at home ...	11	—

To the 34 stillbirths of Newport residents in Newport must be added 4 stillbirths of Newport residents outside Newport making 38 altogether.

PLACES OF OCCURRENCE OF MISCARRIAGES IN NEWPORT IN 1959

There follows a list of the places of occurrence of the 130 miscarriages of Newport residents and 85 of non residents in Newport in 1959.

	<i>Residents</i>	<i>Non-residents</i>
St. Woolos Hospital ...	52	33
Royal Gwent Hospital ...	46	52
Total miscarriages in hospital ...	98	85
Total miscarriage at home...	32	—

INFANT FEEDING

At the Health Visitors' first visits the method of feeding of babies born in 1959 was as follows.

	<i>Number</i>	<i>Percentage</i>
Breast Feeding	685	40.1
Breast and Artificial Feeding ...	166	9.7
Artificial Feeding	846	49.5
No Record	10	0.6
	<hr/> 1,707	<hr/> 100.0

Even at the first visit therefore only half the babies were wholly or partly breast fed. This is to be regretted in view of the increasing evidence of the advantage of breast feeding. It is suggested for example that, because breast milk contains more unsaturated fats and essential fatty acids, and cow's milk more saturated fats and non-essential fatty acids, artificially fed babies from the beginning of their lives are laying down atheromatous deposits in their arteries.

The reasons given for not breast feeding in the case of the wholly artificially fed babies were as follows.

	<i>Number</i>	<i>Percentage</i>
Insufficient milk	432	51.1
Ill-health of mother	121	14.3
Breast conditions	65	7.7
Baby too weak	8	0.9
Baby deformed	7	0.8
Mother refused	82	9.7
Other reasons	131	15.5
	<hr/> 846	<hr/> 100.0

It is impossible to believe that in this reasonably prosperous community half the mothers who were not breast feeding their babies, that is to say a quarter of all the mothers, did not have enough milk. In any case insufficiency of milk is not an adequate reason for not breast feeding. A mother who has insufficient milk should breast feed her baby at each feed and follow this with artificial feeding.

At the Health Visitor's visits when the babies were six months old the position was as follows.

	<i>Number</i>	<i>Percentage</i>
Breast Feeding	8	0.8
Breast Feeding and Mixed Diet ...	78	8.1
Artificial Feeding	76	7.9
Artificial Feeding and Mixed Diet	464	47.9
Mixed Diet	341	35.2
No Record	1	0.1
	<hr/> 968	<hr/> 100.0

The only group here which is entirely satisfactory is the group of babies on a mixed diet. At six months a baby should be on a mixed diet, and milk should be a drink only. The suspicion about the groups of babies on breast feeding and mixed diet, and on artificial feeding and mixed diet, is that the mixed diet may be largely or even entirely a cereal diet, a suspicion which is not held about the group of babies on a mixed diet. The groups of babies on breast feeding and on artificial feeding are certainly suffering from lack of essential factors in their diet. Milk is only adequate for very young babies.

In the case of the babies no longer breast fed at six months the duration of breast feeding was as follows.

	<i>Number</i>	<i>Percentage</i>
Never breast fed	309	35.1
Breast fed for 1-7 days ...	52	5.9
Breast fed for 1-4 weeks ...	178	20.2
Breast fed for 1-3 months ...	152	17.3
Breast fed for 3-6 months ...	100	11.3
No record	90	10.2
	<hr/> 881	<hr/> 100.0

Probably the only way to get useful information in this connection would be to find how many babies ceased to be breast fed during each month of age up to six months. The 152 breast fed for 1-3 months would be a satisfactory number if they were mostly breast fed for 2-3 months but not if they were mostly breast fed for 1-2 months, and the 100 breast fed for 3-6 months would be a satisfactory number if they were mostly breast fed for 3-4 months but not if they were mostly breast fed for 5-6 months. A milk diet continued too long is as bad as artificial feeding instituted too early. But breast feeding for any period is better than nothing.

CHILD WELFARE CENTRES

Name of Centre	Address	Sessions	
		Morning	Afternoon
ALEXANDRA ..	Alexandra Road Baptist Church Hall, Alexandra Road	—	Friday
ALWAY ..	Maternity and Child Welfare Clinic, Aberthaw Road	— Thursday	Wednesday Thursday
BEECHWOOD ..	Beechwood Presbyterian Church Hall, Kenilworth Road	Monday	Monday
CAERLEON RD.	Caerleon Road Presbyterian Church Hall, Caerleon Road	Thursday	Thursday
CENTRAL ..	St. Paul's Church Hall, Commercial Street	Wednesday	Wednesday
CLYTHA ..	Maternity and Child Welfare Clinic, 27 Clytha Park Road	Monday	Monday
CRINDAU ..	Crindau Gospel Hall, Malpas Road	—	Thursday
GAER ..	Maternity and Child Welfare Clinic, Gaer Road	Wednesday	Wednesday
LLISWERRY ..	St. Philip's Mission Church, Jenkins Street	Tuesday	Tuesday
MAESGLAS ..	St. Thomas's Church Hall, Old Cardiff Road	Friday	—
MALPAS ..	Malpas War Memorial Institute, Malpas Road	Tuesday	Tuesday
ST. JULIANS ..	Penylan Baptist Church, Christchurch Rd.	Friday	Friday

CHILD WELFARE CENTRES

	Medical examinations Children			Weighings Children			Medical Exam- inations Mothers
	Under 1 year	1 but under 2	2 but under 5	Under 1 year	1 but under 2	2 but under 5	
ALEXANDRA ..	773	83	75	1,859	156	53	160
ALWAY ..	1,117	120	158	2,893	421	454	206
BEECHWOOD ..	823	101	96	2,887	419	131	179
CAERLEON RD.	907	93	123	3,080	405	135	863
CENTRAL ..	798	105	73	2,336	294	102	159
CLYTHA ..	709	98	76	1,665	228	151	177
CRINDAU ..	767	139	94	1,796	275	109	757
GAER ..	763	102	95	1,854	336	175	165
LLISWERRY ..	988	106	100	2,275	360	273	266
MAESGLAS ..	339	113	70	767	281	115	160
MALPAS ..	609	104	63	1,510	333	121	459
ST. JULIANS ..	325	39	53	786	108	54	62
	8,918	1,203	1,076	23,708	3,816	1,873	3,553

CHILD WELFARE CENTRES

	Number of child welfare sessions now held per month	Number of children who first attended during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were			Total Attendances during the year	Total Attendances during the year made by mothers
			1959	1958	1957-54		Under 1 year	1 but under 2	2 but under 5		
ALEXANDRA ..	4 1/3	125	127	56	31	214	1,876	176	127	2,179	2,019
ALWAY ..	13	353	266	274	381	921	3,091	459	515	4,065	3,328
BEECHWOOD ..	8 2/3	191	204	171	126	501	2,891	427	132	3,450	3,283
CAERLEON RD. ..	8 2/3	245	248	188	186	622	3,081	414	151	3,646	3,403
CENTRAL ..	8 2/3	181	146	104	31	281	2,365	343	186	2,894	2,629
CLYTHA ..	8 2/3	153	150	115	17	282	1,795	266	189	2,250	1,994
CRINDAU ..	4 1/3	125	114	112	105	331	1,814	293	117	2,224	2,154
GAER ..	8 2/3	130	132	97	100	329	1,888	346	185	2,419	2,200
LLISWERRY ..	8 2/3	139	173	114	73	360	2,426	409	366	3,201	2,682
MAESGLAS ..	4 1/3	58	70	51	89	210	795	288	119	1,202	987
MALPAS ..	8 2/3	61	60	71	83	214	1,516	339	122	1,977	1,879
ST. JULIANS ..	8 2/3	55	54	28	52	134	806	117	83	1,006	954
	95 1/3	1,816	1,744	1,381	1,274	4,399	24,344	3,877	2,292	30,513	27,512

MEDICAL CONDITIONS FOUND BY MEDICAL OFFICERS AT MOTHER AND CHILD WELFARE CENTRES

	0-4 weeks		1-3 months		3-6 months		6-12 months		1-2 years		2-3 years		3-4 years		4-5 years		5 years and over	
	At first exam.	Others	At first exam.	Others	At first exam.	Others	At first exam.	Others	At first exam.	Others	At first exam.	Others	At first exam.	Others	At first exam.	Others	At first exam.	Others
No abnormality ...	637	71	275	789	64	1700	40	2591	32	626	23	227	16	93	11	79	69	143
Gastro intestinal conditions	21	6	21	116	7	77	3	89	3	38	2	18	1	2	—	3	1	1
Respiratory conditions ...	11	4	15	102	6	177	9	217	2	81	4	37	4	11	2	12	3	9
Orthopaedic conditions	13	1	12	29	4	29	2	42	10	149	4	58	3	26	2	14	2	10
Skin conditions ...	32	6	25	106	6	164	11	142	6	89	2	51	4	17	5	17	3	7
Umbilical conditions ...	48	14	31	89	5	32	1	17	—	8	1	—	—	1	—	—	—	1
Jaundice ...	5	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Birth injuries or maldevelopment	7	—	7	16	1	6	3	16	1	4	1	6	—	4	—	1	1	2
Other conditions ...	79	10	42	104	17	223	7	165	12	114	12	93	18	76	15	71	9	113

MEDICAL CONDITIONS FOUND BY HEALTH VISITORS AT HOME VISITS

	Treated at Clinic					Treated by own Doctor					Treated in Hospital					No Medical Treatment												
	0-1 Wk.	1-4 Mths.	1-12 Yrs.	2-3 Yrs.	3-4 Yrs.	4-5 Yrs.	0-1 Wk.	1-4 Mths.	1-12 Yrs.	2-3 Yrs.	3-4 Yrs.	4-5 Yrs.	0-1 Wk.	1-4 Mths.	1-12 Yrs.	2-3 Yrs.	3-4 Yrs.	4-5 Yrs.	0-1 Wk.	1-4 Mths.	1-12 Yrs.	2-3 Yrs.	3-4 Yrs.	4-5 Yrs.				
Inflammation of eyes of new born	3	—	—	—	—	—	49	—	—	—	—	—	2	—	—	—	—	—	26	—	—	—	—	—				
Gastro intestinal conditions ..	—	2	4	1	3	1	—	4	33	27	8	9	8	1	5	42	13	3	—	—	12	10	4	3	6			
Respiratory conditions ..	—	—	3	5	10	7	9	1	3	96	47	29	22	17	—	2	24	13	8	7	—	3	13	9	3	6	4	
Orthopaedic conditions ..	—	24	33	46	26	18	10	1	3	2	2	1	—	1	—	1	4	4	3	6	1	—	18	10	9	9	5	4
Skin conditions ..	1	2	19	15	12	5	5	—	18	30	21	10	14	7	—	4	5	1	3	3	4	—	39	28	18	12	12	3
Umbilical conditions ..	—	8	14	1	1	1	1	1	29	4	—	—	—	—	—	—	1	—	—	—	1	61	16	—	—	—	—	
Jaundice ..	—	1	—	—	—	—	—	13	18	1	—	—	—	—	—	1	—	—	—	—	—	2	8	—	—	—	—	
Asphyxia ..	—	—	—	—	—	—	—	15	1	—	—	—	—	—	5	1	—	—	—	—	—	—	—	—	—	—	—	
Birth injuries or maldevelopment ..	—	3	3	3	1	1	3	—	1	—	—	—	—	—	1	3	2	—	—	—	—	—	2	—	1	1	—	—
Other conditions ..	1	9	24	14	22	18	18	—	15	54	34	37	25	26	1	7	19	14	14	16	8	—	17	58	56	53	37	31

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

Annual Report by the Principal School Dental Officer

A comparison with the previous year shows that progress has been made, with increases both in the number of mothers and pre-school children examined, and in all forms of treatment given at the School Clinic.

As in former years a great need still exists for early treatment for the temporary dentition before the age for entry to school. At present with staff shortage only a very small proportion of children under 5 years of age receive the necessary conservative treatment. In this connection the dental ritual of nursery schools is to be commended as a preventive measure.

EXPECTANT AND NURSING MOTHERS.

During the year 390 expectant and nursing mothers attended for dental examinations, an increase of 87 as compared with the previous year. Of the 390 examined, 379 (97.1%) were found to be in need of treatment, but only 255 of these attended for treatment, and of these only 83 completed treatment and were made dentally fit, an indication of the practice of so many mothers to have only the aching teeth removed.

1,216 visits to the clinic were made by the 255 patients, making an average of 4.7 visits for each patient. An increased number of sets of false teeth were supplied in 1959, necessitating more attendances, and this explains the rise in the average number of visits from 2.7 in 1958.

199 fillings were inserted as compared with 27 in the previous year.

The number of teeth extracted was 1,573, an increase of 401 on the previous year's figure. 299 administrations of general anaesthesia at 49 anaesthetic sessions and 247 injections of local anaesthetic were required to complete the extractions.

The number of sets of false teeth supplied was 170, made up of 118 complete sets and 52 partial sets. This is an increase of 100% as compared with 1958. As in former years an arrangement was made with a local firm of dental artificers to carry out the workshop part of the construction of the sets of false teeth.

CHILDREN UNDER SCHOOL AGE.

During the year the total number of pre-school children dentally examined was 312, an increase of 66 as compared with the previous year. Of these children examined, 299 (95.8%) were found to be in need of treatment, but only 240 of these children accepted treatment.

These children made a total of 478 visits to the clinic which is an average of 2.0 visits for each child.

Treatment for the pre-school children consisted mainly of the extraction of aching teeth. 599 teeth were extracted, an increase of 49 as compared with 1958.

70 fillings were inserted during 1959 as compared with only 8 for the previous year.

For the extraction of teeth 360 general anaesthetics were administered.

GENERAL.

The X-ray apparatus is now an established part of our equipment and more use is being made of it to aid diagnosis. During the year 30 X-rays were taken as compared with 8 the previous year.

In conclusion grateful thanks are again extended to the Medical and Nursing Staffs and to the Staffs of Nursery Schools for their help and co-operation during the year.

W. G. CLARKSON, L.D.S.,

Principal School Dental Officer.

Section 23. Midwifery.

At the beginning of the year there were 36 midwives on the Register. 12 midwives ceased practice during the year, 8 commenced practice, and 3 re-commenced, so that at the end of the year there were 35 on the Register. There were also 3 maternity nurses on the Register at the end of the year.

Of the 35 midwives practising at the end of the year 33 were State Registered Nurses as well as State Certified Midwives and 33 were qualified to give gas and air analgesia. 3 midwives attended refresher courses during the year.

6 of the 13 midwives employed by the Local Health Authority are approved as teaching midwives and 18 pupil midwives obtained their State Certification during the year.

One Local Health Authority midwife, Sister Rees, resigned during the year, on 31st October, 1959, and one, Sister Holton, was appointed during the year, on 23rd November, 1959.

The number of births, including miscarriages, attended by Domiciliary Midwives during the year was 851. Of these 92 were doctors' cases and 799 were midwives' cases. Medical aid was sought by midwives for 197 mothers, 28 during pregnancy, 131 during labour, and 38 following the birth of the baby, and for 112 babies.

The 13 Local Health Authority midwives attended 815 mothers, 732 midwifery cases and 83 maternity cases. They paid 3,559 visits to 787 cases after hospital confinements, 2 independent midwives attended 36 mothers.

528 babies were breast fed at 14 days of age.

There were 11 stillbirth notifications made by domiciliary midwives and 32 notifications of miscarriage.

ARRANGEMENTS FOR RELIEF DUTY

The town is divided into four areas which are so delineated that the number of births in each area is proportional to the number of midwives in the group allocated to the area. There are three groups of three midwives and one group of four midwives and these deal with the births and antenatal visits in their areas. Bookings are so arranged that each midwife in a group attends the same number of confinements.

A rota is operated which allows each midwife 42 consecutive hours off duty commencing at 2 p.m. on fixed days during the first and second weeks of the rota and a weekend off duty from 2 p.m. on Friday to 8 a.m. on Monday during the third week. In addition an evening off duty is allowed each week from 2 p.m. to 8 a.m. if the midwife is not required for duty. The rota is repeated every three weeks and midwives know in advance when they are off duty. The rota ensures that at least one midwife in each group is on duty at any time.

Section 24. Health Visiting.

The integration of the School Health Service and the Maternity and Child Welfare Service was welcomed by the Nursing Staff. The undertaking of responsibility for the needs of the family as a whole creates a wider interest. Meeting and talking to the expectant mother at the Ante-Natal Clinic as well as in her own home helps the health visitor to establish a happy relationship with the mother.

This relationship reaches fruition when the health visitor visits the mother when the baby is two weeks old. Following the excitement and happiness of the household at the birth of a new baby there is often an anticlimax after the departure of the obstetric staff. The parents are conscious of their new responsibilities and they are anxious to obtain counsel from the official source, the health visitor, whom they already know. This counselling is continued until the child reaches school age. By this time a relationship of mutual understanding has been established between the child and the health visitor who is also school nurse, and this relationship is very valuable during primary school education.

Twelve Child Welfare Centres operate throughout the County Borough. Attendance is not compulsory, but nevertheless the number of mothers attending the centres is satisfactory and this is primarily due to the work of the health visitor. Of the 1,831 babies born in 1959, 1,744 attended Child Welfare Centres.

The health of children aged from 2 to 5 years attending Nursery Schools is carefully guarded. Weekly visits are made to the nursery schools by the health visitors. Prior to admission the child who is now to enter community life is seen in his own home by the health visitor to ascertain his fitness for admission. At the same time the co-operation of the mother is sought in seeing that the child is correctly introduced to the social group.

CARE AND AFTER CARE.

(a) *Tuberculosis.*

The patient suffering from Tuberculosis who is nursed at home is visited as well as the patient discharged from hospital. In the first case instructions on the disposal of infectious material are given to the patient and other members of the family for the protection of themselves and other members of the community. In the second case a check is kept on the health of the patient and on his ability to remain well after resuming employment. In the case of a protracted illness social and environmental problems often arise, and to maintain the morale of the household individual attention must be given.

(b) Diabetes.

Liaison is maintained by the health visitor between the physician at the Royal Gwent Hospital and the patient. Special home visits are necessary in the case of a patient suffering from diabetes. It is most essential that the need for correct diet is fully understood by the patient and by those who have to cater for him. Instruction is also given in the personal hygiene appropriate to the condition. The aim is to ensure that he leads a normal social and working life.

(c) The Elderly.

Elderly persons living alone are often in need of the services of the health visitor, but they are frequently difficult to locate. Information of the whereabouts of persons of advancing years is received from various sources. Apart from giving general advice the health visitor is able to get in touch with other social workers who are available to help the elderly. Elderly persons living with a family are less of a problem.

HEALTH EDUCATION.

Lectures on health topics have been given to youth clubs and women's organisations. Four boys studying for the Duke of Edinburgh's Award were instructed for the "First Aid Emergency Action" Section, and were successful in obtaining the certificate.

