

**[Report 1953] / Medical Officer of Health, Pontypool R.D.C.**

**Contributors**

Pontypool (Wales). Rural District Council.

**Publication/Creation**

1953

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PONTYPOOL RURAL DISTRICT COUNCIL.

MEDICAL OFFICER OF HEALTH'S REPORT 1953.

To: The Chairman and Members of the  
Pontypool Rural District Council.

Mr. Chairman, Madam, Gentlemen,

I have the honour to submit the Annual Report on the state of the public health in Pontypool Rural District during 1953.

There are seven parishes within Pontypool Rural District with a total area of 34,147 acres. It is predominantly agricultural with increasing urbanisation at Croesyceiliog in the parish of Llanfrechfa Lower, this area being within the new town development of Cwmbran. There is a large Royal Ordnance Factory at Glascoed which employs a large number of operatives, the majority of whom are drawn from surrounding urban areas.

Health may be defined as a "state of complete physical, mental and social well-being" and not merely the absence of disease. As we have still no accurate means of measuring health in the positive sense, our main index for its assessment is based on records of sickness and death. From vital statistics included later in this report and from personal observations, it is gratifying to note that the health of the population of Pontypool Rural District continues, on the whole, to be very satisfactory.

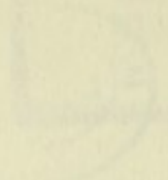
A crude death rate of 9.78 per 1,000 population is the lowest ever recorded in the district. When comparing the death rate of one place with that of another it is necessary, first of all, to remove the influence of variable factors, such as differences in the age and sex constitution of the population. To do this the Registrar General provides a comparability factor which when multiplied with the crude death rate provides an adjusted death rate namely, 8.5 for Pontypool Rural District (an even lower figure). This rate is significantly lower than the death rate prevailing in the County of Monmouthshire and in England and Wales as a whole. Coupled with this fall in death rate there has been an increase on the expectation of life and together these indicate that the inhabitants of Pontypool Rural District are healthier and are living longer.

It is more than probable that continued improvements in housing and social conditions together with a comparatively high percentage of full employment have played a considerable part in producing such a low death rate. The majority of deaths are attributed to Cardio-vascular diseases, as are the majority throughout the Country, and in this group Coronary Thrombosis took the heaviest toll. A rather disquieting feature is the increase that has occurred of recent years in the number of deaths attributable to Cancer which accounts for one quarter of all deaths in Pontypool Rural District in 1953. In the past Cancer occupied a lowly place in the list of principal killing diseases, but it now occupies second place. Of the 14 Cancer deaths, 3 were due to Cancer of the Lung. It is probable that an ageing population and improved methods of diagnosis have been partially responsible for the rise in mortality from Cancer. But, if lives are to be saved, and if the means of prevention is dependent on knowledge of causation, then further and continued Cancer Research is urgently required.

It is observed that Infectious Diseases have continued to play a negligible part as a cause of mortality, and this decline in the present century has served to increase the number of potential victims to Cardio-vascular degenerations and malignancy.

The birth-rate in the district has shown an appreciable rise in 1953 as compared with the previous year. But the increase in the infant mortality rate is regrettable, and although the still-birth rate has fallen the actual number of still-births remained stationary. Of

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the 5 infant deaths, four occurred in the first four weeks of life. In view of the infant mortality rate it behoves all concerned with midwifery and especially the mother herself to do all in their power to reverse the present trend.

For many years, the estimated population of Pontypool Rural District ( 5,721 in 1953) has remained relatively static but there has been a gradual change in its age pattern. Whereas at the beginning of the century, the population was weighted by its young members, today the ranks of the elderly have appreciably swollen. This has been due on the one hand to an overall decline on the birth-rate and on the other to advances made in medicine and the improvements brought about in both physical and social environment. Thus the care of the aged, with its associated problems, demands increasing public attention. Most of the old folk prefer to live in their own homes and with a little help many of them are able to do so. In these days, with fewer children able and willing to aid their aged relatives, admirable help has been provided by the Home Help and District Nursing Services. Some old people, on the other hand, are suffering from chronic illnesses which can only be adequately treated in hospital, and the difficulties encountered in obtaining hospital admission for such cases emphasises the need for additional ' geriatric' beds. None wish to die young and fortune is fickle, therefore it is in our own interest to see that adequate provision is made for the elderly.

The sanitary conditions in the more populated villages are satisfactory. But many of our rural cottages are still without an adequate supply of pure wholesome water and are still equipped with antiquated means of sewage disposal. It is hoped that it will be found possible to undertake remedial measures in the not too far distant future.

#### Maternity and Child Welfare.

The Infant Welfare Clinic at Usk is held on the Thursday of each week, and the one at Croesyceiliog is held fortnightly. Mothers and children under five years of age may attend these centres. There is also a Maternity and Child Welfare Mobile Clinic which visits the more inaccessible rural areas. There is a Doctor and Health Visitor in attendance at each of these clinics.

The Ante-Natal Clinic is held fortnightly in the Usk centre. I wish to stress here the importance of early and regular attendance of expectant mothers at the ante-natal clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often many expectant mothers delay attending until late in pregnancy. It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases, and for determining the pregnant mother's blood group. The educational side of ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1953 a monthly average of 144 babies attended the Infant Welfare Clinics. Welfare Food is obtained at the Centres with the exception of National Dried Milk, Cod Liver Oil and Orange Juice which is available at the Food Office.

The principal cause of Infant Deaths has been Prematurity. Adverse physical conditions and lack of care, which the older child can withstand often proves fatal during the earlier months of life. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen

The first part of the report is devoted to a general survey of the situation in the field of child health in the United States. It is based on a study of the literature and on a survey of the work of the various agencies concerned with child health.

