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CITY OF CARDIFF.

ANNUAL REPORT

FOR 1925

OF THE

MEDICAL OFFICER OF HEALTH.

CARDIFF :

S. GLOSSOP AND SONS, LTD., NEW STREET.

1926

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PREFACE.

In order to comply with the requirements of the Ministry, the Report for 1925 contains, in addition to the usual statistical returns, more than usual reference to the happenings of previous years. Statistics bearing on the five-year period 1921-1925 are contained in Section 2, and certain other references to past experience will be found in sections of the Report mentioned below.

Social Conditions.—The persistence of certain causes of disease, disability and death in spite of modern sanitary progress has directed attention more definitely during the past 25 years to the relation existing between economic circumstances and health. This relationship appears to hold, however, only for certain types of disease, and it would be an error to assume that economic stress is inevitably followed by an increase, for instance, in the incidence of and mortality from all the epidemic diseases. It is obvious that higher standards of cleanliness and domestic management are able to counteract some of the evil influences of poverty, and obviate some of the diseases, like typhus and typhoid fever, which used to accompany social degradation. Nevertheless, it appears probable that indigence is closely associated with an increase in the incidence and fatality of tuberculosis, and in the mortality among infants from all causes, under-nourishment and malnutrition being important factors in swelling these categories in the morbidity and mortality tables.

It is therefore of public health interest to arrive at some measure of the economic state of the people in Cardiff. Returns of income reaching this Department daily in connection with emergency calls to medical practitioners by midwives, supplies of free milk, and various other services, indicate the extent to which families are living on a bare subsistence level, but the records of the Guardians are more reliable and cover a much larger section of the population. The following figures, kindly supplied by the Clerk of the Guardians, are therefore included here :—

Expenditure by the Guardians of Cardiff Union on Poor Law Relief for Citizens of the City of Cardiff, 1921 to 1925 (inclusive).

Year	Out-Relief to Ordinary Cases	Out-Relief to Able-bodied Unemployed	Total
1921	...	...	£33,246*
1922	£52,268†	£34,845†	£87,113
1923	£58,469	£44,092	£102,561
1924	£66,994	£32,902	£99,896
1925	£75,391	£21,056	£96,447

These figures show not only the extent of the financial straits of the community following on the slump in international trade of 1921, but they also reveal the efforts made by the Guardians to counteract its detrimental effects on the health of the people. It is probably to this, together with the large sums drawn locally from the unemployment insurance funds, that we must look for an explanation of the relatively high standard of health which has been maintained. Attention is directed, however, to the statistics of tuberculosis and infant mortality, included in Section 2 of this Report, which show an upward tendency in recent years, but it would not be safe to conclude that poverty is the only or even the most important explanation of these increases. These rates were high and, in the case of tuberculosis, rising during times of prosperity in this city.

General Hospital Accommodation.—Naturally, during a period of great housing shortage and consequent overcrowding associated with economic stress the calls on the general hospital beds have steadily increased, and the matter has been one of grave concern not only to the managers of general hospitals but also to the Guardians. In connection with the proposal of

* Includes some relief to able-bodied unemployed, but definite figures not available.

† Estimated. Separate figures for Cardiff not available, but estimate based on proportions for the whole Union.

the latter body to erect a new hospital at Llandough, a report of 25th January, 1926, was submitted to the Council on the problem of hospital accommodation in Cardiff, an extract from which is embodied in this Report (Appendix II.). There can be no question as to the great need for additional general hospital accommodation, and, under existing circumstances, the Guardians are the only authority in a position to provide it.

Population.—The Registrar-General's estimate of the population at June, 1925, was 227,300, as compared with 226,400 in 1924. The natural increase of population (i.e., the excess of births over deaths) in 1925, was 1,762, which added to last year's estimate would give a total population of about 228,000. The Registrar-General's estimate in recent years does not correspond either with the natural increase or with the growth of the voters' register and appears to be too low.

