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HEALTH  
17 OCT 1950

**Ogmore and Garw  
Urban District Council.**

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**R E P O R T**

OF THE  
**MEDICAL OFFICER OF  
HEALTH**

**For the Year 1949.**



Ogmore and Garw  
Urban District Council.

**R E P O R T**

OF THE  
MEDICAL OFFICER OF  
HEALTH

For the Year 1949.

## PUBLIC HEALTH STAFF.

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(a) MEDICAL.

*Medical Officer of Health,*

B. T. JONES, L.M.S.S.A. (Lond.), D.P.H. (Edin.).

(b) SANITARY INSPECTORS.

*Senior Sanitary Inspector:*

O. L. THOMAS, Sanitary Inspector's Certificate, Meat Inspector's Certificate

*Sanitary Inspector:*

W. DAVIES, Sanitary Inspector's Certificate.

(d) CLERICAL.

Miss A. FURNESS (temporary) from 28/3/49

Miss J. EDWARDS (part time) until 28/3/49

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1949 is the first complete year for the National Health Act to be in operation. The absence of familiar names on the first page is noticeable, indicating the removal of control over certain services from the local council to other bodies—the Isolation Hospital and the Maternity and Child Welfare Services.

The Hospital Administration is now completely in the hands of the Welsh Hospital Regional Board as from March 1st, 1949; from the appointed day until that date the officials of the Council undertook administration on an agency basis. The details of the personnel of this Board will be seen under the paragraph dealing with the Isolation Hospital. The only contact this Council has with the Hospital Regional Board is through a member of the Council who has been co-opted on to the Mid-Glamorgan Hospital House Committee and through the Medical Officer of Health as clinical officer at the hospital. This member has the power of discussing day to day administration and of making recommendations to the Hospital Management Committee. Whether the public is best served by the divorcing of the control of the Public Health Department from that of the Isolation Hospital is a matter open to discussion, as these two institutions are so closely inter-related; so far as one can tell at the present time, one local control would appear to be desirable. Previously, the local public health and hospital committees, having the same personnel, had a complete picture of the trend of infectious diseases and, knowing local conditions, might well be in the best position to advise on the methods of prevention and control.

The Isolation Hospital was first opened on September 18th, 1907 mainly for the purpose of isolating typhoid and diphtheria.

There has been a marked advance in the construction of hospitals since that date. In 1921, it was felt that further blocks were necessary to cope with scarlet fever. In 1939, cubicles were added in the diphtheria block for isolating single cases and for observation; in this year an extension to the laundry was also

made. This accommodation was considered adequate for infectious diseases.

A plan for the conversion of the old block to cubicles had to be abandoned on the advent of the National Health Act.

When the local council had control, they not only kept in mind the well being of the patients but also the happiness and comfort of the staff, as, had it not been for the outbreak of war, additions to the nurses' home would have been made. The plans for this had to be discarded.

It is noteworthy and highly commendable that, even during the tragic years of the depression and the consequent shortage of funds, this council still kept abreast of the times in the hospital administration. At the present period, when funds for hospital accommodation are readily available, one might think that the interests of the people could not be better served than by this local council maintaining its former powers.

The administration of the *Maternity and Child Welfare* Centres throughout the year were in the hands of the divisional office at Bridgend. At this point it might be interesting to trace the history of the Maternity and Child Welfare service in the area. In 1918, the Maternity and Child Welfare Act had come into operation, in which year this Council opened four Maternity and Child Welfare Centres :— at Nantymoel, Ogmores Vale, Blaengarw and Pontycymmer. Since the inauguration of these centres, an excellent service has been built up; this was brought about by the progressive policy of the Council with the aid of an energetic team of voluntary helpers who gave time not only at the committee meetings but also at the centres. In building this service, the council were very fortunate in having the advice of two able Medical Officers of Health :— the foundations were laid by the late Dr. Peebles and the edifice raised to its high standard of efficiency by the late Dr. Murphy.

In the field of immunisation against diphtheria, the Ogmores

and Garw area was one of the pioneers, as the late Dr. Murphy commenced immunising in the year 1928.

In 1933, Ante-natal clinics were opened in Ogmore Vale and Pontyrhyl.

In 1935, a birth control clinic was opened, at which contraceptive advice was given to patients referred either by the ante-natal clinics or by their own doctors.

In 1937, the district council set up an obstetric consultant clinic medically staffed by a part-time gynaecologist-consultant. The latter two services were the only ones in the Mid-Glamorgan area when the National Health Service Act came into force.

In 1929 ultra violet ray therapy commenced in both valleys.

The public show a progressive turn of mind by utilizing to the full the remarkable facilities available to them.

To complete this service, I should like to see in this area, a convalescent home for mothers where they might spend a couple of weeks after child birth, so many of the women in the area suffer from varicose veins, foot trouble and internal trouble due in no small measure, to the fact that they have to resume housework far too soon after their children are born. The leisure and happiness of those mothers who have worked hard all their lives and have, at last, seen their fledglings full grown is completely marred by this state of negative health. I have mentioned this in a previous report and I feel some step should be taken in this direction. It is not necessary for them to remain longer in the Maternity Home, where accommodation is limited but there should be somewhere for them to convalesce before plunging headlong into and being submerged beneath the whirlpool of domesticity.

**STATISTICS AND SOCIAL CONDITIONS OF THE AREA**

Area (Acres) .....	17,984
Estimated population, 1949 .....	22,720
Under 15 years of age .....	5,569
Number of inhabited houses .....	5,810
Rateable value .....	£71,054
Sum represented by a penny rate .....	£290

**SOCIAL CONDITIONS**

I am quite sure that those who read these reports each year, are weary of my reiterations concerning the employment of victims of the dust diseases, but I make no apology for once more drawing your attention to the unsatisfactory treatment still accorded them. It is only by this persistence that we, who see examples of this social problem every day can bring about a satisfactory solution. When I see the posters displayed encouraging youths to adopt a mining career, I wonder what those who read, think when they see, standing beneath the hoardings, a group of cynical, disillusioned and dissatisfied men who this very industry has utilized, ravaged and then thrown on the slag heap. Yet, I believe that taken from the mines and working in a suitable environment these men do not suffer any handicap and the disablement is not of such a degree that they fail to compete with A.1 colleagues. I fear employers are slow to recognise this fact. On many occasions, I have had the opportunity of examining the chests of men who had left the mines during the period of depression and who were referred to the Tuberculosis Clinic many year later. They had been living entirely normal working lives for twenty years, yet their chests showed considerable evidence of dust disease. Facts such as these are worthy of consideration and show of what great value silicotic and pneumoconiotic victims might be to the community if engaged in a suitable industry.

Though there is a slight increase in the number notified in this area, since extensive research is being made by scientists to combat the problem, one may hope that each year the numbers will decrease. In the meantime, we must consider the interests of those who are still on the register and press for greater training

facilities as the hoped-for improvement has not yet materialized. The lighter industries employing males should be encouraged to come into the area because there is available potentially highly skilled labour amongst those disabled from the mines. I cannot emphasise too strongly that the victims of silicosis and pneumoconiosis are not disabled as far as other occupations are concerned for observation shows that these dust diseases, outside mining, are not disabling, neither do they predispose to any other form of disease.

If full advantage is taken of the Mass Radiography Survey, no one need fear that he might be a victim of such a disease without being aware of it.

Unemployment has decreased during the year. On December 31st, 1949, the numbers of unemployed were 235 males and 129 females, making a total of 364, as compared with 263 males and 216 females, making a total of 479 on December 31st, 1948 and 335 males and 277 females making a total of 612 on December 31st, 1947.

On December 31st, 1949, there were 752 males and 10 females (Employed and Unemployed) on the Disabled Persons' Register as compared with 734 males and 12 females on December 31st, 1948. 212 were certified as suffering from silicosis and pneumoconiosis as compared with 201 on December 31st, 1948.

Five Disabled Persons were trained under Training Schemes (at Government training centres or in employers' establishments).

Six silicosis and pneumoconiosis victims and two tuberculosis patients were trained for other work during 1949.

I am informed by the manager of the employment exchange that 228 disabled persons of the Ogmere and Garw area were placed in employment in 1949 but, he points out, that this is a total of placings made and it may well be that the same persons might have found employment two or three times during the year. Apparently there is no means of taking this into account when formulating statistics.

## EXTRACTS FROM VITAL STATISTICS

		Total	M.	F.
Live Births	Legitimate .....	414	211	203
	Illegitimate .....	12	7	5

Birth Rate 18.8 per 1,000 population.

Still Births .....	13	9	4
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Rate per 1,000 total (live and still births) 1947—45.5

Rate per 1,000 total (live and still births) 1948— 6.5

Rate per 1,000 total (live and still births) 1949—31

Deaths .....	283	173	110
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Death Rate per 1,000 population—12.5

Deaths from Puerperal Causes :—

Puerperal Sepsis .....	1
Other Puerperal Causes .....	1
Total .....	2

Death rate of infants under 1 year of age :—

All infants per 1,000 live births .....	31
Legitimate infants per 1,000 legitimate live births .....	31.6
Illegitimate infants per 1,000 illegitimate live births .....	nil
Deaths from Cancer (all ages) .....	35
Deaths from Measles (all ages) .....	1
Deaths from Whooping Cough (all ages) .....	nil
Deaths from Diarrhoea (under 2 years of age) .....	nil
Deaths from Cerebro Spinal Fever (all ages) .....	nil

Birth Rate for the last 10 years for England and Wales, the  
Administrative County and Ogmore and Garw U.D.C.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
England & Wales ...	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7
Glamorgan	16.3	16.7	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1
Ogmore and Garw U.D.C. ...	18.6	18.4	18.7	20.7	19.3	19.4	19.5	20.1	20.1	18.8

Death Rate for the last 10 years for England and Wales, the  
Administrative County and Ogmore and Garw U.D.C.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
England & Wales ...	14.3	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7
Glamorgan	13.4	13.2	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2
Ogmore and Garw U.D.C. ...	12.9	11.7	11.3	11.6	10.8	11.7	11.8	13.3	12.0	12.5

#### INFANTILE MORTALITY.

The infantile death rate of 1949 was the lowest ever recorded in this area. There were 13 deaths of infants under one year of age, which represents an infantile death rate of 31 as compared with 22 deaths in 1948 representing a death rate of 48 per 1,000 live births.

The causes of death were as follows :—

Prematurity	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Pulmonary Atelectasis	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Intraventricular haemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Hodgkin's Disease	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Neonatal septicaemia	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Fibrocystic disease of the pancreas	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Asphyxia due to regurgitation of food	.....	.....	.....	.....	.....	.....	.....	.....	.....	2

8 infants died within the first week, of these 5 were premature. It may be said of these 8 that they did not come under the supervision of the infant welfare centre, as they died shortly after birth.

Only one of the mothers of the premature infants took advantage of the complete ante-natal facilities offered. The mothers of the infants who died of pulmonary atelectasis also erred in this respect. The infant who died of intraventricular haemorrhage had birth injuries, while the child who died of fibrocystic disease of the pancreas with bronchopneumonia lived under poor conditions.

It was unfortunate that the disease of the child suffering from neo-natal septicaemia was diagnosed rather late.

There were no deaths from whooping cough, pneumonia or gastro-enteritis which are frequent causes of infantile death.

The absence of such causes can, in some measure, be attributed to the fact that the more serious cases are now hospitalized—some at the Blackmill Isolation Hospital where beds are available on account of the decrease in diphtheria cases.

#### STILL-BIRTHS.

There were 13 still births, 7 of which were premature. There were 2 maternal deaths in this group.

One of the mothers did not attend the ante natal clinic at all the other at the fifth month only.

Of the remainder, 6 did not attend the ante natal clinic at all; one attended at the seventh month, one a month before pregnancy and one a week before pregnancy; only two attended regularly. This is to be deplored, whether they attend their family doctor or not for ante natal attention, it is a considerable advantage to them to attend the clinics as well. One would think that the old system of permitting the Health Visitors to arrange their own visits so that they might pay greater attention to those families which need most supervision and encouragement, would be advantageous in cases like these. Admittedly routine visits are not waste visits but it would be wise to call more frequently on those in need of education in mother craft than on those, who, in the Health Visitor's opinion are less dependent on her aid.