The second part of the report is devoted to a detailed study of the work of the various agencies concerned with child health. It is based on a study of the literature and on a survey of the work of the various agencies concerned with child health. The agencies studied are the American Academy of Pediatrics, the American Pediatric Society, the American Society of Pediatricians, the American Society of Child Health, the American Society of Child Neurology, the American Society of Child Psychiatry, the American Society of Child Psychology, the American Society of Child Sociology, the American Society of Child Anthropology, the American Society of Child Linguistics, the American Society of Child Musicology, the American Society of Child Art History, the American Society of Child Archaeology, the American Society of Child Paleontology, the American Society of Child Geology, the American Society of Child Botany, the American Society of Child Zoology, the American Society of Child Entomology, the American Society of Child Malacology, the American Society of Child Mineralogy, the American Society of Child Metallurgy, the American Society of Child Chemistry, the American Society of Child Physics, the American Society of Child Astronomy, the American Society of Child Meteorology, the American Society of Child Climatology, the American Society of Child Oceanography, the American Society of Child Geophysics, the American Society of Child Cosmology, the American Society of Child Astrology, the American Society of Child Palmistry, the American Society of Child Astrology, the American Society of Child Palmistry, the American Society of Child Astrology, the American Society of Child Palmistry.

The third part of the report is devoted to a detailed study of the work of the various agencies concerned with child health. It is based on a study of the literature and on a survey of the work of the various agencies concerned with child health. The agencies studied are the American Academy of Pediatrics, the American Pediatric Society, the American Society of Pediatricians, the American Society of Child Health, the American Society of Child Neurology, the American Society of Child Psychiatry, the American Society of Child Psychology, the American Society of Child Sociology, the American Society of Child Anthropology, the American Society of Child Linguistics, the American Society of Child Musicology, the American Society of Child Art History, the American Society of Child Archaeology, the American Society of Child Paleontology, the American Society of Child Geology, the American Society of Child Botany, the American Society of Child Zoology, the American Society of Child Entomology, the American Society of Child Malacology, the American Society of Child Mineralogy, the American Society of Child Metallurgy, the American Society of Child Chemistry, the American Society of Child Physics, the American Society of Child Astronomy, the American Society of Child Meteorology, the American Society of Child Climatology, the American Society of Child Oceanography, the American Society of Child Geophysics, the American Society of Child Cosmology, the American Society of Child Astrology, the American Society of Child Palmistry, the American Society of Child Astrology, the American Society of Child Palmistry, the American Society of Child Astrology, the American Society of Child Palmistry.

### Summary and Conclusions

The report concludes that the work of the various agencies concerned with child health is of great importance and that it is necessary to continue to support and expand their work. It is recommended that the various agencies concerned with child health should continue to work together and to coordinate their efforts in order to achieve the best possible results for the children of the United States.

The report also contains a list of references and a list of agencies concerned with child health. The references are: American Academy of Pediatrics, American Pediatric Society, American Society of Pediatricians, American Society of Child Health, American Society of Child Neurology, American Society of Child Psychiatry, American Society of Child Psychology, American Society of Child Sociology, American Society of Child Anthropology, American Society of Child Linguistics, American Society of Child Musicology, American Society of Child Art History, American Society of Child Archaeology, American Society of Child Paleontology, American Society of Child Geology, American Society of Child Botany, American Society of Child Zoology, American Society of Child Entomology, American Society of Child Malacology, American Society of Child Mineralogy, American Society of Child Metallurgy, American Society of Child Chemistry, American Society of Child Physics, American Society of Child Astronomy, American Society of Child Meteorology, American Society of Child Climatology, American Society of Child Oceanography, American Society of Child Geophysics, American Society of Child Cosmology, American Society of Child Astrology, American Society of Child Palmistry, American Society of Child Astrology, American Society of Child Palmistry, American Society of Child Astrology, American Society of Child Palmistry.

The report is published by the American Academy of Pediatrics, 535 North Dearborn Street, Chicago, Illinois. It is available for purchase at a price of \$2.00 per copy. It is also available for purchase at a price of \$1.00 per copy for members of the American Academy of Pediatrics.

The principal author of the report is Dr. J. H. Greenberg, who is a member of the American Academy of Pediatrics. He is also a member of the American Pediatric Society, the American Society of Pediatricians, the American Society of Child Health, the American Society of Child Neurology, the American Society of Child Psychiatry, the American Society of Child Psychology, the American Society of Child Sociology, the American Society of Child Anthropology, the American Society of Child Linguistics, the American Society of Child Musicology, the American Society of Child Art History, the American Society of Child Archaeology, the American Society of Child Paleontology, the American Society of Child Geology, the American Society of Child Botany, the American Society of Child Zoology, the American Society of Child Entomology, the American Society of Child Malacology, the American Society of Child Mineralogy, the American Society of Child Metallurgy, the American Society of Child Chemistry, the American Society of Child Physics, the American Society of Child Astronomy, the American Society of Child Meteorology, the American Society of Child Climatology, the American Society of Child Oceanography, the American Society of Child Geophysics, the American Society of Child Cosmology, the American Society of Child Astrology, the American Society of Child Palmistry, the American Society of Child Astrology, the American Society of Child Palmistry, the American Society of Child Astrology, the American Society of Child Palmistry.

regularly by the Doctor. Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living. The prevailing Infant Mortality Rate calls for renewed efforts on the part of all concerned with the care of infants.