Births.—The number of births accredited to Cardiff in 1925 was 4,678, giving a birth-rate of 20.6, compared with 21.6 per thousand of the population last year. Further details are contained in Section 2 and Appendix III. The number of still-births coming to the knowledge of the Department was 268, the sources of information being recorded in Section 7.

Deaths.—The deaths from all causes numbered 2,916, giving a rate per thousand of the population of 12.8, as compared with 12.1 last year. Infants under one year accounted for 433 deaths, the rate of mortality per thousand births being 92, as against 78 last year. The cause of this very material increase has already been touched upon, and is also mentioned in Section 2.

Causes of Death.—As usual, the main causes of death were respiratory (including influenza) 534, cardiac and arterial (including cerebral hæmorrhage) 616, tuberculosis 348, and cancer 248. The total of 1,746 from these causes represents 60 per cent. of all deaths, a figure which may be taken as a sign-post pointing the way of public health progress. The approach to these problems would be much clearer if the statistics of sickness now in the hands of innumerable friendly societies and insurance companies were compiled and published for public health areas.

Cancer.—Reference has been made in previous Reports to the steadily increasing mortality from cancer in this city as elsewhere. On page 16 of this Report figures are included for survey purposes which reveal the extent of this increase. Both sexes are involved and, in the case of the Cardiff statistics, the increase is real and not due to any artificial transference of death certifications from one category to another, or to the change in the age distribution of the population. As in the case of tuberculosis in Cardiff, cancer is taking as the years go on a relatively larger toll of that age-group of the population who are most liable to suffer from it.

The actual number of deaths in 1925 was 248, and among the specific causes of death cancer took second place only to tuberculosis. The age distribution and localisation of disease are given in a table on page 16.

It will be observed that 20 deaths occurred from cancer of the breast among females. It was mentioned in last year's Report that, with the kind consent of the managers and medical staff of the Infirmary, an investigation into the end-results of operations for cancer of the breast was being undertaken. This enquiry has been completed and the results elaborately analysed by the Cancer Committee of the Ministry of Health in comparison with similar data from other towns. Briefly put, the enquiry established definitely the claims of surgery that excellent results can be obtained if early diagnosis is made and operation undertaken before the disease has become extensive. Unfortunately, there appears to be greater reluctance to seek medical advice and to undergo operation in Cardiff than in most other large cities.

There is room for a great extension of this type of investigation, upon which any development of administrative procedure in relation to cancer must depend. Unfortunately, the steadily increasing volume of routine medical work is leaving the medical staff of this Department no time for such work.

For the first time it is possible to include an analysis of cases of cancer voluntarily notified (page 17), but the obvious incompleteness of notification renders these figures of relatively little value for the present.

Tuberculosis.—The number of cases coming to the knowledge of the Department in 1925 was 577 (440 pulmonary and 137 non-pulmonary). The corresponding figure last year was 496 (385 pulmonary and 111 non-pulmonary). The number of deaths from this cause was 348 (303 pulmonary and 45 non-pulmonary) as against 345 last year (289 pulmonary and 56 non-pulmonary).

The position of Cardiff as regards mortality from tuberculosis in comparison with other great cities in 1925 is shown by the following figures, for which I am again indebted to the Medical Officer of Health of Sheffield :—

Town	Population	DEATH-RATE PER MILLION.					
		Respiratory Tuberculosis			All Forms of Tuberculosis		
		1916	1925	Percentage Reduction	1916	1925	Percentage Reduction
Cardiff	227,300	1,475	1,333	9.6	1,974	1,531	22.4
Salford	244,700	1,578	1,324	16.1	2,087	1,598	23.4
Manchester	758,235	1,843	1,315	28.6	2,325	1,556	33.1
Liverpool	842,968	1,812	1,250	31.0	2,283	1,520	33.4
Leicester	242,100	1,499	1,250	16.6	1,820	1,500	17.6
Newcastle-on-Tyne	286,300	1,554	1,198	22.9	2,057	1,551	24.6
Leeds	472,900	1,600	1,081	32.4	2,216	1,267	42.8
Hull	297,300	1,385	1,056	23.8	1,870	1,265	32.4
Nottingham	270,600	1,371	1,020	25.6	1,795	1,197	33.3
Stoke-on-Trent	278,900	1,524	986	35.3	2,102	1,316	37.4
Birmingham	952,766	1,313	979	25.4	1,568	1,140	27.3
West Ham	318,500	1,316	970	26.3	1,715	1,174	31.5
Bristol	385,700	1,338	952	28.8	1,638	1,180	28.0
Portsmouth	232,900	1,041	876	15.9	1,516	1,091	28.0
Plymouth	211,078	1,420	848	40.3	1,979	1,056	46.6
Bradford	290,200	1,250	813	35.0	1,730	979	43.4
Sheffield	526,900	1,366	791	42.1	1,779	988	44.5