In 2 cases only were the home conditions good.

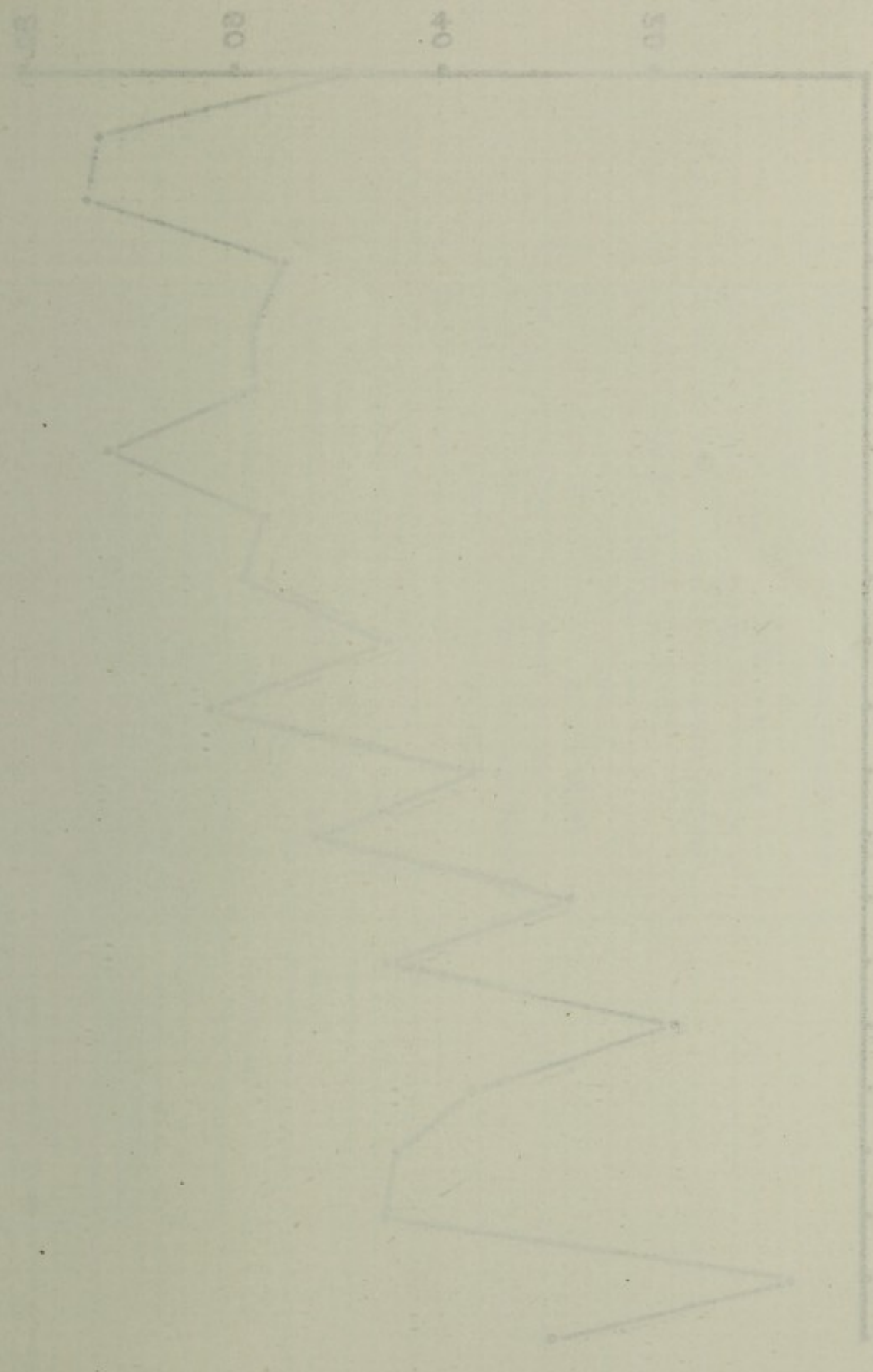
3 of the 43 mothers of the 13 infants who died under one year of age, of the 13 infants who were still born and of the 17 premature infants who survived, lived on the new housing sites.

The remainder, for the most part, lived in the old fashioned houses with no bathrooms where often several miners return un-bathed all at different times.

The women of the area work extremely hard and it is well known that this, at least, is a contributory factor to causing still births and prematurity. Once again I stress the value of labour saving houses.

Many of the women under discussion were not in good health at the commencement of their pregnancy and since they had little or no chance to rest, the foetus could not develop properly.

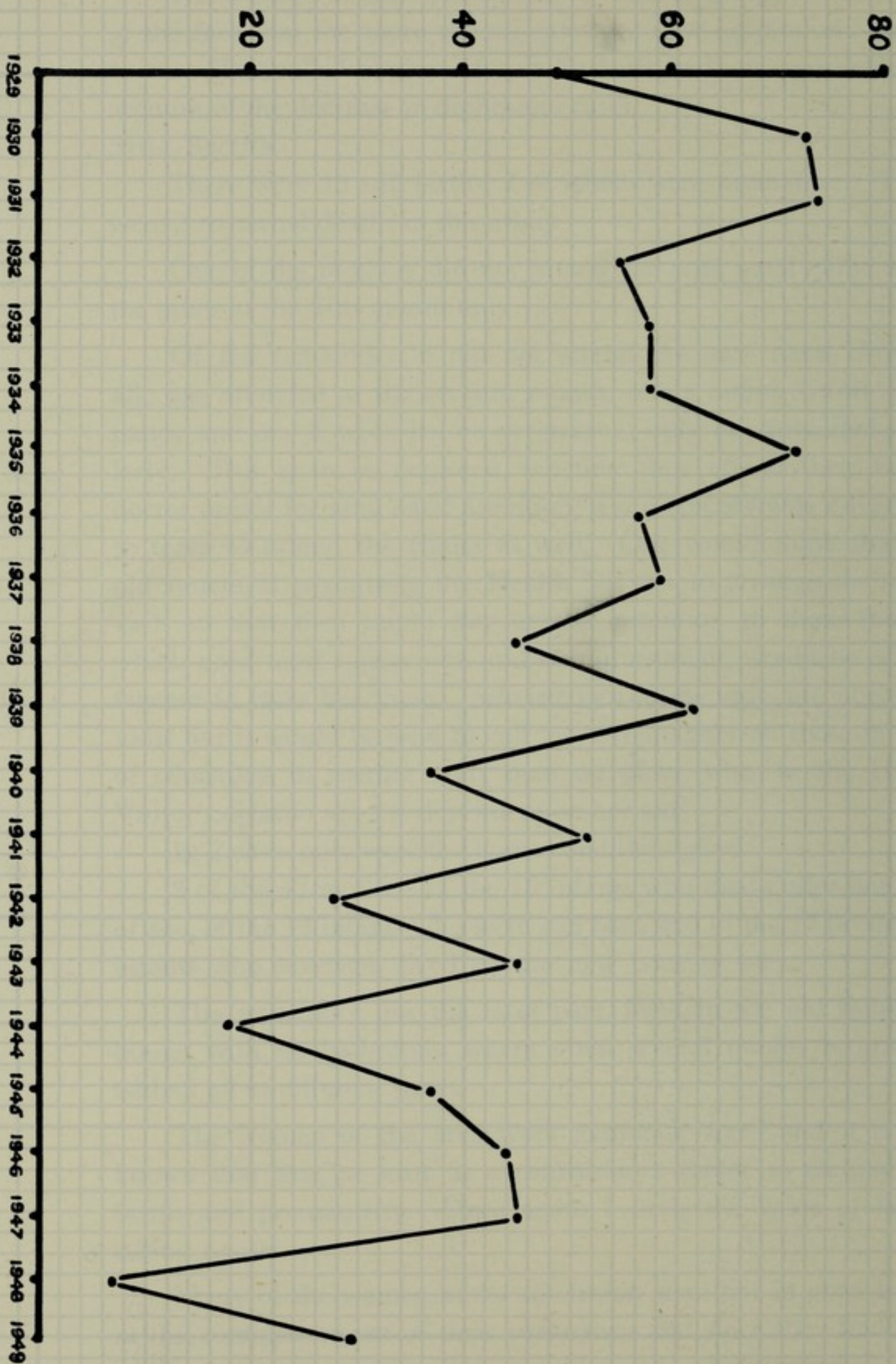
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# STILL BIRTH RATE, OGMORE & GARW U.D.C. 1929-1949

(per 1,000 live and still births)



INFANT MORTALITY.—Ognore and Garw compared with England and Wales. 1908 - 1949 (Inclusive)

1908	Ognore and Garw ... 120			
	England and Wales ... 121			
1909	Ognore and Garw ... 137			
	England and Wales ... 109			
1910	Ognore and Garw ... 117			
	England and Wales ... 108			
1911	Ognore and Garw ... 153			
	England and Wales ... 130			
1912	Ognore and Garw ... 112			
	England and Wales ... 93			
1913	Ognore and Garw ... 126			
	England and Wales ... 109			
1914	Ognore and Garw ... 116			
	England and Wales ... 105			
1915	Ognore and Garw ... 150			
	England and Wales ... 110			
1916	Ognore and Garw ... 107			
	England and Wales ... 91			
1917	Ognore and Garw ... 86			
	England and Wales ... 92			
1918	Ognore and Garw ... 99			
	England and Wales ... 97			
1920	Ognore and Garw ... 73			
	England and Wales ... 89			
1921	Ognore and Garw ... 85			
	England and Wales ... 83			
1922	Ognore and Garw ... 85			
	England and Wales ... 77			
1923	Ognore and Garw ... 59			
	England and Wales ... 69			
1924	Ognore and Garw ... 59			
	England and Wales ... 75			
1925	Ognore and Garw ... 96			
	England and Wales ... 75			
1926	Ognore and Garw ... 87			
	England and Wales ... 70			
1927	Ognore and Garw ... 65			
	England and Wales ... 69			
1928	Ognore and Garw ... 87			
	England and Wales ... 65			
1929	Ognore and Garw ... 80			
	England and Wales ... 74			
1930	Ognore and Garw ... 87			
	England and Wales ... 60			
1931	Ognore and Garw ... 68			
	England and Wales ... 66			
1932	Ognore and Garw ... 85			
	England and Wales ... 65			
1933	Ognore and Garw ... 95			
	England and Wales ... 56			
1934	Ognore and Garw ... 66			
	England and Wales ... 59			
1935	Ognore and Garw ... 53			
	England and Wales ... 57			
1936	Ognore and Garw ... 82			
	England and Wales ... 59			
1937	Ognore and Garw ... 95			
	England and Wales ... 58			
1938	Ognore and Garw ... 45			
	England and Wales ... 62			
1939	Ognore and Garw ... 50			
	England and Wales ... 54			
1940	Ognore and Garw ... 65			
	England and Wales ... 55			
1941	Ognore and Garw ... 77			
	England and Wales ... 59			
1942	Ognore and Garw ... 58			
	England and Wales ... 55			
1943	Ognore and Garw ... 54			
	England and Wales ... 49			
1944	Ognore and Garw ... 61			
	England and Wales ... 46			
1945	Ognore and Garw ... 44			
	England and Wales ... 46			
1946	Ognore and Garw ... 33			
	England and Wales ... 43			
1947	Ognore and Garw ... 45			
	England and Wales ... 41			
1948	Ognore and Garw ... 48			
	England and Wales ... 34			
1949	Ognore and Garw ... 31			
	England and Wales ... 32			



INFANTILE MORTALITY DURING THE YEAR 1949.

Deaths from stated causes in weeks and months under 1 year of age.