Towards the end of 1951, the routine skin testing of children under 5 years with tuberculin was introduced at the Infant Welfare Clinics. The Mantoux and Jelly Tests are employed. Any positive reactors are referred to the Chest Physician, and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare Work forms a part of the Anti-Tuberculosis scheme in operation throughout the County of Monmouthshire

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at the Clinics. The main object of immunisation schemes is to secure that each generation of infants receives protection at an early age. It is now recommended that an infant should be immunised against diphtheria at or about the age of 8 months. The fall in the incidence of diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, Pontypool Rural District, like the rest of the County, has followed the trend of a decrease, this is regrettable. Small Pox continues to occur sporadically in various parts of the Country and we are never free from the possibility of an outbreak of this disease. Healthy living conditions, good sanitation and general public health services are no substitute for vaccination in connection with prevention and control of Small Pox.

Since the National Health Service Act, 1946, came into operation Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge both at the surgeries and at the Maternity and Child Welfare Centres. Great encouragement is given to mothers to have their children vaccinated and immunised.

#### Vaccination against Small Pox.

<u>Age Groups.</u>	<u>Nos. Vaccinated in 1952</u>	<u>Nos Vaccinated in 1953</u>
Under 1 year	23	17
1 - 4 Years	-	2
5 - 14 years	5	1
15 and over	<u>16</u>	<u>18</u>
	<u>44</u>	<u>38</u>

#### Immunisation against Diphtheria.

<u>Age Groups.</u>	<u>Nos Immunised 1952</u>	<u>Nos Immunised 1953</u>
0 - 4 years	51	40
5 - 9 years	1	14
10 - 14 years	<u>1</u>	-
	<u>53</u>	-
		<u>54</u>

#### Domiciliary Midwifery and Nursing Services.

Under the re-allocation of the District Midwifery and Nursing Services, two district midwives/ nurses are resident in

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the Rural District and one district nurse.

#### Health Visiting.

Two health visitors are employed for routine domiciliary visits, Tuberculosis visiting, School inspections (Cleanliness of body and clothes) and for attending the maternity and Child Welfare Clinics.

#### Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to hospital, thereby helping to relieve the pressure upon hospital accommodation.

The service is under the direction of the Area Committee Clerk (Mr. D. A. Lewis). Applicants for the service are assessed to repay the cost of the service in relation to their income; persons considered to be in financial difficulties receive the Service Free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 52 Domestic Helps in the area (i.e. Pontypool Rural District, Usk Urban District, Abergavenny Rural District and Abergavenny Borough). All are engaged on a Temporary Part-time basis. The number of cases in the area was 121 the average weekly number of hours worked was 755.

#### Ambulance Service.

Pontypool Rural District is served by an ambulance based at Usk and ambulances are also available from Pontypool Depot under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control by the County Council aims at making the most economic use of ambulances and mutual assistance between Local Health Authorities avoids, as far as possible, ambulances running empty.

#### Health Education.

The close of the 19th century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health service developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full cooperation from an enlightened public. Today it is second nature for the appropriately trained staff of a Health Department whether they be Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living. Informal talks are constantly given in the home, the place of work, and in the clinic.

#### Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose



### Health Visiting

Two health visitors are employed for health visiting - visits, tuberculosis visiting, school inspections (domestic visits of body and clothes) and for attending the maternity and child welfare clinics.

### Domestic Help Service

The County Council provides a domestic help service for those cases where there is illness and where there is no other help available to give necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of chronic illness, who otherwise would have had to be admitted to hospital, thereby helping to relieve the pressure upon hospital accommodation.

The service is under the direction of the Chief Social Worker (Mrs. A. Lewis). Applications for the service are received from the doctor or the patient in relation to their illness. Expenses are met by the Local Authority relative to the service of charges.

The hour allowed for each case and is approximately 45 minutes. Personal investigation by the District Nurse, Mrs. M. J. Jones, is required and the patient is interviewed. Cases where investigation exceeds 30 hours per week have to be referred to the Area Committee. The County Health Committee has investigated a number of such cases.

There are approximately 35 Domestic Help in the area (1.2.55). Part-time help is provided in the Urban District, Agricultural District and Metropolitan Borough. All are engaged on a temporary basis. The number of cases in the area are 181 the average weekly number of hours worked was 788.

### Maternity Service

Maternity cases in the district are visited by an auxiliary staff of 12 and the service is also available from the Local Health Centre. The clinical work of the County Maternity Officer at Carlisle. This system is so arranged that the District Council by the Health Committee at Carlisle is responsible for the medical and nursing services in the district. Local Health Visitors are employed as far as possible, residential visiting staff.

### Health Education

The chief of the 1928 campaign was the Public Health and Environmental services established on a residential basis. During the last 50 years there have been improvements in the public health services developed. At first, the importance of health education was not fully appreciated but it has become a recognized part of the public health service. It is now realized that diseases cannot be prevented or health raised by social action alone, there must be full co-operation from an enlightened public. Today it is a recognized part of the public health service. The Health Department should have approximately 100 staff of a Health Department which they are Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the message of good hygiene and healthy living. Public Health are constantly active in the home, the place of work, and in the clinic.

### Rural Health Service

A County Health Visitor was appointed in 1946 for the purpose

of a Mental Health Service. This service, in the No.10 Area, now operates from Leven House, Abergavenny. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult guidance Clinics are held in the area but individual cases, patients suffering from early nervous strain, and who are finding difficulty in adjusting themselves in their homes or at their work, are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

#### Medical Appliances.

The Location of the Medical Appliances Depot for the Rural District is :-

Mrs Dummett, Claremont, Croesyceiliog.