HEALTH VISITOR TRAINING.

The Local Health Authority has its own scheme for the assistance of State Registered Nurses who wish to obtain the Health Visitor's Certificate. Nurses applying for assistance must be under 35 years of age and must have completed successfully the first part of the training for State Certified Midwife.

While awaiting the commencement of the course of training for the Health Visitor's Certificate nurses may be employed in the Public Health Department at the salary of a clinic nurse, and during the course of training they are paid two-thirds of the minimum salary for a Health Visitor plus uniform allowance.

NURSE EDUCATION.

April 1959 saw the inauguration of the Nurse Education Committee established for the four training schools in the area of the Newport and East Monmouthshire Hospital Management Committee. Your Superintendent Health Visitor was nominated to serve on this committee. In addition, in accordance with the recommendation of the General Nursing Council, lectures were given to the student nurses at the Royal Gwent Hospital and St. Woolos Hospital on "The Social Aspects of Disease." It is hoped in the near future to supplement these lectures by observation visits to the various clinics established by the Local Health Authority. Ideally student nurse training should incorporate the concept of Public Health.

HEALTH VISITING

The following is a summary of the visits to homes made by the health visitors during the year.

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>Mother and Child Welfare</i>				
Expectant Mothers ...	846	173	1,019	177
Mothers ...	445	211	656	158
Children 0-1 year ...	1,938	5,118	7,056	1,104
1-2 ...	73	3,005	3,078	496
2-5 ...	274	8,415	8,689	1,232
	3,576	16,922	20,498	3,167

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>Tuberculosis Contacts</i>				
Children 0-1 year ...	17	6	23	8
1-2 ...	9	3	12	7
2-5 ...	25	9	34	15
All others 5+ ...	448	33	481	82
	499	51	550	112

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>Infectious Disease</i>				
Children 0-1 year ...	16	1	17	0
1-2 ...	12	3	15	1
2-5 ...	108	20	128	14
All others 5+ ...	207	34	241	31
	343	58	401	46

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>Elderly</i> ...	71	46	117	6
<i>Chronic Sick</i> ...	51	25	76	10
<i>School Health Service</i> ...	—	—	1,213	—

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>All other Visits</i>				
Children 0-1 year ...	11	8	19	0
1-2 ...	3	4	7	0
2-5 ...	19	15	34	16
All others 5+ ...	292	175	467	127
	325	202	527	143

Total Number of Children 0-5 years first visited in 1959 ... 5,376
 Total Number of Homes or Families first visited in 1959 ... 5,523

TUBERCULOSIS HEALTH VISITING

The following is a summary of the visits to homes made by the Tuberculosis Health Visitor during the year.

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>Cases</i>				
Children 0-1 year ...	0	0	0	0
1-2 ...	3	0	3	1
2-5 ...	4	1	5	0
All others 5+ ...	78	1,606	1,684	473
	85	1,607	1,692	474

	<i>Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>Attempted Visits</i>
<i>Contacts</i>				
Children 0-1 year ...	49	4	53	0
1-2 ...	21	9	30	0
2-5 ...	57	14	71	0
All others 5+ ...	347	51	398	54
	474	78	552	54

Total Number of Children 0-5 years first visited in 1959 ... 81

Total Number of Homes or Families first visited in 1959 ... 861

Section 25. Home Nursing.

Many more sick people are nursed in their own homes than go into hospital and it is this service which provides the care and attention needed. The District Nurse will visit any home when a request for her to do so is received from the general practitioner or specialist. Perhaps the value of this service is appreciated most by those chronic sick patients who should be in hospital but cannot be admitted because of the shortage of chronic sick beds and by those patients, particularly the aged, who prefer to be nursed in their own homes. Nurses do not live in the homes that they are attending, but visit during the day and in the evening. For those patients requiring attention during the night the facilities of the Night Nursing Orderly Service are available.

During 1958 and 1959 the average number of patients who had more than 24 visits during the year was 1,463 as compared with an average of 531 for the five previous years. This is an illustration of the great and increasing number of injections given by nurses.

Section 26. Vaccination and Immunisation.

During the year a new follow up system was introduced which resulted in a large increase in the number of vaccinations and immunisations carried out and in fact combined diphtheria and whooping cough immunisations of infants under one year rose by no less than 60.4% over the previous year, there being 1,083 infants immunised as compared with 675 in 1958.

This system is based on the notification of births to the Local Health Authority by Hospital Authorities and by Midwives. A list of births notified during the week is prepared weekly and for each birth a slip is prepared in quadruplicate. One copy is worded to the effect that the infant has reached the age of three months and is due for smallpox vaccination, a second to the effect that the infant has reached the age of six months and is due for combined diphtheria and whooping cough immunisation, and a third to the effect that the infant has reached the age of nine months and is due for poliomyelitis immunisation. These slips are given to the appropriate health visitor at these times who checks whether or not vaccination or immunisation has been completed and makes a visit if it has not. The fourth copy is kept for record purposes as a check in the Public Health Department.

In addition to the routine observed for infants, reinforcing injections of diphtheria immunisation are given when children commence school. The parents of all children commencing school are circularised through the schools asking for their consent to their children being given reinforcing injections and visits are then made to the schools and the children whose parents have given permission are given reinforcing injections. In the case of parents who want the reinforcing injection to be given by their own doctor they are instructed to attend at the doctor's surgery and the doctor is sent the record card and told of the arrangements made. In this way also many children who have not been immunised in infancy as a result of parental apathy receive their primary immunisation.

DIPHTHERIA IMMUNISATION

Return for year ending 31st December, 1959.

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)			
	Under 1	1 - 4	5 - 14	TOTAL
(a) Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during the year ended 31st December, 1959.	1,083	236	334	1,653
(b) Number of children who received a secondary (reinforcing) Injection (i.e. subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1959.	—	—	409	409

DIPHTHERIA IMMUNISATION INDEX

Return for the year ended 31st December, 1959.

Number of children in the Local Health Authority area on 31st December, 1959, who have completed a course of diphtheria immunisation at any time between 1st January, 1945 and 31st December, 1959.

Age on 31st Dec., 1959 (i.e. born in year) ...	Under 1 1959	1 - 4 1955-1958	5 - 9 1950-1954	10 - 14 1945-1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1955-1959 ...	297	4,126	4,615	266	9,304
B. Number of children whose last course (primary or booster) was completed in the period 1954 or earlier	—	—	2,321	8,289	10,610
C. Estimated mid - year child population ...	1,770	6,230	16,300		24,300
Immunity Index 100A/C	16.8	66.2	29.9		38.3

WHOOPIING COUGH IMMUNISATION

Return for the year ended 31st December, 1959.

	Age at date of final injection		
	0-4 years	5-14 years	Total
Number of children who have completed a primary course (normally, 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1959 ...	1,289	320	1,609

The new follow-up system has also yielded a marked increase in the number of infants receiving primary vaccination and during the year there were 747 infants under one year of age vaccinated against smallpox as compared with 558 the previous year, an increase of 33.9%.

SMALLPOX VACCINATION

Return for the year ended 31st December, 1959.

Number of persons vaccinated (or revaccinated) during period

Age at Vaccination ..	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated	747	26	19	14	17	823
Number Re-Vaccinated	—	—	—	5	20	25

Regular poliomyelitis immunisation clinics were held during the year at Infant Welfare Centres and by private practitioners in their surgeries. An evening clinic was held from 6 to 8 p.m. every Wednesday throughout the year for the benefit of persons born in the years 1933-1942.

This clinic although very poorly attended during the early part of the year became very popular in the spring and at times there were four teams fully occupied throughout the session, each team consisting of a medical officer, nurse, and two clerks, who ensured that all persons were registered before being immunised. As many as 1,320 persons were immunised at one of these evening sessions and during the whole year about 13,000 injections were given at evening clinics.

POLIOMYELITIS IMMUNISATION

Return for year ended 31st December, 1959.

	Number who completed a course of two injections during the period 1st January—31st December, 1959
Children born in the years 1943 to 1959 ...	194
Young persons born in the years 1933 to 1942 ...	88
Expectant mothers	46
General practitioners and their families	3
Ambulance staff and their families	—
Hospital staff, medical students, and their families. If figure is not known state amount of vaccine issued to hospitals	—
TOTAL	331

Total number of persons at the 31st December, 1959, who had received three injections since the extension of the vaccination programme to include third injections, 15,160.

Section 27. Ambulance Service.

The duty of local ambulance authorities under the National Health Service is not to arrange for the conveyance of all persons suffering from illness but only of those for whom special transport such as the service provides is necessary, and where such transport comes within the scope of the National Health Service.

In general special transport is necessary for persons who are genuinely unable to travel by other means (for example public transport) and where the journey is closely connected with the treatment and care of the patient.

In some cases a patient may be unable to travel by public transport but the journey is not properly the responsibility of the Ambulance Service. Private arrangements should be made for these cases, which include journeys to more distant Hospitals or Convalescent Homes or to see more distant specialists, when the necessary diagnosis or treatment can be obtained nearer home, and journeys for the purpose of proceeding on holiday or to a place of recreation.

The Ambulance Service is not responsible for providing transport for a patient merely because the public transport times do not entirely fit in with the time of appointment at a hospital or because the patient cannot afford the fare to travel by public transport. Where the patient can make part of the journey by public transport, the Ambulance Service should not be called upon to provide transport for the whole of the journey.

The great increase in the number of calls made on ambulance services makes it imperative that the utmost care should always be exercised to eliminate all unnecessary use of the service. While ambulances must be provided for cases of genuine need, many journeys are still undertaken where the use of an ambulance is not really justified.

A special responsibility rests on general practitioners and hospital staffs therefore to satisfy themselves that it is unsuitable for a patient to travel by other means, and that the proposed journey is the responsibility of the National Health Service.

Since 1949 the number of patients conveyed in a year has increased from 15,000 to nearly 38,000 in 1959. Despite this the size of the ambulance service has been only moderately increased from seven vehicles and twenty staff in 1949 to nine vehicles and twenty-one staff in 1959. Further increases have not been necessary due to the installation of radio-telephones in 1954 which proved successful in saving time and journeys. However the continuing increase in the number of patients to be conveyed, together with the greater distances covered in conveying patients to and from the outlying areas which have been built up in recent years, means that increases in the size of the service will be needed from time to time.

In addition to commitments under Section 27 of the National Health Service Act 1946, the Ambulance Service provides transport, on recharge, for the conveyance of mentally defective persons to and from the Occupation Centre, of Midwives with their Analgesia apparatus, of Night Nursing Orderlies, and of Home Nurses when public transport is not available, together with the transport of patients from factories which have a statutory obligation to provide their own ambulance or to make special arrangements with the local ambulance authority.

The following table shows the number of patients conveyed during the years 1949-1959.

PATIENTS CONVEYED

<i>Year</i>	<i>Sitting Cases</i>	<i>Stretcher Cases</i>	<i>Total</i>
1949 ...	—	—	15,062
1950 ...	—	—	23,063
1951 ...	17,783	6,031	23,814
1952 ...	20,675	6,022	26,697
1953 ...	23,501	6,317	29,818
1954 ...	20,508	6,514	27,022
1955 ...	24,584	7,245	31,829
1956 ...	26,293	6,291	32,584
1957 ...	25,444	5,817	31,261
1958 ...	30,490	6,838	37,328
1959 ...	32,338	5,521	37,859

The increasing number of patients can be attributed to the fact that more people are being treated at hospitals, but it is significant that the increase is in the number of sitting patients conveyed, where it is difficult to assess that the need for transport is genuine. In the financial year ending 31st March, 1959, the total cost of the ambulance service was £22,848. The following table gives a comparison of statistics applying to Newport as compared with the average of 65 County Boroughs in a similar population group.

	<i>Newport</i>	<i>Average</i>
Cost per person carried	10/2	14/7
Cost per 1,000 population	£219	£263
Cost per vehicle mile	3/1	3/9
Persons carried per 1,000 population	430	360
Miles per person carried	3.3	4.3

These figures compare favourably for Newport except that the number of persons carried per 1,000 population is almost 20% more than the average.

For the purpose of economy the Ambulance Fleet is being standardised with diesel engined vehicles as older vehicles are replaced. This has resulted in a saving in fuel cost since diesel engined vehicles have about half the fuel consumption of their petrol-engined counterparts. In addition a sitting case car is to be replaced by a sitting patient ambulance which will accommodate twice as many patients.

A new ambulance depot is being planned, partly because the existing site is required for other purposes, and partly because the present depot is of war-time construction and was not built specifically as an ambulance depot.

Consideration has been given to providing a sub-depot on the east side of the river, but since the only hospitals in Newport are on the west side of the river the only advantage would be to the first calls before vehicles conveyed patients to hospital. Thereafter calls would have to wait for the ambulance to return or be dealt with by an ambulance from the main depot or a vehicle in radio contact as is done at present. In order satisfactorily to operate a sub-depot, extra staff and vehicles would be needed.

Section. 28. Prevention of Illness, Care and After Care.

B.C.G. VACCINATION

B.G.G. Vaccination was offered during the autumn term to all children reaching their fourteenth birthday during the school year and it is interesting to compare the figures with those for previous years.

Summer term 1955:	B.C.G.	%	TB+	%	Total
Grammar school children reaching 14th birthday	188	72.9	70	27.1	258
Autumn term 1955:					
All children reaching 14th birthday	675	79.1	178	20.9	853
Autumn term 1956:					
All children reaching 14th birthday	745	81.4	170	18.6	915
Autumn term 1957:					
All children reaching 14th birthday	911	86.2	146	13.8	1,057
Autumn term 1958:					
All children reaching 14th birthday	814	90.5	85	9.5	899
Autumn term 1959:					
All children reaching 14th birthday	933	90.6	97	9.4	1,030
Total ...	4,266	85.1	746	14.9	5,012

This programme was not fully implemented until the Autumn term 1955. The group done during the summer term 1955 was a pilot programme to ensure the smooth performance of the full programme for children reaching the age of 14 during the school year 1955-56.

It is satisfactory to report that the fall in the numbers coming forward for tuberculin testing and B.C.G. Vaccination in 1958 as compared with 1957 was followed by a rise in the numbers coming forward in 1959 as compared with 1958 which almost reached the 1957 figure. It had been feared that the fall in 1958 was partly due to parents thinking that a child who had been immunised against poliomyelitis did not need to be vaccinated against tuberculosis, and partly due to parents not being prepared to take the trouble to sign consent forms for both procedures, and no doubt this was the case. However presumably increasing familiarity with poliomyelitis immunisation led to a reduction in the influence of these factors. This is just as well for tuberculosis killed thirty-four times as many people in England and Wales in 1958 as poliomyelitis did (4,480 as against 130).

It will be seen that there has been a fall in the percentage of children found to be tuberculin positive from 20.9% to 9.4% during the five years in which the full programme has been carried out indicating a fall in the sources of tuberculous infection. If the result of the pilot programme is included the fall has been from 27.1% to 9.4%, but this result is not strictly comparable, partly because the numbers were much smaller and more important because the children were eight months older and had been exposed to infection that much longer. It will also be seen that the very large falls in the percentages of children found to be tuberculin positive seen in the earlier years has not been repeated on this occasion, which suggests that the fall in the reservoir of sources of infection is itself decreasing. This in turn is confirmed by the fact that over the country as a whole the fall in the number of deaths from tuberculosis has itself almost ceased. Tuberculosis is by no means dead yet.

It is as well that B.C.G. vaccination has at last been accepted in the country as without it the removal of sources of tuberculous infection, which in most cases produce immunity rather than disease in those exposed to the infection, would have produced a population increasingly susceptible to the disease. In particular the compulsion to have milk tuberculin tested or pasteurised removed the opportunity to have what in most cases was a symptomless but immunising infection.

During the year B.C.G. vaccination was extended to older school children and to students attending the Newport and Monmouthshire College of Technology, the Newport Technical College, and the Newport College of Art. The results were as follows.

B.C.G.	%	TB. +	%	Total
62	76.5	19	23.5	81

TUBERCULOSIS CONTACT SCHEME

A scheme for the tuberculin testing and B.C.G. vaccination of contacts of cases of tuberculosis is carried out in co-operation with the Chest Physician. During the year 385 persons were tuberculin tested of whom 47 were found to be tuberculin positive and 338 tuberculin negative. 330 of those found to be tuberculin negative received B.C.G. vaccination.

TUBERCULIN TESTING

Tuberculin testing was offered during the year to all children reaching their tenth and sixth birthdays during the school year and it is interesting to compare the figures with those for the three previous years.

	TB -	%	TB +	%	Total
1956:					
Children reaching 10th birthday	1,073	88.8	135	11.2	1,208
1957:					
Children reaching 10th birthday	1,285	90.5	135	9.5	1,420
1958:					
Children reaching 10th birthday	1,257	94.4	74	5.6	1,331
1959:					
Children reaching 10th birthday	1,104	94.8	60	5.2	1,164
Total	4,719	92.1	404	7.9	5,123
1956:					
Children reaching 6th birthday	781	96.4	29	3.6	810
1957:					
Children reaching 6th birthday	910	96.6	32	3.4	942
1958:					
Children reaching 6th birthday	788	91.7	71	8.3	859
1959:					
Children reaching 6th birthday	807	99.1	7	0.9	814
Total	3,286	95.9	139	4.1	3,425

This programme was commenced in 1956.

It will be seen that there has been a further fall in the numbers both of ten year olds and of six year olds coming forward for tuberculin testing in 1959 as compared with 1958, the numbers for 1958 being themselves less than those for 1957. No doubt the poliomyelitis immunisation programme is responsible for this in the manner suggested in the last section of the report before this one.

It will be seen that there has been a fall in the percentage of ten year olds found to be tuberculin positive from 11.2% to 5.2% during the four years in which the programme has been carried out, indicating a fall in the sources of tuberculous infection. As with the fall in the number of fourteen year olds found prior to B.C.G. vaccination to be tuberculin positive, this fall has been much less this year than in earlier years. The suggested explanation for this is discussed in the last section of the report before this one.

The very small percentage of six year olds found to be tuberculin positive this year is no more easily explicable than the comparatively large percentage found to be tuberculin positive last year. Last year it was thought that staff reading tuberculin tests for the first time had been reading them wrongly and further instruction in reading of tuberculin tests was given to the staff concerned. That explanation cannot be the correct one this year and one would have expected the small fall in the percentage of tuberculin positive fourteen year olds and ten year olds to be paralleled by a similar small fall in percentage of tuberculin positive six year olds. Perhaps this matter will clear itself up with the result of future programmes.

The tuberculin positive children were given a chest X-ray. No cases of tuberculosis were found in either age group. Tuberculin testing is a much cheaper and more efficient way of finding cases of tuberculosis than mass X-ray, as it makes it unnecessary to X-ray any but the tuberculin positive cases.