	Under 1 hour		Under 12 hours		Under 24 hours		1-3 days		3 days to 1 week		1-2 weeks		2-4 weeks		1-3 months		3-6 months		6-9 months		9-12 months		Total
	hour	Under 1 hour	Under 12 hours	Under 24 hours	1-3 days	3 days to 1 week	1-2 weeks	2-4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	1-3 months	3-6 months	6-9 months	9-12 months	1-3 months	3-6 months	6-9 months	9-12 months	1-3 months	3-6 months	
Premature ...	1	1	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Congenital Deformity ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pink's Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accident ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hodgkins' Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pulmonary Atelectasis ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Intraventricular haemorrhage ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Neonatal Septicaemia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Fybrocystic disease of the Pancreas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Broncho-Pneumonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asphyxia due to regurgitation of food ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Total ...	1	1	—	—	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13

## THE HEALTH SERVICE

*The function of the hospital in relation to the general practitioner.*

The hospitals are there to give service to the people in the area. This function can only be accomplished through the general practitioners. At present, there is a slight animosity between the two services, on the one hand, it is said, too many are referred to the hospital. It must be remembered that under the national Health Service more people seek medical advice from their practitioners and, knowing the services available, almost demand investigation. Nothing short of an X ray will satisfy most people. They are prepared to sit long periods in the out patients department for this form of investigation. Curiously enough, when mass radiography is available, where they would have to wait only a few minutes before being X rayed, these same people do not avail themselves of this opportunity. This problem will never be solved until general practitioners have their own facilities for investigations. The follow-up of patients is also "cluttering-up" out patients. This form of work is interesting for the hospital authorities but surely much of this could be done by the general practitioners. If there were more interchange of information between the two services, the consultant could still be in touch with the case and hence not lose interest.

Admissions to hospitals are also a thorny question.

There are difficulties here on both sides, the hospital authorities may not think admission necessary while the general practitioner thinks it vital—a lot depends on the condition of the home; each individual general practitioner, unaware of what is on the lists of the others, may consider his patients priority; surely here the district officer could, with his knowledge of the district and the people, act as liaison officer. This is done unofficially in most districts.

Again hospital staffs might interchange with general practitioners for periods, so that each might understand the difficulties of the other.

## GERIATRICS

Science seems to have out paced nature. Through advances in applied science, life is prolonged beyond the acknowledged span. Hence, we have a section of the community, who are becoming a social problem. So many elderly folk, in these valleys, are left with no one to attend them when incapacitated; the demand for hospital beds for such far exceeds the supply and is increasing in a startling measure. It is not only for those who are bereft of relatives that such institutional treatment is demanded but, at the present moment, a large number of the female population whether married or unmarried is working, perhaps for economic reasons. In most cases, there is a marked preference for work outside the home, whether it be in the light industries or in institutional, domestic duties. The responsibilities for the aged seems to have shifted from the individual to the state and some solution must be found for this problem. I fear, up to date we are not facing up to things. Is there too great an emphasis laid on youth to the detriment of those who have reached the sear and yellow?

Many of the aged, at least of this area, have suffered untold miseries—the years of the depression have stamped an unforgettable picture on their minds. What sacrifices they made for their children in those dreadful days!

We must face facts, hospital accommodation should be found for those who are not quite well and who need a little medical attention and pleasant companionship. They must be made to feel there is still a niche left for them.

### THE BLACKMILL ISOLATION HOSPITAL

The hospital accommodation for infectious diseases is still at Blackmill. Owing to the conversion of part of Cefn Hirgoed to tuberculosis, leaving there only 26 beds for infectious diseases, a wider area will have to be served by Blackmill.

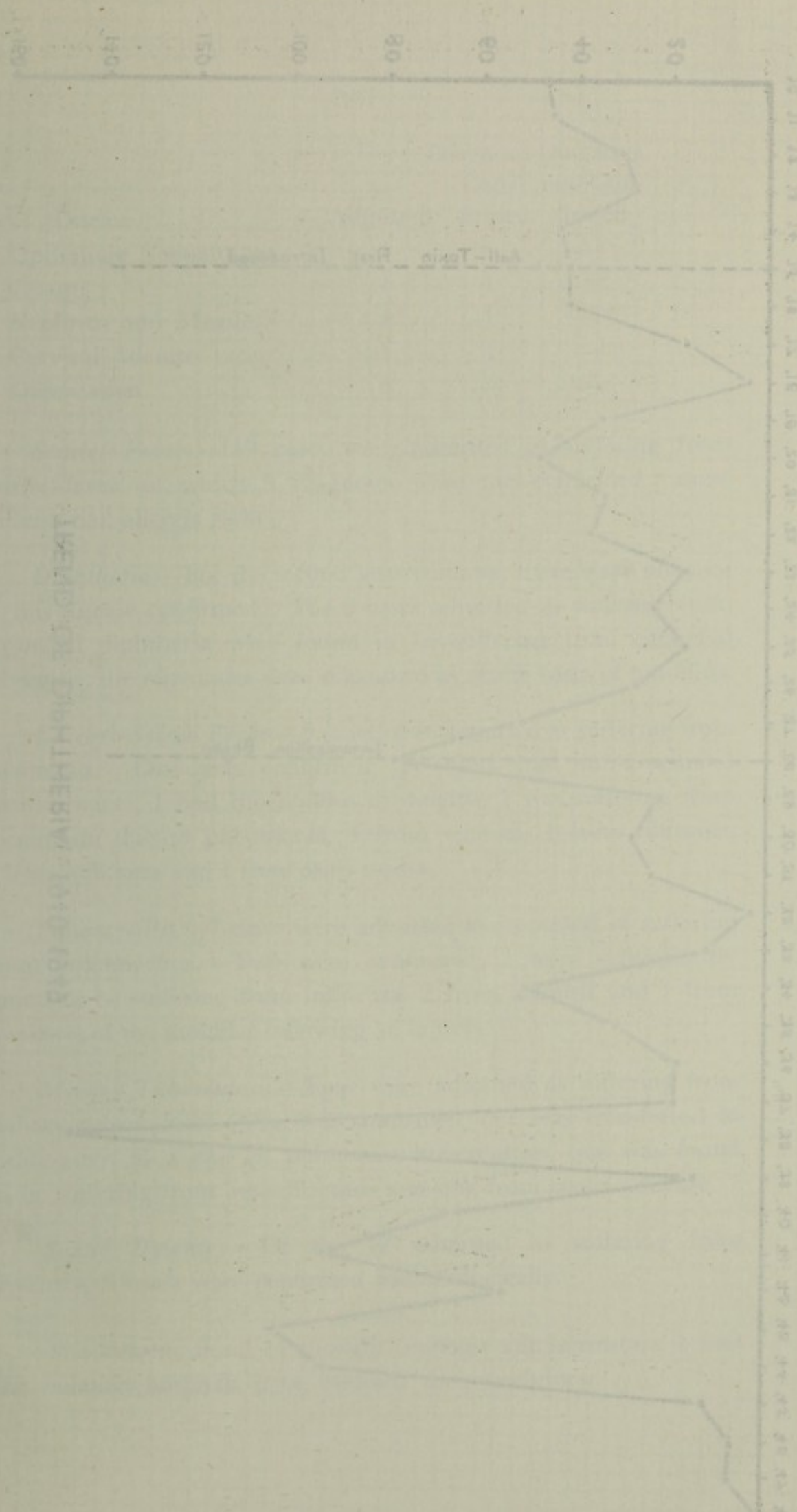
The hospital management is now in the hands of the Welsh Regional Hospital Board who have appointed as their agents, committees, one for each region. The one administering this area

is the Mid and West Glamorgan Hospital Management Committee with its centre at Neath. Local hospital house committees meet periodically to make recommendations to the management committees; a local district councillor is co-opted on to this committee.

The following is the statistical data for the year 1949, of the cases accepted from this area :—

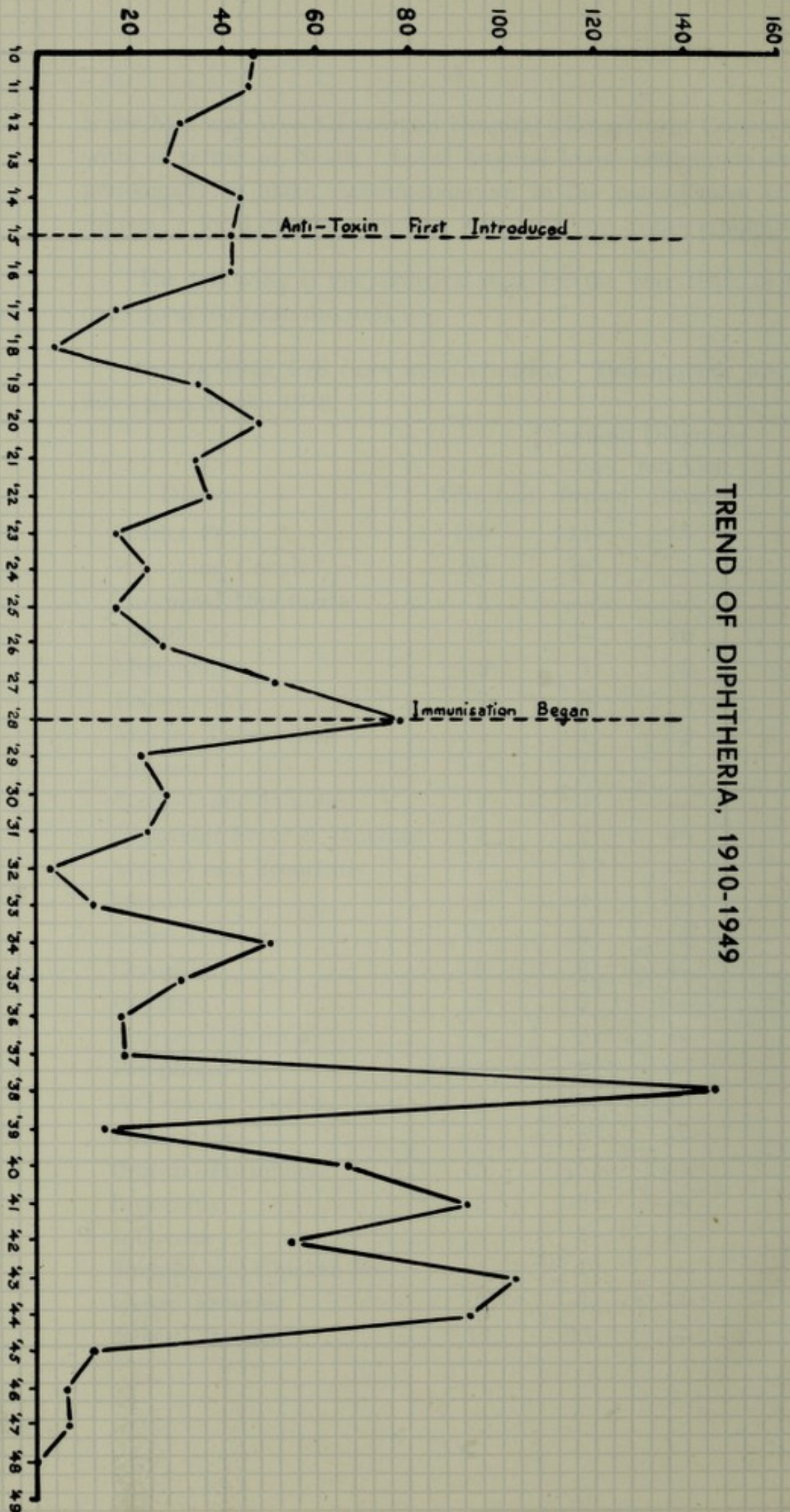
During 1949, 278 cases were admitted. This number was 98 more than during 1948.