#### Welfare Services.

The Welfare Officer of the No.10 Area caters for the needs of the Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51)

#### VITAL STATISTICS.

Area in Acres	34,147
Population (Estimated)	5,721
Inhabited Houses.	
(according to rate book)	1,743
Rateable Value	£26,246
ld. Rate.	£104. 4. 3d

1953	Totals.	M.	F.	Rate per 1,000	Rural District.	County	England & Wales
<u>Live Births</u>				1,000			
<u>Legitimate</u>	103	53	50	Estimated	18.35	16,79	15.5
<u>Illegitimate</u>	2	1	1	Resident			
	<u>105</u>	<u>54</u>	<u>51</u>	Population			
<u>Still-Births</u>				Rate Per 1,000 Total			
<u>Legitimate</u>	1	0	1	(live & Still-Births)	18.7		22.4
<u>Illegitimate</u>	1	1	0	Rate Per 1,000			
	<u>2</u>	<u>1</u>	<u>1</u>	Population	0.35	0.47	
<u>Deaths</u>				Death Rate per 1,000 estimated	9.78	11.58	11.4
<u>All Causes</u>	56	33	23	resident Pop.			
<u>Deaths From Cancer</u>	14	8	6				
<u>Deaths due to Cancer of Lung.</u>	3	2	1				

Deaths due to pregnancy, Childbirth & Abortion.....Nil.

Maternal Mortality Rate Rural District...Nil County 1.09  
(Rate per 1,000 births)

#### Infant Mortality

Infant Deaths from Measles	Nil
" " " Whooping Cough	Nil
" " " All causes	5 ( 2M 3f)

of a mental health service. This service, in the No. 10 area, was operated from Laven House, Aberystwyth. The service is co-ordinated with the Hospital Board and Hospital Management Committee.

It should be noted that the service was held in the area of Laven House, Aberystwyth. The service is co-ordinated with the Hospital Board and Hospital Management Committee. It should be noted that the service was held in the area of Laven House, Aberystwyth. The service is co-ordinated with the Hospital Board and Hospital Management Committee.

Medical Appointments

The Hospital of the Medical Appointments Dept for the mental district is

Mr. Bennett, B.Sc., M.D., M.R.C.P., M.R.C.S., M.R.C.O.G.  
Miss Bennett, B.Sc., M.D., M.R.C.P., M.R.C.S., M.R.C.O.G.

The Medical Officer of the No. 10 area refers for the needs of the mental district as regards medical services, which come within the provisions of the National Assistance Act (1948-51)

VITAL STATISTICS

Year	Total	Male	Female	Rate per 1,000	Rate per 1,000
1952	105	55	50	1.100	1.100
1951	100	50	50	1.000	1.000
1950	100	50	50	1.000	1.000
1949	100	50	50	1.000	1.000
1948	100	50	50	1.000	1.000
1947	100	50	50	1.000	1.000
1946	100	50	50	1.000	1.000
1945	100	50	50	1.000	1.000
1944	100	50	50	1.000	1.000
1943	100	50	50	1.000	1.000
1942	100	50	50	1.000	1.000
1941	100	50	50	1.000	1.000
1940	100	50	50	1.000	1.000
1939	100	50	50	1.000	1.000
1938	100	50	50	1.000	1.000
1937	100	50	50	1.000	1.000
1936	100	50	50	1.000	1.000
1935	100	50	50	1.000	1.000
1934	100	50	50	1.000	1.000
1933	100	50	50	1.000	1.000
1932	100	50	50	1.000	1.000
1931	100	50	50	1.000	1.000
1930	100	50	50	1.000	1.000
1929	100	50	50	1.000	1.000
1928	100	50	50	1.000	1.000
1927	100	50	50	1.000	1.000
1926	100	50	50	1.000	1.000
1925	100	50	50	1.000	1.000
1924	100	50	50	1.000	1.000
1923	100	50	50	1.000	1.000
1922	100	50	50	1.000	1.000
1921	100	50	50	1.000	1.000
1920	100	50	50	1.000	1.000
1919	100	50	50	1.000	1.000
1918	100	50	50	1.000	1.000
1917	100	50	50	1.000	1.000
1916	100	50	50	1.000	1.000
1915	100	50	50	1.000	1.000
1914	100	50	50	1.000	1.000
1913	100	50	50	1.000	1.000
1912	100	50	50	1.000	1.000
1911	100	50	50	1.000	1.000
1910	100	50	50	1.000	1.000
1909	100	50	50	1.000	1.000
1908	100	50	50	1.000	1.000
1907	100	50	50	1.000	1.000
1906	100	50	50	1.000	1.000
1905	100	50	50	1.000	1.000
1904	100	50	50	1.000	1.000
1903	100	50	50	1.000	1.000
1902	100	50	50	1.000	1.000
1901	100	50	50	1.000	1.000
1900	100	50	50	1.000	1.000

Deaths of children under 1 year of age in Age Groups.

<u>Age Group</u>	<u>Number of Deaths</u>
Under 1 week	4
1 - 4 weeks	0
1 - 12 months	1
Total	<u>5.</u>

Infant Mortality Rate (Rate per 1,000 Live Births)	Rural D. County
" " " (Legitimate)	47.6 32.63
" " " (Illegitimate)	48.5 Nil

Infectious Diseases.

	<u>Number of cases notified.</u>
Scarlet Fever	3
Whooping Cough	21
Measles	75
Cerebro-Spinal Meningitis	0
Poliomyelitis	0
Erysipelas	0
Diphtheria	0
Dysentery	0
Pneumonia	0
Post-infective Encephalitis	0
Puerperal Pyrexia	0

Tuberculosis.

