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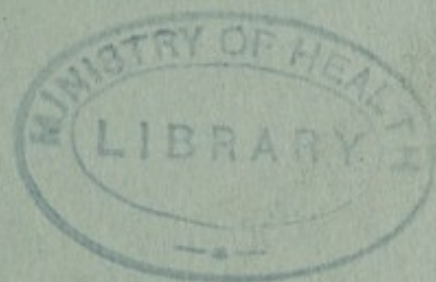
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MID GLAMORGAN  
HOSPITAL MANAGEMENT COMMITTEE



# First Report

Period July 5th, 1948

to

December 31st, 1949

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MID GLAMORGAN  
HOSPITAL MANAGEMENT COMMITTEE

# First Report

Period July 5th, 1948

————— to —————

December 31st, 1949





# Foreword

BY THE CHAIRMAN

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The report to which these few words are a Foreword lies between the two words "Retrospect and Prospect". We seek to indicate "something attempted, something done" as well as reveal some of the projects that still wait to be changed from faith and hope into accomplished realities. I think we may take courage from what "has been done" as we face what we "hope to do."

We are fortunate to be engaged in a work that has captured the popular imagination—for the people have become "hospital-minded." Within easy memory of people now living, disease even of the most contagious nature was regarded as a purely individual matter, concerning only the person afflicted or at most the immediate family circle. We have moved far from that today. In this age we recognise that disease presents what is at bottom a social and not merely an individual problem. Two epoch making discoveries have brought the "community" into the fight against disease—the first "that disease is social in its consequences" and the other that "disease is also social in its causes."

This report is a factual account of how the community—through the efforts of its representatives—have waged the fight in the Mid-Glamorgan Area, with special emphasis on the organisation, equipment, administration of 13 Hospitals as carried out by an enthusiastic team of Medical, Nursing, Domestic and Administrative staffs whose industry, skill and whole-hearted service no words of mine could over-praise.

The House Committees and Area Management Committee have given willingly of their time and thought to the fight and I have counted it a pleasure and privilege as their Chairman to be their leader in this really worth-while campaign. They have laid this district under a heavy debt by their devoted service to "the Cause of Hospitals and Health." We are but laying the foundations—let us lay them so firm and true that those who come after us shall call us blessed. One of the "triads" in the "Widsom of the Cyrmy" declares "There are three blessings better than all; the blessing of father and mother; the blessing of the sick and wounded; and the blessing of a man in adversity." May it be given to all the fighters against disease in this Area and throughout the Welsh Regional Board to merit this three-fold blessing.

To my Comrades and Colleagues my personal thanks for making this year's campaign a joyous task.

W. DEGWEL THOMAS.

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## Members and Officials of the First Mid. Glamorgan Hospital Management Committee

(Photographed at Neath General Hospital on September 30th, 1949)



STANDING—Dr. H. R. Frederick, Dr. G. H. Garfield, Dr. R. G. Prosser Evans, Mr. G. A. Morgan, Cty. Coun. W. Reg. Francis, Cty. Coun. E. Gwyn Davies, J.P., Mr. Llewelyn Jones, J.P., Cty. Coun. W. Kingdom Owen, J.P., Dr. P. T. Bray, Mr. W. H. Powell, Cty. Coun. T. J. Baker, J.P., Cty. Coun. T. Jenkins, Coun. J. S. George, J.P., Mr. Christmas Evans, O.B.E., Miss I. Bevan

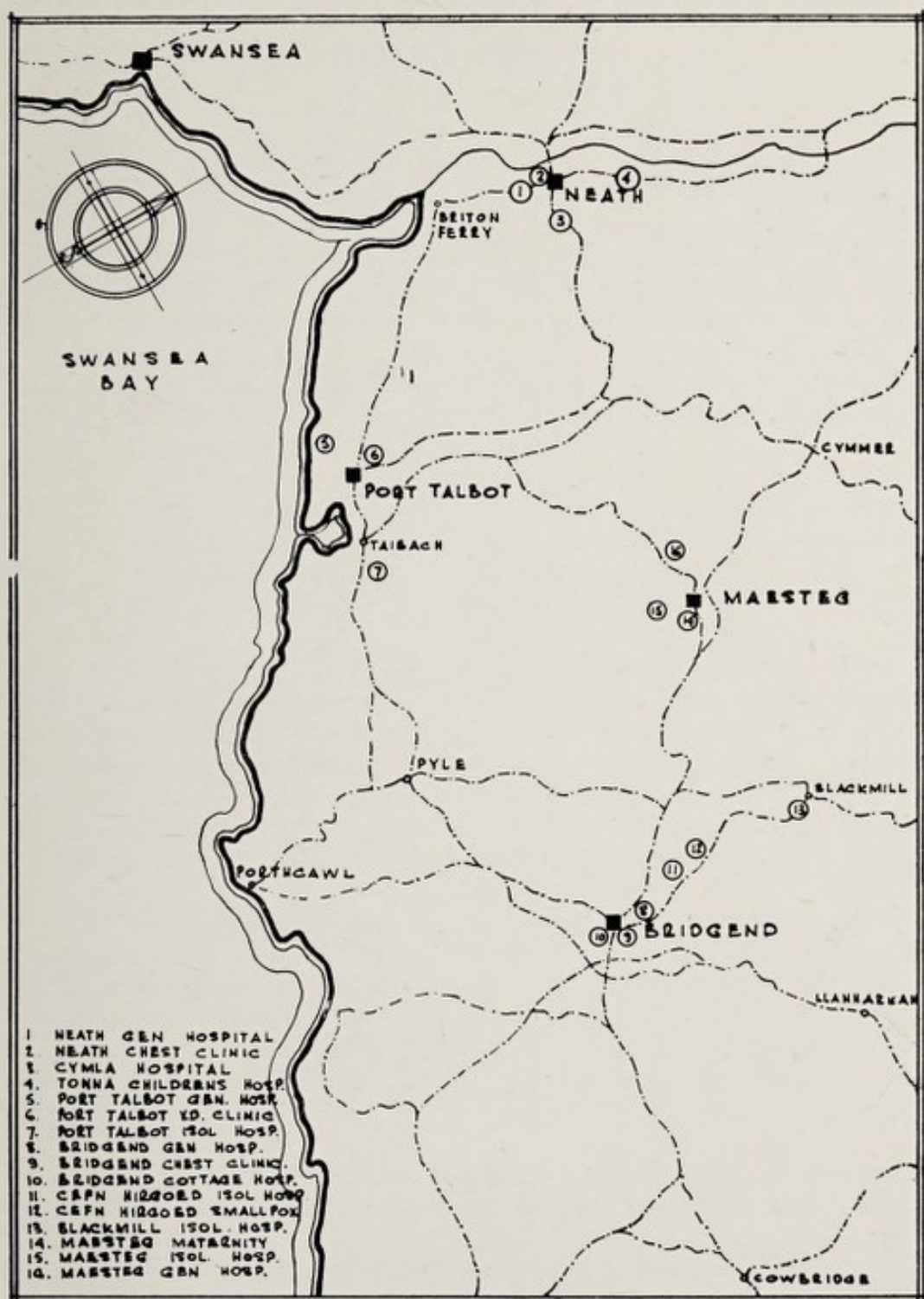
SEATED—Mr. Norman Hurst (Finance Officer), Mrs. M. A. Lloyd, Dr. A. Trevor Jones (Senior Administrative Medical Officer, Welsh Regional Hospital Board), Cty. Ald. Rev. W. Degwel Thomas (Chairman), Cty. Ald. J. Jones Edwards (Vice-Chairman), Miss R. Samuel (Matron), Mostyn Davies (Secretary).



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MAP SHOWING HOSPITALS AND CLINICS ADMINISTERED BY  
 MID GLAMORGAN HOSPITAL MANAGEMENT COMMITTEE





## *Introduction*

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The National Health Service Act, 1946, divided the responsibility for the health of the country into three parts, viz:—

1. The Regional Hospital Boards and the Boards of Governors of Teaching Schools are responsible for Hospital and Specialist Services under Part 2 of the Act.
2. The Local Health Authorities are to provide services under Part 3 of the Act, namely, Ambulance Services, Maternity and Child Welfare etc.
3. The Local Executive Councils administer general medical and dental services, pharmaceutical services and supplementary ophthalmic services under Part 4 of the Act.

The Regional Hospital Boards have sub-divided their regions into smaller Groups and have appointed Hospital Management Committees as their agents to administer the day to day service within each Group. Wales has been recognised as one region and the Welsh Regional Hospital Board has sub-divided the Principality into 14 general and 7 mental Hospital Management Committee Groups each of which has a large degree of autonomy.

The Regional Hospital Boards retain the Specialist Services and are responsible for Capital Expenditure which involves any structural alterations of existing buildings and any new buildings.

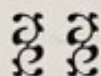
The Boards are in a position to view their Regions as a whole, are aware of their needs and can therefore plan the Hospital Service.

The County Council, as the Health Authority, is concerned with services such as the Ambulance Service, Maternity and Child Welfare Service and the School Medical Service and of necessity there must be a close liaison between these Services and the ones administered by Regional Boards, Hospital Management Committees and Executive Councils.

The General Practitioner Service in the patient's own home, the dental services through the practising Dental Officers, the Pharmaceutical Services carried out by the Chemists and the Supplementary Ophthalmic Services are the responsibility of

Executive Councils and these are quite separate from Regional Boards and Hospital Management Committees. Nevertheless, the Hospital Services are closely associated with these and co-operation between all the various bodies concerned is essential in order to assure an adequate and comprehensive service.

The Mid Glamorgan Hospital Management Committee is responsible for the administration of all the Hospitals and clinics in the area from Bridgend to Neath. Although it would be quite wrong even to suggest that the Hospital Management Committee is responsible for an area, it is nevertheless true that, with the exception of a limited number of special cases, patients generally seek treatment in the hospitals nearest their homes. In this respect therefore it would be fair to say that this Committee covers the needs of a population of roughly 250,000. Detailed particulars of the hospitals and clinics in the Group are given in this Report.





# Constitution of the Committee

## CHAIRMAN:

Cty. Alderman the Rev. W. Degwel Thomas, 73, Lewis Rd., Neath, who is appointed for the period ending 31st March, 1951.

## VICE CHAIRMAN:

Cty. Alderman J. Jones Edwards, 17, London Terrace, Cwmavon, who is appointed for the period ending 31st March, 1950.

<i>Name</i>	<i>Address</i>	<i>Appointed for period ending.</i>
Cty. Coun. T. J. Baker, J.P.	Enfield, Heol Ganol, Sarn, Aberkenfig.	31st March, 1951.
Dr. P. T. Bray	17, Alfreda Road, Whitchurch, Glam.	31st March, 1952.
Cty. Coun. E. Gwyn Davies, J.P.	3, Cornish Row, Tymaen, Port Talbot	31st March, 1950.
Mr. Christmas Evans, O.B.E.	Coed Morfa, Coity Road, Bridgend.	31st March, 1951.
Dr. R. G. Prosser Evans	107, London Road, Neath.	31st March, 1950.
Cty. Coun. Reg Francis	6, Charles Street, Neath.	31st March, 1952.
Dr. H. R. Frederick	42, Victoria Road, Port Talbot	31st March, 1951.
Coun. J. S. George, J.P.	14, Ynysygerwn Av., Aberdulais.	31st March, 1952.
Cty. Coun. T. Jenkins	33, St. Michaels Rd., Maesteg.	31st March, 1951.
Mr. Llewelyn Jones, J.P.	Brynderwen, Pontycymmer.	31st March, 1950.
Mrs. Maud A. Lloyd	Ingleneuk, Cymla Road, Neath.	31st March, 1951.
Mr. G. A. Morgan	Lyncroft, Penycae Road, Port Talbot.	31st March, 1952.
Coun. W. Kingdom Owen, J.P.	The Ropewalk, Neath.	31st March, 1952.
Mr. W. H. Powell	15, Hibbert Road, Neath.	31st March, 1950.