TUBERCULOSIS STATISTICS 1900-1959

It is not generally realised how great has been the change in the pattern of tuberculosis statistics over the last sixty years. Notifications of pulmonary tuberculosis have risen and fallen, notifications of non-pulmonary tuberculosis have fallen almost to nothing, numbers of cases of pulmonary tuberculosis on the register have risen steadily, numbers of cases of non-pulmonary tuberculosis on the register have fallen steadily, deaths from pulmonary tuberculosis have risen and fallen and risen again, and deaths from non-pulmonary tuberculosis have fallen almost to nothing. Detailed figures are given in the following table.

AVERAGE NUMBER OF NOTIFICATIONS, CASES ON THE REGISTER, AND DEATHS FROM PULMONARY AND
NON-PULMONARY TUBERCULOSIS EACH YEAR IN NEWPORT IN 10 YEAR PERIODS 1900-1959 AND EACH
YEAR 1950-1959.

	Notifications						Cases on Register						Deaths		
	Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary			P.	N.P.	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total			
1900-1909	—	—	45	—	—	—	—	—	—	—	—	—	—	77	28
1910-1919	—	—	195	31	32	69	—	—	—	—	—	—	—	86	28
1920-1929	77	69	146	30	29	59	291	237	528	144	156	300	—	102	12
1930-1939	81	70	151	18	19	37	408	325	733	153	155	308	—	75	8
1940-1949	80	62	142	6	6	12	540	461	1,001	64	78	142	—	20	2
1950-1959	58	40	98	11	15	26	466	407	873	103	130	233	—	13	2
1950	67	62	129	6	6	12	492	428	920	93	126	219	—	4	0
1951	73	53	126	6	6	12	521	446	967	91	124	215	—	10	1
1952	82	50	132	9	9	18	503	426	929	63	80	143	—	6	0
1953	54	40	94	9	2	11	534	426	960	54	69	123	—	15	0
1954	71	46	117	4	8	12	547	468	1,015	55	58	113	—	15	2
1955	43	41	84	7	1	8	563	474	1,037	52	52	104	—	27	4
1956	47	29	76	2	6	8	602	485	1,087	45	50	95	—	23	4
1957	71	36	107	4	4	8	603	489	1,092	42	49	91	—	43	4
1958	33	26	59	1	7	8	574	457	1,031	37	43	80	—	47	5
1959	37	21	58	3	1	4							—		

Notifications of pulmonary tuberculosis rose from 1900-1909 to 1910-1919 probably partly as a result of the effects of the war and partly as a result of improved diagnosis. They fell from 1910-1919 to 1920-1929, probably as a result of the effects of the war wearing off, and remained more or less level until 1950-1959 when there was a further fall probably due to the reduction in sources of infection by better treatment. This fall can be followed year by year in the annual figures given for each year of the period. It will also be noticed that whereas the number of notifications among men was not much greater than the number among women in the early part of the century they are now about twice as high. This is probably due to the increase in consumption of tobacco, probably mainly of cigarettes, among men. The number of notifications of non-pulmonary tuberculosis were more or less stationary until 1940-1949 when they started falling and have now almost reached vanishing point as can be seen from the annual figures. This fall is probably due to the increase in the practice of pasteurisation of milk. In the case of non-pulmonary tuberculosis, where consumption of tobacco is not a factor, the number of notifications is the same in the two sexes.

The number of cases of pulmonary tuberculosis on the register has risen more or less steadily since 1930-1939 in both sexes. This paradoxical experience, in view of the fall in the number of notifications, is due to the improved treatment of pulmonary tuberculosis and the greatly increased proportion of patients who survive. The difference between the numbers of men and of women on the register is not so great as the difference between the numbers of male and female notifications. This is probably partly due to many of these cases on the register having been notified some years ago when the difference between the numbers of male and female notifications was not so great, and partly to the greater powers of survival of the female (female expectation of life at all ages is greater than male). The number of cases of non-pulmonary tuberculosis on the register were more or less stationary until 1950-1959 when they started falling rapidly as can be seen from the annual figures, this fall again being probably due to the increase in the practice of pasteurisation of milk, and again, consumption of tobacco not being a factor, the number of cases on the register is the same in the two sexes.

Deaths from pulmonary tuberculosis did not greatly fall until 1950-1959 when there was a fall of 73% as compared with 1940-1949. Deaths from non-pulmonary tuberculosis started to fall in 1920-1929 and have now almost reached vanishing point. It will be noted that previous to 1950-1959 deaths from pulmonary tuberculosis were about half as numerous as notifications or in other words one case out of every two died, and that even in the case of non-pulmonary tuberculosis deaths were half as numerous as notifications in 1910-1919 and one third as numerous as notifications in 1920-1929. It will also be noted that the annual figures for each year of the period 1950-1959 show that the number of deaths from pulmonary tuberculosis has increased over the period. This is probably due to deaths of old chronic cases who had been kept alive beyond what would have formerly been their expectation of life in view of their condition, by the use of modern treatment.

CARDIAC LIST

During 1959 a start was made with the maintenance of a Cardiac List, including children with rheumatic heart disease, children who had had rheumatic fever but had not developed rheumatic heart disease, and children with congenital heart disease. Children with rheumatic heart disease and children with congenital heart disease were found by the Consultant Paediatrician or by

Assistant Medical Officers of Health, but in the latter case were sent to the Consultant Paediatrician for confirmation as it was important not create hypochondriacs by putting children in these categories unnecessarily. In the absence of compulsory notification of rheumatic fever (which together with its complication of rheumatic heart disease was responsible for 7,567 deaths in England and Wales in 1958) children who had had rheumatic fever were found as a result of information received from the Consultant Paediatrician, General Practitioners, Health Visitors, Teachers, Education Welfare Officers, and parents.

In the case of children with rheumatic heart disease and children with congenital heart disease, the list is maintained in order to ensure that when they are to receive ear, nose, and throat or dental treatment they are given appropriate drug treatment beforehand, to prevent possible infection occurring in the damaged or abnormal heart valves, and in the case of dental treatment, to ensure that this is carried out, like ear, nose, and throat treatment, in hospital. In the case of children with rheumatic heart disease and children who have had rheumatic fever, the list is also maintained in order to obtain information about the incidence of rheumatic fever (which in the absence of compulsory notification of rheumatic fever is at present lacking) and to provide the basis for a programme of long term prevention of recurrences of rheumatic fever by appropriate drug treatment if this is eventually instituted. It is the case that each attack of rheumatic fever renders the person concerned more susceptible to subsequent attacks, and that each attack renders the person concerned more susceptible to damage to the heart valves, and that subsequent attacks can be prevented by appropriate long term drug treatment.

Up to the end of the year 5 cases of rheumatic heart disease, 14 of rheumatic fever without heart damage, and 48 of congenital heart disease, had come to attention among pre-school and school children.

DENTAL TREATMENT OF CARDIAC CASES

Very satisfactory arrangements have been made with the Dental and Paediatric Consultants at the Royal Gwent Hospital for the admission to the hospital for dental extractions of children with rheumatic and congenital heart disease and of children with haemophilia and diabetes. These children are looked after by the Consultants while in hospital and given appropriate prophylactic drug treatment and general anaesthesia rather than gas and air anaesthesia and the possibility of complications due to their disabilities is thus minimised.

SMOKING AND LUNG CANCER

In co-operation with the Education Committee, a talk was given during the autumn term in all secondary schools to children reaching the age of 15 during the school year and this talk will be given yearly.

Graphs were shown to illustrate the changes in the number of deaths over the last ten years in England and Wales from lung cancer and from five

HEALTH EDUCATION

Four films have been purchased by the Public Health Department and the Education Department jointly with the object of showing them to senior school children and to parents' associations, following the showing with a period of questions to be answered by a medical officer of the authority, the hope being that the films will have encouraged the audience to think about health, rather than about disease, and that they will ask for information or advice either on subjects discussed in the films or on other subjects connected with health.

There are many films about disease, but few about health and the choice for purchase was limited. The films bought were:—

“Your children walking.” Some hints on the importance of healthy feet.

“Round figures.” The importance for health of good posture.

“Old wives' tales.” Exploding the fallacies! Ne'er cast a clout; A little dirt won't hurt you; Night Air is dangerous.

“A modern guide to health.” Correct posture, value of exercise and fresh air, importance of suitable clothes, how to avoid insomnia.

The response to this offer has been most disappointing. No doubt it causes inconvenience to the school to make arrangements for a talk to be given to children but it seems a great pity that this should not be accepted. The rules of health are so simple, and there is such abysmal ignorance of them. Attention given to a few simple precepts could result in a rich dividend of better health in adult life.

Suitable films obtained from the Central Film Library and from commercial sources on loan are shown regularly to the medical and nursing staffs.

Health topics are displayed in the Civic Centre Entrance Hall and in the Public Health Department Entrance Hall on exhibition stands. These topics are changed regularly and appropriate leaflets are provided.

Leaflets on health subjects are also left at homes when appropriate by the Health Visitors in the course of their routine visits and are also distributed to Child Welfare Centres and Public Libraries.

500 copies of the magazine “Better Health” are distributed each month to child welfare centres, schools, and doctors' and dentists' surgeries.

PROBLEM FAMILIES

A co-ordinating panel for problem families, consisting of the Medical Officer of Health as Chairman, the Superintendent Health Visitor and Home Help organiser from the Public Health Department, the Children's Officer, the Welfare Officer from the Housing Department, a Welfare Officer from the Welfare Department, the two local Inspectors of the National Society for the Prevention of Cruelty to Children, and the local Secretary of the Soldiers', Sailors', and Airmen's Families Association, meets monthly to discuss individual problem families in the town and to endeavour to find a course of action to follow in each case. As far as possible one member of the panel is made responsible for each family, at any rate for the month until the next meeting.

This panel has been found to be of very considerable value. Information about each family is contributed by a number of members of the panel and the resulting picture is much clearer than the one which any member possessed individually. As a result duplication of effort and even contradictory effort by different members of the panel is avoided. Not least of the benefits of the creation of the panel is the better knowledge of one another gained by its various members.

During the year 36 families came under discussion, 15 of whom had been carried forward from 1958. 2 families were under discussion for the whole of the year.

2 families were re-housed by the Housing Committee and 1 was given a transfer to another housing estate, Home Help was given to 7 families, and a clothing grant was given to 5 families by the Infant Welfare Voluntary Committee.

There follows an analysis of the circumstances found among the problem families being helped at the end of the year:—

Rent arrears	...	...	23	Bad mothercraft	...	...	6
Bad housing conditions	...	...	18	Parental Incompatibility	...	...	6
Financial difficulties	...	...	12	Illegitimate children	...	...	5
Husband unemployed	...	...	11	Illness of Parents	...	...	5
Husband unreliable	...	...	10	Parents Divorced or Separated	...	...	5
Child neglect	...	...	9	Truancy	...	...	3
Wife deserted	...	...	8	Wife unreliable	...	...	3
Bad household management	...	...	7	Others	...	...	13

Bad housing conditions was usually found among problem families as a single cause.

As a result of the discussions on individual families which took place during the year three points of agreement among the panel came up again and again. These were:—

It should be possible in the case of rent arrears for the Housing Authority to be able to have rent deducted from wages as a right.

It should be possible in the case of rent arrears for the Housing Authority to be able to have rent deducted from National Assistance Board Rent allowance as a right where this is at present paid by the Ministry of Labour together with unemployment benefit.

There should be simple accommodation rather of the nature of barracks where families who are unfit to live in ordinary houses could live under supervision until such time as they become fit to live in ordinary houses.

THE REST (SEASIDE) CONVALESCENT HOME PORTHCAWL

13 patients were admitted to the Rest Home for periods of convalescence, the cost of their stay being borne by the Local Health Authority.

Section 29. Domestic Help

The demands upon the Home Help Service have been exceptionally heavy. During the year 515 applications have been investigated. Applications have been received from doctors, nurses, welfare officers, councillors, hospital almoners, National Assistance Board officers, and voluntary services.

The majority of these applications have proved more or less urgent. Priority has been given to maternity cases, medically urgent cases, and persons living alone.

With the exception of maternity cases this year again has brought a catalogue of loneliness and hardship, with its toll of mental and physical suffering.

There is still an apparent shortage of hospital accommodation and the expenditure of £25,000 on the Home Help Service has only just provided for those awaiting hospital care. While these medically urgent cases have taken a disproportionate amount of time the waiting list of infirm people in need of a weekly visit from the home help lengthens and these too ultimately fall victim to accident or sickness.

In principle the aim is to provide continuity of service for the household by the individual helper. This is equally important for the household of elderly people and for the family of children. In practice it is difficult because new cases are referred more readily than existing cases can be terminated. Nevertheless in a typical week some 300 cases receive help, including 110 aged and infirm, (including those with failing faculties of sight, hearing, and balance and with diabetes) 53 with arthritis, 20 with cerebral haemorrhage, 18 with cancer, 15 with senile mental decay or confusion, 11 with neurosis, 4 with Parkinson's disease, 3 with disseminated sclerosis, and 1 with muscular dystrophy.

In many households two or more elderly people are in need of home help, and often an infirm husband or wife, or brother or sister tries to take responsibility for another, supplemented only by a small amount of home help. The majority of the cases are progressive and incurable.

In 18 households there were 66 children cared for. These children were families varying from 1 to 8 children living with parents or grandparents or relatives. In 5 cases the home help was functioning in a capacity similar to that of a foster mother, and there were 5 mentally defective young persons receiving assistance indirectly because their over-worked parents already had a limited allocation of home help.

There are many ways in which the problems of the year could be classified, but the best practical classification is in relation to time consumed. 75% of the applicants needed only a small allocation of home help each week, 25% needed daily service. The 25% have been provided for as far as possible by the weekly home helps, but the relief home helps working only 8 hours each week have made a valuable contribution, not only in doing Sunday morning work to relieve those who have already worked for 6 days, but also in providing a regular weekly service of 2 or 3 hours for a large proportion of the 75%.

The relief home helps are adequately insured with the 11d. stamp card, the quality of work over the 8 hours each week is easily maintained, a bigger area has been covered, and there has been distribution of supplementary income to the housewives who have taken up the work.

The year has contributed further evidence of the value of the home help service for children, the mentally and physically sick, and the aged. The major difficulty is catering for the volume of the need with the service available. Those on the waiting list for home help which cannot yet be provided for them are in many cases no less deserving than those who are already receiving it. The problem is made worse by the town being virtually divided in two by the congestion of the traffic on the bridge which forms the only connection between its two halves. The harmful effects of this are found everywhere. So far as the home help service is concerned it means that a home help is often instructed to assist a less urgent case near her home or on her bus route rather than go to a more urgent one on the other side of the bridge. To operate the service strictly on a basis of necessity is not possible.

Looking back over a year's work, what has been achieved is a credit to the home helps. Often they have done what relatives have been unwilling to do and what has been left undone has not been the responsibility of the individual home help. The criticisms are inevitable because of the demands of the service.

Section 51. Mental Health

(1) ADMINISTRATION

(a) *Committee responsible for service.*

See page 2.

(b) *Number and qualifications of Staff employed in the Mental Health Service.*

See pages 3 and 4.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

Co-ordination with the Regional Hospital Board mainly concerns the allocation of vacancies in mental deficiency institutions. During the year 3 male and 9 female admissions were arranged of which 2 were under order. At the end of the year 3 male and 1 female mental defectives were awaiting accommodation in institutions.

Co-ordination with Hospital Management Committees concerns the supervision of patients on licence or leave from mental hospitals and mental deficiency institutions and the furnishing of home reports when orders are due for renewal. The Duly Authorised Officers work in liaison with the Medical Superintendent of St. Cadoc's Hospital who is consulted regularly and for whom visits are regularly made.

The Mental Health Social Worker attends the weekly psychiatric out-patient clinic at the Royal Gwent Hospital.

(d) *Duties delegated to voluntary associations.*

No duties are delegated to voluntary associations.

(e) *Whether arrangements have been initiated for the training of Staff.*

There is no scheme for the training of staff within the Authority. Unqualified staff are encouraged to take advantage of the facilities available under paragraph 8 of the Scheme of Conditions of Service of the National Joint Council for Local Authorities' Administrative Professional Technical and Clerical Services; Post-Entry Training and Financial Assistance. An assistant supervisor is at present away receiving full-time training for the Diploma of the National Association for Mental Health.

Arrangements are made with the National Association to receive students for training at the occupation centre.

(2) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Under Section 28 National Health Service Act 1946. Measures taken for prevention of mental illness, care and after care of the mentally ill and defective.*

This work has continued and has broadened in its scope. Many of the cases referred to the Duly Authorised Officers have been dealt with as social problems involving assistance or care for the remaining members of a family when a patient has been admitted to hospital. This has required close co-operation with the various organisations which exist for the benefit of the community as a whole.

Weekly visits are made to St. Cadoc's Hospital where patients with any social problem and those who are shortly being discharged are interviewed.

Visits to their homes continue until they are re-established in employment and in the community and it has been found that patients often seek the assistance and advice of the Mental Health Officers long after regular visiting has ceased.

A total of 2,285 visits were made under this heading.

(b) *Under the Lunacy and Mental Treatment Acts 1890-1930, by Duly Authorised Officers/Mental Health Staff.*

It has been noticeable during the year that the number of cases referred for investigation has diminished and that the sources of these referrals has changed considerably. Whereas they were previously from numerous sources, recently the greater proportion have come from general practitioners, with in addition a number of referrals from the police and other sources.

Only 97 cases were referred to the Duly Authorised Officers of which 17 were admitted under order and 43 on a voluntary or informal basis. A total of 258 patients from the area of the Authority were admitted as voluntary or informal patients to St. Cadoc's Hospital during the year.

The continued fall in the number of cases involving certification is welcome and is considered to be due to the greater readiness of the general public to accept early treatment for mental illness. This is further emphasised by the increase in the number of patients attending psychiatric out-patient clinics.

During 1959 only 10 patients were admitted to St. Woolos Hospital under Section 20 of the Lunacy Act 1890. This was primarily due to the extreme shortage of suitable accommodation at St. Woolos Hospital where the beds allocated for the purpose are completely inadequate and unsuitable, and are

invariably occupied by patients suffering from senile dementia who have been admitted by the Medical Superintendent of St. Cadoc's Hospital and for which category of patients these beds are more suited.

As a result it was often necessary to ask magistrates to receive applications for Summary Reception Orders at short notice and at inconvenient times and their co-operation in this matter is appreciated.

(c) *Under the Mental Deficiency Acts 1913-1938.*

(i) Arrangements for ascertaining and supervising mental defectives.

The total number of mental defectives ascertained as "subject to be dealt with" in the area of the Authority is 242, made up as follows.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Placed in Institutions	43	55	98
Under Statutory Supervision ...	73	71	144

During the year 30 new cases were dealt with as follows.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Placed in Institutions	2	5	7
Under Statutory Supervision ...	8	2	10
Under Voluntary Supervision ...	3	10	13

(ii) Guardianship.

There are no mental defectives under guardianship.

(iii) Arrangements for carrying out the statutory duty to provide occupation and training for defectives in the area.