Notified Pulmonary	M 3.	F 4	Non-pulmonary	M. 0	F. 1
Deaths	" M 1	F 0	"	M 0	F 0

Infectious Diseases (other than Tuberculosis) notified during 1953 and classified according to age and sex groups.

Disease	Sex	Age Years							Totals
		0-4	5-9	10-19	20-29	30-39	40-49	50+	
Measles	M	14	18	3	-	-	1	-	36
	F	15	17	4	2	-	-	-	39
Whooping Cough	M	7	7	-	-	-	-	-	14
	F	3	3	-	-	1	-	-	7
Scarlet Fever	M	1	-	-	-	-	-	-	1
	F	-	2	-	-	-	-	-	2

TUBERCULOSIS.

Age Group	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
0 - 4 years	-	-	-	1	1
5 - 9 "	-	-	-	-	-
10-14 "	-	-	-	-	-
15-19 "	-	1	-	-	1
20-29 "	1	-	-	-	1
30-39 "	-	1	-	-	1
40-49 "	2	-	-	-	2
50-59 "	-	1	-	-	1
60 & over	-	1	-	-	1
<u>Totals</u>	<u>3</u>	<u>4</u>	<u>-</u>	<u>1</u>	<u>8</u>

Date of children under 1 year of age in Age Groups

Age Group	Number of Deaths
Under 1 week	1
1 - 4 weeks	1
1 - 12 months	1
<b>Total</b>	<b>3</b>

Infants hospitalized (Illinois) 47.8  
 (Illinois) 48.8  
 411

Infantile Diseases

Disease	Number of cases notified
Scarlet fever	0
Whooping cough	21
Diphtheria	18
Cerebro-spinal meningitis	0
Polio-myelitis	0
Measles	0
Scarlet fever	0
Whooping cough	0
Diphtheria	0
Cerebro-spinal meningitis	0
Polio-myelitis	0
Measles	0
Scarlet fever	0
Whooping cough	0
Diphtheria	0
Cerebro-spinal meningitis	0
Polio-myelitis	0

Notified (Illinois) 47.8  
 (Illinois) 48.8  
 411

Infantile Diseases (Year 1910-1911) notified during 1910 and classified according to sex and age groups

Disease	Sex		Age					
	M	F	0-1	1-2	2-3	3-4	5-10	Total
Measles	14	18	1	1	1	1	1	5
Whooping cough	7	7	1	1	1	1	1	5
Diphtheria	1	1	1	1	1	1	1	5
Scarlet fever	1	1	1	1	1	1	1	5

TUBERCULOSIS

Age Group	Tuberculosis		Total
	Male	Female	
0-4 years	1	1	2
5-9 years	1	1	2
10-14 years	1	1	2
15-19 years	1	1	2
20-24 years	1	1	2
25-29 years	1	1	2
30-34 years	1	1	2
35-39 years	1	1	2
40-44 years	1	1	2
45-49 years	1	1	2
50-54 years	1	1	2
55-59 years	1	1	2
60-64 years	1	1	2
65-69 years	1	1	2
70-74 years	1	1	2
75-79 years	1	1	2
80-84 years	1	1	2
85-89 years	1	1	2
90-94 years	1	1	2
95-99 years	1	1	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

## Infectious Diseases.

During 1953, the Pontypool Rural District was again remarkably free from any severe outbreaks of Infectious Diseases.

### Measles and Whooping Cough.

The incidence of measles has ebbed and flowed at intervals of 2 years, 1953 being an epidemic year with 75 notifications and maximum age incidence under 9 years. As Measles and its complications attack the younger child more severely, it is wise to take all preventive measures to delay the age of infection, similarly with Whooping Cough infection. It is satisfactory that the latter, which is still a dreaded disease of infancy, did not rear its head to any marked degree.

Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the houses through reduction in family size, and in some cases improved housing may also have contributed to the decline in mortality.

### Scarlet Fever.

There were only three notifications of Scarlet Fever in 1953. All cases continued to be mild in character and carried no fatality. It is probable that the improvement in this disease has been due not only to the mild type of the attacking haemolytic streptococcus but also to the introduction in recent years of sulphonamides and other antibiotics in the treatment of Scarlet Fever.

### Diphtheria.

The incidence of Diphtheria in England and Wales has steadily declined since the national campaign was extensively undertaken in 1942. There were no notifications of this disease in Pontypool Rural District in 1953, but there is still danger - especially if immunisation is neglected. Children still die of it and even if a child does not die the illness may be long and painful. The object of immunisation is to afford each child the maximum degree of protection, and unless an adequate level of immunisation is maintained there may be a return of diphtheria outbreaks. Parents should see that their children have this protection and should avail themselves of the facilities provided.

### Infantile Paralysis.

Infantile Paralysis was again conspicuous by its absence from the Pontypool Rural District.

### Food Poisoning.

We have been fortunate that there has been no large outbreak of Food Poisoning in the District of recent years, and there were no notifications of this disease in 1953. Food Poisoning would largely be eliminated if good kitchen hygiene was observed by all food handlers, and only freshly cooked food served at all times.

### Tuberculosis.

Mortality from Tuberculosis has steadily declined during the present century and in 1953, only one death from this disease

During 1955, the Liverpool Rural District was again  
seriously affected by the outbreak of infectious  
diseases.

Measles and Rubella

The incidence of measles has risen and that of rubella  
of 2 years, 1955 being an epidemic year with 75 notifications  
and measles has increased under 5 years. As measles and the  
diseases attack the younger child more severely, it is  
wise to take all preventive measures to delay the age of  
infection, especially with measles. It is  
essential that the latter, which is still a dreaded disease  
of infancy, did not pass its head to any other danger.