## SUB COMMITTEES.

The Committee has set up the following sub-Committees:—

### GENERAL PURPOSES COMMITTEE:

*Chairman:* Cty. Ald. the Rev. W. Degwel Thomas.  
Cty. Ald. J. Jones Edwards. Mr. Llewelyn Jones, J.P.  
Dr. P. T. Bray. Mrs. Maud A. Lloyd.  
Cty. Coun. E. Gwyn Davies, J.P. Mr. G. A. Morgan.

### ESTABLISHMENT COMMITTEE:

*Chairman:* Cty. Ald. the Rev. W. Degwel Thomas.  
Cty. Coun. T. J. Baker, J.P. Dr. H. R. Frederick.  
Cty. Ald. J. Jones Edwards. Coun. Jonah George, J.P.  
Cty. Coun. W. Reg. Francis.

### FINANCE COMMITTEE:

*Chairman:* Cty. Ald. J. Jones Edwards.  
*Vice-Chairman:* Mr. Christmas Evans, O.B.E.  
Dr. R. G. Prosser Evans. Mr. W. H. Powell.  
Cty. Coun. T. Jenkins. Cty. Ald. the Rev.  
Cty. Coun. W. Kingdom Owen, J.P. W. Degwel Thomas.

### ACCOUNTS SUB-COMMITTEE:

*Chairman:* Cty. Coun. W. Kingdom Owen, J.P.  
Dr. R. G. Prosser Evans. Mr. W. H. Powell.

## HOUSE COMMITTEES.

### NEATH GROUP HOUSE COMMITTEE:

Neath General Hospital  
Tonna Isolation Hospital  
*Chairman:* Cty. Ald. the Rev. W. Degwel Thomas.  
Cty. Coun. W. Reg. Francis. Mr. W. H. Powell.  
Cty. Ald. J. Jones Edwards. Coun. W. T. D. Phillips.  
Dr. R. G. Prosser Evans. Coun. A. Vowles.  
Coun. Jonah George, J.P. Rev. D. S. Davies.  
Mrs. Maud A. Lloyd. Mrs. M. Burton.  
Cty. Coun. W. Kingdom Owen, J.P.

### CYMLA HOSPITAL HOUSE COMMITTEE:

Cymla Hospital, Neath.  
Neath Chest Clinic.  
*Chairman:* Cty. Ald. the Rev. W. Degwel Thomas.  
Cty. Coun. E. Gwyn Davies, J.P. Mr. W. H. Powell.  
Cty. Ald. J. Jones Edwards. Rev. Trevor Evans.  
Cty. Coun. W. Reg. Francis. Mrs. Florence Hill.  
Mrs. Maud A. Lloyd. Rev. Gwyn Lewis.  
Cty. Coun. W. Kingdom Owen, J.P.



PORT TALBOT GROUP HOSPITAL HOUSE COMMITTEE:

Port Talbot & District General Hospital.  
Port Talbot Isolation Hospital.  
Port Talbot V.D. Clinic.

*Chairman:* Cty. Ald. J. Jones Edwards.

*Vice-Chairman:* Mr. G. A. Morgan.

Cty. Coun. T. J. Baker, J.P.	Miss Gladys E. Jones.
Cty. Coun. E. Gwyn Davies, J.P.	Rev. David Williams.
Cty. Coun. W. Reg. Francis.	Coun. David Gale.
Dr. H. R. Frederick.	Coun. Jenkin Thomas.
Cty. Ald. the Rev.	Mr. W. T. Bowen.
W. Degwel Thomas.	

BRIDGEND GROUP HOSPITAL HOUSE COMMITTEE:

Bridgend General Hospital.  
Bridgend & District Cottage Hospital.  
Cefn Hirgoed Isolation Hospital.  
Cefn Hirgoed Smallpox Hospital.  
Blackmill Isolation Hospital.  
Bridgend Chest Clinic.

*Chairman:* Mr. Llewelyn Jones, J.P.

*Vice-Chairman:* Cty. Coun. T. J. Baker, J.P.

Dr. P. T. Bray.	Coun. R. D. Chalke.
Cty. Ald. J. Jones Edwards.	Coun. W. C. Andrews
Mr. Christmas Evans, O.B.E.	Coun. Lewis Jones.
Cty. Coun. T. Jenkins.	Rev. J. Cyril Bowen.
Cty. Ald. the Rev.	Cty. Coun. P. Squires.
W. Degwel Thomas.	

MAESTEG GROUP HOSPITAL HOUSE COMMITTEE:

Maesteg General Hospital.  
Maesteg Isolation Hospital.  
Maesteg Maternity Hospital.

*Chairman:* Cty. Coun. T. Jenkins.

*Vice-Chairman:* Mr. Christmas Evans, O.B.E.

Mr. Llewelyn Jones, J.P.	Coun. Stanley Lewis.
Cty. Coun. T. J. Baker, J.P.	Mrs. A. Williams.
Dr. P. T. Bray.	Coun. Morgan Jones.
Cty. Ald. J. Jones Edwards.	Mr. Edgar Morgan.
Cty. Ald. the Rev.	Mr. D. Thomas.
W. Degwel Thomas.	

MEDICAL STAFF COMMITTEE.

*Chairman:* Dr. H. R. Frederick, 42, Victoria Road, Port Talbot.  
*Secretary:* Dr. R. G. Prosser Evans, Arranmore, Victoria Gardens,  
Neath.

Dr. P. T. Bray, 17, Alfreda Road, Whitchurch, Glam.



Dr. G. H. Garfield, Medical Superintendent, Neath General Hospital, Penrhiwtyn, Neath.  
 Dr. H. Wm. Howell, Southville, 1, St. James Crescent, Swansea.  
 Dr. D. H. Isaac, Dan-y-coed, Port Talbot.  
 Dr. Jeffrey Jones, Medical Superintendent, Bridgend General Hospital, Quarella Road, Bridgend.  
 Dr. Glyn Jones, 63, Walter Road, Swansea.  
 Mr. T. I. Richards, F.D.S., Dental Dept., Morriston Hospital, Swansea.  
 Dr. H. M. Sinclair, 42, Neath Road, Maesteg.  
 Mr. E. K. Roy Thomas, F.R.C.S., Tyr Nant, St. James Gardens, Swansea.

#### NURSING STAFF COMMITTEE:

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*Chairman* Miss R. Samuel, Neath General Hospital.  
*Secretary:* Miss R. Vernall, Tonna Hospital.  
 Miss O. Abel, Cefn Hirgoed Isolation Hospital  
 Miss G. E. Budd, Port Talbot Isolation Hospital.  
 Miss M. A. Dyer, Bridgend General Hospital.  
 Miss M. M. Davies, Blackmill Isolation Hospital.  
 Miss B. George, Cymla Tuberculosis Hospital.  
 Miss M. George, Maesteg Maternity Hospital.  
 Miss M. A. Celyn Jones, Maesteg Isolation Hospital.  
 Miss G. E. Lewis, Port Talbot General Hospital.  
 Miss M. Williams, Maesteg General Hospital.

#### SENIOR OFFICERS OF THE COMMITTEE.

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*Secretary and Supplies Officer:*  
 Mostyn Davies, F.S.S., F.H.A.  
*Finance Officer:*  
 Norman Hurst, A.A.C.C.A., A.I.M.T.A., A.H.A.  
*Administrative Assistant—Secretarial:*  
 W. L. Ricketts, A.H.A.  
*Administrative Assistant—Supplies:*  
 A. J. Sellers.

#### HOSPITALS AND CLINICS:

The following is a list of the Hospitals and Clinics and of the Medical Officers and Matrons in charge:—

Bridgend General Hospital (364 beds).

*Medical Superintendent:* Dr. Jeffrey W. Jones, B.Sc.  
 M.R.C.S. L.R.C.P.

*Matron:* Miss M. A. Dyer.

- Bridgend & District Hospital (35 beds).  
*Medical Officer in Charge:* Dr. Jeffrey W. Jones.  
*Assistant Matron:* Miss H. Smale.
- Blackmill Isolation Hospital (44 beds).  
*Medical Officer in Charge:* Dr. B. T. Jones, L.M.S.S.A.  
 D.P.H.  
*Matron:* Miss M. M. Davies.
- Cefn Hirgoed Isolation Hospital (78 beds).  
*Medical Officer in Charge:* Dr. Kathleen Davies, B.Sc.,  
 M.B., B.Ch., M.R.C.S., L.R.C.P.  
*Matron:* Miss O. M. Abel.
- Cefn Hirgoed Smallpox Hospital (8 beds).  
*Medical Officer in Charge:* Dr. Kathleen Davies.
- Cymla Tuberculosis Hospital (76 beds).  
*Medical Officer in Charge:* Dr. R. G. Prosser Evans,  
 M.R.C.S., L.R.C.P.  
*Matron:* Miss B. George.
- Maesteg General Hospital (58 beds).  
*Medical Officer in Charge:* Dr. Jeffrey Jones.  
*Matron:* Miss S. M. Williams.
- Maesteg Isolation Hospital (18 beds).  
*Matron:* Miss M. A. Celyn Jones.
- Maesteg Maternity Hospital (11 beds).  
*Matron:* Miss M. George.
- Neath General Hospital (408 beds).  
*Medical Superintendent:* Dr. G. H. Garfield, B.Sc., M.B.,  
 B.Ch., M.R.C.S., L.R.C.P.  
*Matron:* Miss R. Samuel.
- Port Talbot & District General Hospital (85 beds).  
*Medical Officer in Charge:* Dr. Arthur Jones, B.Sc., M.B.,  
 B.Ch.  
*Matron:* Miss G. E. Lewis.
- Port Talbot Isolation Hospital (52 beds).  
*Matron:* Miss G. E. Budd.
- Tonna Hospital (90 beds).  
*Medical Officer in Charge:* Dr. H. R. Stubbins, M.D.,  
 M.B., Ch.B., D.P.H.  
*Matron:* Miss R. Vernall.
- Bridgend Chest Clinic.  
*Medical Officer in Charge:* Dr. Hugh Trail, M.B., Ch.B.
- Neath Chest Clinic.  
*Medical Officer in Charge:* Dr. R. G. Prosser Evans,  
 M.R.C.S., L.R.C.P.
- V.D. Clinic, Port Talbot.  
*Medical Officer in Charge:* Dr. Philip Simon, B.Sc.,  
 M.R.C.S., L.R.C.P.



## ADMINISTRATION

### (a) GENERAL.

The Hospital Management Committee has functioned since July 5th, 1948, but in actual fact the administration of the individual hospitals was for some months continued under agency arrangements by the former hospital authorities, as each Committee needed to appoint Senior Officers and set up an administrative machine before the "takeover" of the hospital could be effected.

The first need was to obtain offices as no accommodation whatsoever was available within the hospitals. Temporary accommodation was obtained at 8, Wind Street, Neath, through the good offices of the Glamorgan County Council, and this address still remains the headquarters of the Hospital Management Committee.

### (b) COMMITTEES.

H.M.C. (48)1 suggests the appointment of three sub-committees of the Hospital Management Committee namely, a General Purposes, a Finance and an Establishment Committee. These Committees have functioned in this Group since February, 1949. Prior to that date one sub-committee dealt with all urgent matters, and this committee which was known as the Provisional Emergency Committee, gave pioneer service.

The sub-areas in the Group, namely, Bridgend, Maesteg, Port Talbot and Neath, lend themselves well for grouping for House Committees. Representative Organisations were invited to submit nominations to act on House Committees and the four general House Committees and one tuberculosis House Committee have functioned since March, 1949. It is intended that the membership of House Committees shall be reviewed in September of each year.