OCCUPATION CENTRE

There are 50 persons on the register of the occupation centre. There are divided into four groups, (a) 14 men and senior boys whose ages range from 14 to 49 years, (b) 13 women and senior girls whose ages range from 14 to 48 years, (c) a mixed intermediate group of 13 children whose ages range from 10 to 16 years and (d) a beginners' group of 10 children whose ages range from 10 to 16 years.

These four groups have to function in the only three classrooms available.

The two senior groups concentrate on various kinds of handwork, for example, dressmaking, embroidery, knitting, making lampshades, simple weaving, rug making, stool seating, and so on. Some domestic training is given. The two groups combine for community singing and country dancing. Some of the boys enjoy playing skiffle music. The men go to the park during the summer months for cricket and enjoy playing football in the winter.

Some of the work undertaken by the Junior Groups is as follows (a) Physical Education. A daily activity which includes Margaret Morris Movement as Health Play. (b) Sense Training. This includes apparatus graded and progressive. Many lessons are given under this heading with the object of developing Observation, Hearing, Touch, Smell, Taste, and Memory. (c) Social Training. Some domestic training is given. Expeditions to places of interest are undertaken whenever possible. (d) Other work. Speech training, Pre-reading activities, Number work, Art, Musical activities including Percussion Band, and Handwork.

The Intermediate Group from time to time work on a Project. Recently they made a Park and this gave plenty of material for general knowledge training, painting, modelling, paper tearing, conversation, and so on.

Two summer outings are arranged, and there are a Harvest Service, a Carol Service, and the Annual Christmas Party.

DENTAL CARE OF PERSONS ATTENDING OCCUPATION CENTRE

Annual Report by the Principal School Dental Officer

This is the first full year since the introduction of the scheme for the dental care of the persons attending the occupation centre.

Following the dental inspection carried out at the occupation centre in July 1958, 6 patients attended for treatment for the first time during 1959 and 6 former patients also attended for treatment during 1959.

4 temporary teeth and 8 permanent teeth were extracted and 6 patients received a general anaesthetic.

Although no teeth were filled 3 patients were given other operative treatment and 2 were supplied and fitted with part dentures. In one case use was made of the X-ray to confirm clinical evidence.

W. G. CLARKSON, L.D.S.,

Principal School Dental Officer.

CHILD GUIDANCE

Report by the Educational Psychologist

At the request of the Public Health Committee the Education Committee have recently agreed to extend the facilities of the Child Guidance Clinic to children aged under 5 and over 15.

Even before the extension there had been occasions on which a child aged under 5 or over 15 who could benefit from the help of the Child Guidance Service had been given that help. During the last year there have been two boys who have left school, one of whom showed marked improvement following remedial teaching and the other who was suffering from maladjustment and had previously been under the guidance of the School Psychological Service and seemed an appropriate case for continuation of guidance, and two children under school age, one of whom was suffering from maladjustment, and the other who required special assessment to provide further information for medical consideration.

It is hoped that this extension will expand particularly with those children who are of pre-school age. The sooner the child in trouble can be helped the better is the prognosis. The most important development of the emotional relationship of the child with his parents takes place in his first three years in the world and it is his experience during this period that can determine the rate and degree of his maturity.

For a child leaving school who has required guidance while at school help is often needed to prevent a reversal back to his previous state as a difficult and indeed alarming world looms up in front of him. It is therefore often beneficial for the child to continue in contact with the Child Guidance Service until a reasonable adjustment has taken place. It is also important to remember that a child who appears to have had a satisfactory home and school life can also suffer in the change over from the protected world of home and school to the very different world of employment.

The only limitation to the work of the Child Guidance Service is the amount of psychiatrist time available. On the basis of the recommendation of the Committee on maladjusted Children (the Underwood Committee) the Newport Child Guidance Service should have available to it 4 sessions of psychiatrist time each week, whereas the amount of time actually available is 1 session each fortnight. However it is intended to appoint an additional psychiatrist at St. Cadoc's Hospital and it is expected that this appointment will lead to some improvement in the position.

J. EDWARD HAZELTON,
Educational Psychologist.

National Health Service Act 1946 LOCAL HEALTH SERVICES UNDER PART II

Section 3. Provision of Hospital and Specialist Services

ORTHOPAEDIC CLINIC

This clinic is conducted by the Local Health Authority for the Regional Hospital Board and provides for the diagnosis and treatment of pre-school and school children.

Two sessions are attended each week at the Maternity and Child Welfare Clinic by a medical officer of the Local Health Authority. Until his retirement on 9th January, 1959, Mr. A. O. Parker, Orthopaedic Surgeon, Prince of Wales Hospital, Cardiff, attended quarterly for consultation, and at other times cases in which a second opinion was considered desirable were seen by him at the Prince of Wales Hospital. Since 9th January, 1959, it has been the practice to send all such cases to the Prince of Wales Hospital, where also all X-rays are carried out. Hospital treatment is carried out at the Prince of Wales Hospital, Rhydlafar.

Five Physiotherapy sessions are held each week. Appliances and special shoes are obtained from the Prince of Wales Hospital, and shoes requiring special alterations are also sent there. Standard alterations to shoes are carried out locally by firms under contract with the Regional Hospital Board.

	Children under 1	Children 1-4	Children 5-14	TOTAL
Medical Officer's Sessions				
New cases	63	203	427	693
Attendances ..	211	815	1,405	2,431
Physiotherapy sessions				
New cases	8	11	75	94
Attendances ..	129	372	753	1,254

ABNORMAL CONDITIONS FOUND AMONG CHILDREN ATTENDING
ORTHOPAEDIC CLINIC

	Under 5	5-14	Total		Under 5	5-14	Total
Pes planus	66	103	169	Congenital dislocation			
Calcaneus valgus ..	46	80	126	of hip	3	1	4
Genu valgum	53	65	118	Congenital			
Spinal curvature ..	4	37	41	malformation ..	2	2	4
Hallux valgus	—	31	31	Injury	2	2	4
Pes cavus	1	26	27	Shortening of femur	1	2	3
Hammer toe	8	16	24	Synovitis of knee ..	—	3	3
Genu varum	16	3	19	Valgoid ankle	1	2	3
Talipes	17	1	18	Bursitis	—	2	2
Torticollis	16	1	17	Cerebral diplegia ..	2	—	2
Metatarsus varus ..	8	6	14	Defective posture ..	—	2	2
Painful heel	—	12	12	Deformity of chest ..	1	1	2
Calcaneus valgus and				Inflammation of tibial			
genu valgum	5	2	7	tuberosity	—	2	2
Pes planus and genu				Pes planus and			
valgum	2	4	6	calcaneus valgus ..	1	1	2
				Popliteal cyst	2	—	2
				Spasticity	—	2	2

457 children under 5 years of age and 589 children aged 5-14 were provided with alterations to shoes or with surgical appliances, making a total of 1,046.

AUXILIARY CLINIC

This Clinic is conducted by the Local Health Authority for the Regional Hospital Board and provides for the diagnosis and treatment of expectant and other mothers and children under 5.

Two sessions are attended each week at the Maternity and Child Welfare Clinic by a medical officer of the Local Health Authority.

	Expectant Mothers	Other Mothers	Children under 5	TOTAL
New Cases:				
Venereal	3	—	1	4
Non-venereal ..	93	4	6	103
	Syphilis	Gonorrhoea	Non-venereal	TOTAL
Attendances	125	3	641	769

ABNORMAL CONDITIONS FOUND AMONG PERSONS ATTENDING AUXILIARY CLINIC

Cervical erosion	32	Cystocele and Rectocele ..	3
Leucorrhoea	20	Endocervicitis	3
Pruritus	19	Syphilis	3
Vulvo-vaginitis	10	Cervical tear	2
Cervicitis	9	Mucosal polyp	2

OPHTHALMIC CLINIC

Mr. F. W. Robertson, Ophthalmic Surgeon in charge of the Ophthalmic Clinic for school children, also saw 109 children under school age.

6 operations on children under school age were also carried out by Mr. Robertson at St. Woolos Hospital.

EAR, NOSE AND THROAT CLINIC

Mr. D. B. Sutton and Mr. J. L. D. Williams, Ear, Nose and Throat Surgeons in charge of the Ear, Nose and Throat Clinic for school children, also saw 21 children under school age.

11 operations on children under school age were also carried out by Mr. Sutton at St. Woolos Hospital.

Public Health Act 1936
Sections 187-195. Nursing Homes

There are two Nursing Homes and two Maternity Homes within the area of the Local Health Authority. These Homes are inspected regularly.

Epileptics and Spastics

EPILEPTICS

There were 34 epileptics registered with the Welfare Department during the year, an increase of 4 as compared with 1958. Of those registered 23 were male and 11 were female, and 19 were suffering from major epilepsy and 15 from minor epilepsy.

The distribution of the cases according to age is as follows:—

	0-14	15-29	30-39	40-49	50-64	65 and over	TOTAL
Major Epilepsy ..	1	7	5	2	4	—	19
Minor Epilepsy ..	—	8	3	2	2	—	15

The position of the cases as regards employment is as follows:—

	Of pre-school or school age	In suitable employment	At present in employment which is likely to be irregular or temporary	Unemployed	Adults in colonies or hospitals	TOTAL
Major Epilepsy	1	4	2	6	6	19
Minor Epilepsy	—	6	1	8	—	15

SPASTICS

There were 11 spastics registered with the Welfare Department during the year, a decrease of 1 as compared with 1958. There must however be many more who are not known to the Department and it is possible that the Department could provide some services to individual spastics if they came forward.

Blind Persons

There were 292 blind and partially sighted persons registered with the Welfare Department during the year, a decrease of 6 as compared with 1958. Of those registered 226 were blind and 66 partially sighted.

53 persons were examined during the year. Of these 26 were found to be blind and 26 to be partially sighted and 1 was found to be not blind or partially sighted.

A. Follow up of Registered Blind and Partially Sighted Persons.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8. recommends:—				
(a) No treatment	13	2	—	16
(b) Treatment (medical surgical or optical)	12	2	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	—	—	4

B. Ophthalmia Neonatorum

(i) Total number of cases notified during the year	—
(ii) Number of cases in which:—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

National Assistance Act 1948

Section 47.

Removal to suitable premises of persons in need of care and attention

An order was obtained on 23rd Sept., 1959 for the detention of a woman aged 83 years for 3 months in Part III accommodation at St. Woolos Hospital. The Order was requested on the grounds of the woman being aged, infirm, physically incapacitated, and living in insanitary conditions. The woman has now settled down at St. Woolos Hospital although the Order has expired.

SECTION C. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

SCARLET FEVER

114 persons were notified by doctors as suffering from scarlet fever during the year. Scarlet fever today is a mild illness and need give rise to no anxiety but it is not certain that the complications of scarlet fever, particularly rheumatic fever with its sequel of rheumatic heart disease and nephritis are as diminished in importance as is the illness itself. It is still necessary to obtain medical advice in cases of scarlet fever and to carry out this advice.

WHOOPING COUGH

33 persons were notified by doctors as suffering from whooping cough during the year. Whooping cough is the main cause of bronchiectasis (lung abscess) and one of the causes of bronchitis. It is preventable by immunisation and now that immunisation against whooping cough is given to babies along with immunisation against diphtheria it is hoped that the number of notifications will fall.

MEASLES

599 persons were notified by doctors as suffering from measles during the year. Almost every child gets measles, usually before he goes to school, and as it is not a serious condition it is impossible to see why it is notifiable. In contrast rheumatic fever, which is the cause of rheumatic heart disease, is not notifiable although 7,567 people died of rheumatic heart disease in England and Wales in 1958.

DYSENTERY

193 persons were notified by doctors as suffering from dysentery during the year. The majority of these cases are found in the course of routine investigation of persons who are showing no symptoms of intestinal disease. So far as Sonne dysentery at any rate is concerned the organism appears to be for the main part a commensal organism, that is to say an organism which occurs in the body without exerting any harmful effect.

MENINGOCOCCAL INFECTION

3 persons were notified by doctors as suffering from meningococcal infection during the year.

ACUTE PNEUMONIA

21 persons were notified by doctors as suffering from acute pneumonia during the year.

ERYSIPELAS

3 persons were notified by doctors as suffering from Erysipelas during the year.

FOOD POISONING

10 persons were notified by doctors as suffering from Food Poisoning during the year. There were no outbreaks of Food Poisoning, the 10 cases occurring singly. The organisms responsible for the cases were as follows:—

Salmonella typhimurium	...	...	...	5
thompson	...	...	...	3
heidelberg	...	...	...	1
montevideo	...	...	...	1

In no case was it possible to ascertain the food involved. The scatter of the cases where more than one case was caused by the same organism was random both in time and in place. So far as any conclusion could be drawn it was that the cases of food poisoning which occurred were due to the importation of infection into the town from outside in small doses in foodstuffs.

TUBERCULOSIS

64 persons were notified by doctors as suffering from Tuberculosis during the year. Tuberculosis is discussed in Section B. of the Report (General Provision of Health Services for the Area), under Section 28 of the National Health Service Act 1946 (Prevention of Illness, Care and After-Care).

There follows a table of Infectious and other notifiable diseases notified during the year.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES
ANNUAL RETURN

	Scarlet fever		Whooping cough		Measles (excluding rubella)		Dysentery		Meningococcal infection	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	1	—	2	1	11	10	6	5	2	—
1—	—	2	2	—	33	24	9	5	—	—
2— years ..	5	2	5	3	30	48	10	5	—	—
3—	6	7	1	4	54	44	15	5	—	—
4—	9	5	2	1	43	47	24	7	—	—
5—9	30	31	4	5	115	131	25	19	—	—
10—14	4	7	—	3	2	2	17	2	—	—
15—24	2	1	—	—	—	1	1	8	—	1
25 and over ..	—	2	—	—	1	3	12	18	—	—
Age unknown ..	—	—	—	—	—	—	—	—	—	—
Total (all ages) ..	57	57	16	17	289	310	119	74	2	1

	Acute pneumonia		Erysipelas		Food poisoning	
	M.	F.	M.	F.	M.	F.
Under 5 years ..	—	—	—	—	4	3
5—14 years ..	—	—	—	—	—	—
15—44 ..	2	1	1	—	1	—
45—64 ..	6	4	—	1	—	1
65 and over ..	2	6	—	1	—	1
Age unknown ..	—	—	—	—	—	—
Total (all ages) ..	10	11	1	2	5	5

	Tuberculosis					
	Respiratory		Meninges & C.N.S.		Other	
	M.	F.	M.	F.	M.	F.
Under 5 years ..	1	2	—	1	—	—
5—14 years ..	4	1	—	—	—	—
15—24 ..	5	6	1	—	2	—
25—44 ..	10	7	—	—	—	—
45—64 ..	15	4	1	—	1	—
65 and over ..	3	—	—	—	—	—
Age unknown ..	—	—	—	—	—	—
Total (all ages) ..	38	20	2	1	3	—

SECTION D. SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

I am indebted to Mr. A. E. Guild, B.Sc., M.Inst.C.E. the Engineer and Manager of the Water Department, for the following information.

The water supply has been satisfactory in quality and quantity throughout the area.

Bacteriological and Chemical analyses have been periodically taken on all sources of supply and from each treatment plant.

The results of these analyses are shown in the following table.

EXAMINATION OF FILTERED WATERS (expressed in parts per million)

Capacity (in million gallons)	Wentwood 410	Talybont 2,568	Pantyreos 145	Ynysyfro 106 (Ynysyfro 71, Ynysyfro Subsiding 35)
Total Solids	150	80	180	215
Suspended Matter	Nil	Nil	Nil	Nil
Chlorine as Chloride	13	12	12	14
Oxygen absorbed in 4 hours ...	0.1	0.2	0.7	0.2
Nitrites	Absent	0.001	Absent	Absent
Ammoniacal Nitrogen (less than)	0.005	0.005	0.005	0.005
Albuminoid Nitrogen ...	0.04	0.008	0.016	0.032
Nitrate	0.8	0.5	1.8	0.8
Total Hardness	85	55	132	140
Poisonous Metals	Nil	Nil	Nil	Nil
pH Value	7.2	8.0	7.5	7.6
Colour	Colourless	Colourless	Colourless	Colourless

Talybont water has been treated by lime treatment at the purification plant to obviate any risk of plumbo-solvency. Regular tests are carried out at the plant to ensure that the correct dosage is applied, and periodical tests are carried out on the treated water to ensure that the treatment is satisfactory.

There is nothing to report in respect of any form of contamination.

MISCELLANEOUS INFORMATION RELATING TO THE SUPPLY

<i>Number of Houses Supplied</i> —from Public Water Mains ...	28,932
—by means of Stand Pipes ...	Nil
<i>Population Supplied</i> (including outside areas) ...	118,000
<i>Extension of Mains during 1959</i>	1.45 miles

NEWPORT RAINFALL

The following table showing average monthly and annual rainfall over the last 71 years and monthly and annual rainfall for 1959, at the Water Department's Friars Street works, may be of interest.

NEWPORT RAINFALL

	71-year average		1959	
January	...	4.14	...	5.09
February	...	2.93	...	0.37
March	...	2.86	...	3.24
April	...	2.47	...	3.24
May	...	2.75	...	2.93
June	...	2.24	...	1.48
July	...	3.05	...	4.86
August	...	3.92	...	1.63
September	...	3.17	...	0.17
October	...	4.28	...	4.15
November	...	4.04	...	4.78
December	...	4.52	...	8.60
Whole Year	...	40.37	...	40.54

It will be seen that over the 71 year period the six driest months are February to July inclusive and the six wettest months are August to January inclusive. September however approximates more closely to the six driest months than to the five other wettest months so it would perhaps be better to say that there are seven comparatively dry months, February to July inclusive, and September, and five comparatively wet months, August, and October to January inclusive. The variations between the amounts of rainfall in the various months over the 71 year period are so wide that large alterations over a long period would be needed to cause much change in the present pattern.

Over a number of years it can safely be said that most Februaries will be comparatively dry and most Augusts comparatively wet, but no prognostications can be made for any one year. In 1959 December, which is in any case the wettest month on average, was very much wetter than usual, and September, which is an average month for rainfall, was much drier than usual. February, on average comparatively dry, and August, on average comparatively wet, were both a good deal drier than usual, and July, an average month, was a good deal wetter than usual. Total rainfall for the year was very near the 71 year average.

SEWAGE DISPOSAL, REFUSE COLLECTION AND DISPOSAL AND STREET CLEANSING

I am indebted to Mr. E. A. Middle, A.M.I.C.E., M.I.Mun.E., the Borough Engineer and Surveyor, for the following information:—

MAIN DRAINAGE

1. Preliminary work, on the major scheme for dealing with Newport's sewage and sewerage problems has commenced.

Arrangements are to be made in the near future to start a series of float tests in the Bristol Channel in the vicinity of the Usk Estuary.