The table reveals that Cardiff has climbed to a bad eminence in the last ten years so far as tuberculosis is concerned. From the eighth place in 1916 we have now the unenviable distinction of occupying the highest position as regards mortality from pulmonary tuberculosis. Chart E., facing page 32, which shows the trend of the relative mortality from pulmonary tuberculosis at the age when most deaths occur, illustrates the movement well. In nearly every other important town the tendency of this curve is downward; in one or two it is stationary; only in Cardiff is it definitely rising.

I have dealt with various aspects of this question in recent Annual Reports. I have not hesitated to express the opinion that, so far as this city is concerned, the existing arrangements for the prevention and treatment of tuberculosis are unsatisfactory. The number of beds for advanced cases is inadequate, with the result that patients are left in their homes in the most infective stage. In Denmark 70 per cent. of the deaths from pulmonary tuberculosis occur in institutions, in Cardiff less than one-third. In passing it should be noted that 54 of the 98 institutional deaths in 1925 took place in the City Lodge, evidence of the fact that the Guardians are doing a valuable preventive work which scarcely falls within their province. Unfortunately, a large proportion of the cases admitted to that institution are foreign seamen who constitute a comparatively small danger so far as infection of the child population is concerned, whereas most of the advanced patients who die at home are surrounded there by susceptible children under the most favourable conditions for spreading the disease.

While, therefore, the tuberculosis scheme requires much improvement and extension, even more important preventive work is waiting to be done among the child population. Everything which helps the physical development of the child will stimulate his resistance to disease. In this respect, the progressive policy of the Parks Department is a move in the right direction. Open-air schools and open-air teaching require to be developed, and more attention paid to physical culture

and the teaching of hygiene in the schools. There is lamentably little provision of country and seaside homes for debilitated children both of school age and under. The application of artificial sunlight should be tried during the winter months. In counting the cost of these things, the loss of lives at their most productive age and of maintaining the dependants of the victims of tuberculosis must be taken into consideration, as well as the very great cost of the present ineffective measures for dealing with the actually tuberculous.

The importance of preventing tuberculosis rather than treating it when it has reached its manifest and notifiable forms is well illustrated by the tables on pages 21 and 22 and the letterpress surrounding them. They show, so far as information is available, the extent to which notified cases of tuberculosis survive after a varying number of years. For instance, while 63·6 per cent. of the cases of pulmonary tuberculosis notified in 1925 were alive at the end of that year, only 7·4 per cent. of those notified in 1915 and still known to the Department survived. No stronger evidence could be adduced of the futility of schemes which concentrate on treatment rather than prevention. The good results of the treatment of non-pulmonary forms of the disease should not be allowed to divert attention from measures which will prevent the pulmonary disease, and limit the spread of infection when such disease is established beyond repair. The patient suffering from tuberculosis of the lung is, *par excellence*, the concern of the community, because he is the main source of infection.