At the end of July, 1948, a meeting was called of all the full-time and part-time Consultants, the General Practitioners and all medical officers employed in the hospitals in the area and the District Medical Officers of Health for the purpose of appointing a Medical Staffing Committee. This Committee, which meets regularly, is an Advisory Committee to the Hospital Management Committee. A Nursing Staffing Committee representative of every hospital has also been appointed, and advises the Management Committee on all nursing staff matters.

Both these Committees have been of great assistance to the Management Committee.



## TYPES OF HOSPITAL IN THE GROUP.

The Mid Glamorgan Group is small geographically but is thickly populated. The hospitals and clinics which are evenly distributed throughout the area cater for various types of cases and therefore the Group is to a large extent self-contained.

At the extremities of the area are Neath and Bridgend, each with its own large General Hospital.

The Llynfi Valley is served by the Maesteg General Hospital and the Port Talbot area by the Port Talbot General Hospital. Porthcawl patients are admitted mainly to the Bridgend General Hospital.

The Infectious Diseases Hospitals, of which there were five are distributed evenly throughout the Group, but the accommodation available in these hospitals far exceeds the demand; the action taken by the Committee for the alternative user of these beds is mentioned later in the Report.

A table is attached showing the beds in each hospital and the allocation of these beds as suggested by the Regional Hospital Board. Every effort is being made to conform to the suggested allocation and a considerable amount of success has already been obtained.

Before the "appointed day" the administration of hospitals was the responsibility of Local Authorities, both County and District, Voluntary Bodies and Joint Boards. The Hospitals and Clinics in the Group fell into the following categories:—

(a) County Councils

Neath General Hospital	}	Glamorgan County Council
Bridgend General Hospital		
Port Talbot V.D. Clinic		

(b) Local Sanitary Authorities

Blackmill Isolation Hospital	}	Ogmore & Garw U.D.C.
Maesteg Isolation Hospital		Maesteg U.D.C.
Maesteg Maternity Hospital		
Port Talbot Isolation Hospital		Port Talbot U.D.C.

(c) Voluntary Bodies:

Bridgend Cottage Hospital.  
Maesteg General Hospital.  
Port Talbot General Hospital.  
Cymla Tuberculosis Hospital.  
Bridgend Chest Clinic.  
Neath Chest Clinic.

(d) Joint Boards:

Cefn Hirgoed Isolation Hospital.  
Cefn Hirgoed Smallpox Hospital.  
Tonna Isolation Hospital.

## SERVICES AVAILABLE AND NEW USER OF HOSPITALS.

Table 1 on Page 38 gives detailed particulars of the out-patient services now available in the various hospitals and clinics.

The present allocation and classification of beds, as shown in Table 2 on page 41 is considerably altered from that which prevailed before the appointed day. The Committee gave early consideration to the alternative user of beds in Isolation Hospitals, where the demand has decreased and the majority of beds remain vacant for the greater part of the year.

The alterations which have been made are as follows:—

(a) NEATH GENERAL HOSPITAL ANNEXE.

The Annexe was originally built as a school but was never completed on account of the war and was taken over as an emergency hospital and used as an annexe to the Neath General Hospital.

The interior and exterior painting had not been carried out, the walls were crude plaster and the floors cemented. The equipment had been kept to the bare essentials.

Many complaints were received from patients regarding the accommodation and when the Management Committee took over its administration only some 40 beds were occupied.

Extensive redecoration, minor structural alterations and improvements have been carried out, new sluice rooms, floor coverings and necessary equipment have been provided and a Hospital Rediffusion Service installed. Since the middle of 1949 the Annexe has been functioning very satisfactorily with a bed occupancy of 120 happy and contented patients.

Visits have been paid by Senior Medical Officers of the Ministry of Health, the Welsh Board of Health and the Regional Hospital Board, who have expressed satisfaction on the improvements carried out.

(b) CEFN HIRGOED ISOLATION HOSPITAL.

This hospital, which is situated some two miles from Bridgend, formerly contained 64 beds for the treatment of infectious diseases. Two cubicle wards with a total bed accommodation of 24 have still been retained for this purpose.



The remaining three wards are being converted for the treatment of Pulmonary Tuberculosis and will provide 54 beds for this purpose. Admissions commenced in December, 1949 and already 22 of the beds have been occupied and the remaining block of 32 beds will shortly be brought into commission when the cubicling of the wards and installation of additional sanitary annexes have been completed. This will to some extent meet the urgent need for beds for tuberculous patients for whom the waiting list is exceedingly heavy. The patients will be under the care of Dr. Hugh Trail, the Chest Physician for the Bridgend area.

(c) PORT TALBOT ISOLATION HOSPITAL:

The accommodation previously available at this hospital was 44 beds for infectious diseases. A cubicle ward of 8 beds and one open ward of 16 beds has been retained for this purpose but the other block has been converted into a 26 bedded Convalescent Block for general medical and surgical patients from the Port Talbot district. The structure of the ward block is such that males and females can be accommodated. This accommodation has considerably speeded up the turnover of the Port Talbot General Hospital and has already proved a valuable asset in this respect. The changeover took place on November 4th, 1949.

(d) TONNA ISOLATION HOSPITAL.

This hospital had accommodation for 67 cases of infectious disease but the majority of the beds had been vacant for some time. The hospital contains 2 cubicle wards, one with an Operating Theatre attached, and 4 open wards.

The verandahs of the cubicle wards were open with the result that the temperature in the cubicles fell considerably during the winter months. These verandahs have now been closed in by means of steel partitions and glass windows.

The Committee recommended and the Regional Hospital Board agreed to this Hospital being used as a general hospital for children. The new user commenced on March 20th, 1950.

The two cubicled blocks now constitute an Ear, Nose and Throat Department of 30 beds under the care of Mr. Neill Matson, the newly appointed Consultant for the Group. The provision of this accommodation will go a long way towards relieving the waiting list of 3,000 cases awaiting treatment for E.N.T. conditions.

A Ward Block of 24 beds has been allocated for long stay Paediatric cases under the care of Dr. P. T. Bray, the Visiting Consultant Paediatrician. There is no doubt that the ideal situation of this hospital will be of great benefit in the rehabilitation of these young patients.



A 10 bedded ward is to be used as an Ophthalmic Unit under Mr. Roy Thomas, the Visiting Ophthalmic Consultant for minor eye conditions in children. The remaining beds, totalling 26 will be available for orthopaedic conditions and convalescent medical and surgical child patients from the Neath General Hospital.

(c) BRIDGEND COTTAGE HOSPITAL.

This small hospital of 30 beds was a General Practitioner Hospital up to March 31st, 1950, but from that date it came under the medical supervision of Dr. Jeffrey Jones, the Medical Superintendent of the larger hospital, and all admissions are controlled by him.

LIAISON WITH GENERAL PRACTITIONERS, LOCAL AUTHORITIES ETC.

A Preliminary Information Brochure, which contained information as to the types of hospitals and clinics available in the Group, the bed accommodation, provision for out-patient treatment, particulars of Specialists Services, the Ambulance Service and general information regarding surgical appliances, hearing aids and ophthalmic services and travelling expenses of patients, was prepared and circulated widely through the Executive Council to General Practitioners practising in the Group, to the Local Authorities and all other interested bodies in December, 1948.

The distribution of this information at a fairly early date minimised enquiries regarding the functions of the new Health Service and also gave information to all concerned as to where and how any further information could readily be obtained.

The closest liaison exists between the General Practitioner service and the Management Committee. Three General Practitioners are members of the Medical Staffing Committee and several others are employed in a part-time capacity in the various hospitals in the Group.

Close contact is maintained with the Local Sanitary Authorities through the Medical Officers of Health who also serve the Management Committee as Medical Officers in Charge of the Infectious Diseases Hospitals.

The whole area lies within the County of Glamorgan and mention must be made of the splendid co-operation of the County Medical Officer of Health and his Staff and of all other officers of the County Council.

Every possible assistance has been received from the Director of Welfare Services as the officer responsible for the hostels for the old and infirm non-sick.

The interchange of patients from hospital to hostel and vice versa constantly arises and it is really essential for the two services to be closely associated.



## SPECIALIST SERVICES.

Table on page 42 gives particulars of all the Consultants who visit hospitals in the Group and no praise would be too great for the exceptionally fine service which they have rendered and their ready co-operation since the advent of the new Service.

The Regional Hospital Board have appointed the following full-time Officers for the Group:—

*Group Pathologist:*

Dr. John Raffan, M.B., Ch.B.

*Group Radiologist:*

Dr. R. A. Roberts, B.Sc., M.B., Ch.B., D.M.R.E.

*Consultant Physician:*

Dr. F. L. Dyson, M.D., M.R.C.P.

*Ear, Nose and Throat Surgeon:*

Dr. Neil Matson, F.R.C.S.

### (1) PATHOLOGY.

Dr. John Raffan commenced duty on March 1st, 1949, and until the new Laboratory is completed at the Neath General Hospital the greater part of his time is spent at the Laboratory attached to Bridgend General Hospital. This latter Laboratory was completed by the Glamorgan County Council and had only been opened some months before the "Appointed Day". It is an adaptation of part of an existing building but it was admirably planned by Dr. C. R. E. Freezer who is now a full-time Group Pathologist in the Pontypridd and Rhondda Group. The equipping of this laboratory is still proceeding and much of the pathological work of the area is now being done there.

The building of the new Laboratory at the Neath General Hospital has commenced and it is hoped will be completed before the end of 1950. The Group will then be served by a modern laboratory at each extremity.

### (2) RADIOLOGY.

Dr. R. A. Roberts commenced duty on February 1st, 1949, and is based on the Neath General Hospital. The X-Ray Departments at the Bridgend, Port Talbot and Maesteg General Hospitals also come under Dr. Roberts' care.

It is indeed pleasing to be able to report that great progress has already been effected in this Specialty in as much as

(a) Neath General Hospital.

The X-Ray Department has been completely re-organised, a second 4-valve Unit installed, 3 dressing cubicles provided for each of the diagnostic rooms and provision made for a Radiologist's office and a general office. The whole Department has been redecorated.

(b) Maesteg General Hospital.

The Department has been enlarged to include 3 dressing cubicles in the diagnostic room, a waiting room and a Radiologist's office. A new 2-valve unit and a portable unit have been provided and the Processing Room completely re-equipped. The whole Department has been decorated.

(c) Port Talbot General Hospital.

The X-Ray Department at this hospital, although small, is very well set out and equipped and no new works have been carried out.

(d) Bridgend General Hospital.

This is the only X-Ray Department in the Group which is now below the normal standard required. It consists of a diagnostic room and a processing room and the X-Ray apparatus is a 2-valve unit which is old and most unsatisfactory. Plans have now been prepared, however, for the building of a Casualty Department and when this has been completed three further rooms will become available for the extension of the X-Ray Department. This will involve the replacement of the existing 2-valve unit by a new 4-valve unit, the supply of an additional 4-valve unit and structural alterations similar to those carried out at the Neath General Hospital. Fortunately however, the accommodation is available and with minor alterations will provide a good X-Ray Department.

The following additions have also been made at the hospitals and clinics under the control of the Chest Physicians:—

(i) Cymla Hospital.

A new 4-valve Phillips X-Ray Unit, a Watson Portable Unit and a Kodak Processing Unit have been supplied and the department has been redecorated.

(ii) Neath Chest Clinic.

These premises are very small and unsatisfactory and could not accommodate a full sized X-Ray Unit, but a Chest Screening Unit has been installed. Patients from the Neath area are X-rayed at Cymla Hospital.



(iii) Bridgend Chest Clinic.

Some structural alterations and redecoration of the Department have been carried out and a new 4-valve Dean X-Ray Unit and a Kodak Processing Unit have been installed.