2. Work on the Bettws main drainage scheme continues and it is hoped to commence work on a pumping station in Bettws Lane area early next year.

3. Tenders have been received for the construction of a 21" diameter pressure main to discharge effluent from Hartridge (serving Alway/Ringland Top) to the River Usk.

Subject to approval by the Ministry, work on this scheme should start early in 1960.

4. The four small septic tanks and two cess pits at the Woodlands area will be connected to the main sewerage system next year.

REFUSE COLLECTION AND DISPOSAL, AND STREET CLEANSING

Refuse collection has further expanded due to housing development, and controlled tipping to final levels continues at the St. Julian's Glebelands Tip.

SWIMMING BATHS

I am indebted to Mr. E. H. Temme, M.N.A.B.S., the General Baths Superintendent, for the following information regarding the two Corporation Baths in the Borough.

The Baths at Stow Hill consist of two swimming baths with a total capacity of 120,000 gallons, and those at Maindee of a large and a small pool with a total capacity of 230,000 gallons.

Both baths have recently been extensively altered and improved. One of the baths at Stow Hill has been divided by a movable barrier into an eleven foot diving pit and children's paddling pool which is two to four feet deep. These baths are considered to be the most up-to-date and efficient in Wales and the West of England.

The water at both baths is purified by a rapid pressure filter system in which an alkali and sulphate of alumina are added according to the bathing load. New filters were installed at the Maindee baths during 1959.

At Maindee there are pre-cleansing showers, and at Stow Hill showers and foot-baths are provided for bathers to use before entering the bath.

The water, which is taken from the public water supply, is subject to continuous filtration, with a complete turnover in each bath every three hours. It is treated with chemicals to remove all organic impurities, and suspended matter which is retained on top of the filter, and removed to the drains by reversing the flow.

After the filtrate leaves the filter, it has a special injection of chlorine gas which introduces a sterilizing agent into the water, so ensuring safe bathing to the public.

The water at both baths is tested every three hours for chlorine content, pH value and alkalinity, so that "breakpoint" chlorination is maintained, this being for the benefit of the bathers and of the filtration equipment.

In addition, the district Public Health Inspector samples the water periodically, and submits it to the Public Health Laboratory for analysis. At all times such analyses have been satisfactory.

At Stow Hill, ten slipper baths, four foam baths, the necessary equipment for ultra-violet-rays, a physiotherapy department, and a Turkish suite are provided. The physiotherapy department contains the most up-to-date equipment for all forms of physiotherapy.

At Maindee, eight slipper baths are provided.

There is also in the County Borough, the Alltyn Park Swimming Pool of 200,000 gallons capacity. This is a privately-owned open-air pool.

The water is taken from a local spring and no other source of supply is used. It is clarified, cleansed and chlorinated by means of a Patterson's filtration and chlorination plant, with a continuous turnover of the water every eight hours. Fresh water is added daily, and the water is changed completely each month.

The district Public Health Inspector regularly samples the water, and at all times the bacteriological analyses have been satisfactory.

ERADICATION OF BUGS

The following particulars show the action taken during the year for the eradication of Bed Bugs:—

1. (a) NUMBER OF COUNCIL HOUSES:—

(i) Found to be infested	...	...	...	...	...	37
(ii) Disinfested	...	...	...	...	...	37

(b) NUMBER OF OTHER HOUSES:—

(i) Found to be infested	...	...	...	...	...	44
(ii) Number disinfested by the Department	...	...	...	...	...	44
(iii) Number of houses disinfested by the Occupiers under the supervision of the Department (and with materials supplied by the Department)	...	...	...	...	...	Nil

2. METHODS EMPLOYED FOR FREEING INFESTED HOUSES FROM BED BUGS:—

By spraying with liquid insecticides containing 5% D.D.T. and Pyrethrins.

3. METHOD EMPLOYED FOR ENSURING THAT THE BELONGINGS OF TENANTS ARE FREE FROM VERMIN BEFORE REMOVAL TO COUNCIL HOUSES:—

The furniture and effects of prospective tenants are inspected before tenants occupy Council Houses or Bungalows. Where necessary disinfestation is carried out before removal.

4. WHETHER THE WORK OF DISINFESTATION, IS CARRIED OUT BY THE LOCAL AUTHORITY OR BY A CONTRACTOR:—

By the Local Authority.

5. THE MEASURES TAKEN BY WAY OF SUPERVISION OR EDUCATION OF TENANTS TO PREVENT INFESTATION OR RE-INFESTATION AFTER CLEANSING:—

In all instances where houses are found to be verminous, advice is given to the tenants as to the best means of preventing re-infestation, and re-visits are made by Inspectors when thought necessary.

Further references to house inspection and insanitary property, with figures and comparisons with previous years, are to be found in the Chief Public Health Inspector's Report.

RODENT CONTROL

Four rodent operators are employed full-time by the Corporation, two of whom are engaged on the maintenance baiting of sewers. The improvement brought about through the persistent efforts made to reduce the rat population has been maintained.

13,175 baits were laid in Town and Port and 3,975 sewer manholes were baited. The bodies of 915 rats were recovered.

The following tables summarise the work done and the results achieved during the year:—

URBAN (Surface Premises):

Number of Inspections	...	...	...	...	4,997
Number of Poison Baits laid	...	...	...	...	13,035
Number of Rats killed	...	...	...	...	437

PORT:

Number of Poison Baits laid—140.

Number of Rats killed (bodies recovered):—

	Male	Female	Total	Where killed
Brown	1	3	4	Ashore
Black	7	12	19	On Ship
	8	15	23	

(The Rat-catcher employed by the British Transport Commission destroyed 449 rats on Dock Premises, in addition to the figures quoted above.)

Total Rats Destroyed (bodies recovered):—

URBAN: Surface premises	...	...	...	...	437
Sewers	...	...	...	...	6
PORT:	...	...	...	...	472
					915

THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health
(Including Inspections made by Public Health Inspectors)

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	18	28	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	453	683	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	20	31	—	—
TOTAL	491	742	2	—

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)... ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	3	1	—	3	—
(b) Unsuitable or defective	7	7	—	7	—
(c) Not separate for sexes	3	3	—	3	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	13	11	—	13	—

PART VIII OF THE ACT

OUTWORK (Sections 110 and 111)

The number of outworkers shown in the August lists was 17 (wearing apparel 14, curtains and furniture hangings 1 and stuffed toys 2). In no instance was work carried out in unwholesome premises.

It was not necessary to serve notices for contravention of the provisions of these sections of the Act.

REGISTERED PREMISES AND INFECTIOUS DISEASES

No cases of Notifiable Infectious Diseases occurred on registered premises during the year.

SECTION E. HOUSING

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR:—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,029
(b) Number of inspections made for the purpose	15,166
(2) (a) Number of dwelling-houses (included under sub-head (1) (a) above) which were inspected and recorded under the Housing Consolidated Regulations 1925	339
(b) Number of inspections made for the purpose	339
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	27
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	619

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	222
--	-----

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1957:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	Nil
(b) By local authority in default of owners	Nil

(b) Proceedings under the Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	445
---	-----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—		
By owners	... ..	439
By local authority in default of owners	... ..	50
(c) Proceedings under Section 18, the Housing Act, 1957:—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	2
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	... ..	Nil
(d) Proceedings under Section 17 of the Housing Act, 1957:—		
(1) Number of dwelling-houses in respect of which Demolition Orders were made	... ..	Nil
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	Nil
(3) Number of dwelling-houses in respect of which Closing Orders were made	... ..	10
(4) Number of dwelling-houses in respect of which the Closing Orders were determined, the dwelling-house having been rendered fit	... ..	Nil

4. HOUSING ACT, 1957 (PART IV)—OVERCROWDING

Since 31st December, 1939, it has been impracticable to keep records of all new cases of overcrowding and the number of cases of overcrowding that have been relieved. The only official figure that can be given is that of new cases of overcrowding reported during the year, *i.e.* 18.

SECTION F. INSPECTION AND SUPERVISION OF FOOD

Summary of samples taken, with results

(A) INFORMAL

Description of Sample	No. taken	Result
MILK PRODUCTS—64		
Butter	8	Genuine
Condensed milk	1	"
Cheese spread	2	1 Sample rancid and unfit for consumption due to decomposition. Adulterated.
Milk	53	1 Genuine Genuine
DRUGS—1		
Cold cure	1	Genuine

(A) INFORMAL—continued

Description of Sample	No. taken	Result
POTTED MEAT, FISH ETC.—10		
Hard Cod roes	1	Genuine
Salmon	2	"
Fishpaste	1	"
Prawns	1	"
Sandwich spread	1	"
Beans in tomato sauce	1	"
Cream of chicken soup	1	"
Tinned fruit	2	"
BEVERAGES—10		
Tea	9	Genuine
Coffee	1	"
PUDDING STUFFS—47		
Flour	4	Genuine
Sago	7	"
Macaroni	5	"
Tapioca	8	"
Rice	11	"
Milk pudding	1	"
Cake mixture	2	"
Cornflour	2	"
Christmas pudding	1	"
ICE CREAM—65	65	1 Sample 46.4% deficient in Fat 64 Genuine
SUNDRIES—26		
Mixed fruit	1	Genuine
Biscuits	1	"
Jam	1	"
Suet	1	"
Honey	1	"
Pickle	1	"
Currants	3	"
Sultanas	2	"
Margarine	1	"
Beetroot	1	"
Sweets	2	"
Pork sausage	1	"
Coconut	1	"
Mincemeat	1	"
Glace cherries	1	"
Ground almonds	1	"
Sugar	1	"
Cut peel	1	"
Chicken rissoles	1	"
Prunes	2	"
Raisins	1	"

(B) FORMAL

Description of Sample	No. taken	Result
Milk	244	1 Adulterated; 243 Satisfactory
Beer	11	Satisfactory
Whisky	4	"
Rum	6	"
Gin	1	"
Golden Raising Powder	1	"
Coffee	4	"
Beef sausage	2	"
Pork sausage	4	"
Tomato sauce	2	"
Jam	2	"
Table Jelly	1	"
Soup	1	"
Fish cakes	1	"
Fish paste	1	"
Flour	2	"
Tinned milk	1	"
Rice	1	"
Sago	1	"
Tapioca	2	"
Glace cherries	1	"
Rice pudding	2	"
Tinned fish	3	"
Malt beverage	1	"
Cut peel	1	"
Meat paste	3	"
Cream	3	"
Cheese spread	1	"
Sugar	1	"
Butter	2	"
Cough mixture	1	"
Orange drink	1	"
Headache powder	1	"

(C) FOODSTUFFS SOLD TO THE PUBLIC AND COMPLAINTS
RECEIVED FROM PURCHASERS

Description of Sample	No. taken	Result
1. SUBMITTED TO PUBLIC		
ANALYST		
Bread roll	1	Adulterated
Baked beans	1	Genuine
Orangeade	1	Adulterated
Pork pie	1	Adulterated
Beetroot	1	Genuine
Bread	2	1 Adulterated, 1 Genuine
Sausage rolls	1	Adulterated
Milk bottles	3	Adulterated

(C) FOODSTUFFS SOLD TO THE PUBLIC AND COMPLAINTS
RECEIVED FROM PURCHASERS—continued

Description of Sample	No. taken	Result
2. NOT SUBMITTED TO PUBLIC		
ANALYST		
Rusks	1	Adulterated
Biscuits	1	Adulterated
Butter	1	Genuine
Milk bottle	1	Adulterated
Bread	1	Adulterated
Bottle of sauce	1	Adulterated

Grand Total			Formal	Informal	Total
Number of "Samples"	...	...	320	234	554
Number Genuine	...	...	319	222	541
Number Adulterated	...	...	1	12	13
Percentage Adulterated	...	...	0.31	5.12	2.34

RESULTS OF THE ANALYSES OF 297 SAMPLES OF MILK:—

Article Submitted for Analysis	Result of Analysis, showing whether the Sample was Genuine or Adulterated, and if Adulterated what was the nature and extent of the Adulteration.	Observations	
286 Milk	Conform to the requirements of the "Sale of Milk Regulations."		
1 Milk No. 50	1.76% deficient in Solids not Fat.	Informal sample	Abnormal composition.
1 Milk No. 56	2.35% do.	do.	do.
1 Milk No. 57	2.94% do.	do.	do.
1 Milk No. 58	1.17% do.	do.	do.
1 Milk No. 158	1.76% do.	Abnormal composition.	
1 Milk No. 178	2.94% do.	do.	
1 Milk No. 179	1.76% do.	do.	
1 Milk No. 194	2.35% do.	Informal sample	Abnormal composition.
1 Milk No. 241	0.59% do.	Abnormal composition.	
1 Milk No. 261	2.35% do.	do.	
1 Milk No. 288	5.41% do.	Proceedings instituted.	

PROSECUTIONS FOR BREACHES OF LAW

(A) BREACHES OF FOOD AND DRUGS ACT, 1955

Date	Article	Sample No.	Infringement	Result
8/12/59	Milk	288	5.41% deficient in solids not fat.	Fined £4.

(B) OTHER THAN UNDER THE FOOD AND DRUGS ACT, 1955

Date	Article	Sample No.	Milk & Dairies Regulations. Infringement	Result
4/11/59	Milk bottle	258	Contained dark particles of dried milk on the inside of the glass.	Fined £5 plus £4 12s. 0d. costs.

(C) OFFENCES NOT PROSECUTED

Date	Article	Sample No.	Infringement	Remarks
1. Submitted to Public Analyst				
16/2/59	Bread roll	14	Contained black stains.	The manufacturers were cautioned.
27/4/59	Ice cream	C3	46.4% deficient in fat.	A formal sample proved to be satisfactory.
28/4/59	Orangeade	54	Contained 2.15 milligrams of phenols which could have derived from a disinfectant.	Matter taken up with the manufacturer.
5/6/59	Pork pie	83	Contained moulds (aspergillus and penicillium).	Matter taken up with the manufacturer.
26/5/59	Bread	87	Contained a portion of cockroach.	Matter taken up with the manufacturer.
28/7/59	Sausage rolls	94	Contained mould growth.	Matter taken up with the manufacturer.
18/9/59	Milk bottle	125	A small dark smear of dried milk.	Matter taken up with the manufacturer.
22/10/59	Cheese spread	141	Rancid and unfit for consumption.	Matter taken up with the manufacturer.
8/12/59	Milk bottle	185	Had numerous green specks on the inside of the bottle.	Warning letter sent to the manufacturer.

(C) OFFENCES NOT PROSECUTED—continued

Date	Article	Sample No.	Infringement	Remarks
2. Not submitted to Public Analyst				
13/2/59	Rusks	—	Mildew.	Complaint withdrawn.
12/5/59	Shortbread biscuit	—	Contained a piece of wire.	Taken up with the manufacturer.
9/6/59	Butter	—	Alleged to be rancid.	Complaint withdrawn.
12/6/59	Milk bottle	—	Contained milk bottle top.	No legal action possible.
19/8/59	Sliced brown loaf	—	Mildew.	Taken up with the manufacturer.
22/10/59	Bottle of sauce	—	Contained glass.	Taken up with the manufacturer.

THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) ORDER 1954

This Order included Newport in Area No. 7 and makes compulsory the use of special designations for retail sales of milk within the Borough.

BACTERIOLOGICAL EXAMINATION OF MILK

As will be seen from the following table, 166 samples of Designated milks have been submitted for examination. All of these samples proved to be satisfactory.

Designation of Milk	No. of Samples taken	Result of Examination	
		Satisfactory	Unsatisfactory
Sterilised	24	24	—
Pasteurised	112	112	—
Tuberculin Tested (Pasteurised)	30	30	—
	166	166	—

EXAMINATION OF MILK FOR TUBERCULOSIS

66 samples of Milk were taken for the inoculation test for the presence of Tubercle Bacilli. One bottle leaked and was not able to be tested, the remaining 65 samples all gave negative results to tuberculosis.

ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS 1947 AND 1952

84 samples were examined during the year. Of these 68 were regarded as satisfactory; but 16 reduced the methylene blue in 2 hours or less.

THE FOOD STANDARDS (ICE CREAM) REGULATIONS, 1959

66 samples (1 formal, 65 informal) were taken during the year. One informal sample proved to be 46.4% deficient in fat. A further formal sample proved to be satisfactory. All of the remaining samples proved to be satisfactory.

FOOD INSPECTION

7,522 inspections and visits have been made to some 20 different classes of premises where food is prepared, stored and/or exposed for sale. It was necessary to serve 13 notices regarding unsatisfactory conditions.

SHELL FISH

There are no shell fish beds or layings within the Borough or Port of Newport.

PUBLIC SLAUGHTERHOUSE

The total number of animals slaughtered in 1959 was 37,870 including 2,609 beasts, 1,364 calves, 7,612 pigs, 26,285 sheep and lambs compared with an average of 31,450 for the five years 1910-14, 43,776 for the years 1953-1957 and with 39,912 for the year 1958.

PRIVATE SLAUGHTERHOUSE

27,409 pigs were slaughtered at the bacon factory situated at Maesglas.

CONDEMNED FOODS

103,026 $\frac{1}{4}$ lbs.—approximately 46 tons—of various foods were condemned and surrendered for destruction or “conversion” during the year. The greater part of these foods consisted of meat, of which 75,866 lbs. were condemned. The remainder included: Fish 995 $\frac{1}{2}$ lbs., tinned foods 24,712 lbs., chocolate crunch 46 lbs., cheese 42 lbs., and various 1,364 $\frac{3}{4}$ lbs.

ANNUAL REPORT BY THE CHIEF PUBLIC HEALTH INSPECTOR

COMPLAINTS RECEIVED

2,777 complaints were received and investigated by your officers during the year. This figure represents an increase over the number of complaints which were received during 1958. As usual, the nature of these complaints related to defective drains and sewers, housing defects, offensive odours, rat and mice infestation, sale of unsound food, nuisances arising from pollution of the atmosphere and accumulations which were a source of trouble.

These complaints were investigated and followed by the service of 884 informal and statutory notices inclusive, which resulted in satisfactory solutions thereto. In addition to the foregoing procedure, many persons who were found to be responsible for the creation of various nuisances, were interviewed by your officers. This procedure also yielded good results. 37,576 visits, including re-visits, were made by your officers during the year. It is interesting to note that arising from these visits, 4,537 sanitary defects were remedied, including nuisances which were abated. Action taken by the department resulted in 704 houses being repaired and the Corporation undertook the repair of 50 either on the request of an owner or in default of compliance with a court order. In this connection, it became necessary for bills of quantities to be prepared and used in these particular cases. There was an increase both in the number of roofs repaired and damp proof courses inserted, as compared with that for 1958. 417 roofs were repaired and 417 damp proof courses inserted, increases of 34 and 145 respectively over the figures for 1958.