Veneral Diseases.—It is generally believed, although accurate statistics are not available, that venereal diseases are definitely on the wane, and until this year the returns of the treatment centres appeared to confirm this view so far as Cardiff is concerned. The following statement gives the number of patients from Cardiff attending for the first time in each of the last five years :

	1921	1922	1923	1924	1925
Cardiff Royal Infirmary	793	634	657	588	838
Royal Hamadryad Seamen's Hospital ...	868	788	821	615	616
Totals	1,661	1,422	1,478	1,203	1,454

Although the general tendency is downward, the number of new cases at the Infirmary has suddenly risen in 1925 to a figure higher than in any of the previous years. There are indications, however, that this does not represent an actual increase in the incidence of venereal diseases, but is rather the result of more active publicity measures, and especially the affixing of plaques in the public urinals advertising the clinics and urging persons who had exposed themselves to infection to attend. The increase is confined to persons who were found not to be suffering from venereal disease to the unusually high number at the Infirmary of 230, and to cases of gonorrhœa which have always hitherto attended in an abnormally low proportion. The increase is therefore a measure of the greater usefulness of the clinics and not of a heavier incidence of the disease.

Examination of the results of treatment reveals the usual high proportion of failures to continue attendance to a conclusion. The facts are set out in a table which will be found on page 35. Altogether 34 per cent. of the patients ceased to attend before final tests for cure, most of these leaving at an early stage of treatment. As might be expected in a seaport, the departures before cure were highest among men, the percentage in their case being 43. To counteract pessimism, however, it ought to be pointed out that many of these men, although not cured, had been rendered non-infectious, at least temporarily, and that the most important function of the clinics has therefore been served.

A statement has been furnished by Dr. Hartigan showing the place of infection of 494 patients attending the Seamen's Hospital for the first time during 1925. This is summarised and reproduced on page 36 of the Report. It is a measure of the amount of trade with the several countries rather than of the extent of venereal infection prevalent in them. Of 80 cases recorded against Wales, 73 were infected in this city.

Difficulties of staff and accommodation delayed the opening of the new clinic for women and children until the last week of 1925. The record of its work will appear in the Report for

1926, but it may be said here that its inauguration has been well justified by the attendances, and that it is serving a section of the public not provided for hitherto.

Acute Infectious Diseases.—The steady decline in the incidence of scarlet fever and diphtheria mentioned in previous Reports appears to have come to an end, as the following figures indicate :—

Year	Cases of Scarlet Fever	Cases of Diphtheria	Total
1919	2,166	257	2,423
1920	1,351	366	1,717
1921	683	317	1,000
1922	363	247	610
1923	348	221	569
1924	190	204	394
1925	302	200	502

The death-rates from both diseases also showed a slight increase, from 0.01 per thousand to 0.02 in the case of scarlet fever, and from 0.04 to 0.06 for diphtheria.

The incidence of and mortality from enteric and cerebro-spinal fevers, and of encephalitis, poliomyelitis and smallpox remained negligible. There was a slight decline also in puerperal fever, and an insignificant decline in the incidence of ophthalmia neonatorum.

Measles, which became epidemic toward the end of 1924, continued to be unduly prevalent during the first quarter of 1925, and caused 88 deaths during the latter year. It is likely that this is the first evidence of renewed vitality of the measles virus, and that epidemics of similar or greater magnitude will recur biennially for several years.

Maternity and Child Welfare.—While the routine work of this division of the Department is set out in Section 7, it must be remembered that its officers are involved in the administration and execution of much of the work recorded in other Sections. For instance, the whole of the management of cases of ophthalmia neonatorum is in their hands, and the home visitation and supervision of cases of non-notifiable infectious disease are done by the health visitors. Further, the Senior Health Visitor is responsible for the supervision of the whole of the health visiting and nursing staffs, including school, tuberculosis, and venereal disease nurses, and the visitor under the Mental Deficiency Act.

During the year two important developments took place. The ante-natal clinic which was opened at Glossop Terrace under the joint management of this Department and the Infirmary on 18th December, 1924, became firmly established. At this clinic and at the City Hall clinic, which was transferred to new premises in Gabalfa on 19th May, 1925, 131 consultations were held as compared with 104 in 1924, while the new cases dealt with increased from 325 to 815. The quality of the ante-natal service has improved in proportion to the improvement in the premises and equipment. On 3rd November the orthopaedic clinic at Park Place was opened, and the work done there for children under school age during November and December is recorded on page 40. This bids fair to become one of the most important branches of the child welfare service.