(iv) Cefn Hirgoed Hospital.

As already reported 54 beds have been allocated at this hospital for tuberculous cases and a new Chest Screening Unit has been installed. X-Ray examinations of patients treated at this hospital are carried out at the Bridgend Clinic.

(3) PHYSIOTHERAPY.

Fully equipped Physiotherapy Departments are available at:

Neath General Hospital.

Bridgend General Hospital.

Maesteg General Hospital.

At Neath and Maesteg General Hospitals, the Physiotherapy Departments have been completely re-constructed and now provide fairly adequate accommodation to meet the very heavy demand. The Physiotherapists in charge however, have been informed of the Ministry's instruction contained in H.M.C. (49)93, limiting treatment under the Hospital Service to those patients recommended by Consultants.

(4) DENTAL SERVICE.

Mr. T. I. Richards, the Consultant Dental Officer based on the Morriston Emergency Hospital has been allocated 2 half-days per week at the Neath General Hospital.

Accommodation has been allocated for a Consultant Dental Department and minor structural alterations carried out in order to provide the necessary facilities. Essential equipment for consultant dental work has also been provided.

The Regional Board have allocated a period of Mr. Richard's time for visits to other hospitals in this Group with a view to the complete re-organisation of the dental service and Mr. Richards has already carried out a survey of the hospitals with this end in view.

## PHARMACEUTICAL SERVICE.

The cost involved in drugs and dressing during the year ending March 31st, 1950, amounted to approximately £30,000.

The methods adopted in the purchase of drugs and dressings in the various hospitals within the Group varied considerably on the "appointed day" and steps were taken early in 1949 to discuss this matter in detail with the full-time Pharmacists. Purchases were made under contract at some of the hospitals, particularly those where Pharmacists were employed, but in most of the others they were made from local Chemists.

Prices were obtained, in consultation with the Pharmacists, from the manufacturers and eventually an agreement reached whereby all drugs and dressings for the Group were purchased from certain manufacturers who had quoted the best terms.

Central purchasing of drugs and dressings has been in operation since December 6th, 1949. The ordering and the dispensing is now centred at the two main hospitals, namely, Neath and Bridgend General Hospitals, at each of which two Pharmacists are employed. The Neath General Hospital serves as a centre for all the hospitals in the Neath and Port Talbot Area and the Bridgend General Hospital as a centre for the hospitals in the Bridgend and Maesteg Area. The scheme, which is in accordance with the direction of the Ministry as detailed in H.M.C. (50)7 dated January 23rd, 1950, is operating very satisfactorily and it is considered that there will ultimately be considerable saving of expenditure.

## AMBULANCE SERVICE.

The Ambulance Service is the responsibility of the Glamorgan County Council and tribute should be paid to its excellent working. Unfortunately, this Service came in for some criticism in the early days after its inauguration but insofar as this Group is concerned the arrangements have always worked well and efficiently and the co-operation between the hospitals and the Ambulance Stations is extremely good. The location of the stations in the Group is as follows:—

		<i>Area served</i>
Ambulance Station	<i>Tel. No.:</i>	Bridgend U.D.
Oak Street, Aberkenfig	Aberkenfig 303	Maesteg U.D.
		Ogmore & Garw Dist.
		Porthcawl U.D.
		Cowbridge Bor. Dist.
		Cowbridge Rural Dist.
		Penybont Rural Dist.



Ambulance Station,  
Neath.

Tel. No.:  
Neath 871.

*Area served.*  
Glyncorrwg U.D.  
Neath Borough Dist.  
Port Talbot Dist.  
Neath Rural D.

Hospitals requiring ambulances contact the Station serving the district in which the hospital is situated, and the same procedure is followed by General Practitioners and others requiring an ambulance. It should, however, be noted, that the Service is not intended for persons who are able to travel by ordinary means of transport, such as 'bus or train. The Hospitals have been informed that full particulars must always be supplied, to Stations in respect of all calls for vehicles, viz. the name and address of patient, destination, date and time ambulance required and type of case.

#### AVAILABILITY OF TREATMENT.

There is no better way of making the Service known to the patient than through the family doctor who is familiar with the patient and has his full confidence.

It was therefore with this end in view that the Preliminary Information Brochure was circulated widely to General Practitioners and as much information as possible given in order that they could give to their patients a broad outline of the scheme and be in a position to answer queries which were bound to arise.

Briefly, treatment falls under the following heads:—

(1) OutPatient Treatment including Casualty.

The Brochure contained full details of all the out-patient Departments at each hospital in the Group and gave the days and times of the various specialties and the names of the Consultants in attendance. This enabled General Practitioners to know exactly when the services of a particular Consultant were available throughout the Group and patients can only be seen at out-patient departments when referred by their doctor. Casualties of course, are taken to the nearest hospital and are seen in the Casualty Department irrespective of where they come from or how they are referred.

(2) In Patient Department.

All recommendations for in-patient treatment must come from general practitioners and the present arrangements for admission, which are detailed below have proved very effective.



Medical urgency is decided by a medical officer, otherwise patients are admitted strictly in order of date of recommendation.

The Bed Bureaux arrangements now working in the Group is as follows:—

- (a) The waiting list for Neath General and Tonna Hospitals is controlled from the Neath General Hospital and the order of admission of patients determined by Dr. G. H. Garfield, the Medical Superintendent.
  - (b) The Medical Officer in Charge of Port Talbot General Hospital is responsible for the waiting list for that hospital and for the convalescent block at the Port Talbot Isolation Hospital.
  - (c) Dr. Jeffery Jones, the Medical Superintendent to the Bridgend General Hospital is responsible for the waiting list for the Bridgend General and the Bridgend Cottage Hospital. He is also responsible for determining the order of admission of patients to Maesteg General Hospital where there is no resident Medical Officer.
  - (d) Tuberculosis - Cymla & Cefn Hirgoed Hospitals.  
Dr. Prosser Evans for Cymla Hospital and Dr. Hugh Trail for Cefn Hirgoed Hospital control the waiting lists and decide on the admission of all cases. As both these officers are the Chest Physicians for the areas concerned they have first hand knowledge of the patients and are able to decide the urgency for treatment in each case.
  - (e) Infectious Diseases.  
This presents no difficulty as all patients are admitted on demand to the nearest hospital where beds are available.
- (3) Domiciliary Specialist Service.  
Table 3 attached (page 42) was included in the Preliminary Information Brochure and shows the Specialists to visit patients in their own homes, provided such visits are considered necessary by the family doctor and if such patients are unable, on medical grounds, to attend an out-patient department. Each individual specialist can be called by the family doctor through the hospital shown on the list.
- 4) Surgical Appliances and Ophthalmic Services.  
This service seems to be quite well known as evidenced by the summary on Table 7 page 55 giving details of the appliances already supplied to patients during the period from July 5th, 1948—December 31st, 1949.



It is, however, important to note that when an appliance is recommended by the family doctor, this recommendation has to be confirmed by a Consultant if the appliance is to be supplied through the hospital service. This means attendance at an out-patient Department which necessarily increases the number of such attendances and the strain on the limited out-patient accommodation available has become severe. The demand on the Consultants is also exceedingly heavy.

The Ministry's instruction regarding repairs namely that they should be free of charge except where necessitated through negligence on the part of the patient, and the method for obtaining such repairs has been circulated in the Brochure.

(5) Hearing Aids.

The nearest centre for the provision of the "Medresco" hearing aid is at the Swansea General Hospital and the waiting list is very heavy. Recommendations for the supply of hearing aids are forwarded from this Group to the Swansea Management Committee.

(6) Travelling Expenses.

This matter was also reported in some detail in the Brochure. Travelling expenses of patients, and **when necessary** of a companion, making use of the hospital or specialist services may be paid by the Minister if the Committee determine **that in the circumstances of the case the payment of such expenses by the patient would involve hardship.**

Payment should be limited to the cheapest available means of transport *e.g.* 3rd class railway fare, but discretion should be exercised in the exceptional case

Agreement has now been reached with the Railway Executive for a special form of voucher to be issued to relatives and friends of long-stay patients, but so far as this Group is concerned this is limited to Cymla Tuberculosis Hospital

Application for travelling expenses are made at the hospital on the first attendance

## CAPITAL AND MAINTENANCE WORKS

There is no doubt that on the "Appointed Day" every Hospital Management Committee was faced with an accumulation of necessary work as so many projects had had to be delayed because of the war. Maintenance work also suffered considerably for the same reason.



(a) CAPITAL WORK:

NEATH GENERAL HOSPITAL.

The old roadway at this hospital has been a source of great worry to the Hospital Authority for many years. It was extremely dangerous as it approached the main road at an acute angle at a point where visibility was seriously obstructed. A final warning was received from the Police Authorities as to the danger of accidents. This old roadway has now been closed and all risks of accidents have been completely obviated by the opening of the new road which has also enhanced the general appearance of the hospital.

The cubicling of the Children's Block and the construction of the Premature Babies Unit—both projects envisaged for many years—have been effected, in addition to adequate accommodation for the Physiotherapy Department by the cubicling of the Rehabilitation Hut. A new Dental Department has been set up in the hospital and work in connection with the erection of a new Pathological Laboratory has commenced.

Certain minor adaptations have been made at Garthmor House to accommodate Students at the Preliminary Training School.

BRIDGEND GENERAL HOSPITAL.

The new central kitchen at this hospital which was constructed some years ago has been brought into commission by the transfer of equipment from the old kitchen. The difficulties experienced in cooking for a hospital of nearly 400 beds in a kitchen which was formerly constructed for one of under 200 beds have now been overcome.

An air raid shelter at the Bridgend Cottage Hospital has been adapted as a hostel for 10 Student Nurses at the new Preliminary Training School.

The installation of an air extractor plant in the Operating Theatre is also a project which has been contemplated for some years.

CYMLA HOSPITAL.

The adaptation of the Theatre Block by the addition of a Sterilising Room is nearing completion and this will equip this hospital for carrying out major Thoracic Surgery.

CEFN HIRGOED ISOLATION HOSPITAL

A cubicle block has been closed by means of partitions and another ward cubicled for the treatment of tuberculous cases.

A sputum sterilising Unit and a Chest Screening Stand have been installed and additional cooking facilities provided to meet the increased use of the hospital.



## MAESTEG GENERAL HOSPITAL.

A new Physiotherapy Department has been provided at this hospital by the re-construction of certain annexes which were not in use and this has afforded extra accommodation for the X-ray Department and the Out-patient Department where cubicle dressing rooms have been provided for patients.

### (b) GENERAL MAINTENANCE:

#### GENERAL REPAIRS AND REDECORATION.

General Repairs and Redecoration have been carried out at most of the hospitals and the Nurses' Homes and also the repair and polishing of ward floors.

A Hospital Rediffusion System has been installed in two of the hospitals and this provides patients with an amenity which is greatly appreciated.

Minor items of repair constantly call for attention at all hospitals and clinics and electric cables to several of the hospitals have had to be renewed and enlarged.

The maintenance of the Engineering systems at many hospitals have been sadly neglected and a considerable amount of work has had to be done to guarantee safety to employees and buildings as well as to provide a minimum degree of efficiency.

Various items of medical and surgical equipment have of necessity to be provided from time to time in all hospital services and this has been done during the past 18 months within the limits of the money available.

## URGENT FUTURE DEVELOPMENTS.

Future developments—funds for which are limited—have of necessity to be curtailed. This, of course, applies to all Management Committees and Regional Hospital Boards have to decide on the most urgent requirements and share out available moneys. No-one will envy the Boards this duty which is difficult in the extreme.