Advances in therapeutic agents with improved nursing care  
in recent years have helped to lower the fatality from these  
diseases. Less overcrowding in the home, through reduction  
in family size, and in some cases improved nursing may also  
have contributed to the decline in mortality.

Scarlet Fever

There were only three notifications of Scarlet fever in  
1955. All cases continued to be mild in character and treated  
as scarlet fever. It is probable that the improvement in this class  
has been due not only to the mild type of the infection  
but also to the improvement in the treatment in recent  
years of streptococci and other infections in the treatment  
of Scarlet fever.

Diphtheria

The incidence of Diphtheria in England and Wales has  
steadily declined since the national campaign was extensively  
undertaken in 1948. There were no notifications of this  
disease in Liverpool Rural District in 1955, but there is still  
danger - especially if immunisation is neglected. Children  
still die of it and even if a child does not die the illness  
may be long and painful. The object of immunisation is to  
afford each child the maximum degree of protection, and unless  
an adequate level of immunisation is maintained there may be a  
return of diphtheria outbreaks. Parents should see that their  
children have this protection and should avail themselves of  
the facilities provided.

Influenza Parvovirus

Influenza Parvovirus was again common in the epidemic  
from the Liverpool Rural District.

Food Poisoning

It has been suggested that there be a ban on large  
supplies of food poisoning in the district of recent years, and  
there are no notified cases of this disease in 1955. Food  
poisoning was largely reported at food shops during  
the outbreak by all food handlers, and only freshly cooked  
food served at all times.

Tuberculosis

Mortality from tuberculosis has steadily declined during  
the present century and in 1955, only one death from this disease

was registered in Pontypool Rural District, Incidence of this disease, on the other hand, (as measured by notifications) appears to remain steady - 8 notifications being received in 1953. On receipt of these notifications both cases and family contacts were personally interviewed; the latter have since been X-rayed either at a Chest Clinic or by a Mass Radiography Unit, and X-ray reports in all instances have been negative.

The Mass Radiography Unit last visited Pontypool Rural District in June 1952, it is regretted that its visits are not made oftener. It is hoped that the unit will again arrange to visit the area in the near future.

It is gratifying to note that there appears to have been a marked decrease in the waiting period for admission of tuberculosis cases to hospital.

The decline both in morbidity and mortality from Tuberculosis in recent years is largely attributable to the admirable work of the medical profession and the new methods of treatment of the disease. An appreciable part has also been played by the improvement in housing, the rise in the standard of living and in the better education of the population both generally and in the prevention of the disease.

I have the honour to be

Your obedient servant,

S.M.R.HARVEY. M.B. B.Ch. D.P.H.

Medical Officer of Health.



was registered in Liverpool Naval District, Liverpool 12.  
This disease, as the other hand, (as mentioned by notification)  
appears to occur in steady - 8 notifications being reported in 1932.  
In respect of these notifications with cases and family contacts  
were generally investigated; the latter have since been traced  
either at a Chest Clinic or by a Mass Radiography Unit, and every  
contact in all instances have been negative.

The Mass Radiography Unit last visited Liverpool Naval District  
in June 1932, it is reported that the vessel was not made of copper  
it is hoped that the unit will again arrange to visit the ship in  
the near future.

It is gratifying to note that there appears to have been a  
marked decrease in the waiting period for treatment of tuberculous  
cases in hospital.

The decline both in morbidity and mortality from the tuberculous  
in recent years is largely attributable to the scientific work of  
the medical profession and the new methods of treatment of the  
disease. An epidemiologic part has also been played by the improvement  
in housing, the rise in the standard of living and in the general  
education of the population both generally and in the profession  
of the disease.

I have the honour to be  
Your obedient servant

S. A. H. WATSON, M. B., F. R. C. P.  
Medical Officer of Health.

PONTYPOOL RURAL DISTRICT COUNCIL.

Sessions House,  
USK.....Mon.

August 1954.

To: The Chairman and Members of the  
Pontypool Rural District Council.

Mr. Chairman, Madam, Gentlemen,

I beg to submit the Annual Report of the Sanitary Inspector for the year 1953:-

SANITARY INSPECTION OF THE AREA.

Houses .. .. .	157
Re-inspections .. .. .	98
Nuisances .. .. .	76
Water Supplies .. .. .	151
Food Inspections .. .. .	37
Disinfections.. .. .	6
Disinfestations (Rodent Control) .. .. .	496
Factories & Workplaces .. .. .	87
Miscellaneous .. .. .	253
	1361

HOUSING.

1. Inspection of Dwelling Houses during the year:-

(i) (a) Total number of dwelling houses inspected for housing defects (under the Public Health Housing Acts) .. .. .	157
(b) Number of inspections made for the purpose.. .. .	157
(ii)(a) Number of dwelling houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925.. .. .	39
(b) Number of inspections made for the purpose.. .. .	39
(iii) Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	2
(iv) Number of dwellings (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation. .. .. .	79

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 .. .. .	76
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3. Action under Statutory Powers during the year:-

(A)	Proceedings under Sections 9, 10 & 16 of the Housing Act, 1936 .. .. .	3
(B)	Proceedings under the Public Health Acts:-	
(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. .. .	11
(ii)	Number of dwelling houses in which defects were remedied after service of Formal Notices:-	
(a)	By Owners .. .. .	11
(b)	By Local Authority in default of Owners .. .. .	nil.
(C)	Proceedings under Sections 11 & 13 of the Housing Act, 1936:-	
(i)	Number of dwelling houses demolished in pursuance of Demolition Orders.. .. .	4
(ii)	Number of dwelling houses in respect of which Demolition Orders were made .. .. .	nil.