Public Health Education.—Although the Propaganda Sub-Committee met from time to time and mapped out a plan of public health education, stress of other work has impeded the full development of the scheme. The organisation of successful meetings is a very laborious affair. During 1925 a course of six lectures to midwives was jointly arranged with the County Health Department and carried through successfully, the attendances of Cardiff midwives varying from 46 to 28, the average being 36. On March 20th and 21st, two lectures on ante-natal and post-natal hygiene were given by Dr. W. M. Feldman in the University College under the joint auspices of the Chadwick Trust, the Corporation, and the College Council. About 200 persons attended the first lecture and 100 the second. Arranged in the same way, two lectures were delivered on 28th and 29th October by Prof. E. P. Cathcart, when 220 and 180 persons attended.

Housing.—As housing schemes proceed throughout the country, attention is again being directed to clearing slum areas from the towns. It ought, therefore, to be understood that the slum, in the ordinary sense of the term, is not one of Cardiff's problems. There are individual houses and a few small groups which ought to be closed as soon as the general housing position will permit. That we have still a long distance to travel before we reach that position is evident from a special report reproduced in Appendix I., and prepared for the Housing and Town-Planning Committee, at their request, for the purpose of ascertaining to what extent overcrowding existed in this city which involved the social question of undesirable mingling of the sexes. The general conclusion from that report is that we still required, at the date when it was written, 2,000 houses to rid the city of this form of overcrowding.

Blind Persons Act.—The number and character of the blind persons residing in Cardiff as at 31st December, 1925, are shown in Appendix VI. An additional home visitor (blind male) commenced duty on 1st August, 1925. One of the two female visitors (sighted) retired on 24th August, 1925, and the vacancy was not filled. The number of blind persons visited for the first time during the year was 64, and altogether the visitors made 3,821 visits. Financial assistance to blind persons amounted to £564 15s.

Mental Deficiency Act.—As in previous Reports, the work of this Department for the Mental Deficiency Committee and a record of the known defectives are set out in Appendix VII.

RALPH M. F. PICKEN,

Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
CITY HALL, CARDIFF,
July, 1926.

Section 1.

GENERAL STATISTICS.

Area—Including inland water, foreshore and Flatholm	...	...	13,628 acres.
Excluding foreshore and Flatholm	...	...	11,984 „
Excluding inland water, foreshore and Flatholm	...	...	11,580 „
Population (estimated by the Registrar-General)	...	...	227,300
Number of persons per acre (exclusive of foreshore and Flatholm)	...	...	18.9
Number of structurally separate inhabited houses (estimated)	...	...	39,600
Number of structurally separate inhabited houses per acre	...	...	3.3
Average number of persons per occupied house	...	...	5.74
Rateable value (October, 1925)	...	...	£1,634,286
Sum represented by a penny rate	...	...	£6,095

Section 2.

VITAL STATISTICS.

For the purpose of this year's Survey Report it has been thought useful to include for the five-year period, in one summary table, the principal rates which are usually used as a measure of the hygienic progress of a community. It will be observed that the zymotic death-rate is omitted because it refers to a mixed group of diseases whose cause is now known to vary materially, and also because one of the diseases which used to be included in this group, viz., diarrhoea, is now recorded as a rate of mortality under two years of age per thousand births. These statistics are also vitiated by the extension of boundaries which took effect on 9th November, 1922, bringing within the city a group of population probably different in age-distribution and economic and social circumstances from that of the old area.

Principal Vital Statistics for each of the Years 1921 to 1925 (inclusive).