PROGRESS REVIEW UNDER THE HOUSING ACT, 1957

During the year, 71 houses were demolished and 11 closed. This figure included the houses in the Shaftesbury Street Clearance Area, and some of the houses which remained to be demolished in Bream Place. This phase of clearance marks the fulfilment of the programme outlined in the Report for 1955. The number of unfit houses which were made fit and houses in which defects were remedied is as follows:—

(a) After informal action by the Local Authority ...	222
(b) After formal notice under the Public Health Act ...	432
(c) Sections 9 and 15 of the Housing Act, 1957 ...	7
	661

This figure represents a 40% increase over the figure for 1958.

Successful outcome in dealing with housing problems has been achieved with the support of the Housing Committee and the Housing Department in re-housing displaced persons from condemned properties. I am satisfied that this support will continue.

RENT ACT, 1957

During the year, applications were received from owners and tenants under the Housing and Rent Act Regulations, as listed below:—

Part I—Applications for certificates of disrepair

(1) Number of applications for certificates	33
(2) Number of decisions not to issue certificates	Nil
(3) Number of decisions to issue Certificates	23
(a) in respect of some but not all defects	7
(b) in respect of all defects	16
(4) Number of Undertakings given by landlords under paragraph 5 of the First Schedule	10
(5) Number of Undertakings refused by Local Authority under provision to paragraph 5 of the First Schedule	Nil
(6) Number of certificates issued	23

Part II—Applications for cancellation of certificates

(7) Applications by landlords to Local Authority for cancellation of certificates	15
(8) Objections by tenants to cancellation of certificates	4
(9) Decisions by Local Authority to cancel in spite of tenant's objection	Nil
(10) Certificates cancelled by Local Authority	11

It is noted that there is a decrease in the number of applications for the year compared with the previous year, and no appeals were lodged against decisions of the Local Authority.

FOOD AND DRUGS ACT, 1955 AND FOOD HYGIENE REGULATIONS, 1956
FOOD INSPECTION

During the year, 7,522 visits were made to food premises by your officers, and the conditions under which food is prepared, stored and exposed for sale

were observed. It will be noted from the information contained in the tables on pages 64-66 results which followed the procuring of samples by your Inspectors after submitting them for analysis to the Public Analyst.

The action taken following complaints which were received of food contamination will also be found under the heading "Foodstuffs sold to the public and complaints received from purchasers." The information contained in these tables confirms the fact that the interest displayed by members of the public in food hygiene remains keen.

PUBLIC HEALTH ACT 1936—NEWPORT CORPORATION ACT 1954 CAMPING SITES

During the year, three licensed caravan sites within the borough received attention from your officers with the result that satisfactory control was maintained.

However, the problem of controlling caravans which are stationed by their owners on land which is unlicensed and which has not been laid out for the purpose, is a perpetual problem.

The difficulties connected with this matter are now being investigated by the Aarion Wilson Committee, and new legislation is contemplated by Parliament which may assist local authorities and their officers in securing better control.

I made reference in my Report for 1958 that a court order had been obtained against the owner of a caravan for the continued occupation of an unlicensed site. The caravan was subsequently removed and the land was enclosed and used for business purposes.

RODENT CONTROL

The infestation of premises by rats made it necessary to apply 279 tests to drains and sewers during the year, and it will be noted from the table on this page that 182 of these were proved to be defective.

These tests were followed by further investigation, and defects which were discovered therefrom, were remedied.

The baiting of sewer manholes on Sunday mornings was continued during the year, as it was impossible to proceed in the town centre due to heavy congestion of traffic. Satisfactory results were maintained.

PARTICULARS OF WORK DONE DURING THE YEAR TO SURFACE PREMISES

	Dwelling Houses	Business Premises	L.A. Premises	Total
No. of inspections	2,936	1,505	556	4,997
No. of drains tested	186	70	23	279
No. of drains defective	149	28	5	182
No. of traps set	—	—	—	—
No. of dead rats found	132	213	92	437
No. of dead mice found	12	149	21	182

Surface infestation is very closely linked with the rat population in the sewers and for this reason maintenance treatments of the whole of the town's sewer system were continued during the year.

Nuisances Abated and Sanitary Defects Remedied, etc.	Totals	Private Houses re Complaint	Corp'n Houses	Common Lodging Houses	Seamen's Lodging Houses	Factories, Workplaces	Public Buildings Hotels etc.	Shops Act	Stables	Dairies Milkshops	Bake houses	Butchers Premises	Cooked Meat Premises	Fish and Fruit Premises	Fried Fish Shops	Ice Cream Premises	Provision Shops and Stores	Restaurants and Kitchens	Other Premises
Exterior.																			
Chimney stacks rebuilt or repaired	46	46																	
Roofs repaired or renewed	419	417				2													
Rainwater pipes & eaves gutters renewed or repaired	407	396					4	1											
Walls—Rebuilt or repaired	85	84				6													
Rendered for the prevention of dampness	84	78				1													
External plastering repaired	7	7				6													
Damp proof courses inserted	417	417																	
Outbuildings repaired	10	10																	
Obstructive Outbuildings demolished																			
Yards, passages, etc. paved or repaired	66	66																	
Interior.																			
Doors and frames renewed or repaired	94	94																	
Floors renewed or repaired	158	156						1											1
Floors ventilated	6	6																	
Grates or ovens renewed or repaired	91	91																	
Internal plastering (walls) repaired or replastered	495	495																	
Internal plastering (ceilings) repaired or replastered	124	123				1													
Ladders provided																			
Ladders improved or repaired	30	30																	
Lighting or ventilation of rooms improved	1	1																	
Limewashing carried out																			
Rooms, passages, etc. cleaned & repap'd or dist'mp'd	3					3													
Staircases repaired	24	24																	
Windows and frames renewed or repaired	380	380																	
Window cords renewed	595	595																	
Washing boilers provided or repaired	3	3																	
Washhouses provided or improved	1	1																	
Drainage.																			
New drains constructed	1	1																	
Drains cleaned	145	139	2				1	1											1
Drains reconstructed	2	2																	
Drains repaired	41	39					1												1
Drains tested—Water																			
Smoke	379	379																	
Chemical																			
Gullies fixed	24	24	2																
Inspection chambers provided or repaired	7	7																	
Intercepting traps provided or repaired	2	2																	
Lavatory basins or bath waste pipes trapped or rep'd	4	4																	
Rainwater pipes disconnected from drains																			
Soil pipes or ventilating shafts fixed or repaired	11	11																	
Sink troughs provided	14	14																	
Sink troughs trapped or waste pipes repaired	27	4				2		1											
Water Closets.																			
Additional water closets provided	2	1				1													
Intervening ventilated spaces provided																			
Water closet buildings repaired	57	57																	
Seats, doors renewed or repaired	61	61																	
Lighting and ventilation of W.C. improved	2					2													
Water closets reconstructed																			
Water closet pans cleaned	7	4				3													
New W.C. pans and traps fixed	42	42																	
Flushing apparatus provided	30	30																	
Flushing apparatus repaired	25	25																	
Miscellaneous Repairs & Nuisances Abated.																			
Accumulations removed	22	20				1					1								
Ashbins provided	5	1									3								1
Animals, nuisances from, abated																			
Manure receptacles provided																			
Overcrowding abated																			
Storage accommodation provided or improved																			
Water supply provided																			
Water taps or pipes repaired	29	29																	
Other repairs and nuisances abated	52	51																	1
TOTALS	4,537	4,485	4			28	6	4			4							1	5

Year	Value	Description
1914	100	...
1915	100	...
1916	100	...
1917	100	...
1918	100	...
1919	100	...
1920	100	...
1921	100	...
1922	100	...
1923	100	...
1924	100	...
1925	100	...
1926	100	...
1927	100	...
1928	100	...
1929	100	...
1930	100	...
1931	100	...
1932	100	...
1933	100	...
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2015	100	...
2016	100	...
2017	100	...
2018	100	...
2019	100	...
2020	100	...
2021	100	...
2022	100	...
2023	100	...
2024	100	...
2025	100	...

Number of manholes poison baited	...	...	...	3,975
Number of manholes prebaited	...	...	...	Nil
No. of poison baited manholes showing complete take	...	...	...	80
No. of poison baited manholes showing partial take	...	...	...	2,101
No. of poison baited manholes showing no take	...	...	...	1,794

SUPERVISION OF CORPORATION HOUSES

All dwelling houses on the housing estates are inspected systematically by two lay Inspectors. Primarily the inspections are concerned with the maintenance of general cleanliness by the tenants and the detection and eradication of vermin. During the year 8,603 visits were made and generally the standard of cleanliness was found to be satisfactory. However, there were occasions when it was necessary to give verbal and written notices to those tenants of houses where conditions were not up to the general standard of cleanliness and improvement followed.

With regard to the control and elimination of infestation in Council dwelling houses, the practice of inspecting the furniture and effects of prospective tenants is being continued and in those cases where disinfection is necessary it is carried out before removal. Furthermore, the interiors of new houses and bungalows are sprayed with a liquid insecticide, containing D.D.T., before they are occupied—this precaution being taken so that any vermin which may be introduced upon occupation will be destroyed after coming into contact with a surface so treated.

Defects which are noticed by the Lay Inspectors during routine inspections are referred to and dealt with by your Inspectors as matters which fall within their province. As a result of the close liaison between this department and the Housing Department, an appreciable amount of repairs has been carried out for the abatement of nuisances and the remedying of defects.

Details of the work for the eradication of vermin is set out under the heading of "Eradication of Bugs" on page 60.

THE SLAUGHTERHOUSE (HYGIENE) REGULATIONS, 1958

Reference was made in my Annual Report for 1958 to the Slaughterhouse (Hygiene) Regulations, and recommendations were made as to the steps which would have to be taken to comply therewith.

These recommendations were submitted for consideration by the Health Committee in January, 1958, and in the main were adopted for implementation at an estimated cost of £5,000. This work was carried out during the year, the details being as follows: In accordance with Regulation 5, suitable and sufficient space for the hanging of meat so as to allow air to circulate freely at all times between the carcasses, was provided.

This was accomplished by removing part of the partition walls between the first and second booths, sufficiently to allow the passage of bovine carcasses to be transported by overhead rail tracking from the point of slaughter to the hanging hall.

To prevent cruelty during the slaughter of beasts, stunning pens were provided in accordance with the Slaughter of Animals (Prevention of Cruelty) Amendment Regulations, which read as follows:—

"The occupier of every slaughterhouse in which any bull, ox, bullock, heifer or steer is slaughtered shall ensure that the slaughterhouse is at all times equipped

with a sufficient number of stunning pens in good condition and proper working order." From observations which have been carried out since the stunning pens have been installed, the standard of killing and dressing these animals has improved considerably.

I would refer also to the installation of electric saws for the dividing of carcasses into sides of beef. This equipment has definitely improved and eased the burden of those engaged in slaughtering operations.

It should be noted that the foregoing works of improvement and the introduction of modern equipment has been the means of raising the standard of hygiene under which meat is produced at the Public Abattoir.

I would, however, add one word of caution here. Despite that which has been done, it will be necessary to carry out additional work to meet the requirements of the Slaughterhouse (Hygiene) Regulations.

In this connection, I refer to the Slaughterhouse Reports (Appointed Day) Order, 1959. This Order appoints the 2nd November, 1959, as the earliest day by which local authorities should submit their reports on slaughterhouse facilities to the Minister of Agriculture, Fisheries & Food as required by Section III of the Slaughterhouses Act, 1958. Reports must be submitted under the Act not later than twelve months after the appointed day, except where a longer period is allowed by the Minister in any particular case.

Facilities for slaughtering will be further reviewed during the coming year.

The co-operation of the Borough Architect and his staff is appreciated in the work of improvement which has been carried out.

ATMOSPHERIC POLLUTION

Smoke Control Area

Following a detailed survey of the Town Centre, the Newport No. 1 Smoke Control Order was made and submitted to the Minister, and confirmed by him during the year. The Order covers an area of 43 acres comprising industrial, commercial and domestic premises and will come into operation on the 1st January, 1960.

As a result of the co-operation of the National Coal Board, it has been possible to ensure the supply of low volatile Welsh Dry Steam Coals to the domestic consumers in the area. These are authorised fuels for the purposes of the Smoke Control area provisions of the Clean Air Act and their use will make fireplace conversions unnecessary. At the end of the year a phased programme for the extension of smoke control areas to the whole town was submitted to the Minister of Housing and Local Government.

Measurement of Atmospheric Pollution

Following the decision of the Council to keep a check on atmospheric pollution in the vicinity of the proposed integrated steel works at Llanwern, two new atmospheric pollution measuring stations were set up during the year. One at Hartridge School for the daily measurement of smoke and sulphur dioxide and one at Hartridge Sewage Works for the monthly measurement of soluble and insoluble deposits and sulphur dioxide. The Station set up at Hartridge School is the first in Newport to provide information relating to the degree of actual smoke pollution as opposed to grit and other deposits collected in the deposit

gauges. The daily measurement for both smoke and sulphur dioxide at this Station are carried out by your inspectorial staff. Both stations came into operation during the summer so that the pollution level over a substantial period prior to the coming into operation of the steel works will be available for comparison purposes.

A number of complaints of excessive smoke and grit emission were investigated during the year and in this connection and in the course of routine work under the Clean Air Act, 1948, Smoke observations were carried out. It was necessary to serve only two formal notices under Section 1, however.

One large industrial firm to whom an exemption under Section 2 of the Act was granted in 1958, completed the conversion of their boiler plant to oil fired operation during the year with a resultant marked reduction in smoke emission.

Six months' exemption under Section 2 of the Act was also granted to another firm to enable them to carry out necessary improvements to their boiler plant.

With the co-operation of the Alkali Inspector and the management of the factory concerned, the excessive black smoke emission from one Scheduled Process in the steel industry was reduced by the conversion of the one furnace to oil firing. It is hoped that conversion of the other furnace will take place during 1960. When the process is completed, the Producer Gas Plant will no longer be required and a source of very serious pollution in the borough will have been eliminated.

One serious smoke problem arises periodically from the accidental burning of bilge oil in ships being broken up. This arises during the removal of steel plates with the aid of acetylene burners. Although everything possible is done to prevent these accidental occurrences, there is apparently no known method of ensuring this.

FERTILISERS AND FEEDING STUFFS ACT, 1926

There are two manufacturers of feeding stuffs and fertilisers in the Borough. During the year 24 samples (8 formal and 16 informal) were obtained, wholesale and retail, and submitted for analysis. 14 of the samples were fertilisers and 10 were of feeding stuffs.

All of these samples proved to be satisfactory.

The taking of formal samples of large quantities of bulk or bagged materials in accordance with the Regulations involves a considerable amount of work. The registers, statutory statements and other records kept by manufacturers and others were examined and found to comply with the provisions of the Act.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

RAG FLOCK AND OTHER FILLING MATERIALS REGULATIONS, 1951

The Regulations prescribe, inter alia, standards of cleanliness for each of more than 20 different materials to which the Act applies. 2 samples were taken and submitted for examination, both of which proved to be satisfactory.

PHARMACY AND POISONS ACT, 1933

Part II of this Act is administered by the department and 91 licences were issued during the year.

During the year periodical inspections were made to ensure that the provisions of the Act were observed.

SHOPS ACT, 1950

The Shops Act, 1950, is an Act which, inter alia, makes provision for the health and comfort of workers in wholesale and retail shops and warehouses. During the year 1,082 inspections were made under the provisions of the Act.

REGULATION OF THE CONDITIONS IN OFFICES

(Public Health Act, 1936, Sections 43 to 46 and 91 and 92)

Inspections of Offices are made with a view to ascertaining the conditions and the need for improvements, and as a result of representations made by the Department improvements have been secured.

DISINFECTION AND DISINFESTATION WORK

The following work has been carried out during the year:—

	General	T.B.	Vermin	Total
Premises treated ...	670	53	523	1,246
Rooms treated ...	2,932	94	1,378	4,404
Articles treated ...	3,492	966	11,725	25,183
Articles destroyed ...	36	12	25	73

STABLES

The number of visits to stables was 4. No nuisances were detected during inspection.

AMUSEMENT PLACES

36 visits have been paid to music halls and cinemas, etc., in connection with the ventilation and sanitary accommodation of these premises, and, where necessary, improvements have been effected upon notice being given to the management.

SEAMEN'S LICENCED LODGING HOUSES

There are 5 on the register, with accommodation for 85 seamen. 38 visits were made to these premises, all of which were found to be satisfactory.

COMMON LODGING HOUSES

There are 3 within the Borough, with accommodation for 103 lodgers. 34 visits were made during the year and the houses were found to be in a satisfactory condition.

NEWPORT CORPORATION (GENERAL POWERS) ACT, 1934, SECTION 33

95 premises are registered under the provisions of this section, namely:—

Fried Fish Shops	27
Premises used for the preparation or manufacture of Sausages, Pressed Meat, Pickled Meat, Preserved Meat	68

FOOD PREMISES IN THE BOROUGH

The number of food premises included in the register maintained by the department is 1,780 namely:—

Bakehouses	23
Butchers	115
Cooked Meat Shops	68
Fish and Fruit	202
Fried Fish Shops	27
Ice Cream	348
Provision Shops and Stores	467
Restaurants and Kitchens	95
Miscellaneous	458

The following table shows the number of visits, re-visits and notices served in connection with the inspection and supervision of the handling, storing and preparation of food.

Premises	Inspections	Re-visits	Informal Notices Served	Formal Notices Served
Dairies, Milkshops, Milk Distributors	400	23	—	—
Bakehouses	174	22	—	—
Butchers' Premises	857	64	—	—
Cattle Market	2	52	—	—
Cold Stores	7	—	—	—
Cooked Meat Shops	120	1	—	—
Fish and Fruit Premises	554	33	—	1
Fried Fish Shops	248	25	—	—
Food vehicles & Meat in Transit	61	—	—	—
Ice Cream Premises & Barrows	300	58	—	—
Provision Market	110	3	—	—
Provision Shops and Stores ...	942	244	—	4
Restaurants and Kitchens ...	722	67	—	7
Slaughterhouses (Public) ...	398	555	—	—
Slaughterhouses (Private) ...	393	362	—	—
Other Food Stores	567	30	—	1
Railway Stations re. Food ...	5	—	—	—
Merchandise Marks Act ...	55	—	—	—
Works & School Canteens ...	62	6	—	—
	5,977	1,545	—	13

The provision of suitable receptacles for the storage of refuse has received close attention.

Admirable though this may be, the fact should be kept in mind that much of the good in this connection is nullified when, as often happens, the occupiers of adjoining houses store domestic refuse in all kinds of decrepit receptacles, a practice which can only retard the attainment of a reasonable standard of environmental sanitation.

MERCHANDISE MARKS ACT, 1926

This Act provides for the marking of certain imported foodstuffs in order that the public may know whether they are buying "Foreign," "Empire," or "English" produce.

The attention of all greengrocers, grocers, fishmongers, and others concerned, is directed to the requirements of the Orders in Council relating to the marking of imported Fresh Apples, Raw Tomatoes, Eggs in Shell, Dried Eggs, Currants, Sultanas, Raisins, Oat Products, Honey, Frozen or Chilled Salmon, Butter, Dead Poultry, and Bacon and Ham.