Disease	Admitted	Diagnosis	
		Con- firmed	not Con- firmed
Scarlet Fever	119	114	5
Whooping Cough	29	29	—
Laryngeal Diphtheria	2	—	2
Diphtheria	16	—	16
Meningitis	9	1	8
Poliomyelitis	7	2	5
Miliary Tuberculosis	4	1	3
Quinsey	1	1	—
Quinsey and Jaundice	1	1	—
Glandular Fever & Jaundice	2	2	—
Measles and Bronchitis	1	1	—
Measles	3	3	—
Sonné Dysentry	12	8	4
Erysipelas	8	8	—
Impetigo	3	3	—
Puerperal Pyrexia	3	3	—
Pemphigus	2	2	—
A Typhoid Carrier	1	1	—
Pneumonia	6	6	—
Broncho-Pneumonia	15	15	—
Bronchitis	2	2	—
Influenza	3	3	—
Shingles and Chicken Pox	1	1	—
Gastro Enteritis	8	8	—
Septic Throats	13	13	—



TREND OF DIPHTHERIA 1910-1919

# TREND OF DIPHTHERIA, 1910-1949



Disease	Admitted	Diagnosis	
		Con- firmed	not Con- firmed
Ophthalmia Neonatorum .....	1	1	—
Croup .....	1	1	—
Nephritis and Measles .....	1	1	—
Cervical Adenitis .....	1	1	—
Observation .....	3	—	—

*Scarlet Fever.*—119 cases were admitted as suffering from scarlet fever, of which 5 diagnoses were not confirmed: these patients had allergic rashes.

*Diphtheria.*—For the second year running, there were no cases of this disease confirmed. The 2 cases admitted as suffering from laryngeal diphtheria were found to be suffering from catarrhal laryngitis; the remainder were diagnosed as severe cases of tonsillitis.

*Cerebro-Spinal Fever.*—9 cases were admitted as suffering from meningitis. One was confirmed, 2 others had sub-arachnoid haemorrhages, 1 had tuberculous meningitis, 1 was suffering from meningism due to pneumonia, 1 from sciatica, 1 from fibrositis, 1 from influenza and 1 from otitis media.

*Poliomyelitis.*—7 cases were admitted as suspected of suffering from poliomyelitis. Two were confirmed, 2 were subsequently found to be suffering from influenza, 2 from adenitis and 1 from weakness of the shoulder following an injury.

*Miliary Tuberculosis.*—Four were admitted as suffering from miliary tuberculosis. One was confirmed, one was transferred to Craig-y-nos as a case of pulmonary tuberculosis, one was found to be suffering from bronchiectasis and one from coeliac disease.

*Sonné Dysentery.*—Of the 12 admitted as suffering from dysentery, 8 cases were confirmed bacteriologically.

The current trend of thought amongst administrators is that the isolation hospitals have outlived their usefulness.

This attitude is somewhat alarming, for though diphtheria may (I emphasise the word may, since it is possible that this disease may return in a more virulent form) be of less serious consequence, measles and whooping cough with their attendant severe complications, show no signs of abatement as recent epidemics have shown.

Again, what happens to the child who develops pneumonia in these overcrowded areas? He or she may be nursed in the kitchen in the midst of the family. Often, the bread winner has to take his turn in sitting up at night with the invalid. When convalescent, there is little chance of the patient securing the nourishing food so necessary, since perhaps £4 or £5 a week is the total income for the whole family. Admittedly, the worse cases may be hospitalized but with the closure of isolation hospitals less beds are available and more children have to be left at home to take their chance of making a complete recovery.

### THE SANITARY ADMINISTRATION OF THE AREA

The number of inspections and re-inspections made during the year was as follows :—

Visits to dwelling houses under the Public Health Act .....	692
Revisits to houses under repair .....	1859
Inspection of Milkshops and Dairies .....	66
"    "    Cowsheds .....	53
"    "    Slaughterhouses .....	636
"    "    Workshops .....	145
"    "    Bakehouses .....	81
"    "    Ice Cream Dealers .....	296
Investigations and visits in case of infectious diseases .....	115
Premises disinfected .....	114
Drains tested .....	105
Complaints investigated .....	670
Visits to shops .....	442
Visits to schools and public buildings .....	104

**FACTORIES ACT, 1937**

The following table sets out the number and classification of factories in the district :—

## (a) Workshops where no mechanical power is employed :—

Motor Repairs .....	2
Boot Repairs .....	5
Carpenters .....	8
General Smiths .....	2
Watchmakers .....	4
Dressmakers .....	5
Plumbers .....	4
Furniture Upholstery Repairs .....	1

## (b) Factories where mechanical power is employed :—

Motor Repairs .....	5
Electricity .....	2
Carpenters .....	6
Bakehouses .....	10
Boot Repairs .....	8
Printing .....	1
Milk Pasteurisation .....	1
Spectacle Frames .....	1

**CINEMATOGRAPH ACT, 1909.**

It is customary for the Cinemas to be inspected each year by the Fire Service officers and their report is considered by the Council before licences are re-granted. In 1949, there were two inspections, one in January and one in the autumn; at the second inspection, it was seen whether these recommendations had been put into operation; in this way the managers of the Cinemas had the opportunity of conforming with all regulations before the inspection for re-licensing occurred. In some cases, provisional licenses only are granted pending the completion of the recommended alterations.

There are 6 Cinemas in the area :—

The Welfare Hall, Nantymoel.

The Olympia, Ogmere Vale.

The Welfare Hall, Ogmere Vale.

The Welfare Hall, Blaengarw.

The Central Cinema, Blaengarw.

The Hall, Pontycymmer.

#### SANITATION.

The inspection is carried out by the Medical Officer of Health and the recommendations are made to the Council before licences are granted.

**PRESCRIBED PARTICULARS ON 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 Sanitary Inspectors).**

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	31	107	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	34	38	—	—
(3) Other premises in which Section 7 is enforced by the Local Authority ...	—	—	—	—
<b>Total ...</b>	<b>65</b>	<b>145</b>		

**2.—Cases in which defects were found.**

Particulars	Found	Remedied	Referred		Number of Cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S1)	1	1		1	—
Overcrowding (S2) ...	—	—	—	—	—
Unreasonable Temp. (S3) Inadequate	—	—	—	—	—
Ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ...	1	1		1	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	1	1	1		—
Other offences against the Act	—	—	—	—	—
<b>Total ...</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>—</b>

**Part VIII.—There are no outworkers in this area.**

### WATER SUPPLY

Mainly it may be said that during 1949, the water supply was satisfactory in quality and quantity except during the severe drought, when supply was rather limited affecting the upper part of Blaengarw only.

To add to the difficulties, this area is affected by subsidence so that the reservoir no longer functions; during this time there were also frequent adverse bacteriological reports as shown by the following report on a sample of water going into supply.

#### REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

Description of Sample ... ..	Tap 5		Tap 16	
	Pandy Road Llangeinor (M.G.W.B.)		David Street Blaengarw (M.G.W.B.)	
Bacteria developing per ml. at 22° C in 3 days ... ..	0		0	
Bacteria developing per ml. at 37° C in 2 days ... ..	6		2	
Presumptive Coliform Count ...	5 Per 100 ml.		0 Per 100 ml.	
Approx. faecal Coli. Count ...	5 Per 100 ml.		0 Per 100 ml.	
Approx. non-faecal Coli. Count ...	0 Per 100 ml.		0 Per 100 ml.	
Remarks ... ..	Unsatisfactory		Satisfactory	

The following is a typical sample of raw water :

#### REPORT ON CHEMICAL ANALYSIS OF SAMPLE OF WATER

*Labelled:* Intake Nantymoel High Level

Appearance in two foot tube ...	Yellowish Green Fairly Clear	
Colour (Burgess Scale) Units ...	40	
Reaction, pH ... ..	7.4	
Total Hardness—	6.2	
(a) Temporary ... ..	—	
(b) Permanent ... ..	—	
Chlorides expressed as Cl. ...	1.1	
Nitrates expressed as N. ...	Pract. nil	
Nitrites expressed as N. ...	Nil	
Free Ammonia ... ..	0.0028	
Albuminoid Ammonia ... ..	0.0016	
Oxygen absorbed in 4 hours at 80deg.F. from Permanganate...	—	
Poisonous Metals ... ..	Nil Iron-0.02	
Volume of Sediment ... ..	0.8	
Microscopical Examination of the Sediment ... ..	Fair amount. Chiefly oxide of iron, amorphous debris, diatoms, algae.	
Residual free Chlorine in parts per million ... ..	Nil	

parts per hundred thousand

*Remarks :*

A fairly soft neutral water. The chemical and physical characters are fairly satisfactory.

*Plumbo Solvency* in the Cwm-nant-y-ci area still persists and is treated by soda ash.

It is unfortunate that the plan to divert the rivulets containing the soft acid water into channels beneath the reservoir was not put into operation; this was not done because further rivulets bringing down a similar type of water were found higher up.

Six samples of water were tested for lead.

The following is a typical result :

A—Overnight Contact (11 a.m.)

B—10 mins. Contact (11.15 a.m.)

Date of Analysis ... ..	October 24th—27th.	
	A	B
Appearance in two foot tube ...	Pale Green. Clear	
Colour (Burgess Scale) Units ...	16	16
Reaction, pH ... ..	6.8	6.8
Total Hardness— ... ..	1.0	1.0
(a) Temporary ... ..	—	—
(b) Permanent ... ..	—	—
Chlorides expressed as Cl. ...	1.1	1.1
Nitrates expressed as N. ...	Pract. Nil.	
Nitrites expressed as N. ...	Nil.	
Free Ammonia ... ..	0.0008	0.0008
Albuminoid Ammonia ... ..	0.0016	0.0016
Oxygen absorbed in 4 hours at 80deg.F. from Permanganate...	—	
Poisonous Metals ... ..	Iron—0.01 Lead—0.004	Iron—0.01 Lead—0.004
Microscopical Examination of the Sediment ... ..	—	

parts per hundred thousand

*Remarks :—*

A and B—Very soft neutral waters containing faint traces of iron and lead.

The Chemical and physical characters are satisfactory.

The mountain farms suffered very badly last year during the drought and water had to be carried long distances; the report on this is found in the section on milk.

99.8% of the houses in the area are joined to the main.

There are no stand pipes.

The following information is submitted by the Mid-Glamorgan Water Board :—

The only water main extension during 1949 in the Ogmere and Garw Urban District was the completion of the Bettws Housing Scheme where the total lengths of mains are :—

712 yards of 4-inch cast iron main.

1188 yards of 3-inch cast iron main.

**MID-GLAMORGAN WATER BOARD**  
**RAINFALL RECORDS FOR YEAR ENDED 31st DECEMBER, 1949**

Month	Merthyr mawr	Bridg- end	Schwll	Llan- haran	St. Athan	Pwllwy Maesteg	Black- Ogmore mill	Ponty Vale cymmer		
Jan.	2.26	2.22	1.67	3.43	2.02	—	3.77	4.17	4.85	4.10
Feb.	1.93	2.05	1.74	3.04	1.00	—	3.82	3.27	5.68	4.89
Mar.	2.58	2.70	2.22	2.55	1.98	—	3.85	3.43	4.15	4.07
April	2.18	3.04	2.79	3.74	2.74	—	5.92	4.58	7.33	6.59
May	2.59	3.40	3.07	3.71	3.49	—	5.46	4.23	6.45	5.65
June	0.89	0.97	0.66	0.82	1.19	—	1.06	1.15	1.44	1.52
July	1.18	1.19	1.02	1.50	1.30	—	2.20	1.46	3.19	2.11
Aug.	3.98	3.82	3.73	4.47	1.74	—	4.79	3.39	6.11	6.65
Sept.	4.92	4.58	4.29	3.96	4.41	—	4.00	3.49	3.49	4.85
Oct.	7.00	9.25	8.76	10.77	7.55	—	12.07	9.89	13.28	12.99
Nov.	5.58	5.12	4.82	5.50	6.00	4.90	8.86	6.51	9.16	9.20
Dec.	4.39	4.94	4.05	6.23	5.56	4.96	10.19	8.40	14.08	11.90
Tot. For 1949	41.48	43.28	38.82	48.72	38.98	9.86	65.99	53.97	79.21	74.52
Tot. For 1948	52.77	50.86	34.25	59.77	46.49	85.24	64.80	104.96	93.82	

6th February, 1950

H. W. ADAMS, Manager and Clerk.

**AVERAGE ANNUAL RAINFALL**

	1947	1948	1949
Southern Area (Cols. 1 - 5) :—	38.03	51.09	42.26
Northern Area (Cols. 7 -10) :—	61.57	87.20	68.42

## HOUSING

There were no houses of the traditional type built during 1949, neither were there any under construction but plans are being prepared for the construction of

(a) 49 houses on the allotment at Evanstown of the three and four bedroomed type.