Each Management Committee however has to make the strongest possible representations on behalf of their hospitals and in this Group there is no doubt that certain developments can be termed extremely urgent and it is to be hoped that they will have the greatest possible priority. To mention only a few:—

### (1) NEATH GENERAL HOSPITAL.

#### (a) Out-Patient Department.

At present out-patients are seen in a main hall and in a section of a Rehabilitation Hut. For a hospital of 400 beds with 26,061 out-patient attendances during the year ended 31st December, 1949, this provision is completely inadequate.



(b) Operating Theatre.

There is only one Major Theatre at the hospital and during the year 1949, 1,488 major and 3,194 minor operations were performed. The Regional Hospital Board very wisely has increased the number of sessions for Consultant Surgeons visiting the hospital because of the tremendous number of cases awaiting surgical treatment. The existing Theatre is working to full capacity and it is only with extreme difficulty that the additional sessions can be arranged. It is therefore important that a second Major Theatre shall be provided at a very early date.

(c) Maternity Beds.

The new Maternity Ward, which was only partly built during the war, should be completed at an early date. Its present complement of 25 beds can be increased to 75 by the addition of two further floors for which every provision has been made in the original construction. This would be a very economic proposition. The present total number of maternity beds available in the hospital is 50.

(d) Main Kitchen.

This kitchen has not been enlarged since the hospital was first built and had a bed complement of little over half its present number. There is no cold storage accommodation available.

(2) BRIDGEND GENERAL HOSPITAL.

(a) Lifts and Sanitary Annexes—Medical Wards.

The medical and chronic cases are housed in the older part of the hospital. These buildings are three storeyed and the floors are served by narrow twisting stairways. Sanitary annexes have been provided on the top of the stairways. These are cramped, inadequate and generally unsatisfactory.

Plans are now ready for the provision of two lifts and adequate sanitary annexes and as provision has been made in the 1950/51 estimates it is anticipated that this project will be completed before the end of 1950.

(b) Out-Patient Department.

Out-patients are now seen in part of a Rehabilitation Hut and through the good offices of the Glamorgan County Council, certain sessions in each week are held in the County Council Clinic which is situated

in the hospital's grounds. The arrangements are far from satisfactory and an out-patient department in this hospital where there were 23,035 out-patient attendances during 1949 is an urgent necessity.

(c) Casualty & X-Ray Departments.

Casualties are at present seen in the X-Ray wing and the Casualty Dressing Room is opposite the door of the Operating Theatre with only the width of the corridor between the two entrances. Patients attending this Department and the X-Ray Department share the same waiting room. During 1949 there were 4,461 casualty attendances. The urgency of this matter has however been recognised and plans of a new Department are now nearing completion and financial provision made in the 1950/51 estimates.

The X-Ray Department consists of a Diagnostic Room and a processing room and the equipment of a 2-valve X-Ray Unit which is obsolete and, in the opinion of the Radiologist dangerous.

The total number of X-Rays taken during the year 1949 was 13,615.

When the Casualty Department, which will lead off from the end of the X-Ray Corridor, is completed this will release the existing waiting room and the Casualty Dressing room for a very necessary extension of the X-Ray Department. Two 4-valve X-Ray Units have been requisitioned and are urgently required, one to replace the existing 2-valve unit and another for the second Diagnostic Room which will become available.

(d) Main Kitchen.

A new kitchen built some years ago by the Glamorgan County Council had not been brought into commission, but the transfer of equipment from the old kitchen was carried out in 1949 and the new kitchen is now working. No kitchen stores have been provided however and food supplies are now kept in the stores adjoining the old kitchen, which is situated on the other side of the hospital. This means that all food supplies to the kitchen have to be wheeled through the main corridor of the hospital. Plans have been prepared for the erection of the minimum stores requirements and it is to be hoped that this work will be carried out very soon.



(e) Dispensary.

The existing Dispensary which serves as a depot for six hospitals in the Bridgend area, consists of two small rooms which are grossly overcrowded. If and when the new stores adjoining the kitchen is built, the old stores can be easily adapted as a dispensary and will provide adequate accommodation for this purpose.

(3) PORT TALBOT GENERAL HOSPITAL.

(a) Out-Patient Department.

The only out-patient accommodation in this hospital is a one-roomed wooden building at the rear of the hospital and a windowless waiting room above the boiler house, about 15 yards distant.

There is also urgent need for accommodation for a Chest Clinic, and every effort has been made to obtain an existing building, but without success.

This hospital is well served by Consultants, but the service is sadly handicapped through the complete lack of out-patient facilities.

(b) Additional Hospital Beds.

There is undoubtedly an urgent demand for additional hospital beds in the Port Talbot district, where tremendous industrial expansion is taking place with the resultant large increase in the population. At the present time only 85 beds are provided in the immediate area—at the Port Talbot General Hospital—and there is no provision whatsoever for Orthopaedic cases. The need for orthopaedic beds will have to be met in an area where heavy industry is predominant. An Addition of some 150-200 beds will undoubtedly have to be made in the near future.

(4) CENTRAL LAUNDRY.

In November 1948, the Hospital Management Committee submitted a proposal to the Regional Hospital Board for the erection of a Central Laundry for the Group.

At present there are 10 laundries all of which are unsatisfactory, particularly those in the two larger hospitals where the bulk of the work is carried out. Here the accommodation is insufficient and the laundry plant is old and will need to be replaced in the very near future.



A Central Laundry would undoubtedly mean a saving in manpower and in maintenance costs and as the Group is compact, collection and delivery would be an easy matter.

The Regional Hospital Board has accepted the proposal and a sketch plan has been prepared by the Regional Architect, Mr. Garbutt Walton. It is to be hoped that funds will be available to proceed with this scheme in the near future.

### COMMENTS FROM HOSPITALS.

The Medical Officers and the Matrons of all the hospitals have been invited to submit their comments on the new Service. It is, however, impossible to give these reports in detail because of the necessity for curtailment.

It is, however, gratifying that they all comment on the smoothness of the changeover from the previous administration to the new, and that they now feel their individual hospitals and clinics are part of an organisation instead of isolated units as formerly.

### CONSULTANT ATTENDANCES.

The Medical Superintendents of the main hospitals comment very favourably on the arrangements made by the Regional Hospital Board for the increase in Consultant attendances at the hospitals. Dr. Jeffery Jones, the Medical Superintendent of the Bridgend General Hospital, is of the opinion however, that insofar as his hospital is concerned the attendances for certain specialties should be considerably increased. This is accounted for very largely because of the change-over of this hospital from a Poor Law Institution and the tremendous increase in the demand for specialised treatment.

### MEDICAL AND NURSING STAFF.

The position with regard to Senior Medical Staff, including those of Registrar rank, is fairly satisfactory, but the shortage of Junior Medical Officers is really acute. Every effort has been made, by advertisement and by circularising the Medical Schools, to obtain a full complement but with very little real success. The same difficulty seems to apply to the majority of non-teaching hospitals. The Regional Hospital Board has arranged with the Local Authorities concerned for the dual appointment of District Medical Officers or Divisional Medical Officers to serve as medical officers in certain of the smaller hospitals, mainly infectious diseases hospitals, and the Committee wish to record their thanks for the assistance which has been rendered by these medical officers and their readiness at all times to help in every way possible.



The nursing staff position on the whole is satisfactory but some difficulty is being experienced in the special hospitals, particularly in the staffing of the tuberculosis wards at Cefn Hirgoed Isolation Hospital. On the other hand, however, Cymla Tuberculosis Hospital is very well staffed and has experienced no difficulty since the Appointed Day. The Bridgend General Hospital has vacancies for trained staff but undoubtedly this will be overcome shortly as the hospital is now itself training a number of Student Nurses.

#### MAINTENANCE AND EQUIPMENT:

The position generally with regard to delivery of equipment is undoubtedly improving and a considerable amount has been obtained in all the hospitals. The Medical Officers and the Matrons comment very favourably on this aspect and undoubtedly a great improvement has been noticed after the long delays which were experienced during and immediately after the war.

The officers are also appreciative of the numerous items of maintenance work which the Committee has sanctioned and which have been carried out during this period.

#### GIFTS.

Many valuable gifts have been received from voluntary organisations and from private individuals at most of the hospitals. This continued voluntary assistance is greatly appreciated by patients and staff at the hospitals and the Committee would like to record their thanks to all those concerned.

#### TRAINING OF NURSES.

This Group is fortunate in that the following hospitals are recognised for the training of nurses:—

Neath General Hospital	General training for male and female nurses.
	Midwifery training.
Bridgend General Hospital.	General training for female nurses.
Port Talbot General Hospital	Associated with Neath General Hospital for General Training
Maesteg General Hospital	Associated with Bridgend General Hospital for general training.
Cymla Tuberculosis Hospital	T.A. Certificate.



The Glamorgan County Council some years ago instituted a scheme for the employment of pre-nursing students and this has helped materially in the recruitment of student nurses. This excellent scheme has been extended and is working very satisfactorily at the four General Hospitals in the Group.

The County Council also set up a Preliminary Training School at Church Village Hospital to serve the three County Hospitals, but in August 1949 Church Village Hospital was unable, owing to various difficulties, to cater for Neath and Bridgend. The Committee immediately inaugurated Schools at the Bridgend and Neath General Hospitals and these received the approval of the General Nursing Council.

Again through the far sighted policy of the County Council "Garthmor House" was available at Neath for accommodating the school and also provided the necessary dormitory accommodation for the students. An air raid shelter at the Bridgend Cottage Hospital has been converted into a dormitory for 10 nurses to serve the Preliminary Training School at the Bridgend General Hospital.

Two groups of Students have already passed through each of these schools with excellent results.

Both the Neath and Bridgend General Hospitals have excellent records for training for the State Certificate and as they are now complete training schools it is not anticipated that there will be any staffing difficulty in the future. The arrangements, also approved by the General Nursing Council, for the linking up of the Port Talbot and Maesteg General Hospitals with the two main hospitals as Associated Training Schools is also most satisfactory as in the past both these hospitals were recognised as affiliated training schools but were affiliated to hospitals outside the Group.

#### FINANCE.

Arrangements were made by the Regional Hospital Board for Local Authorities and other Hospital Boards to undertake as Agents for the Committee, the financial transactions in relation to the hospitals and clinics in the group from the "appointed day" until the Committee could take over complete control. The Committee took over financial administration of the hospitals and clinics on the following dates:—

December 1st, 1948	Cymla Tuberculosis Hospital, Neath, and the Neath and Bridgend Chest Clinics.
January 1st, 1949	Port Talbot General Hospital and Tonna Isolation Hospital.



February 1st, 1949	Neath General Hospital, Bridgend General Hospital and Port Talbot V.D. Clinic.
February 14th, 1949	Maesteg General, Isolation and Maternity Hospitals.
March 1st, 1949	Blackmill, Port Talbot & Cefn Hirgoed Isolation Hospitals, Cefn Hirgoed Small pox Hospital and Bridgend and District Cottage Hospital.

The financial work has been, to a large degree, centralised at headquarters and this allows for the use of mechanical equipment, which would not otherwise be possible. Officers at hospitals act as paying officers for salaries and wages, and as collecting officers for cash income, and senior officers hold petty cash for minor disbursements subject to the Finance Officer's supervision.

The Board provide a punched card sorting and tabulating service for the financial transactions of all the Management Committees in the region and the Committee's payments and receipts are analysed on tabulations by means of a system of code numbers which provide details for writing up the accounts.

The Ministry require Stores Accounts to be kept, in accordance with the Financial Provisions Regulations, in all but the smaller hospitals. Arrangements have been made for the installation of such accounts at Port Talbot General, Cymla, Tonna and Cefn Hirgoed Hospitals and for the integration of stores records at Neath and Bridgend Hospitals with the general stores accounting arrangements from April 1st, 1950.