MEAT INSPECTION AT THE PUBLIC SLAUGHTERHOUSE

37,870 animals were slaughtered during the year, particulars of which are given on page 79. The amount of meat condemned as unfit for human consumption and the number of entire carcasses condemned and the reason therefore will be seen on page 80.

The inspection of meat at the slaughterhouse was carried out in accordance with the principles laid down by the Ministry of Food, acting jointly with the Ministry of Health, and which are set out in Memo 3/Meat. The application of these principles ensures that every carcass is inspected thoroughly including the associated organs, and where found to be diseased or affected by parasitic conditions are detained and ultimately condemned as unfit for human consumption.

It will be readily appreciated, that this branch of food inspection is an exacting one, for the simple reason that hundreds of incisions have to be made during each day's kill, some of which are deep seated. Care, therefore, has to be exercised in carrying out these post mortem examinations which are necessary for the detection of the various diseases, whilst at the same time mutilation of the carcass and offal must be avoided. This work is carried out by your officers who are qualified in meat and foods inspection.

In addition to the inspection of meat which has been explained, I would point out the additional duty which is undertaken by your officers namely, that of seeing that the provisions of The Slaughtering of Animals (Prevention of Cruelty) (No. 2) Regulations, 1954, are observed by all parties engaged in this field of activity.

TRANSPORT OF MEAT

The transport and carrying of meat were kept under observation by your officers during the year and it was found in general that the conditions laid down by regulations were, on the whole, observed by those traders engaged in the business. However, in a few instances, carriers were approached and advised that a better standard of hygiene could be adopted particularly in regard to the appearance of the apparel worn during the carrying of meat from the vehicles to butchers' premises.

In this respect, I would like to make some comment. Regulation 30 of the Food Hygiene Regulations lays down that "Every person who in the course of a

food business carries meat, being meat which is open food, otherwise than in the course of distribution by a retailer to his customers, shall while so engaged wear a clean and washable overall and, if the meat is liable to come into contact with his neck or head, a clean and washable head covering."

While carriers endeavour to comply with this requirement there is one thing that prevents overalls and head coverings from retaining a clean appearance even when they have been in use for only a few hours. The fatty areas on meat surfaces which come into contact with clean overalls cause a fatty stain to be left around the wearer's shoulders, and this stain becomes more pronounced towards the middle of the day. Overalls in this condition appear soiled and dirty, whereas the accumulation is due to the oily nature of the substances which are being carried. Nevertheless carriers and their staff are constantly reminded of their obligations to the public in this respect.

MEAT INSPECTION AT MAESGLAS BACON FACTORY

27,409 pigs were slaughtered at these premises during the year and all were systematically inspected by your meat and food inspectors. These pigs were imported to the factory from Pembrokeshire, Carmarthenshire, Glamorganshire and Monmouthshire, while the finished article in the form of bacon and kindred products was re-distributed to Newport, Cardiff, Swansea, Llanelly and Bristol.

The work done in connection with meat inspection during the year is set out in detail in the following tables:—

(1) NUMBER OF ANIMALS SLAUGHTERED AND INSPECTED

Description	Public Abattoir	Private Slaughter-houses	Total
Beasts	2,609	—	2,609
Calves	1,364	—	1,364
Pigs	7,612	27,409	35,021
Sheep and Lambs	26,285	—	26,285
	37,870	27,409	65,279

(2) AMOUNT IN LBS. CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION

Description	Public Abattoir	Private Slaughter-houses	Private Premises	Total
Beef and Veal	29,924 $\frac{1}{2}$	—	6,807 $\frac{1}{4}$	36,731 $\frac{3}{4}$
Pork	4,744 $\frac{3}{4}$	24,375	1,603 $\frac{1}{4}$	30,723
Mutton and Lamb ...	7,923 $\frac{1}{4}$	—	488	8,411 $\frac{1}{4}$
	42,592 $\frac{1}{2}$	24,375	8,898 $\frac{1}{2}$	75,866

(3) ENTIRE CARCASSES CONDEMNED

CAUSE	Beasts	Calves	Pigs	Sheep and Lambs	Total
Tuberculosis ...	8	1	6	—	15
Multiple abscess ...	—	1	2	4	7
Acute fever ...	—	4	21	3	28
Pyæmia ...	—	—	3	—	3
Moribund ...	—	1	7	3	11
Oedema ...	14	3	8	27	52
Emaciation ...	2	—	—	41	43
Septicæmia ...	4	1	13	2	21
Fascioliosis ...	1	—	—	—	1
Bruising ...	1	1	1	—	3
Immaturity ...	—	1	—	—	1
Pneumonia ...	1	—	—	1	2
Septic pneumonia ...	—	1	—	3	4
Cysts and cirrhosis ...	—	—	1	—	1
Bone taint ...	1	—	—	—	1
Distomatosis ...	—	—	—	1	1
Died in transit ...	—	—	4	1	5
Acute pleurisy ...	—	—	—	1	1
Dyoexia ...	—	—	—	1	1
Erysipelas ...	—	—	1	—	1
Pyrexia ...	—	—	—	1	1
Abnormal odour ...	—	1	—	—	1
Pleurisy ...	—	—	—	1	1
Sarcocysts generalised.	—	—	—	—	—
	32	15	67	92	206

(4) CARCASSES INSPECTED AND CONDEMNED

	Cattle including Cows	Calves	Sheep and Lambs	Pigs	Goats	Horses
Number killed	2,609	1,364	26,285	35,021	—	—
Number inspected	2,609	1,364	26,285	35,021	—	—
All diseases except Tuberculosis and Cysticerci. Whole carcasses condemned	24	14	92	61	—	—
Carcasses of which some part or organ was condemned	1,271	21	3,104	2,071	—	—
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	48.71	1.54	11.80	5.91	—	—
Tuberculosis only. Whole carcasses condemned	8	1	—	6	—	—
Carcasses of which some part or organ was condemned	149	—	—	683	—	—
Percentage of the number inspected affected with Tuberculosis	6.01	0.07	—	1.96	—	—
Cysticercosis. Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

OTHER FOOD CONDEMNED

In addition to Meat condemned at the Public and Private Slaughterhouses, the undermentioned foods have also been condemned during the year:—

Description	Reason for condemnation	Premises	Amount in lbs.
Tinned goods ...	Decomposition	Private	24,712
Fish	"	"	995 $\frac{1}{2}$
Chocolate crunch ...	"	"	46
Cheese	"	"	42
Various foods ...	"	"	1,364 $\frac{3}{4}$
		TOTAL:	27,160 $\frac{1}{4}$

DISPOSAL OF CONDEMNED FOOD

All meat and offal condemned at the Public Slaughterhouse is released to two contractors for processing, the previous arrangement whereby the condemned meat and offal was removed to the Council's concentrator plant for conversion into animal feeding stuffs being discontinued.

No difficulties were experienced during the year arising from the conveyance of condemned meat and this was due, in my opinion, to the system of disposal which has been operative now for some time.

The conditions under which condemned meat is released is set out below:—

1. Two contractors only are responsible for the collection and disposal.
2. The contractors must satisfy and continue to satisfy the Medical Officer of Health and the Chief Public Health Inspector that they are able to transport and dispose of the condemned meat as a raw material in the best interests of public health.
3. The contractors shall process the condemned meat on their own premises and shall permit no re-sale of the condemned meat in its un-processed condition.
4. That the condemned meat shall be collected from the mortuary at the Slaughterhouse within 48 hours from the time of seizure.
5. The Council shall in no way be responsible for any payment to be made to the contractors or for the acts of the contractors in collecting condemned meat.

All condemned meat is stained with a green dye before it is removed by the contractor.

DAIRIES, MILKSHOPS AND MILK DISTRIBUTORS

Under this heading 423 inspections were made to premises where milk is sold or stored. A general tightening up of the Regulations has produced a marked improvement in the condition of these premises.

The number of dairies registered under the Milk and Dairies Regulations, 1949 is 27.

The quality of milk sold is above the minimum required by the Sale of Milk Regulations, the average composition of the milk submitted for analysis being: Fat, 3.66 per cent.; Solids not Fat, 8.65 per cent. 11 samples of milk (7 formal,

4 informal) did not conform to the standard prescribed by the Sale of Milk Regulations—10 were of abnormal composition and 1 adulterated.

MILK (SPECIAL DESIGNATIONS) REGULATIONS 1949/1954

During the year 239 licences were issued authorising the use of special designations in relation to milk sold within the Borough.

The requirements of the Ministry of Health were complied with respecting the sampling of Designated Milks, 166 samples being submitted for bacteriological examination. All these samples were reported to be satisfactory.

BAKEHOUSES

The number on the register was 23 within the Borough; visits 196 during the year. Nuisances and defects of a minor nature were remedied after Verbal Notice from the Public Health Inspectors. Nearly all these premises are of modern construction and on the whole are kept in good condition, due no doubt to the close supervision given to them.

FOOD AND DRUGS ACT, 1955

548 "samples" were submitted for analysis during the year. In addition, 6 "samples" were not submitted for examination it being deemed unnecessary to receive an Analyst's report thereon; thus the total number of "samples" taken during the year under the Act was 554. 320 were formal samples and 234 were informal samples.

Full particulars are contained in the report of the Public Analyst and in pages 64 to 69.

In addition to the above, 66 samples of milk were taken for the inoculation tests for tuberculosis (see page 69).

ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS 1947 AND 1952

84 samples were taken and submitted to the methylene blue test and were classified as follows:—

Grade I	Grade II	Grade III	Grade IV
58	10	8	8

THE FOOD STANDARDS (ICE CREAM) ORDER, 1953

66 samples (1 formal, 65 informal) were taken during the year. One informal sample proved to be 46.4% deficient in fat. A further formal sample proved to be satisfactory. All of the remaining samples proved to be satisfactory.

The number of premises registered under provisions of Section 34, of the Newport Corporation (General Powers) Act, 1934 is:—

Manufacture and Sales	...	...	...	...	20
Sale only	...	...	...	...	328

I should like to take this opportunity of thanking the Public Health Inspectors and other members of the Staff for their valuable assistance and co-operation throughout the year.

W. J. GRIFFITHS,

Chief Public Health Inspector.

ANNUAL REPORT BY THE PUBLIC ANALYST

FOOD AND DRUGS ACT, 1955

During the year, a total of 548 samples was examined of which 226 were informal trial samples. This is an increase of 30 samples over the total for 1958.

MILK

297 samples of milk were taken in course of sale to the Public. One sample was adulterated containing 5.09% added water, whilst ten samples were low in solids not fat but freezing point tests showed this to be due to abnormal composition not adulteration.

The average composition of the milk samples was satisfactory giving results as under:—

FAT 3.66%, SOLIDS NOT FAT 8.65%, TOTAL SOLIDS 12.31%.

This shows a slight deterioration in overall quality compared with last year's results.

The remaining 251 samples comprised a wide variety of foods, beverages and medical preparations which have been classified thus:—

DAIRY PRODUCTS INCLUDING ICE CREAM AND ICE LOLLIES

84 samples of butter, margarine, lard, cream, ice cream and similar products were received during the year and all were satisfactory with the exception of one sample of ice cream which was 46.4% deficient in fat. One sample of condensed milk was poor as it was of poor colour probably caused by too high a sugar content which had caramelised.

3 milk bottles were condemned as unclean under the Milk & Dairies Regulations as they contained dried milk, vegetable tissues and other contaminants which should not be present in a clean bottle. I do not consider these are adulterations of foodstuffs since the bottles are not edible but can be adequately dealt with under Regulations made under the Food & Drugs Act.

MEAT AND FISH PRODUCTS AND PASTES

23 samples of meat and fish pastes, tinned meats and fish, beef and pork sausages were examined. One meat pie and one sasusage roll were unfit for consumption as they were mouldy at the time of purchase but the other samples were all genuine.

WINES, SPIRITS AND SOFT DRINK PREPARATIONS

39 samples of beers, wines, spirits and soft drinks preparations were received and found to be satisfactory with the exception of one sample of orangeade which contained 2.15 milligrams of phenol. There has not been a satisfactory explanation yet given of the cause of this contamination.

CEREAL AND FARINACEOUS PRODUCTS

47 samples of bread confectionery, cake mixtures, custard powders, macaroni, rice, sago and tapioca were received. Three samples were unsatisfactory as they contained cockroaches (no evidence how it entered the sample), charcoal (unsightly but not harmful) or stains of iron and dirty oil.

JAMS, PRESERVES, TABLE JELLIES, DRIED FRUITS ETC.

17 samples of this class of product were examined and they all conformed with various requirements for purity etc. One sample of sandwich spread was rancid and unfit for human consumption.

SALAD CREAM, SPICES, SAUCES AND VINEGAR

7 samples of condiments, vinegar, spices and sauces were received during the year and all were of good quality. One sample of boiled beetroot contained iron derived from the cooking vessel but insufficient to render it unfit for consumption.

SWEETS

2 samples of sweets were examined and found to be fit for human consumption.

DRUGS

4 samples of drugs were submitted and these either conformed with the declaration on the label or with the requirements of the British Pharmacopeia.

MISCELLANEOUS

26 samples of unclassified food were submitted, which includes canned fruits and vegetables and these all conformed with the Food & Drugs Act, 1955.

ADULTERATED SAMPLES

A total of 8 samples were adulterated, this being 1.46% which is a decrease compared with previous years.

This total does not include dirty milk bottles which I consider to have been improperly cleaned and which have been dealt with by the Milk & Dairies Regulations.

FERTILISERS & FEEDING STUFFS ACT

During the year, 24 samples were submitted to me in my capacity as Official Agricultural Analyst to the Borough. None of the samples showed any irregularity, as all were within the permitted limits of variation, from the declared values.

WATER EXAMINATION

Chemical and bacteriological examinations are regularly made on the source of water supplied to the Borough and a satisfactory standard of purity is maintained.

As the raw water from Talybont has a marked plumbo solvent action, it is treated to remedy this defect and periodic tests are applied in the laboratory to confirm effectiveness of the treatment.

SEWAGE DISPOSAL

Only occasional samples of sewage have been received during the year but due to the dry weather and overloading of the works, the effluent from Hartridge plant has created a nuisance and this may be continuing. Only regular sampling and examination will reveal the position.

ATMOSPHERIC POLLUTION

During the year in July, a further station was opened up at Hartridge Sewage Farm. At present this is a developing residential area but it may eventually be affected by the new Spencer Steel Works of Messrs. Richard Thomas & Baldwins, Ltd. and it will be of interest to study the developments as we should have records over a year or two before the works actually commence, and these records will provide a useful base line.

As in previous reports extracts from the analysis of rain water etc., at various stations have been summarised in tables I and II.

It will be seen that pollution has not yet been significantly abated, in fact on many occasions it is worse than in preceding years. This may be explained by the very dry summer resulting in considerable quantities of dust being brought down when rain did come.

TABLE No. I
Sulphur Dioxide in Milligrammes per day

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Lower Lake Farm ...	0.81	0.55	0.37	0.58	0.23	0.23	0.25	0.31	0.14	0.56	0.44	0.55
Cross Farm ...	0.62	0.69	0.32	0.46	0.40	0.24	0.41	0.26	0.19	0.30	0.44	0.20
Fairfield Farm ...	0.79	0.77	0.28	0.63	0.44	0.23	0.32	0.31	0.32	0.52	0.50	0.48
Corporation Road ...	1.92	1.25	0.83	1.24	0.83	0.53	0.39	0.44	0.82	0.90	0.89	1.03
Decoy Pool Farm ...	0.59	0.57	—	—	—	0.12	0.19	0.19	0.14	0.26	0.27	0.30
Standard Telephones ...	2.64	2.01	1.97	2.26	1.09	1.14	1.02	0.94	1.00	2.23	2.29	2.42
Beechwood Park ...	0.79	0.82	0.59	0.68	0.38	0.43	0.31	0.25	0.29	0.51	0.48	1.16
Hartridge Farm ...	—	—	—	—	—	—	0.50	0.74	0.60	1.50	0.88	0.56

TABLE No. II
Deposit Gauge totals in tons per square mile per month

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Lower Lake Farm ...	9.51	3.35	10.47	10.61	34.24	21.94	9.91	8.05	8.35	16.60	17.03	19.22
Cross Farm ...	10.98	4.26	10.00	8.42	14.16	7.89	10.91	5.91	3.18	10.00	17.22	15.30
Fairfield Farm ...	15.97	4.34	9.17	7.57	11.70	7.14	11.50	11.28	3.00	10.64	16.88	18.17
Corporation Road ...	18.17	6.74	16.01	10.61	13.90	11.34	15.07	8.48	7.10	15.24	18.91	19.71
Decoy Pool Farm ...	12.82	3.56	—	9.13	14.73	—	7.38	9.82	5.40	9.33	24.20	14.33
Lower Lake Farm II ...	15.74	5.10	7.82	8.72	6.81	8.15	4.87	4.37	6.81	11.91	14.13	17.92
Monsanto N.E. ...	28.36	22.86	25.47	26.01	17.15	16.25	10.10	13.76	13.49	29.67	38.02	35.55
Monsanto S.W. ...	21.83	11.22	21.12	23.08	11.42	14.66	6.04	10.47	9.50	17.03	28.18	19.60
Standard Telephones ...	28.45	9.15	20.75	20.10	14.80	15.55	14.60	11.97	6.35	17.70	33.72	33.38
Beechwood Park ...	19.33	9.06	12.02	19.23	10.71	10.97	11.18	6.08	8.69	12.62	18.17	18.83
Hartridge Farm ...	—	—	—	—	—	—	10.03	6.85	5.26	13.46	17.22	20.41

I should like to take this opportunity of thanking the Medical Officer of Health, the Chief Public Health Officer and their staffs, Mr. Middle the Borough Engineer and Mr. A. E. Guild the Manager and Engineer of the Water Department and their staffs for such valuable co-operation throughout the year.

G. V. JAMES, M.B.E., M.Sc., PH.D., F.R.I.C.
Public Analyst.

ACKNOWLEDGMENTS

I should like to thank the members of the Public Health Committee for their support.

I should like also to thank the staff, visiting staff, and clerical staff of the Public Health Department for their assistance.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

W. B. CLARK,

Medical Officer of Health.

Public Health Department,
Civic Centre,
Newport.

November, 1960.

National Health Service Act 1946

LOCAL HEALTH SERVICES

PART I

RETURN RELATING TO SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY AND OF THE WORK DONE DURING THE YEAR 1959.