(b) 38 three and four bedroomed houses at Blackmill on the Glynllan site.

(c) 40 at the Pandy housing site.

### *Aluminium.*

149 aluminium houses were erected at Bettws and 84 at Blackmill. These were of the three roomed bungalow (2 bedrooms, a living room and scullery type). There has been a great advance in the labour saving devices. Cooking is done entirely by electricity.

The kitchen unit is planned in such a way that the housewife may do cooking, washing up, and laundry work without moving from one spot in each case. In one corner is the refrigerator, next is the draining board and sink with the plate rack, china and glass cupboard just above; the electric washing boiler is adjacent, then the electric cooker with racks and cupboards above for saucepans; next there is a flat top with an ironing board on a swivel, under the flat top are store cupboards. Each corner of the kitchen is utilized as cupboards for brooms, etc. The housewife is saved miles of walking in the day. The water for baths and kitchen purposes is heated by the living room grate; the hot water pipes in turn heat the air which flows into the bedrooms.

I have asked many of the occupants of these houses if they can suggest any improvements in any way, but they maintain that they are perfect from the point of interior planning. The only disadvantage is that when these houses are exposed to prevailing winds, a slight dampness permeates the window frames.

## SUBSIDENCE

Subsidence of property owing to mining is causing grave concern, making many houses insanitary and, in places, extremely

dangerous. In the Garw valley, subsidence has menaced property for a long period; the houses in 23 and 27 Garreg Road were so badly affected that they had to be demolished. In Upper Adare Street 1-20 are affected, 12-18 Bridgend Road are in a bad state, 2-10 Bridgend Road had previously been demolished.

In Nantymoel, Gwendolen Street, which was originally one of the best types of street in the area has recently subsided in parts very considerably. The following detailed and classified list gives an example of the trouble.

“A”—Defective Ceilings.

“B”—Slight fractures to walls and ceilings.

“C”—Severe fractures to walls and ceilings.

“D”—Dangerously fractured walls and ceilings.

No.		Degree	No.		Degree
1	Gwendoline St.	A	12	Gwendoline St.	B
2	”	A	13	”	C
3	”	B	14	”	C
4	”	B	15	”	C
5	”	Unclassified	16	”	C
6	”	Unclassified	17	”	C - D
7	”	B	18	”	B
8	”	B	19	”	C - D
9	”	B	20	”	C
10	”	B	21	”	C
11	”	C			

### HOUSING INSPECTIONS

The following table summarizes the work of the Sanitary Inspectors during the year, in relation to their housing duties :—

1.—Inspections of dwelling houses during the year :—

(a)	Total number of houses inspected for housing defects and number of inspections made .....	692
(b)	Revisits .....	1859
(c)	Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	8

(d) Number of dwelling houses found not to be in all respects fit for human habitation .....	442
2.—Remedy of defects during the year without service of formal notice :—	
(a) Number of houses rendered fit in consequence of informal action by the Local Authority or their Officers .....	252
3.—Action under Statutory Powers :—	
Proceedings under Housing Acts :—	
(a) Number of dwelling houses in respect of which notices were served requiring repairs .....	5
(b) Number of dwelling houses rendered fit after services of notices .....	2
i. By Owners .....	2
ii. By Local Authority in default of owners .....	nil
4.—Proceedings under the Public Health Acts :—	
(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .....	182
(b) Number of dwelling houses in which defects were remedied .....	181
i. By Owners .....	181
ii. By Local Authority in default of owners .....	nil
5.—Demolition Orders :—	
(a) Number of houses in respect of which demolition orders were made .....	5
(b) Number of houses demolished .....	5
(c) Number of tenements in respect of which Closing Orders were made .....	9
(d) Number of house closed but not demolished .....	3
(e) Number of Closing Orders determined, the rooms having been rendered fit .....	nil

### SEWERS

3750 yards of sewers were laid in 1949, this includes 1250 yards for the Blackmill housing site, 2250 yards for the Bettws site and

250 yards extension to the three Mount Pleasant houses which also affords drainage for the Tynton farm.

One conversion was carried out during the year at 1, 2 and 3 Greenmeadow, Shwt—that of an earth privy to the water carriage system. This was carried out by the council workmen, half of the cost was met by the owners under Section 47, of the Public Health Act.

*Sewage Disposal from the new housing site at Bettws.*

Owing to the open cast mining in this area, it was not considered practicable to connect this housing site to the existing works at Shwt as the pipe would have to be taken through this land which had been disturbed. The alternative scheme was to construct a new dispersal plant on adjacent land where the sewage pipes would not have to traverse the broken ground.

The final effluent passes into a nearby screen.

### ICE CREAM

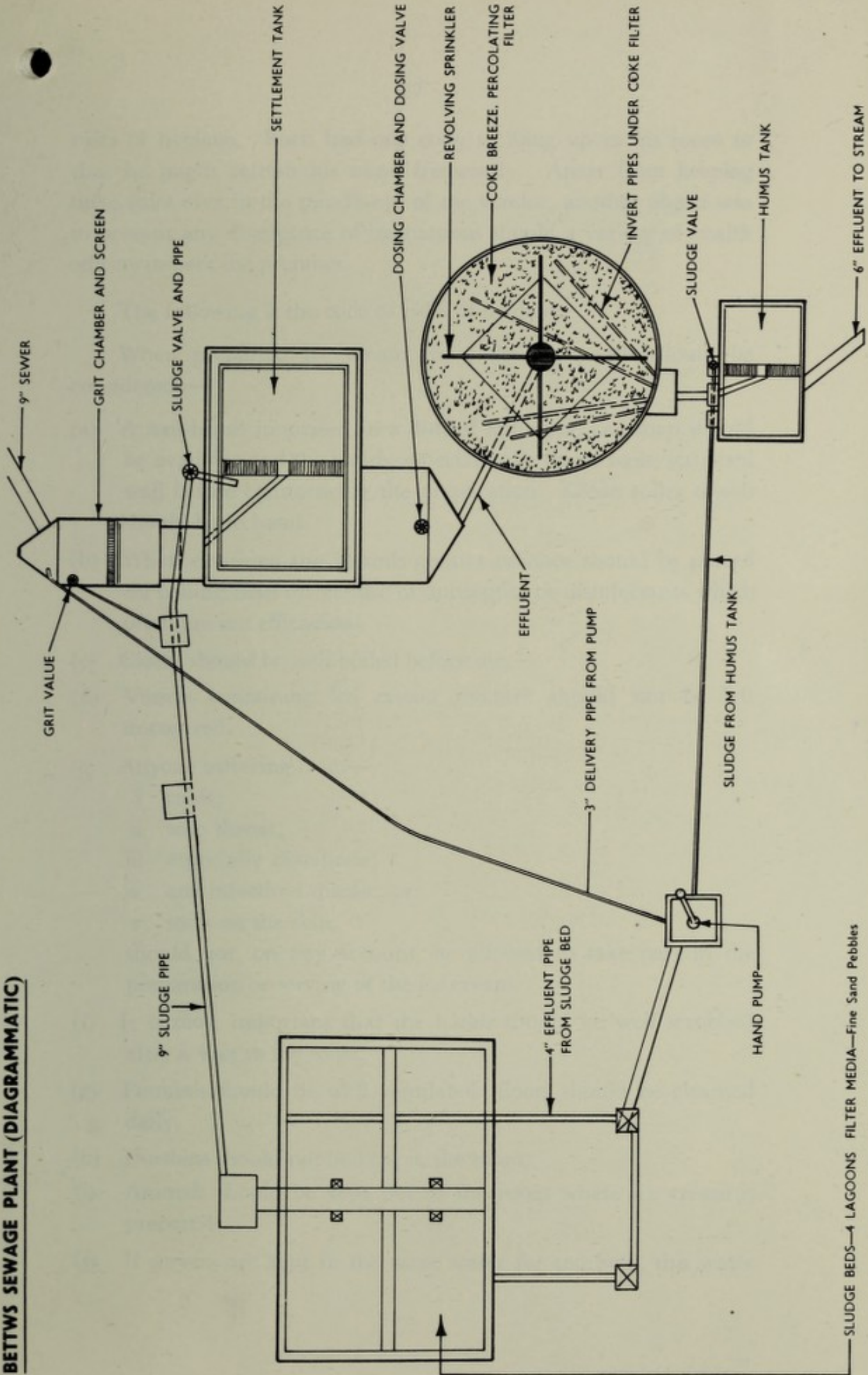
39 samples of ice cream were submitted from this area for examination to the Public Health Laboratory, Cardiff, about 51% were satisfactory, 21% were fairly satisfactory, 21% were unsatisfactory and 7% were very unsatisfactory. This is an improvement on the previous year when only 33% were satisfactory.

These tests were carried out by the methylene blue test which is liable to a margin of error.

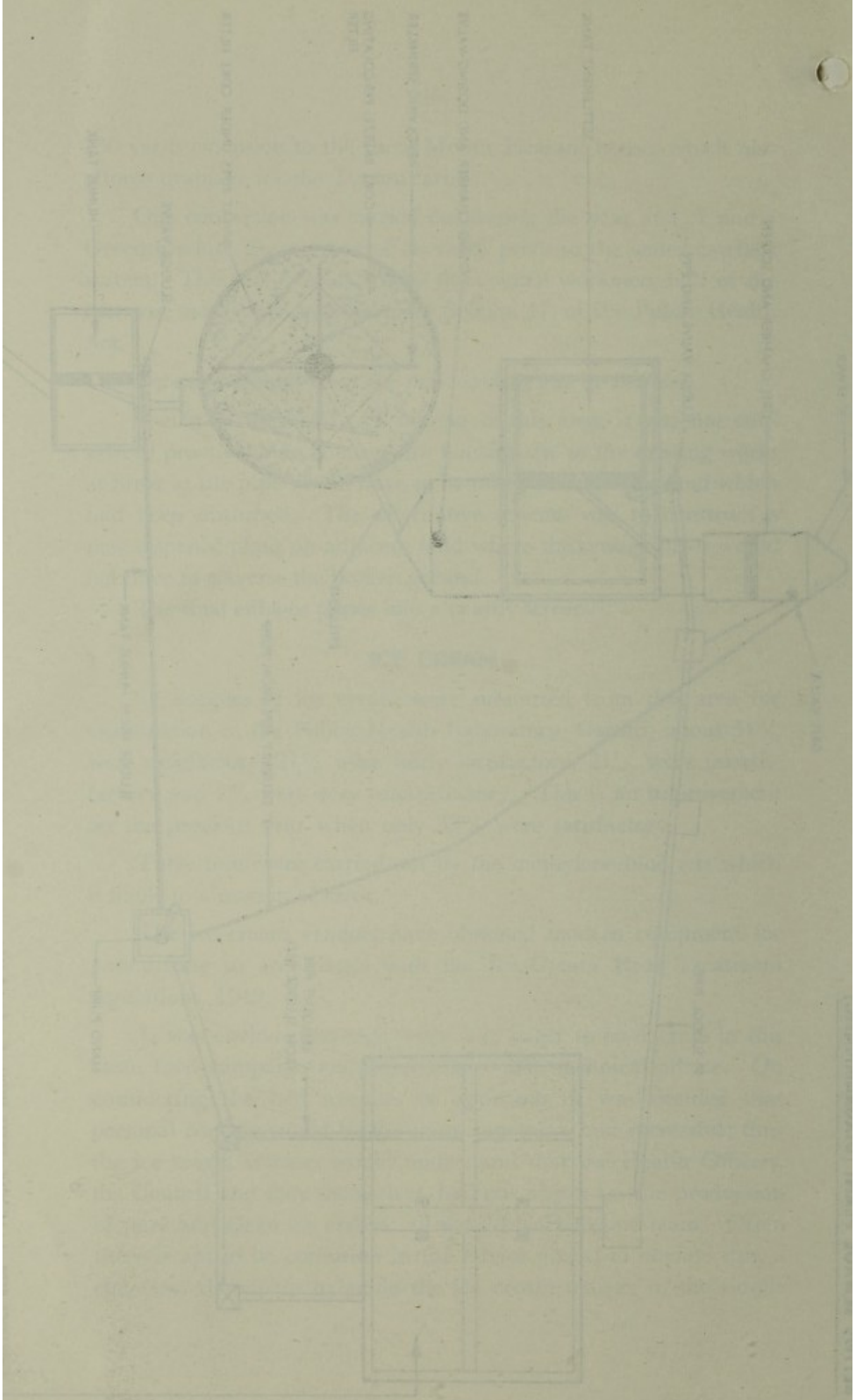
The ice cream vendors have obtained modern equipment for pasteurizing in accordance with the Ice Cream Heat Treatment regulations, 1949.