#### ENDOWMENT MONEYS AND SPECIAL FUNDS.

The Committee have received from the Ministry of Health and the Regional Hospital Board a share of the income of the Hospital Endowment Fund, for application to hospital purposes and research, and numerous gifts in cash for providing amenities for patients and staffs at certain specified hospitals. These cash gifts are banked by the Committee, who ensure that disbursements are made in accordance with the terms of the gifts and record the transactions.

#### STATISTICS.

Certain details of the work carried out at the Hospitals are given on Tables 4, 5 and 6 based on the Ministry of Health Hospital return on Form S.H.3.

Separate figures are given for the periods:—

July 5th, 1948—December 31st, 1948  
and for the year

January 1st—December 31st, 1949.

It has not yet been possible, owing to pressure of other work, to organise on a standardised basis the method of record keeping at the Hospitals and Clinics but it is hoped eventually to include in Annual Reports a statistical section with far more detailed information than can be given at present.

#### ACKNOWLEDGMENT.

The Committee wish to record their appreciation of the ready assistance given at all times by the Officers of the Regional Hospital Board.

The Co-opted Members on the House Committees have been most regular in their attendance at the meetings of their respective Committees and their local knowledge and experience of the hospitals have been invaluable.

The Officers of the various Local Sanitary Authorities have given every assistance, particularly during the very difficult transition period.

The Linen Guilds at many of the hospitals have continued their good work since the "appointed day," as also have voluntary helpers with the patients' library services, and the work performed by all these ladies is greatly appreciated. Voluntary help in hospitals is welcomed by the Ministry and is encouraged by the Committee in every possible way.



TABLE 1.

## TABLE SHOWING THE ARRANGEMENT OF OUT-PATIENT SESSIONS.

## NEATH GENERAL HOSPITAL.

SURGICAL	Monday	a.m.	Mr. Clive Tanner.
	Friday	a.m.	Mr. Willard Maclean.
	Friday	p.m.	Resident Surgeon.
	Saturday	a.m.	Resident Surgeon.
TRAUMATIC	Every morning (except Sat. & Sun.)		Resident Surgeon.
ORTHOPAEDIC	Saturday	a.m.	Mr. Gordon Rowley.
PAEDIATRIC	Monday	p.m.	Dr. P. T. Bray.
ANTE-NATAL	Monday	p.m.	Resident Obstetrician.
	Thursday	p.m.	
	Tuesday (new patients)	p.m.	
	Wednesday (new patients)	a.m.	
MEDICAL	Monday	a.m.	Dr. F. L. Dyson.
	Tuesday	a.m.	
	Thursday	a.m.	
	Friday	a.m.	
DERMATOLOGY	Tuesday	p.m.	Dr. Wm. Howell.
E.N.T.	Wednesday	a.m.	Dr. D. Rhys Lewis.
	Friday	p.m.	Mr. C. P. Robinson.
ASTHMA	Wednesday	a.m.	Mr. Neill Matson.
	Thursday (alternate)	a.m.	
OPHTHALMIC	Monday	a.m.	Dr. D. C. Brown.
	Wednesday	p.m.	
VARICOSE VEINS.	Thursday	p.m.	Mr. E. K. Roy Thomas.
GYNAECOLOGICAL	Thursday	p.m.	
	Friday	p.m.	Resident Surgeon.
	Friday	a.m.	Mr. J. Lloyd Davies.
POST NATAL	Saturday	a.m.	Dr. G. H. Garfield.
	Last Saturday in each month.		
PSYCHIATRIC	Monday	p.m.	Resident Obstetrician.
DENTAL	Monday & Friday	p.m.	
	Tuesday	a.m.	
RADIOLOGY	Daily		Dr. C. J. Morgan.
			Mr. T. I. Richards
			Mr. Grahame Jones.
			Dr. R. A. Roberts.

## BRIDGEND GENERAL HOSPITAL

ASTHMA	Monday	a.m.	Dr. D. C. Brown.
FRACTURE AND	Wednesday (Males)	a.m.	Resident Surgeon.
ORTHOPAEDIC	Friday (Females and children)	a.m.	
SURGICAL	Tuesday	p.m.	Mr. D. B. Foster
GYNAECOLOGICAL	Monday	p.m.	Obstetrical Registrar
MEDICAL	Wednesday	a.m.	Dr. Leonard Howells.
	Wednesday	p.m.	Dr. F. L. Dyson.
	Friday	p.m.	Dr. F. W. Thomas.
PAEDIATRICS	Thursday	a.m.	Dr. P. T. Bray.
PYSIOTHERAPY	Saturday	a.m.	Resident Physician.
ANTE-NATAL	Second and last Thursday each month	p.m.	Dr. Jeffrey W. Jones.
	Thursday	p.m.	
E.N.T.	Second Friday each month	a.m.	Mr. Neill Matson.
OPHTHALMOLOGY	Periodically		Mr. Bernard Gluck
DERMATOLOGY	Daily		Dr. D. Rhys Lewis.
RADIOLOGY	Daily		Dr. R. A. Roberts.
NEUROLOGY	Monday (Alternate)	a.m.	Dr. J. D. Spillane.

# MAESTEG GENERAL HOSPITAL.

MEDICAL	.. Alternative Tuesday afternoons	Dr. Ivor Davies.
	Alternate Wednesday mornings	Dr. H. W. Howell.
SURGICAL	Alternative Friday afternoons	Dr. F. L. Dyson.
	Alternate Thursday afternoons	Mr. J. B. Haycraft.
GYNÆCOLOGICAL	Periodically	Mr. L. P. Thomas.
OPHTHALMIC	.. Periodically	Professor G. I. Strachan.
E.N.T.	.. Periodically	Mr. J. W. Tudor Thomas.
	Alternate Monday afternoons	Mr. R. D. Owen.
DERMATOLOGY	.. Periodically	Mr. Neill Matson.
PAEDIATRICS	.. Alternate Wednesday mornings	Dr. D. Rhys Lewis.
RADIOLOGY	.. Daily	Dr. P. T. Bray.
		Dr. R. A. Roberts

# PORT TALBOT GENERAL HOSPITAL

SURGICAL	.. Tuesday	a.m.	Mr. H. Gabe.
	Wednesday	a.m.	Mr. Glyn Bowen.
GYNÆCOLOGICAL	Monday	a.m.	Mr. J. Lloyd Davies.
E.N.T.	.. Monday	p.m.	Mr. J. Crowther.
OPHTHALMIC	.. Friday	p.m.	Mr. F. Hibbert.
MEDICAL	.. Tuesday	a.m.	Dr. Wm. Howell, or
			Dr. Rufus Isaac.
	Alternate Tuesdays	p.m.	Dr. Wm. Howell.
	Alternate Thursday	p.m.	Dr. Rufus Isaac.
	Friday	a.m.	Dr. F. L. Dyson.
RADIOLOGY	.. Daily		Dr. R. A. Roberts.

# BRIDGEND AND DISTRICT COTTAGE HOSPITAL

E N T	.. Tuesday	a.m.	} Mr. Neill Matson.
	Thursday	a.m.	

# TONNA CHILDREN'S HOSPITAL

E N T	Monday	a.m.	} Mr. Neill Matson.
	Wednesday	a.m.	
	Friday	a.m.	

# CYMLA TUBERCULOSIS HOSPITAL

LIGHT DEPARTMENT	.. Monday 2 p.m.—5 p.m.
	Friday 2 p.m.—5 p.m.
A.P. CLINIC	.. Tuesday 9.30 a.m.—12 a.m.
	Friday 9.30 a.m.—12 a.m.

# CHEST CLINIC, NEATH.

Patients from:—	
Glynneath, Resolven,	} Monday 9.30 a.m.—12 a.m.
Seven Sisters, Crynant,	
Onllwyn, Banwen Area	} Wednesday 9.30 a.m.—12 a.m.
Port Talbot, Aberavon,	
Cwmavon, Tonmawr	} Thursday 9.30 a.m.—12 a.m.
Pontrhydyfen, Baglan Area	
Neath & District Skewen Area	Monday 2 p.m.—5 p.m.
Consultation by appointment	Tuesday 2 p.m.—5 p.m.
	Thursday 2 p.m.—5 p.m.
	Friday 2 p.m.—5 p.m.



CHEST CLINIC, BRIDGEND.

Males	..	..	..	Monday morning.
Females	..	..	..	Tuesday morning.
Males and Females	..	..	..	Thursday morning.
A.P. Clinic	..	..	..	Thursday afternoon.
Aftercare Clinic	..	..	..	Friday morning every 4th week.
Consultations by appointment				Wednesday morning.
				Friday morning
				Saturday morning.

CHEST CLINIC, PONTYCYMMER.

Tuesday afternoons, 1st and 3rd weeks.

CHEST CLINIC, MAESTEG.

Wednesday morning.  
Friday morning.

PORT TALBOT V.D. CLINIC.

Males	..	..	..	Mondays 2.30 p.m.-4.30 p.m.	5 p.m.-8 p.m.
				Thursday 10.30 a.m.-1 p.m.	2 p.m. to 4 p.m.
Females	..	..	..	Wednesday 10.30 a.m.-1 p.m.	2 p.m.-4 p.m.
				Thursday 5 p.m.	- 7 p.m.

TABLE 2.

## PROPOSED RECLASSIFICATION OF HOSPITAL BEDS.

Population 238,000

	Proposed re-distribution of existing beds	Bridgend & District	Bridgend General	Cefn Hirgoed Isolation	Cefn Hirgoed Smallpox	X Maesteg General	Maesteg I.D.	Maesteg Maternity	Blackmill I.D.	Neath General	Port Talbot & District	Port Talbot I.D.	Cymla T.B.	Tonna I.D.	Chest Clinics	V.D. Clinic Port Talbot	School Clinic Glamorgan C.C.	
General Medicine	184	10	60			20				69	25							+denotes O.P. Department
General Surgery	279	10	86			32				105	46							
Obstetrics	121		42			+				64	4							
Gynaecology	42		12							30				24				
Paediatrics	73		15			3				26	5							
Psychiatry	4		2							2								d—denotes a separate department for these specialities
Oral Surgery	—									+								
Dermatology	14		14															
Tuberculosis																		
Respiratory	130			54									76					
Non-Respiratory																		
E.N.T.	73	15	6	24	8	3	18		44	14	5	26		30				X—denotes "Cottage" or "G.P." hospitals where any local G.P. is allowed to attend to his own patients
Infectious Diseases	120																	
Neurology																		
Neuro-surgery																		
Ophthalmology	24		+							14	+			10				
Plastic Surgery																		
Radiotherapy																		
Thoracic Surgery																		
Traumatic & Orthopaedic Surgery	95		24							45				26				
V.D.																		
Pathology			d							d								
Anaesthetics																		
Physical Medicine			d															
Radiology		d	d			d				d			d					
Urological Surgery																		
Unclassified																		
Chronic Sick	122		83							39		26						
Convalescent	26																	
Mental (Observation, etc)	20		20															
	1327	35	364	78	8	58	18	11	44	408	85	52	76	90				



TABLE 3.

TABLE SHOWING PARTICULARS OF ALL FULL-TIME AND PART-TIME CONSULTANTS ATTENDING THE GROUP  
AND THE DOMICILIARY CALL ARRANGEMENTS WHERE APPLICABLE.