OVERCROWDING.

The position in respect of overcrowding has been greatly improved during the year and is largely due to the provision of houses in the Cwmbran "New Town" area.

Many young married couples still have to make their homes with parents but the influx of workers to factories in the surrounding areas has been largely reduced by the fact that houses are being made available to them by the Cwmbran Development Corporation.

The Council are doing their utmost to relieve overcrowding by re-housing the families in new houses now being completed within the area.

POST WAR HOUSING.

Shortage of sites and difficulties regarding the servicing of sites has retarded the rate of building but the Council are proceeding with the acquisition of sites and the provision of the necessary services. One large site is being acquired by means of a Compulsory Purchase Order.

Only six Council houses were completed during the year. The Cwmbran Development Corporation completed some fifteen houses and twelve private development houses were also completed.

Approximately two hundred houses were in course of erection by the Cwmbran Development Corporation at the end of the year.

CARAVANS.

Some eight caravans were stationed in the district during the year. Water supply and sanitation to the caravans was satisfactory and no nuisance has arisen. Three of the caravans were inhabited for short week-end periods only during the summer months.

HOUSING REPAIRS.

The position relating to housing repairs has been vastly improved

... ..

(A) ... ..

(B) ... ..

(C) ... ..

(D) ... ..

(E) ... ..

(F) ... ..

(G) ... ..

(H) ... ..

(I) ... ..

(J) ... ..

(K) ... ..

(L) ... ..

GENERAL

The position in respect of ... ..

... ..

The Council are ... ..

POST OFFICE

... ..

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REVENUE

... ..

HOUSING

The position relating to housing ... ..

and apart from the question of rising costs little difficulty is being experienced.

### SCHOOLS.

All schools are visited periodically and sanitation and water supply at most are satisfactory.

A piped supply of water from the new public mains has been made available to the Glascoed School during the year.

### WATER SUPPLY.

Some thirty six samples of water were taken from the public mains during the year. All samples were of the standards required.

Forty-eight premises were connected to the public mains during the year. The total dwelling houses connected to the public mains at the end of the year being 855 together with approximately 60 farms on metered supplies. The position at the end of the year being:-

Llanfrechfa Lower supplied by R.D.C.	..	..	..	..	..	..	..	..	477
Goetre Fawr	..	..	..	..	..	..	..	..	148
Gwehelog Fawr	..	..	..	..	..	..	..	..	21
Llanhennoc Fawr	..	..	..	..	..	..	..	..	11
Llanbadoc Fawr (Glascoed)	..	..	..	..	..	..	..	..	24
Goetre Fawr and Llanbadoc Fawr supplied by the Pontypool Gas & water Compnay..	..	..	..	..	..	..	..	..	174
									<u>855</u>

A further 22 houses in the Parish of Llanfrechfa Lower are supplied by standpipe.

The Llanover Estate supply some 33 houses in the Parish of Goetre Fawr. This supply being for houses on the Estate only.

Work upon the Gwehelog Water supply Scheme was commenced during the year and should be completed towards the Autumn of 1954. This scheme will provide for some 36 houses in the Pontypool Rural District and some 66 houses and farms in the Monmouth Rural District.

The Council are promoting a scheme for the supply of water to parts of the Parishes of Llanbadoc Fawr, Llangybi Fawr and Llanhennoc Fawr (Tredunnoc and Newbridge) and it is anticipated that work upon this scheme will be commenced and completed during 1955.

Further investigations are being made into the possibilities of supplying still more sparsely populated and remote parts of the district but the fruition of any such schemes will depend upon costs and availability of local sources of supply.

### SEWERAGE AND SEWAGE DISPOSAL.

The Parish of Llanfrechfa Lower is provided with a sewerage system for the ward of Croesyceiliog and sewerage has also been provided in the ward of Ponthir. The system at Ponthir is now awaiting connection to the newly completed Eastern Valley Sewerage Board's works at Ponthir.

The existing sewerage system at Croesyceiliog receives the sewage from approximately 370 houses and connection of this system with the Eastern Valley Sewerage Board's sewer is anticipated in the near future.

The designated area of the Cwmbran Development Corporation embraces the ward of Croesyceiliog and a portion of Llanfrecfa and the development of new sewerage systems for the designated area is being carried out by the Development Corporation (The Corporation having

and what from the question of raising water supply difficulty is being examined.

SCHOOLS.

All schools are visited periodically and sanitation and water supply are satisfactory.

A piped supply of water from the new public works has been made available to the Government school during the year.

WATER SUPPLY.

Some thirty six supplies of water were taken from the public works during the year. All supplies were of the standards required.

Forty-eight premises were connected to the public works during the year. The total dwelling houses connected to the public works at the end of the year being 888 together with approximately 45 farms and other buildings. The position at the end of the year being:-

Landlord's house supplied by R.E.C.	1
Gosport house	1
Gosport house	1
Gosport house	1
Gosport house	1
Gosport house	1
Gosport house and land	1
Gosport house	1
<b>Total</b>	<b>174</b>
<b>888</b>	

A further 25 houses in the Parish of Landlord's house are supplied by standpipes.

The landlord house supply now 25 houses in the Parish of Gosport. This supply being for houses in the estate only.

Work upon the Gosport water supply scheme was commenced during the year and should be completed towards the Autumn of 1934. This scheme will provide for some 25 houses in the Gosport Rural District and some 60 houses and farms in the Gosport Rural District.