It was obvious that they were very eager to co-operate in this clean food campaign and anxious to obtain technical advice. On considering the best avenues of approach, it was decided that personal contact would be the most impressive and successful; thus the ice cream vendors would understand that the Health Officers, the Council and they themselves, had one object i.e. the production of pure and clean ice cream; all should work as one team. Often there is apt to be confusion in the advice given; to obviate this, a code was drawn up to guide the ice cream makers in the simple

# BETTWS SEWAGE PLANT (DIAGRAMMATIC)



SLUDGE BEDS—4 LAGOONS FILTER MEDIA—Fine Sand Pebbles



rules of hygiene. Each had one copy to hang up in his room so that he might refresh his mind frequently. Apart from keeping these rules ever in the mind's eye of the vendor, another object was to prevent any divergence of instructions should a variety of health officers inspect the premises.

The following is the code of rules of hygiene.

When preparing ice cream the following points should be considered :—

- (a) A nail-brush immersed in a dish of antiseptic and soap should be available and the hands, especially the finger nails, scrubbed well before commencing the preparation. Clean roller towels should be to hand.
- (b) When cleansing the utensils greater reliance should be placed on boiling than on the use of antiseptics or disinfectants which often are not efficacious.
- (c) Cloths should be well boiled before use.
- (d) Vessels containing ice cream mixture should not be left uncovered.
- (e) Anyone suffering from—
  - i colds;
  - ii sore throat;
  - iii especially diarrhoea;
  - iv any infectious disease, or
  - v sores on the skin,
 should not, on any account, be allowed to take part in the preparation or serving of the ice cream.
- (f) It is most important that the hands should be well scrubbed after a visit to the toilet.
- (g) Premises should be well ventilated; floors should be cleansed daily.
- (h) Dustbins should not be kept in the room.
- (i) Animals should be kept out of the room where ice cream is prepared.
- (j) If servers are kept in the same water for too long, this water

becomes a weak dilution of milk in which bacteria will grow rapidly. Thus, any sample taken with the scoop will be liable to fail the test. These scoops ought to be scalded periodically during the day.

### MILK

During 1949, the following samples of milk were taken and examined at the Public Health Laboratory, Cardiff.

- (a) Pasteurized, 38 samples of which 86% were satisfactory.
- (b) Raw milk, 28 samples were taken of which 82% were satisfactory.

It is gratifying to find that so many samples were satisfactory as, owing to the abnormally dry summer and autumn, so many of the farm wells were dry—many for the first time in living memory. Farmers had to carry water long distances, often over mountain tracks both for watering their cattle and cleansing their utensils; in some cases, the farmers dwelling on the mountain had to come several miles down into the valleys where they could obtain a supply from the main. They must be commended for their zeal in keeping the standards high.

The Milk and Dairies Regulations, 1949, came into operation on October 1st, 1949. Under these regulations, the production of milk will be entirely in the hands of the Minister of Agriculture and Fisheries.

More power is given to the Local Authority through the Medical Officer of Health to deal with milk suspected of being infected by a disease communicable to man through the consumption of the said milk.

#### *The Milk (Special Designations) Orders 1936 to 1937.*

Two licences were issued by the County Council to farmers in the Llangeinor area for the production of Tuberculin Tested Milk.

The farms were Pantscawen and Cae Abbot.

Running water to the byres of these farms is supplied by a well at Pantscawen; from thence the water is pumped up to Cae Abbot.

**MEAT.****Carcases Inspected and Condemned.**

The following table sets out the amount of meat seized, condemned and disposed of as unfit for human consumption during the year :—

	Cattle excluding cows & bulls	Cows and bulls	Sheep and lambs	Calves	Pigs
Number killed ... ..	371	396	3733	370	2
Number inspected ... ..	371	396	3706	370	2
<i>All disease except Tuberculosis.</i>					
Whole carcasses condemned ...	0	4	11	0	0
Carcases of which some part or organ was condemned ...	73	233	570	3	1
<i>Percentage of the number inspected affected with disease other than Tuberculosis ...</i>	19.68%	59.85%	15.68%	.81%	50%
<i>Tuberculosis only.</i>					
Whole carcasses condemned ...	0	10	0	0	0
Carcases of which some part or organ was condemned ...	64	219	0	0	0
Percentage of the number inspected affected with Tuberculosis	17.25%	57.83%	0	0	0

**FOODSTUFFS CONDEMNED**

Bovine Carcasses, 14; Bovine Forequarters, 11 and 49 lbs.; Bovine Hindquarters, 4; Bovine Plucks, 439; Bovine Livers, 574; Bovine Heads, 177; Sheep Carcasses 11; Sheep Forequarters, 8; Sheep Hindquarters, 3; Sheep Plucks, 567; Sheep Livers, 316; Sheep Heads, 3; Pig Plucks, 1; Calf Livers, 2; Imported Frozen livers, 18 lbs.; Imported Frozen lamb, 180 lbs.; Frozen Rabbits, 112 lbs.; Receptacles of Preserves, 2492; Cheese, 479 lbs.; Liver Sausage, 1½cwts.; Sugar, 26½ lbs.; Potatoes, 11 cwts.; Bacon, 53 lbs.; Grapes, 18 lbs.; Figs, 62 lbs.; Haddock, 3 stone; Kippers 4 stone; Hake, 15 stone; Madeira Cake, 44 lbs.

**PUBLIC BATHS**

Two public baths are maintained by the Council, one an open air and the other an indoor. Both these baths are supplied by water from the mountain streams. Twice a week the baths are emptied and filled provided the water supply is adequate. Puri-

fication is carried out by the hand chlorination method. The product is manufactured by the Imperial Chemical Industry Company and contains approximately 12% Chlorine.

An improvement was made in the plan for the intake of water at the Ogmores Vale baths. Previously the water was taken directly from the river, now the water is piped from a stream above the built up area thus ensuring a pure supply. The Ogmores Vale bath is heated by pipes.

Vigorous representation must be continually made for assistance in installing a modern continuous filtration chlorination system. More baths are necessary to keep the children from bathing in the open rivers.

### RODENT CONTROL

The Council employs a full-time rodent operative who is an official of the Public Health department and who works mainly with the Senior Sanitary Inspector. This is a new appointment.

The following is a summary of the disinfestation carried out during the year.

Dwelling Houses	.....	.....	.....	.....	112
Business Premises	.....	.....	.....	.....	29
Local Authority Premises	.....	.....	.....	.....	29
<i>Type of Infestation</i>					
Major	.....	.....	.....	.....	2
Minor	.....	.....	.....	.....	168

### SEWERS

Number of manholes prebaited	.....	.....	3184
Number of manholes shown prebait taken	1132		
Number of manholes poison baited	.....	.....	1544

### MASS RADIOGRAPHY

The mass radiography unit visited the area in December, 1949.

As was expected, the response was not as good as that of last year, since people seem to be under the impression that as they had a clean bill of health last year, it would be a waste of time to

attend this year. This, of course, is a fallacy and should be corrected by improved technique in propaganda. This year the advertising was carried out on similar lines to that of previous years. The miners did not attend in the numbers expected. Unfortunately, an erroneous impression had become prevalent. Many believed that this scheme was run in conjunction with the National Coal Board and distrust of its ultimate aim was deep rooted.

It was not realized that the Council was imbued with the purest motives and desired only to give service to the people they represent with the object of preventing ill health, if possible. These suspicions might be allayed by a different approach.

Having had the experience of a mass radiography survey for two years, I have the following suggestions to make.

(a) When a person is to be recalled for re- X-raying, the family doctor should also be informed. This suggestion is the outcome of discussions with family doctors who affirm that awkward situations sometimes arise through their being unaware that one of their patients has been recalled.

(b) Could not the school children of the area be X-rayed at the same time so that the final results may be a complete survey of the entire population? This suggestion might also be considered from the economic view-point.

MASS RADIOGRAPHY SERVICE.

Details of Mass Radiographic Survey of Ogmore Vale General Population, December, 1949.

TABLE 'A'—ANALYSIS IN AGE GROUPS.

	Under 15		15—24		25—34		35—44		45—59		60 & over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total Number of Persons Examined. (Normal and Abnormal) ...	5	4	36	33	44	19	62	21	65	14	36	3	248	94
Total Number found to be Abnormal ...	2	—	1	2	1	2	15	1	13	2	7	1	39	8
Classification of Abnormal Cases :—														
(a) Definite Pulmonary Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Needing further Observation for Pulmonary Tuberculosis	1	—	—	2	—	—	—	—	—	—	—	—	1	2
(c) Other Abnormalities of Chest ...	1	—	1	—	1	2	15	1	13	2	7	1	38	6
Grand Total														
	342		47 or 13.74%		—		3 or 0.88%		44 or 12.86%		—		—	

### MASS RADIOGRAPHY

**TABLE 'B'. DETAILS OF "OTHER ABNORMALITIES"**

**Survey of Ogmore Vale General Population, December, 1949.**

	Total	Male	Female
Abnormality of Rib .....	1	1	—
Bronchitis & Emphysema .....	8	6	2
Pneumoconiosis .....	29	29	—
Congenital Heart .....	1	—	1
Myocarditis .....	1	1	—
Abnormality of Diaphragm .....	1	1	—
Healed Post Primary P.T. ....	3	—	3
<b>Totals .....</b>	<b>44</b>	<b>38</b>	<b>6</b>
Failed to return for repeat miniature film .....	1	1	—
Failed to return for large film.....	2	1	1

MASS RADIOGRAPHY SERVICE.

Details of Mass Radiographic Survey of Nantymoeel General Population, December, 1949.

TABLE 'A'—ANALYSIS IN AGE GROUPS.

	Under 15		15—24		25—34		35—44		45—59		60 & over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total Number of Persons Examined. (Normal and Abnormal) ...	4	2	11	1	38	9	43	4	64	10	36	1	196	27
Total Number found to be Abnormal ...	—	—	—	—	3	1	6	—	13	—	7	—	29	1
Classification of Abnormal Cases :—														
(a) Definite Pulmonary Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Needing further Observation for Pulmonary Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Other Abnormalities of Chest ...	—	—	—	—	3	1	6	—	13	—	7	—	29	1
Grand Total	223		30 or 13.45%		—		—		—		—		30 or 13.45%	

**MASS RADIOGRAPHY**

**TABLE 'B'.    DETAILS OF " OTHER ABNORMALITIES "**

**Survey of Nantymoel General Population, December, 1949.**

	Total	Male	Female
Pneumoconiosis        .....	20	20	—
Chronic Bronchitis & Emphy- sema        .....	4	4	—
Myocarditis        .....	2	2	—
Bony Abnormality        .....	1	1	—
Retrosternal Goitre        .....	1	1	—
Thickened Pleura        .....	1	1	—
Healed Post Primary P.T.        .....	1	—	1
Totals        .....	30	29	1

MASS RADIOGRAPHY SERVICE.

Details of Mass Radiographic Survey of Pontycymmer General Population, December, 1949.

TABLE 'A'—ANALYSIS IN AGE GROUPS.