<i>Speciality</i>	<i>Name</i>	<i>Address</i>	<i>Call Hospital</i>	<i>Telephone No.:</i>
GENERAL MEDICINE:	BROWN D. C. B.Sc., M.B., B.Ch. M.R.C.P. M.R.C.S., L.R.C.P.	Harlow Lodge, Fairwater Road, Cardiff.	Church Village General Hospital, Pontypridd.	Newton Llanwit 86.
	DAVIES, IVOR J. M.D., M.B., B.S., F.R.C.P.	21, Windsor Place, Cardiff.		
	DYSON, F.L. M.B., B.S., M.R.C.S., M.R.C.P., M.D.	Twyn-y-rhedyn, St. Brides Major Nr. Bridgend.	Neath General Hospital	Neath 717 (Private Number Southdown 32).
	EVANS, ABEL, M.B., B.S., M.R.C.P., M.R.C.S.	36 Newport Road, Cardiff.	Cardiff Royal Infirmary	Cardiff 5238 and 25301 (Private Number Cardiff 454).
	EVANS, ERNEST H., B.Sc., M.B., B.Ch., M.D. M.R.C.P.	Plas-y-coed, Cefn Coed Road, Cardiff.		
	HOWELL, H. W. M.R.C.P., M.R.C.S., M.D., M.B., B.S., L.R.C.P.	1 St. James Crescent, Swansea.		
	HOWELLS, L. M.D., M.B., B.S., M.R.C.P., M.R.C.S., L.R.C.P.	71 Cathedral Road, Cardiff.		
	ISAAC, R. J. M.B., B.S., L.R.C.P., M.D., M.R.C.P., M.R.C.S.	"Thone", Baglan Road, Port Talbot.		
	PHILLIPS, W. B.Sc., M.D., M.B., B.Ch., F.R.C.P., M.R.C.S., L.R.C.P.	97 Cathedral Road, Cardiff.		
	THOMAS, F. W. M.R.C.S., L.R.C.P.	Bryntirion, Neath Road, Briton Ferry.		
GENERAL SURGERY	BOWEN J. GLYN, B.Sc., M.B., B.S., F.R.C.S., M.R.C.S., L.R.C.P.	Stonleigh, St. James Crescent, Swansea.		

OBSTETRICS AND GYNAECOLOGY	FOSTER, D. B. E., B.Sc., M.B., B.Ch., F.R.C.S. Penarth. "Hillsboro," Llandough, Cardiff Royal Infirmary. Cardiff 5238 and 25301	
	GABE, H. W. O.B.E., F.R.C.S., L.R.C.P., M.R.C.S. 3 Brunswick Place, St. Helens Road, Swansea.	
	HARRIES, D. J. M.D., B.S., M.R.C.S., L.R.C.P. 38 Newport Road, Cardiff.	Private number Cardiff 4984.
	HAYCRAFT, J. BERRY 31 Cathedral Road, M.C., M.B., Ch.B., F.R.C.S. Cardiff.	
	JONES, JEFFREY W. B.Sc., M.R.C.S., L.R.C.P. Westcourt, Bridgend.	Bridgend General Hospital. Bridgend 737.
	MACLEAN, WILLARD G. 66 Walter Road, Swansea. F.R.C.S., M.D., L.M.C.C. M.C.P.S.	
	ROGERS, LAMBERT M.Sc., F.R.C.S., F.A.C.S., F.R.A.C.S., L.R.C.P. Surgical Unit, Royal Infirmary, Cardiff.	
	TANNER, C.H. M.B., B.S., F.R.C.S., M.R.C.S., L.R.C.P. 61 Walter Road, Swansea.	
	DAVIES, J. LLOYD, O.B.E., F.R.C.S., M.R.C.P., Swansea. F.R.C.O.G., M.D., M.B. B.S., M.R.C.S. D.C.H.	Swansea General Hospital. Swansea 2001.
	GARFIELD, G. H. B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P. Neath General Hospital Neath.	
	MALIPHANT, R. GLYN, 49 Cathedral Road M.D. M.B., B.S., M.R.C.P., Cardiff. F.R.C.S. F.R.C.O.G.	
	STRACHAN, G. I. M.D., M.B., Ch.B., F.R.C.P., Cardiff. F.R.C.S., F.R.C.O.G.	
	BRAY, P.T. B.Sc., M.B., B.Ch., D.C.H., Whitechurch, Glam. M.R.C.P.	Church Village General Newton Llanwit 86. Hospital.
	WATKINS, A. G. F.R.C.P., M.R.C.S. 40 Cathedral Road, Cardiff.	
PAEDIATRICS		



<i>Speciality</i>	<i>Name</i>	<i>Address</i>	<i>Call Hospital</i>	<i>Telephone Number</i>
DERMATOLOGY	LEWIS, D. RHYS M.D., M.B., Ch.B., F.R.C.P. Swansea.	Tredilion, Uplands, Swansea.	Swansea General Hospital.	Swansea 2001.
E.N.T. SURGERY	CROWTHER J. M.B., Ch.B., F.R.C.S., L.R.C.P., M.R.C.S.	Bryncerrig, Ffynone, Swansea.		Private Number Swansea 56342.
	MATSON, N. D. M.R.C.S., L.R.C.P., D.L.O., F.R.C.S.	2 Gnoll Drive, Neath.	Neath General Hospital.	Neath 717.
	OWEN, ROBERT, D. B.Sc., F.R.C.S., L.R.C.P.	24 Park Place, Cardiff.		Private Number Cardiff 5809.
	ROBINSON, C. P. M.Ch., M.B., B.Ch., B.A.O., F.R.C.S.	Bryn Rhos, 79 Walter Road, Swansea.		
	THOMAS, HECTOR A. F.R.C.S.	14 Palace Road, Llandaff.	Cardiff Royal Infirmary	Cardiff 5238 and 25301.
NEUROLOGY	SPILLANE J. D. M.D., B.Sc., M.B., B.Ch., M.R.C.P.	110 Cathedral Road Cardiff.		Private Number Cardiff 9049.
OPHTHALMOLOGY	GLUCK, BERNARD M.A., M.B., B.Ch., M.Ch., F.R.C.S., D.O.M.S.	76 Cathedral Road, Cardiff.		Private Number Cardiff 3010.
	HIBBERT, F. G. M.B., Ch.B., M.R.C.S. L.R.C.P., F.R.C.S., D.O.M.S.	96 Eaton Crescent, Swansea.		Private Number Swansea 57570.
	THOMAS, E. K. ROY M.B., Ch.B., F.R.C.S. D.O.M.S., R.C.P.S.	Ty-r-nant, St. James Crescent, Swansea.		Private Number Swansea. 2356
	THOMAS, J. W. TUDOR D.Sc., B.Sc., M.D., M.B., B.Ch., M.S., B.S., F.R.C.S., L.R.C.P., M.R.C.S.	Clifton Lodge, Cathedral Rd., Cardiff.		
PLASTIC SURGERY	LEWIS, EMLYN, F.R.C.S., L.R.C.P., M.R.C.S.	The City General Hospital, Plastic Surgery Unit, Gloucester.		





<i>Speciality</i>	<i>Name</i>	<i>Address</i>	<i>Call Hospital</i>	<i>Telephone Number.</i>
UROLOGICAL SURGERY	MOGG, R. A. B.Sc., M.B., B.Ch., F.R.C.S.	215 Newport Road, Cardiff.		
ORAL SURGERY AND DENTISTRY	RICHARDS, T. I.	Hollyrood, Westra, Dinas Powis.		
DISEASES OF THE CHEST	EVANS, R. G. PROSSER L.R.C.P., M.R.C.S.	Arranmore, Victoria Gardens, Neath.	Neath Chest Clinic	Neath 278.
	HEAF, F. R. G. M.A., M.D., F.R.C.P., M.R.C.S.	Department of Tuberculosis, 4 Richmond Road, Cardiff.		
	JONES, V. EMRYS B.Sc., M.B., Ch.B., B.S.	Glan Ely Hospital, Fairwater, Cardiff.	Sully Hospital.	Sully 66.
	MORRIS, G. JONES, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P.	Chest Clinic, 107 London Rd.,	Neath Chest Clinic.	Neath 278.
	TATTERSALL, N. M.D., M.B., B.S., Ch.B.	Welsh Regional Hospital Board, Cathays Park, Cardiff.		
	TRAIL, HUGH M.B., Ch.B.	Chest Clinic, Bridgend.	Bridgend Chest Clinic.	Bridgend 345.
INFECTIOUS DISEASES	DAVIES, KATHLEEN B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Quarella Road, Bridgend.		
	HARRIES, G. E. M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	City Isolation Hospital, Cardiff.	City Isolation Hospital, Cardiff	Cardiff 9601.
	JONES, B.T. L.M.S.S.A., D.P.H.	Brynteg, Blackmill.		
	PUGH, IDWAL, M.B., Ch.B., D.P.H.	74 Walter Road, Swansea.	Hill House Isolation Hospital, Swansea.	Swansea 88171.
	STUBBINS, H. R. M.D., M.B., Ch.B., D.P.H.	Divisional Health Offices, Crown Buildings, Neath.		
PSYCHIATRY	ABEL, R. C. B.Sc., M.R.C.S., L.R.C.P. D.P.M.	Morgannwg Hospital, Bridgend.	Morgannwg Hospital.	Bridgend 8.

DAVIES, T. S. M.R.C.S., L.R.C.P.	Hensol Castle, Pontyclun.	Hensol Castle,	Pontyclun 341.
EDWARDS, T. L. L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.	Parc Gwyllt, House, Bridgend.		Private Number 300.
EVANS, I. A. B.Sc., M.R.C.S., L.R.C.P.	Morgannwg Hospital, Bridgend.	Morgannwg Hospital.	Bridgend 8.
HUGHES, T. P. E. M.A., M.R.C.S., L.R.C.P.	Angleton, Bridgend.	Morgannwg Hospital.	Bridgend 8.
JONES, T. B. M.R.C.P., L.R.C.P., D.P.M.	Hensol Castle, Pontyclun.	Hensol Castle.	Pontyclun 341.
MORGAN, C. J. B.Sc., M.B., B.Ch., D.P.M.	Morgannwg Hospital, Bridgend.	Morgannwg Hospital.	Bridgend 8.
OWEN, D. R. B.Sc., M.B., B.Ch.	Morgannwg Hospital, Bridgend.	Morgannwg Hospital.	Bridgend 8.

#### VENEREAL DISEASES

SIMON, PHILIP,  
B.Sc., M.R.C.S., L.R.C.P.  
53 Butleigh Avenue, Llandaff,  
Cardiff.

#### MISCELLANEOUS DUTIES

EVANS, H. P.  
M.B., B.Ch.  
The Bungalow, The Square,  
Llanharan.



TABLE 4.

MID GLAMORGAN HOSPITAL  
TABLE SHOWING THE PROVISION OF  
DURING THE PERIODS JULY 5TH, 1948 TO DECEMBER 31st,

APPLIANCES	Bridgend and District Cottage Hospital		Bridgend General Hospital		Cymla Hospital	
	1948	1949	1948	1949	1948	1949
Abdominal Supports .. ..		83	29	356		
Artificial Eyes .. ..						
Contact Lenses .. ..						
Spectacles .. ..				17		
Artificial Limbs .. ..						
Brassiers .. ..			1	72		
Calipers .. ..						
Colotomy Appliances .. ..			2	18		
Elastic Hosiery .. ..				10		
Head, neck & trunk appliances ..						
Invalid Chairs .. ..						
Miscellaneous items .. ..			6	16		
Sacro-iliac belts .. ..			6	32		
Spinal Supports .. ..		2	1	11		1
Suprapubic Belts .. ..						
Surgical boots .. ..			5	25		
Surgical boot repairs .. ..			3	34		
Trusses .. ..			3	21		
Urinals .. ..			1	3		
Wigs .. ..				6		
		85	57	621		1

MANAGEMENT COMMITTEE.

MEDICAL AND SURGICAL APPLIANCES.