The Council are proposing a scheme for the supply of water to parts of the Parishes of Landlord's house, Gosport house and Gosport house (Tottenham and Newington) and it is anticipated that work upon this scheme will be commenced and completed during 1935.

Further investigations are being made into the possibilities of supplying still more premises with water supply of the district and the results of any such schemes will depend upon costs and availability of local sources of supply.

SEWERAGE AND SANITATION.

The Parish of Landlord's house is provided with a sewerage system for the ward of Gosport and sewerage has also been provided in the ward of Landlord's house. The system at Landlord's house is connected to the newly completed Eastern Valley Sewerage Board's works at Landlord's house.

The existing sewerage system at Gosport receives the sewage from approximately 270 houses and connection of this system with the Eastern Valley Sewerage Board's sewer is anticipated in the near future.

The designated area of the Gosport Development Corporation embraces the ward of Gosport and a portion of Landlord's house and the development of new sewerage systems for the designated areas is being carried out by the Development Corporation (the Corporation having

taken the powers of a Sewerage Authority for this purpose).

The system at Ponthir provides for some 90 existing houses but has capacity for dealing with 150 houses.

The sewerage scheme for the villages of Little Mill and Monkwood now deals with the drainage of some 65 houses along the route.

All preliminary work in connection with the preparation of a Sewerage and Sewage Disposal scheme for the villages of Penpelleni and Nantyderry in the Parish of Gwestre Fawr has been completed. This scheme is to provide for the drainage from some 75 - 80 existing houses and also from houses to be erected upon the housing site at Penpelleni. This site having been recently acquired by the Council and being capable of containing some 124 houses.

#### REFUSE COLLECTION.

Refuse is now being collected along practically all roads in the District.

Collections are made weekly from approximately 520 houses in the Parish of Llanfrechfa Lower; fortnightly from some 300 houses in the Parishes of Llanbadoc and Gwestre; monthly from some 350 houses along the remaining routes throughout the remaining scattered Parishes of the Council's area.

Refuse tips are situated at Croesyceiliog for the western part of the district and at Usk and Nantyderry for the eastern part of the area. The tips are kept free from infestation and are kept levelled and where and when possible overdressed with soil.

The refuse tip at Croesyceiliog is now almost full to capacity and new tipping space is being sought.

#### NUISANCES.

All nuisances found and reported were dealt with by both formal and informal action.

#### MILK DISTRIBUTORS AND DAIRIES.

Particulars of Dairies and Milk Distributors on the Register at 31st December 1953:-

Dairies..	..	..	..	1.
Milk Distributors	.	..	..	11.

The dairy vehicles of the distributors were inspected frequently and the samples of milk taken during the year were of the standards required.

Eight of the distributors are licenced to sell both sterilised and pasteurised milk and two to sell T.T.milk.

#### INFESTATION ORDER.

The necessary treatments of the sewers were carried out and regular treatments of the Council refuse tips performed.

Inspections of farms and other premises were made and such infestations as occurred were in the main of a minor character and were promptly dealt with.

#### FOODSHOPS ETC.

The very small number of foodshops in the Rural District were visited regularly and all were found to be well regulated.



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FACTORIES ACTS.

1. Inspections for purposes of provisions as to health (including inspections made by the Sanitary Inspector).

Premises. (1)	Number Registered.	Number of		
		Inspections	Written Notices	Occupiers Prosecuted.
(i) Factories in which Sections 1,2,3,4,6, are to be enforced by Local Authority	6	11	Nil	Nil
(ii) Factories not included in above in which Section 7 is enforced by L.A.	14	27	Nil	Nil
(iii) Other premises in which Section 7 is enforced by L.A.	21	49	1	Nil
Total	41	87	1	Nil

2. Cases in which defects were found.

Particulars.	Number of defects.				
	Found	remedied	Referred to H.M.I.	by H.M.I.	Prosec- utions.
want of Cleanliness (S.1)....	4	4	-	-	-
Overcrowding (S.2.).....	-	-	-	-	-
Unreasonable Temperature.....	-	-	-	-	-
Inadequate ventilation.....	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences(S.7.)					
(a) Insufficient.....	2	2	-	-	-
(b) Unsuitable or defective.....	-	-	-	-	-
(c) Not separate for sexes..	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).....	-	-	-	-	-
Total	6	6	-	-	-

I am, Madam and Gentlemen,  
Your obedient Servant,

Cyril Morgan.

Sanitary Inspector.

APPENDIX A

Inspection of the process of production and distribution of goods  
 for the purpose of the National Industrial Conference

Inspection No.	Number of		Inspection	Remarks
	Factories	Workers		
111	10	100	10	Inspection of the process of production and distribution of goods for the purpose of the National Industrial Conference
112	15	150	15	Inspection of the process of production and distribution of goods for the purpose of the National Industrial Conference
113	20	200	20	Inspection of the process of production and distribution of goods for the purpose of the National Industrial Conference
114	25	250	25	Inspection of the process of production and distribution of goods for the purpose of the National Industrial Conference

Total in which delays were found.

Inspection No.	Number of Delays			Remarks
	Not reported	Reported by H.M.I.	Reported by others	
111	4	4	4	Delays in the process of production and distribution of goods for the purpose of the National Industrial Conference
112	15	15	15	Delays in the process of production and distribution of goods for the purpose of the National Industrial Conference
113	20	20	20	Delays in the process of production and distribution of goods for the purpose of the National Industrial Conference
114	25	25	25	Delays in the process of production and distribution of goods for the purpose of the National Industrial Conference
	64	64	64	Total

I am, Sir,  
 Yours faithfully,  
 Secretary, Ministry of Labour.