	Under 15		15—24		25—34		35—44		45—59		60 & over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total Number of Persons Examined. (Normal and Abnormal) ...	10	15	55	78	88	38	131	16	132	23	54	3	470	173
Total Number found to be Abnormal ...	—	1	3	1	10	3	20	1	34	—	16	1	83	7
Classification of Abnormal Cases:—														
(a) Definite Pulmonary Tuberculosis ...	—	—	—	1	1	—	1	—	—	—	—	—	2	1
(b) Needing further Observation for Pulmonary Tuberculosis	—	—	1	—	—	—	—	—	—	—	—	—	1	—
(c) Other Abnormalities of Chest ...	—	1	2	—	9	3	19	1	34	—	16	1	80	6
Grand Total	643		90 or 14.00%		3 or 0.47%		1 or 0.16%		86 or 13.37%					

### MASS RADIOGRAPHY

**TABLE 'B'. DETAILS OF "OTHER ABNORMALITIES"**

**Survey of Pontycymmer General Population, December, 1949.**

	Total	Male	Female
Pneumoconiosis .....	56	56	—
Healed Post Primary P.T. ....	12	8	4
Chronic Bronchitis & Emphy- sema .....	5	4	1
Heart Diseases .....	4	4	—
Silico-Tuberculosis .....	2	2	—
Pulmonary Fibrosis .....	2	2	—
Pleural Thickening .....	2	2	—
Atelectasis .....	1	1	—
Bony Abnormality .....	1	1	—
Healed Primary P.T. ....	1	—	1
<b>Totals .....</b>	<b>86</b>	<b>80</b>	<b>6</b>
Failed to return for large film....	3	2	1

## TUBERCULOSIS—1949.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	—	—	—	—	—
1—5	1	—	2	—	—	—	—	—
5—10	—	—	3	2	—	—	—	—
10—15	—	1	—	1	—	—	—	—
15—20	2	9	—	—	—	2	—	—
20—25	1	5	—	—	2	2	—	—
25—35	2	5	—	—	—	—	—	—
35—45	1	1	—	2	1	—	—	—
45—55	2	3	—	—	2	2	—	—
55—65	2	—	—	2	2	—	—	—
65 & Over	—	—	—	—	—	—	—	—
Total	11	24	5	7	7	6	—	—

## TUBERCULOSIS.

## Notifications and Deaths 1929-1949 in the Ogmore and Garw Area.

Year	NOTIFICATIONS				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
1929	13	17	8	7	8	6	3	2
1930	20	21	11	16	10	5	3	2
1931	23	38	11	10	9	11	3	5
1932	29	32	10	7	9	10	3	1
1933	23	19	11	1	9	13	3	0
1934	16	23	7	6	4	7	1	1
1935	20	14	6	6	10	11	2	0
1936	23	20	5	6	11	8	2	2
1937	17	15	8	4	3	5	2	2
1938	12	14	11	8	7	6	3	0
1939	20	12	11	4	7	6	1	1
1940	17	19	7	10	2	3	2	2
1941	20	16	6	9	9	6	3	5
1942	11	16	10	8	7	4	4	0
1943	16	19	7	11	7	8	3	3
1944	20	24	10	5	6	8	2	0
1945	18	17	6	7	4	5	2	0
1946	23	14	7	10	9	8	0	3
1947	19	28	13	8	6	7	0	0
1948	15	16	3	4	5	10	—	1
1949	11	24	5	7	7	6	—	—

There were 47 tuberculosis notifications in 1949 as compared with 38 in 1948. Of these 47, 35 were pulmonary tuberculosis and 12 were non-pulmonary. Amongst those notified as suffering from pulmonary tuberculosis, 2 had left the district early in the year, 12 were in the early stage, 8 moderately advanced and 13 very advanced.

Of those notified, 10 were admitted to hospital. The average length of time between notification and admission to hospital was  $4\frac{1}{2}$  months.

Of the 12 non-pulmonary, 9 had tuberculous glands, 1 a tuberculous spine, 1 tuberculosis of the skin and 1 had tuberculous meningitis. Furthermore, a child who had previously been notified as having a tubercular gland was notified as suffering from tuberculous meningitis.

These 2 cases of tuberculous meningitis were diagnosed in the early part of the year, and were treated with streptomycin; 1, a boy of nine years, showed no clinical evidence of any complications.

Unfortunately, the girl of 3 has not yet recovered her hearing. When one considers that no case had been known to recover before the advent of this drug, progress in its use is almost certain. Hence, the future may be viewed with a certain measure of restrained optimism.

In examining the table of new cases of deaths from tuberculosis, the most distressing factor is the number of young persons i.e. in the age group 15-25, who are notified and also who die, often it is feared in the same year as they are notified; this applies especially to young women. Although it is well known that this is the age group most tragically affected, yet it should be remembered that during the war years, these young persons were children requiring all the care and attention that could be lavished upon them in order to plant the seeds of life long health. However, many of the mothers of the area were out working in the factories at this time and, after a hard day's work were too exhausted, we can assume, to care for the children as she might have done in happier circumstances; in her absence, the children often had to fend for themselves; we are now seeing the results of such neglect. They are in truth war casualties.

I cannot stress too emphatically the desirability of mothers being encouraged to consider the home as a full-time occupation from the point of view not only of the health but also of the happiness of the children. The child lacks a sense of security when the mother gives her home divided attention.

While there is no focal point around which the family may congregate, the street is given preference to the house and here the career of the juvenile delinquent may commence, for deprived of a normal home life and the mother's whole-hearted care, the child is afflicted not only with bodily sickness but also with mental ailments. From such beginnings grow to maturity the trees of disease and crime, the roots and ramifications of which are ever a menace to the very foundations and structure of the welfare state.

Again we must continue our policy of finding suitable accommodation and housing with the object of removing a source of infection. Even now, far too many children are living in homes where there are infected persons subject to the risk of receiving a larger dose of infection than the resistance of their bodies can withstand. The better the conditions, the greater is the chance of the formation of efficient fortifications against the perpetual bombardment. Therefore, it is hoped that the council will continue with its excellent policy of giving houses to these cases. In time it will certainly produce good and far reaching results.

Wards at the Isolation Hospital, Cefn Hirgoed, are being adapted for T.B. cases. This will make available an additional 50 beds.

There was a great drive to X-ray the public during 1949; a large proportion of the staffs of business houses attended the mass radiography centres. Local practitioners also co-operated in picking those they thought might require chest examination. All contacts were encouraged to attend.