1948. AND JANUARY, 1st, 1949 TO DECEMBER 31st, 1949.

Maesteg		Neath		Port Talbot		Bridgend		Neath		TOTALS	
General Hospital		General Hospital		General Hospital		Chest Clinic		Chest Clinic			
NUMBER OF ORDERS PLACED											
1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949
24	241	40	320	60	436		1			153	1437
			15		11						26
					3						3
				70	141					70	158
12	9	6	19	2	5					20	33
			9	13	71					14	152
		18	21	2				1		21	21
5	5	7	17	1	10					15	50
		9	48	10	12					19	70
	64	5			2					5	66
					7						7
5				6	3			1		18	19
		2	11		2					8	45
4	3	2	13		2			2	1	9	33
				1	2					1	2
5	27	6	40	7	29					23	121
	2	18	73			2	3	4	1	27	113
2	1	16	33	4	8					25	63
		5	5	6	8					12	16
1	4	2	12	2	7					5	29
58	356	136	636	184	759	2	4	8	2	445	2464



TABLE 5.

TABLE SHOWING DETAILS OF INPATIENT AND  
CLINICS IN THE GROUP, ALLOCATION  
PERIOD JULY 5TH, 1948

	INPATIENTS			
	Discharges (or deaths) during the period			No. of beds allocated (irrespective of actual use)
	M	F	TOTAL	
General Medicine ..	798	614	1412	191
General Surgery ..	1517	1085	2602	422
Unclassified .. ..				
Gynaecology .. ..		446	446	35
Obstetrics .. ..		1524	1524	117
Paediatrics .. ..	128	106	234	
Dentistry .. ..	2	7	9	
Dermatology .. ..	18	5	23	
Tuberculosis:—				
(a) Respiratory ..	27	19	46	76
(b) Non-respiratory ..				
E.N.T... ..	214	212	426	6
Infectious Diseases ..	225	261	486	237
Ophthalmology .. ..	30	10	40	
Thoracic Surgery ..				
Traumatic & Orthopaedic surgery .. ..	422	199	621	
V.D. .. ..				
Other Specialist units:—				
Asthma ..	2	5	7	
Smallpox ..				8
Chronic sick .. ..	14	11	25	152
TOTALS .. ..	3397	4504	7901	1244
Private pay-beds ..	2	9	11	4
GRAND TOTALS ..	3399	4513	7912	1248

OUTPATIENT TREATMENT AT HOSPITALS AND  
OF BEDS AND WAITING LIST.

—DECEMBER 31ST, 1948.

Waiting List on Dec. 31st.	OUT-PATIENTS		
	New outpatients during the period	Total attendances during the period	Weekly number of clinic sessions
65	981	5376	6
648	1674	4230	6
	987	2120	9
234	692	1043	3
136	1703	4247	7
13	330	438	2
2	344	385	1½
105	1663	8496	7½
	304	2865	10
944	484	500	2¼
56	547	656	2½
41	1406	8471	8
	168	1405	
	82	3298	2
2244	11365	43530	66
2244	11365	43530	66



TABLE 6.

TABLE SHOWING DETAILS OF INPATIENT AND  
CLINICS IN THE GROUP, ALLOCATION  
PERIOD JANUARY 1ST, 1949

	INPATIENTS			
	Discharges (or deaths) during the Year			No. of beds allocated (irrespective of actual use)
	M	F	TOTAL	
General Medicine ..	1320	1111	2431	184
General Surgery ..	2665	2130	4795	280
Unclassified .. ..				
Gynaecology .. ..		830	830	42
Obstetrics .. ..		3011	3011	121
Paediatrics .. ..	214	150	364	49
Psychiatry .. ..				4
Dentistry .. ..	24	23	47	
Dermatology .. ..	34	16	50	14
Tuberculosis:—				
(a) Respiratory ..	59	70	129	130
(b) Non-respiratory ..	1	3	4	
E.N.T. . . . .	290	261	551	28
Infectious Diseases ..	473	556	1029	179
Ophthalmology ..	41	31	72	10
Traumatic & Orthopaedic Surgery .. ..	738	374	1112	69
V.D.				
Other Specialist Units:—				
Asthma ..	7	8	15	
Smallpox ..				8
Ante Natal Clinics				
Chronic Sick .. ..	29	20	49	122
Convalescent .. ..	25	39	64	26
Mental (Observation etc.)				20
TOTALS .. ..	5920	8633	14553	1286
Private pay-beds ..	12	9	21	4
GRAND TOTALS ..	5932	8642	14574	1290

OUTPATIENT TREATMENT AT HOSPITALS AND  
OF BEDS AND WAITING LIST.

—DECEMBER 31ST, 1949.

Waiting List on Dec. 31st.	OUT-PATIENTS		
	New outpatients during the Year	Total attendances during the Year	Weekly number of clinic sessions
84	2277	12072	6
734	4269	8303	6
	2131	3978	7
384	1696	2339	4
397	1050	3017	8
43	694	1328	2
	29	12	1
11	547	826	1
116	4408	17272	10
	595	6483	10
2056	1075	1333	2
119	874	1366	3
160	3545	18227	8
	356	2799	5
	193	5551	2
	1066	5149	4
4104	24805	90055	79
4104	24805	90055	79

No. of Attendances in Casualty Departments .. 11,349





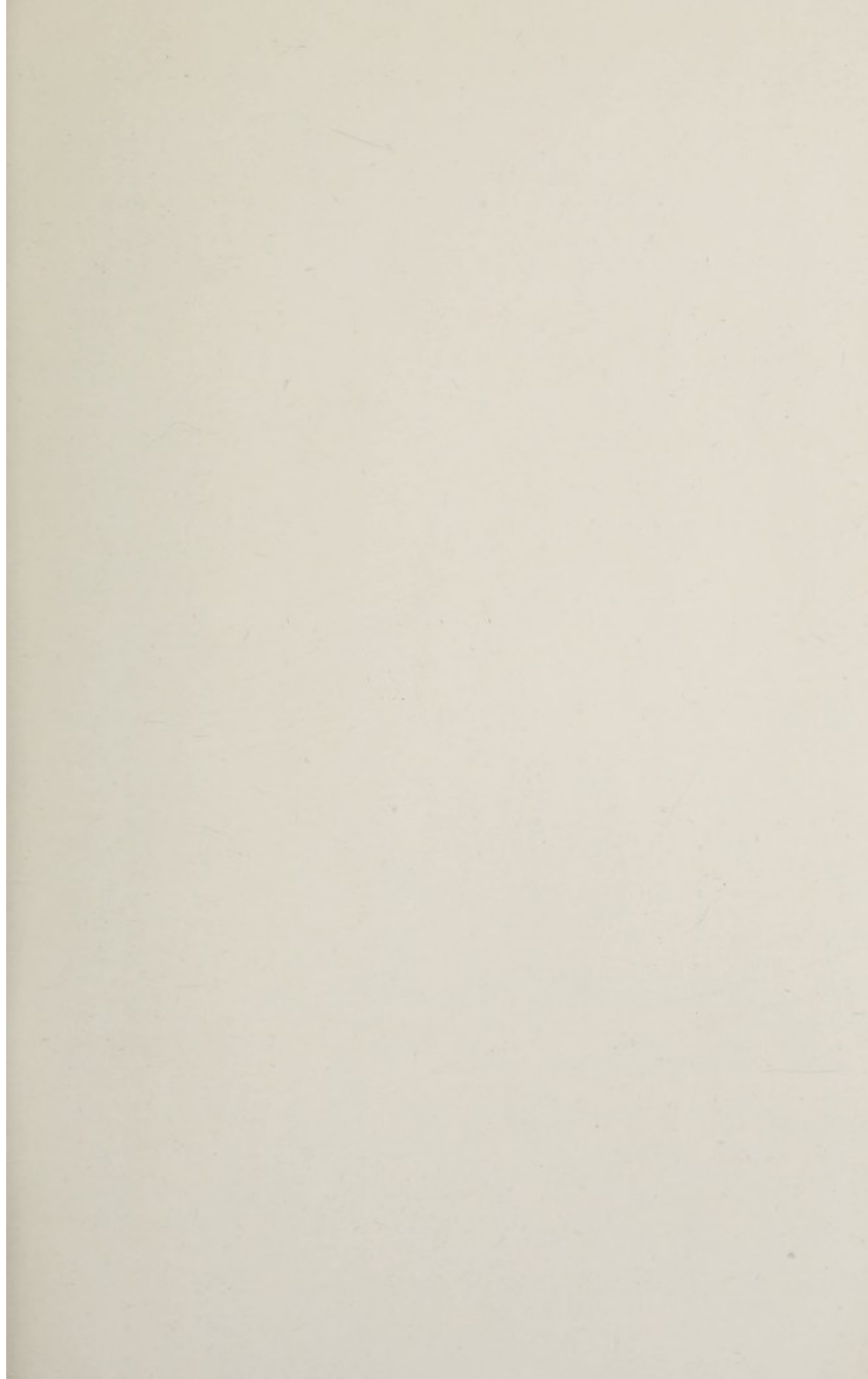
HOSPITAL RETURN

FOR THE PERIODS JULY 5th TO DECEMBER 31st, 1948 AND JANUARY 1st TO DECEMBER 31st, 1949

FOR THE PERIODS JULY 5th to DECEMBER 31st, 1948 AND JANUARY 1st to DECEMBER 31st, 1949.																																		
	Blackmill Isolation Hospital		Bridgend and District Cottage Hospital		Bridgend General Hospital		Cefn Hirgoed Isolation Hospital		Cymra Hospital		Cefn Hirgoed Smallpox Hospital		Manteg General Hospital		Manteg Isolation Hospital		Manteg Maternity Hospital		North General Hospital		Port Talbot General Hospital		Port Talbot Isolation Hospital		Tonna Hospital		Bridgend Chest Clinic		North Chest Clinic		TOTALS			
	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949	1948	1949		
Total bed complement	44	44	30	30	364	364	64	78	76	76	8	8	53	53	18	18	11	11	384	404	85	85	44	52	67	67					1248	1290		
Average daily number of beds occupied	14	17	12.4	14.9	309	311.3	15	11	74	75	—	—	45	47	8	10	10	10	308	303	64	70	12	20	13	18					884.4	477.2		
Highest daily occupation of beds	18	30	20	26	335	342	24	29	78	78	—	—	54	57	13	19	13	15	350	352	86	89	28	35	67	30					1086	1102		
Lowest daily occupation of beds	6	9	2	2	212	224	5	1	64	64	5	1	30	30	3	1	5	3	201	151	27	34	7	6	5	7					569	544		
Number of in-patients on Dec. 31st	14	16	6	12	239	284	11	29	72	73	—	—	42	38	7	12	9	10	245	197	63	54	22	28	10	21					740	774		
Average stay (in days) of patients admitted for:—																																		
Confinement					10	10											10	10	10	10												30	30	
Pulmonary Tuberculosis									203	239																						203	239	
Chronic Sickness													129						44	75											409	569		
Any other purpose																																239.9	229.2	
Number of patients on December 31st occupying tuberculosis beds:—													18	17.5	27	30			22	21	17	17	28	28	35	30								
(i) Respiratory									10	72	73																					72	83	
(ii) Non-respiratory																																4		
Number of Pay Beds (Section 4)			4	4																														
Number of patients occupying such beds during the year			11	21																													4	
Number of examinations in:—																																		
Radiological Department			360	898	5473	13615	4090		2157	5024			2108	4256					7114	12910	1671	3594										11	21	
Pathological Department																			5209	8878												49311		
Number of Patients treated in Physiotherapy Department				290	724			295	419				125	1399					816	1127												12968		
Number of treatments in Physiotherapy Department				212	6208	14734		4189	8999				1057	12019					7683	10172												1526	3669	
Number of births during the year:—																																19137	46046	
(i) Live					515	1072											131	283	694	1276												1340	2631	
(ii) Still					16	37							1				2	4	18	37												36	79	
Number of Maternal deaths					1	3																											2	3
Number of deaths within 28 days of birth and before discharge of infants born in hospital					15	19											2	6	11	31												28	56	



1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	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