1. BIRTHS

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area:—

(1)	Live births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary	830	821	11	11	841	832
(b) Institutional	1,132	950	43	27	1,175	977

2. ANTE-NATAL AND POST-NATAL CLINICS

(1)	(2) Number of premises* in use at end of year (whether held at Child Welfare Centres or elsewhere).	(3) Average number of sessions held per month during year†.	No. of Women in Attendance		(6) Total number of attendances during the year.
			(4) Number of women who attended during the year.	(5) Number of new cases included in col. (4).	
LOCAL HEALTH AUTHORITY CLINICS:					
(a) For ante-natal examination	4 [4]	52 [52]	— [—]	1,600 1,309	8,328 —
(b) For post-natal examination	—	—	—	2 2	2 —
CLINICS PROVIDED BY VOLUNTARY ORGANISATIONS:					
(c) For ante-natal examination	—	—	—	—	—
(d) For post-natal examination	—	—	—	—	—

NOTES: †Where no medical officer is present or available.

*Premises used both for ante-natal and post-natal work, whether in the same or different clinic sessions, are counted as clinics for ante-natal examination, but their number is also shown separately in the brackets.

‡Sessions in which both ante-natal and post-natal work is done are counted as ante-natal sessions but their number is also shown separately in the brackets.

3. CHILD WELFARE CENTRES

Centres provided by:	Number of centres provided at end of year.	Number of Child Welfare sessions now held per month at centres in col. (2).	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age.	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year.	Number of attendances during the year made by children who at the date of attendance were:			Total Attendances during the year.
				1959	1958	1957-54		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	12	95	1816	1744	1381	1274	4399	24344	3877	2292	30513
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

Actual sessions during 1959 — 983 (no centres held for 1 week over each Bank Holiday).

4. DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

(1) (a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service:—	
(1) Senior Dental Officer	0.05
(2) Dental Officers	0.04
(b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service	3/11
(c) Number of dental clinics in operation at end of year	1
(d) Total number of sessions (<i>i.e.</i> equivalent complete half days) devoted to maternity and child welfare patients during the year	147
(e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year	Nil

(2) Dental Treatment Return

(a) Numbers provided with Dental Care:—

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
Expectant and Nursing Mothers ...	390	379	255	83
Children under Five ...	312	299	240	36

(b) Forms of Dental Treatment provided:—

(1)	(2) Scalings and Gum Treatment	(3) Fillings	(4) Silver Nitrate Treatment	(5) Crowns or Inlays	(6) Extractions	(7) General Anaesthetics	Dentures Provided		(10) Radiographs
							(8) Full Upper or Lower	(9) Lower Upper or Partial	
Expectant and Nursing Mothers ...	15	199	—	—	1,573	299	118	52	30
Children under Five ...	12	70	53	—	599	360	—	—	—

5. HEALTH VISITING AND TUBERCULOSIS VISITING

A. Visiting

(1)	HEALTH VISITORS										TUBER- CULOSIS VISITORS
	Number of children under 5 years of age visited during year	Expectant mothers*		Children under 1 year of age†		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households‡	Other cases§	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households¶
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
(a) L.H.A.	5457	846	1019 (177)	1938	7056 (1104)	3078 (496)	8689 (1232)	—	3540 (475)	6384	2244 (528)
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

*These figures do not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse. The "first visit" to an expectant mother is the first visit paid by a health visitor during any one pregnancy.

†The "first visit" to a child under 1 year old is the first visit paid by a health visitor of this Local Health Authority after the birth of the child.

‡This heading relates to visits made by health visitors not employed solely on tuberculosis work [as to which see col. (12)].

§"Other cases" include visits for such purposes as reporting on still-births and infant deaths, infectious disease, care of old people, hospital after-care, etc.

¶This heading relates to visits made by health visitors and tuberculosis visitors employed solely on tuberculosis work.

Figures in brackets are "no access" visits and are excluded in total figures.

B. Clinics.

- (a) Total number of attendances made by health visitors at health authority clinic sessions during the year 1,476
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year 67

6. HOME NURSING

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year:—										
(a) L.H.A. ...	1969	551	50	36	42	—	2648	1073	192	1474
(b) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year:—										
(c) L.H.A. ...	87567	21885	548	2795	520	—	113815	57535	2580	42544
(d) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—

7. DOMESTIC HELP

(i) Number of Domestic Help Organisers employed at the end of the year:—

(a) Whole-time	...	...	...	...	...	1
(b) Part-time	...	...	...	...	...	Nil
(c) Whole-time equivalent of (b)	...	...	...	...	...	Nil

(ii) Number of Domestic Helps employed at the end of the year:—

(a) Whole-time	...	...	...	...	...	26
(b) Part-time	...	...	...	...	...	91
(c) Whole-time equivalent of (b)	...	...	...	...	...	42

(inc. 40 employed for 8 hrs. or less per week)

(iii) Number of cases where domestic help was provided during the year:—

	TOTAL	Cases included in previous col. in which help began prior to 1959
(a) Maternity (including expectant mothers)	60	6
(b) Tuberculosis	17	11
(c) Chronic sick including aged and infirm...	431	256
(d) Others	57	15

8. DISTRIBUTION OF WELFARE FOODS

Number and type of distribution points at end of year:—

(a) Maternity and child welfare centres	...	...	13
(b) Others	...	...	1

9. DAY NURSERIES (INCLUDING 24-HOUR NURSERIES) AS AT END OF YEAR

Nil.

10. **DAILY MINDERS RECEIVING FEES FROM THE AUTHORITY UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946, AT END OF YEAR**
 (a) Number of minders ... Nil (b) Number of children cared for. Nil.

11. **MOTHER AND BABY HOMES—**
 (i.e. Homes or hostels for unmarried mothers and their babies)
 Nil.

12. **ILLEGITIMATE CHILDREN (with special reference to Circular 2866)**
 This work is undertaken by the Council's Children's Officer.

PART II

MIDWIVES ACT, 1951. RETURN BY LOCAL SUPERVISING AUTHORITY

1. MIDWIVES

NOTE: Midwives engaged in both domiciliary and institutional practice are included in the capacity in which they are mainly employed.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the Authority ...	13	—	13
(b) Midwives employed by Voluntary Organisations:			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act:			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise	—	20 ²	20
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	2 ¹	3	5
Totals ...	15	23	38

Small figures in Black face are Midwives who notified intention to practice as Maternity Nurses, and are included in other figures.

2. DELIVERIES ATTENDED BY MIDWIVES

(1)	Number of Deliveries attended by midwives in the area during the year					
	Domiciliary Cases					Cases in institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery	Doctor not present at time of delivery	Doctor present at time of delivery (either the booked Dr. or another)	Doctor not present at time of delivery		
(2)	(3)	(4)	(5)	(6)		
(a) Midwives employed by the Authority ...	3	2	79	699	783	—
(b) Midwives employed by Voluntary Organisations:						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946 ...	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	1082
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	—	—	9	27	36	77
Totals ...	3	2	88	726	819	1159

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day : 787.

(f) **Breast Feeding.** Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day : 528.

3. MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES ACT, 1951

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not:—

(a) Domiciliary cases:—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ... 183 Mothers, 102 Children

(ii) Others ... 14 Mothers, 10 Children

Total ... 309

(b) Cases in Institutions ... 124 Mothers only

4. ADMINISTRATION OF INHALATIONAL ANALGESICS

(1) Institutional Midwives

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board:—

(a) Employed in homes and hospitals in the National Health Service	18
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service ...	2

(2) Domiciliary Midwives.

(1)	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year:—				Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:—	
		Gas Gair (3)	'Tri- lene' (4)	When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child.	When doctor was not present at time of delivery of child.
				Gas Gair (5)	'Tri- lene' (6)	Gas Gair (7)	'Tri- lene' (8)		
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(a) Domiciliary Midwives employed directly by Local Health Authority	13	14	—	78	—	657	—	57	374
(b) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(c) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	—	—	—	3	—	—	—	10	25
Totals	13	14	—	—	18	657	—	67	399

PART III

RETURN OF WORK DONE BY THE AUTHORITY UNDER :

1. NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948 :

Premises:—	Number registered at end of year.	Number of Children provided for.
(a) Factory	—	—
(b) Other nurseries	2	40
Daily Minders	1	8

2. REGISTRATION OF NURSING HOMES (Sections 187 to 194 of the Public Health Act, 1936):

	Number of Homes	Number of Beds provided for		
		Maternity	Others	Totals
Homes first registered during year	—	—	—	—
Homes whose registrations were withdrawn during the year	—	—	—	—
Homes on the register at end of year	4	7	35	42
Homes exempt from registra- tion at end of year	—	—	—	—

PART IV

PREMATURE BIRTHS

NOTES : This section covers live births and still-births of 5½ lbs. or less at birth. Births in an ambulance or in the street are listed under the place to which the case is immediately transferred.

1. NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED (AS ADJUSTED BY ANY NOTIFICATIONS TRANSFERRED IN OR OUT OF THE AREA)

(a) In hospital	101
(b) At home	30
*(c) In private nursing homes	1
Total	132

2. NUMBER OF PREMATURE STILL-BIRTHS NOTIFIED (AS ADJUSTED BY ANY NOTIFICATIONS TRANSFERRED IN OR OUT OF THE AREA)

(a) In hospital	16
(b) At home	4
*(c) In private nursing homes	—
Total	20

* "Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS					
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			(17) Born in hospital	(18) Born at home	(19) Born in nursing home
	(2) Total	(3) Died within 24 hrs. of birth	(4) Survived 28 days	(5) Total	(6) Died within 24 hrs. of birth	(7) Survived 28 days	(8) Total	(9) Died within 24 hrs. of birth	(10) Survived 28 days	(11) Total	(12) Died within 24 hrs. of birth	(13) Survived 28 days	(14) Total	(15) Died within 24 hrs. of birth	(16) Survived 28 days			
(1)																		
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	14	5	6	1	—	1	4	3	—	—	—	—	—	—	—	9	1	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ... (1,500-2,000 gms.)	18	—	18	2	—	1	1	—	—	—	—	—	—	—	—	4	1	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ... (2,000-2,250 gms.)	15	—	14	5	—	5	1	—	—	—	1	—	—	—	—	1	1	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ... (2,250-2,500 gms.)	54	1	50	16	1	14	—	—	1	1	—	—	—	—	2	1	—	
Totals ...	101	6	88	24	1	21	6	3	1	1	1	—	—	—	16	4	—	

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

PART V

STAFF RETURN

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

1. HEALTH VISITING, TUBERCULOSIS VISITING,
CLINIC DUTIES, CARE AND AFTER-CARE

(1)	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other Nurses		
	(2) Whole-time	(3) Part-time	(4) Equiv. Whole-time of (3)	(5) Whole-time	(6) Part-time	(7) Equiv. Whole-time of (6)	(8) Whole-time	(9) Part-time	(10) Equiv. Whole-time of (9)	(11) Whole-time	(12) Part-time	(13) Equiv. Whole-time of (12)
(a) Local Health Authority ...	—	1	4 ³	—	20	15	1	—	—	—	5	3 ³ 4 ³
(b) Voluntary Organisation ...	—	—	—	—	—	—	—	—	—	—	—	—

†This relates to Health Visitors and Tuberculosis Visitors employed solely on tuberculosis work.

2. DOMICILIARY MIDWIFERY

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time*	Part-time*	Equivalent Whole-time of (3)	Whole-time†	Part-time†	Equivalent Whole-time of (6)
	(2)	(3)	(4)	(5)	(6)	(7)
(a) Local Health Authority ...	1 [1]	—	—	13 [6]	—	—
(b) Voluntary Organisation...	—	—	—	—	—	—
(c) H.M.C. or B.G.	—	—	—	—	—	—

*Non-Medical Supervisors of Midwives are included and also shown separately in the brackets.

†Midwives approved as teachers are included and also shown separately in the brackets.

PUPIL MIDWIVES

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery course taken:—

(i) Wholly on the district	...	...	...	...	...	...	Nil
(ii) Partly on the district	...	...	...	...	...	...	18

3. HOME NURSING

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	(2) Whole-time	(3) Part-time	(4) Equiv. Whole-time of (3)	(5) Whole-time	(6) Part-time	(7) Equiv. Whole-time of (6)	(8) Whole-time	(9) Part-time	(10) Equiv. Whole-time of (9)	(11) Whole-time	(12) Part-time	(13) Equiv. Whole-time of (12)
(a) L.H.A.	1	—	—	10	14	83 $\frac{3}{4}$	1	1	008	—	—	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—	—

4. NURSES ENGAGED ON COMBINED DUTIES

Number of nurses engaged in:—

(a) Health visiting and school nursing only	1 Admin. & Supervisory 20 Nurses
(b) Home nursing and midwifery only	...
(c) Health visiting, home nursing and midwifery only	...
(d) Health visiting, home nursing, school nursing and midwifery only	...
(e) Other combinations (school nursing and maternity and child welfare clinic nursing)	...

5. ADMINISTRATIVE NURSING STAFF (EXCLUDING HEALTH VISITOR TUTORS)

Actual number of nurses whose duties in the services in 1, 2 and 3 above are:—

(a) Wholly administrative and supervisory	...	...	...	3
(b) Partly administrative and supervisory	...	...	...	Nil

6. TOTAL STAFF

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but excluding students and pupils whose employment in these three services is:—

(a) Whole-time	...	...	...	...	...	...	27
(b) Part-time	...	...	...	...	...	...	41

7. NURSERY STAFF—DAY NURSERIES

Nil.

8. VACANCIES

Nil.

NATIONAL HEALTH SERVICE ACT, 1946
MENTAL DEFICIENCY ACTS, 1913-1938

LOCAL HEALTH SERVICES

Number in which action taken on reports by:—		Under		Aged 16	
(a) Cases ascertained to be defectives "subject to be dealt with":—		age 16		and over	
		M.	F.	M.	F.
1. Particulars of case reported during 1959					
(1) Local Education Authorities on children:					
(i) While at school or liable to attend school		8	1	—	—
(ii) On leaving special schools		—	2	—	—
(iii) On leaving ordinary schools		1	—	—	—
(2) Police or by Courts		—	—	—	—
(3) Other sources		—	—	1	4
TOTAL of 1 (a) ..		9	3	1	4
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ..		3	10	—	—
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)		—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1959, and are thus excluded from (a) or (b) ..		—	—	—	—
TOTAL of 1 (a)—(d) inc. ..		12	13	1	4
2. Disposal of cases reported during 1959					
(The total of 2 (a), (b) and (c) must agree with that of 1 (a) and (b) above)					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1 (a)), number:					
(i) Placed under Statutory Supervision		8	2	—	—
(ii) Placed under Guardianship		—	—	—	—
(iii) Taken to "Places of Safety"		—	—	—	1
(iv) Admitted to Hospitals		1	1	1	3
Total of 2(a) ..		9	3	1	4
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number:					
(i) Placed under Voluntary Supervision		3	10	—	—
(ii) Action unnecessary		—	—	—	—
TOTAL of 2 (b) ..		3	10	—	—
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged					
TOTAL of 2 (a)—(c) inc. ..		12	13	1	4
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1959 and admitted to					
(a) National Health Service hospitals		1	—	1	1
(b) Elsewhere		1	—	—	—
TOTAL ..		2	—	1	1

4. Total cases on Authority's Registers at 31/12/59	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(i) Under Statutory Supervision	21	13	52	58
(ii) Under Guardianship (including patients on licence) ..	—	—	—	—
(iii) In "Places of Safety"	—	—	—	—
(iv) In Hospitals (including patients on licence)	7	9	36	46
(v) Under Voluntary Supervision	—	—	43	45
TOTAL ..	28	22	131	149
5. Number of defectives under Guardianship on 31st December, 1959, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii))				
	—	—	—	—
6. Classification of defectives in the Community on 31/12/59 (according to need at that date)				
(a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority:—				
(1) In urgent need of hospital care:—				
(i) "cot and chair" cases	1	—	—	—
(ii) ambulant low grade cases	1	—	—	—
(iii) medium grade cases	1	—	—	—
(iv) high grade cases	—	—	1	—
TOTAL urgent cases ..	3	—	1	—
(2) Not in urgent need of hospital care:—				
(i) "cot and chair" cases	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—
(iii) medium grade cases	—	—	—	2
(iv) high grade cases	—	—	4	3
TOTAL non-urgent cases ..	—	—	4	5
TOTAL OF URGENT AND NON-URGENT CASES ..	3	—	5	5
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for:—				
(i) occupation centre	17	10	28	33
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
TOTAL of 6 (b) ..	17	10	28	33
(c) Of the cases included in 6 (b), number receiving training on 31/12/59:—				
(i) In occupation centre (including voluntary centres) ..	13	10	13	14
(ii) In industrial centre	—	—	—	—
(iii) From a home teacher in groups	—	—	—	—
(iv) From a home teacher at home (not in groups) ..	—	—	—	—
TOTAL of 6 (c) ..	13	10	13	14

NATIONAL HEALTH SERVICE ACT, 1946
LOCAL HEALTH AUTHORITY MENTAL HEALTH SERVICES

PART I

A. NUMBER OF OCCUPATION AND INDUSTRIAL CENTRES FOR
 THE MENTALLY DEFICIENT AS AT 31st DECEMBER, 1959.

Category of Centre by number of half day sessions	Number of Centres for persons			Maximum Number of places for persons		
	Up to age 16	Of all ages	Age over 16 only	Up to age 16	Of all ages	Age over 16 only
1. Centres provided by Local Health Authority						
(a) 9-10 sessions per week	—	1	—	—	50	—
(b) 3-8 sessions per week ..	—	—	—	—	—	—
(c) less than 3 sessions per week	—	—	—	—	—	—
TOTAL ..	—	1	—	—	50	—
2. Centres provided by Voluntary Organisations						
(a) 9-10 sessions per week	—	—	—	—	—	—
(b) 3-8 sessions per week ..	—	—	—	—	—	—
(c) less than 3 sessions per week	—	—	—	—	—	—
TOTAL ..	—	—	—	—	—	—

B. CHANGES SINCE 31st MARCH, 1959.

Name, address and category of any centre—

(a) Opened since 31st March, 1959.

Nil.

(b) Closed since 31st March, 1959.

Nil.

PART II

NUMBER OF LOCAL HEALTH AUTHORITY STAFF IN CERTAIN CATEGORIES AT 31st DECEMBER, 1959.

	Grade	In post at 31/12/59			Vacancies on establishment at 31/12/59		
		Number of whole-time Officers	Part-time Officers		Number of whole-time Officers	Part-time Officers	
			Number	Whole-time equivalent		Number	Whole-time equivalent
A. Occupation and Industrial Centres .. for the Mentally Deficient ..	(1) Organisers (2) Supervisors (3) Assistant Staff .. (excluding Domestic Staff)	1 4					
B. Hostels for the Mentally Disordered	(1) Wardens (2) Others (excluding Domestic Staff)						
C. Mental Health, Mental Deficiency and Mental Welfare Services	(1) Psychiatric Social Workers (qualified) (2) Social Workers in lieu of P.S.W.s but not qualified as such (3) Mental Health or Mental Welfare Officers employed in a supervisory capacity (4) Other Mental Health or Mental Welfare Officers (a) Acting as D.A.O's (b) Not Acting as D.A.'s (5) Home Teachers ..	1					
		2					

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