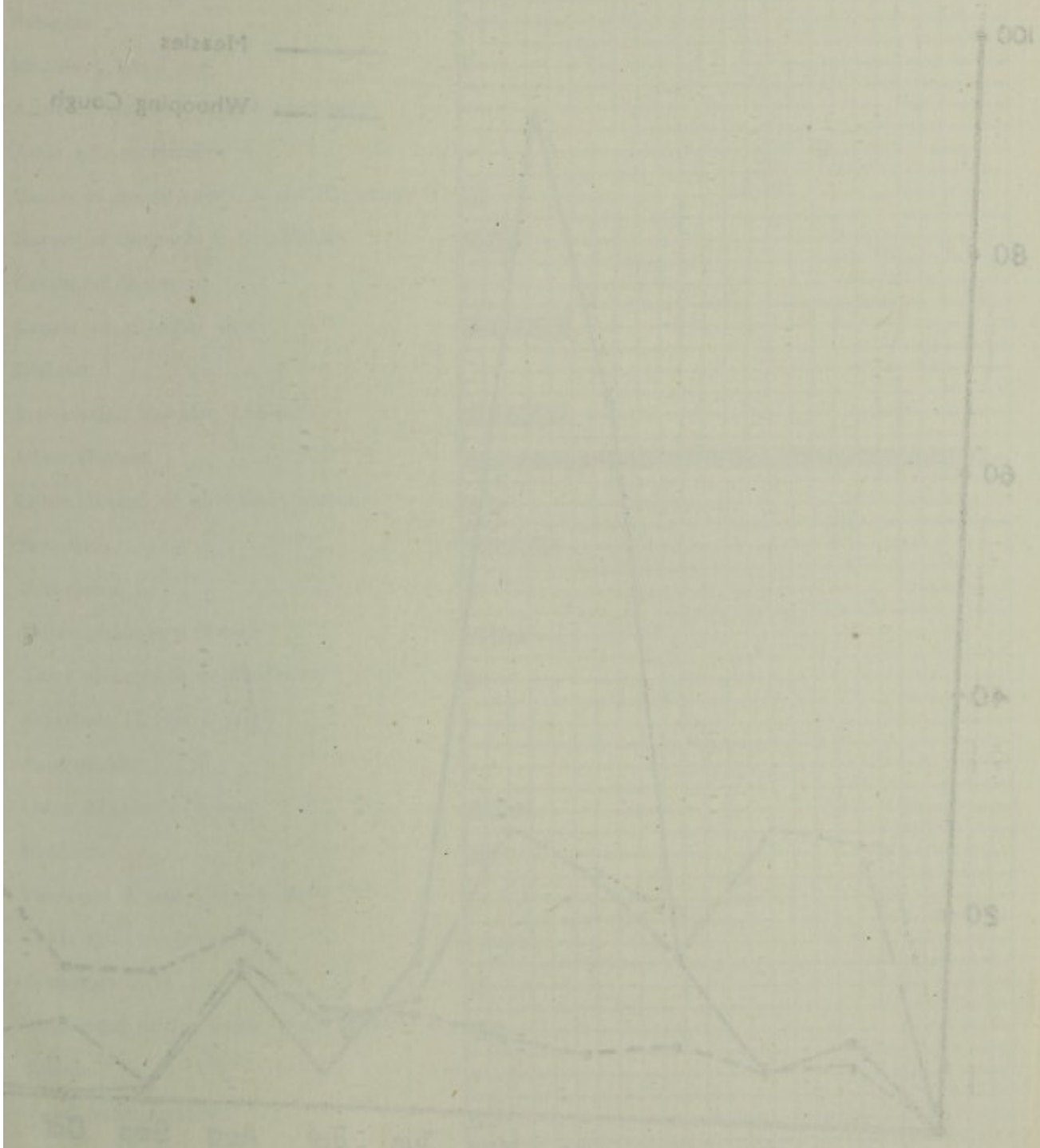


## NOTIFICATION OF INFECTIOUS DISEASES FOR EACH MONTH.

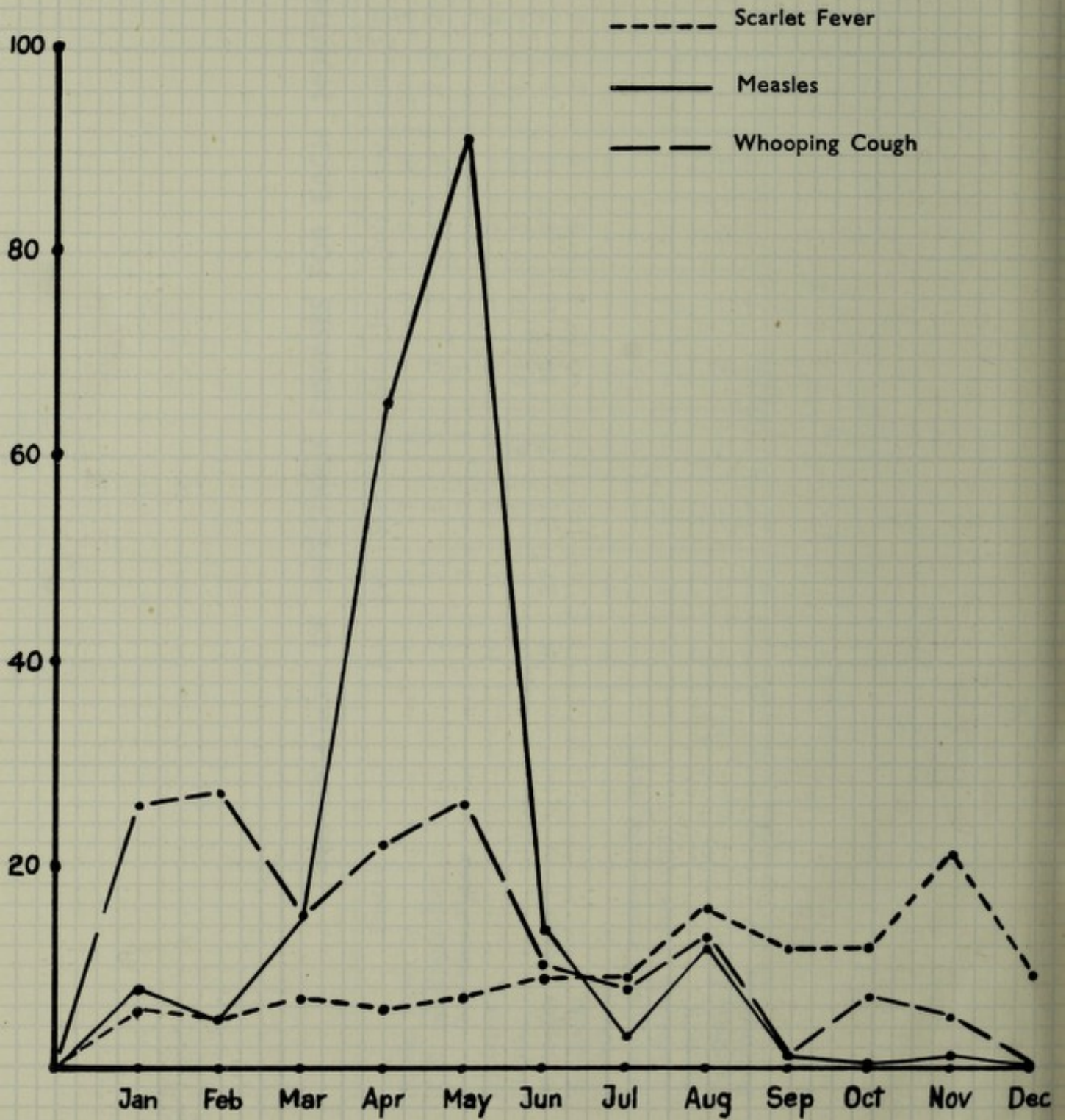
Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Scarlet Fever ...	6	5	7	6	7	9	9	16	12	12	21	9	119
T.B. (a) Respiratory ...	3	2	6	3	3	2	4	4	2	2	4	—	35
(b) Other Forms ...	1	2	1	3	1	1	—	1	—	—	2	—	12
Pneumonia ...	10	1	2	1	2	—	2	—	—	2	4	1	25
Measles ...	8	5	15	65	91	14	3	12	1	—	1	—	215
Whooping Cough ...	26	27	15	22	26	10	8	13	1	7	5	—	160
Erysipelas ...	3	1	—	—	—	2	3	1	2	1	—	—	13
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (Cerebro-spinal Fever) ...	—	1	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum ...	—	—	—	—	—	1	—	—	—	—	—	—	1
Dysentery ...	—	—	—	—	—	—	—	—	—	—	6	6	12
Puerperal Fever ...	—	—	—	—	2	—	—	—	—	—	—	—	2
Poliomyelitis ...	—	—	—	—	—	—	—	—	2	—	—	—	2

TRENDS OF INFECTIOUS DISEASES, 1949

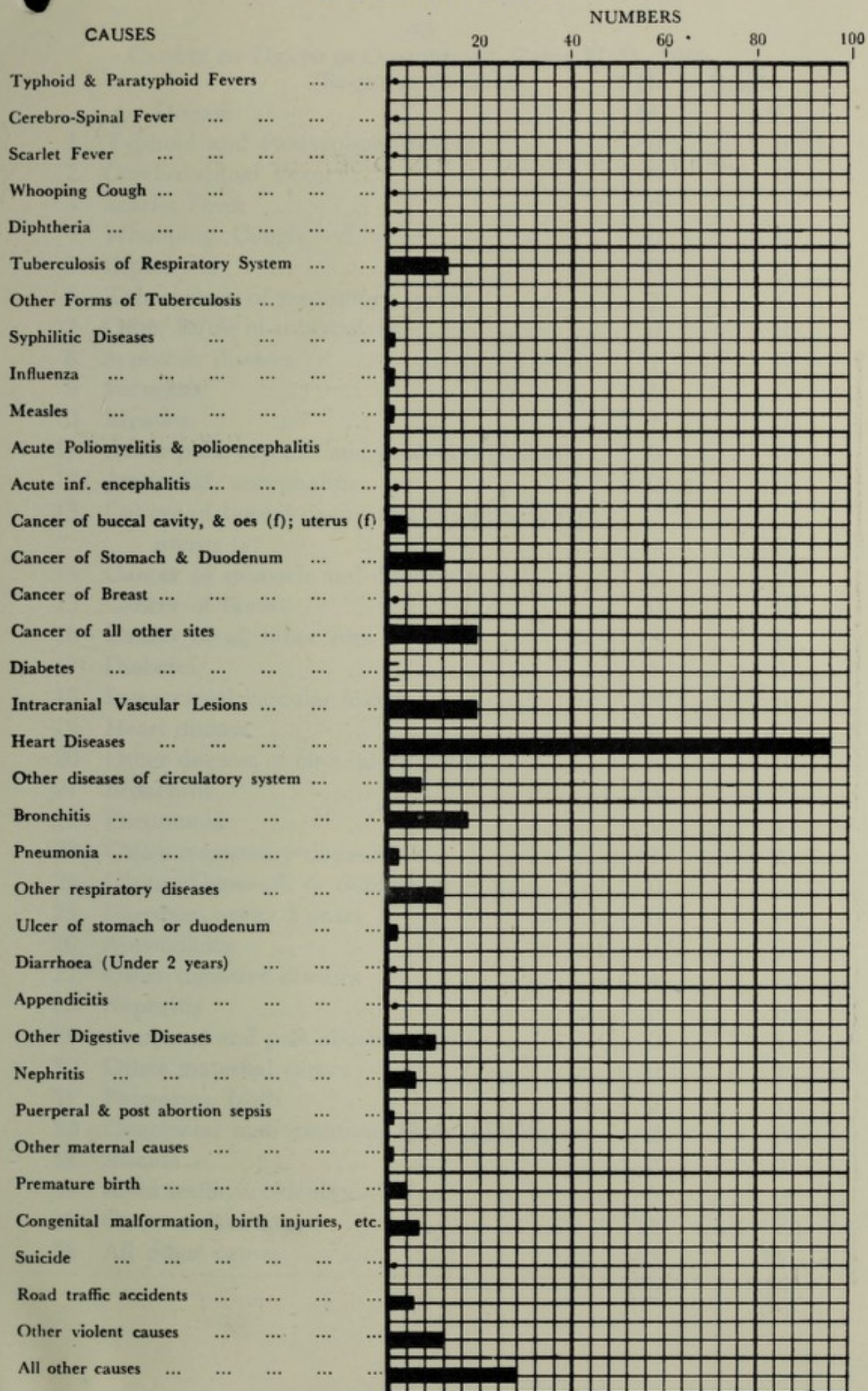
Scarlet Fever  
Measles  
Whooping Cough



# TRENDS OF INFECTIOUS DISEASES, 1949



# CAUSES OF DEATH





CAUSES OF DEATH IN OGMORE AND GARW U. D., 1949.  
(Registrar General).

Disease	No. of Deaths	
	M.	F.
1 Typhoid and Paratyphoid Fevers ... ..	0	0
2 Cerebro-spinal Fever ... ..	0	0
3 Scarlet Fever ... ..	0	0
4 Whooping Cough ... ..	0	0
5 Diphtheria ... ..	0	0
6 Tuberculosis of respiratory system ... ..	7	6
7 Other forms of tuberculosis ... ..	0	0
8 Syphilitic diseases ... ..	1	0
9 Influenza ... ..	1	0
10 Measles ... ..	1	0
11 Acute polio-myelitis and polio-encephalitis ... ..	0	0
12 Acute Inf. encephalitis ... ..	0	0
13 Cancer of buccal cavity and oesophagus (M), uterus (F) ... ..	1	3
14 Cancer of stomach and duodenum ... ..	5	7
15 Cancer of breast ... ..	0	0
16 Cancer of all other sites ... ..	13	6
17 Diabetes ... ..	1	1
18 Intracranial vascular lesions ... ..	13	6
19 Heart disease ... ..	55	42
20 Other diseases of circulatory system ... ..	5	2
21 Bronchitis ... ..	15	2
22 Pneumonia ... ..	1	1
23 Other respiratory diseases ... ..	11	2
24 Ulcer of stomach or duodenum ... ..	0	2
25 Diarrhœa under 2 years ... ..	0	0
26 Appendicitis ... ..	0	0
27 Other digestive diseases ... ..	4	6
28 Nephritis ... ..	5	0
29 Puerperal and post abortion sepsis ... ..	0	1
30 Other maternal causes ... ..	0	1
31 Premature birth ... ..	3	1
32 Congenital malformation, Birth injuries, etc. ... ..	2	5
33 Suicide ... ..	0	0
34 Road traffic accidents ... ..	5	0
35 Other violent causes ... ..	11	2
36 All other causes ... ..	13	14
	173	110

## GLAMORGAN (ADMINISTRATIVE COUNTY)—VITAL STATISTICS, 1949

	Estimated Population 1949		BIRTHS		DEATHS		INFANT MORTALITY		
	Civilian	Total	Number of Births	Rate per 1,000 Population	Number of Deaths	Rate per 1,000 Population	Deaths under 1 year	Rate per 1,000 Births	
England and Wales ...	...	...	...	16.7	...	11.7	...	32	
Administrative County ...	730,400	734,610	12,515	17.1	8,896	12.2	504	40	
Urban Districts ...	535,620	535,750	9,388	17.5	6,808	12.7	391	42	
Rural Districts ...	194,780	198,860	3,127	16.1	2,088	10.7	113	36	
<i>Health Division.</i>									
<i>Constituent Dist.</i>									
Aberdare and	40,850	40,850	609	14.9	642	15.7	31	51	
Mountain Ash U.	31,900	31,900	542	17.0	450	14.1	25	46	
Caerphilly Urban	34,430	34,430	718	20.9	431	12.5	42	58	
Gelligaer Urban	36,390	36,390	759	20.9	422	11.6	27	36	
Bridgend Urban	13,700	13,700	251	18.3	148	10.8	8	32	
Maesteg Urban	23,100	23,100	463	20.0	303	13.1	22	48	
Ogmore & Garw U.	22,710	22,710	426	18.8	283	12.5	13	31	
Porthcawl Urban	9,207	9,237	136	14.8	139	15.1	1	7	
Penybont Rural	34,280	34,530	603	17.6	306	8.9	14	23	
Neath M.B.	32,030	32,030	509	15.9	379	11.8	22	43	
Neath Rural	41,200	41,200	654	15.9	441	10.7	27	41	
Llantrisant Rural	24,970	24,970	469	18.8	292	11.7	18	38	
Pontypridd Urban	39,440	39,440	681	17.3	525	13.3	28	41	
Port Talbot and	9,023	9,023	180	19.9	101	11.2	10	56	
Glyncorrwg Urban	43,670	43,670	785	18.0	492	11.3	43	55	
South East	41,680	41,780	786	18.9	446	10.7	23	29	
Glamorgan.	36,300	36,420	434	12.0	364	10.0	13	30	
	1,140	1,140	14	12.3	11	9.6	—	—	
Cowbridge M.B.	13,820	17,530	315	22.8	125	9.0	10	32	
Penarth Urban	18,040	18,040	292	16.2	213	11.9	8	27	
Gower Rural	11,430	11,430	180	15.7	128	11.2	1	39	
Llwchwr Urban	25,680	25,680	354	13.8	271	10.6	7	20	
Pontardawe Rural	32,780	32,780	472	14.4	432	13.2	24	51	
Rhondda Urban	112,630	112,630	1,883	16.7	1,552	13.8	81	43	

The above table is supplied by the courtesy of Dr. W. E. Thomas, County Medical Officer of Health.