	1921	1922	1923	1924	1925
Estimated Population ...	202,700	203,700	226,200	226,400	227,300
Excess of Births over Deaths ...	2,420	1,697	2,318	2,142	1,762
Average Number of Persons per House ...	6.27	6.23	5.93	5.80	5.74
Birth-rate per 1,000 ...	24.0	21.6	22.3	21.6	20.6
Legitimate ...	23.2	20.9	21.7	20.9	20.0
Illegitimate ...	0.8	0.7	0.6	0.7	0.6
Death-rate per 1,000 :—					
All Causes ...	12.0	13.2	12.0	12.1	12.8
Tuberculosis (All Forms) ...	1.54	1.58	1.68	1.53	1.53
Pulmonary ...	1.24	1.30	1.33	1.28	1.33
Non-Pulmonary ...	0.30	0.28	0.35	0.25	0.20
Influenza and Respiratory Diseases ...	2.03	3.72	2.14	2.63	2.35
Deaths of Women in Childbirth per 1,000					
Births ...	4.51	6.46	4.56	5.32	4.49
Sepsis ...	1.84	4.01	2.77	1.84	1.71
Other Causes ...	2.66	2.45	1.78	3.48	2.78
Deaths under One Year per 1,000 Births	94	81	74	78	92
Legitimate Infants ...	91	79	71	74	91
Illegitimate Infants ...	162	169	186	216	153
Infants under 4 weeks ...	38	30	29	28	36

These statistics call for very little comment. It may be said that only one rate shows any definite tendency, viz., the birth-rate, which is steadily falling, although apparently interrupted in 1923, the first year after the boundary extension. For the first three years of this period the infant mortality appeared to be falling, but the last two years have shown a reversion toward the higher rates of previous years, an experience which is not confined to Cardiff. This increase is no doubt due partly to a rise in the diarrhoeal death-rate and to the recent recrudescence of measles, but it is difficult to avoid the conclusion that the higher mortality among infants is associated with the less favourable economic conditions of recent years. The general death-rate has varied little from year to year. The rates for pulmonary tuberculosis, which show, if anything, an upward tendency, are dealt with in some detail in the Section devoted to that disease (page 20).

BIRTHS.

The number of births registered during the year, arranged in wards and sub-divided according to sex and legitimacy, is shown in Table I., Appendix III. This table is summarised in the following brief statement :—

	Legitimate	Illegitimate	Totals
Males	2,279	58	2,337
Females	2,269	72	2,341
Totals	4,548	130	4,678
Rate per 1,000 population ...	20.0	0.6	20.6

The rates for former years and for other places are given for comparison :—

	Cardiff			England and Wales 1925	105 Great Towns 1925
	1925	1924	1915-1924		
Birth-rate per 1,000 ...	20.6	21.6	22.4	18.3	18.8

The birth-rate in each ward is given in Table IV., Appendix III.

DEATHS.

The deaths in 1925, classified according to age and cause (Registrar-General's short list) are set out in Table II., Appendix III. The ward distribution of the deaths and the death-rates are included in Table IV., and the causes of infant deaths in Table III., Appendix III.

The following is the abbreviated extract of the death statistics required by the Ministry :—

	Males.	Females.	Total.	Death-rate per 1,000.
Deaths from all causes	1,589	1,327	2,916	12.8
Women in Childbirth :—			Deaths.	Rate per 1,000 Births.
Sepsis ... ..	...	...	8	1.71
Other causes ... ..	...	...	13	2.78
Total ... ..	...	...	21	4.49
Infants under One year of Age :—			Deaths.	Rate per 1,000 Births.
Legitimate ... ..	...	...	413	91
Illegitimate ... ..	...	...	20	153
Total ... ..	...	...	433	92
			Deaths.	Rate per 1,000 Population.
Measles ... ..	...	...	88	0.39
Whooping Cough ... ..	...	...	34	0.15

					Deaths.	Rate per 1,000 Births.
Diarrhoea (under 2 years)	...	...	...	...	70	15.0

Certain of these rates may be tabulated so as to compare with previous years and other places :—

	Cardiff			England and Wales 1925	105 Great Towns 1925
	1925	1924	1915-1924		
Death-rate per 1,000 ...	12.8	12.1	13.4	12.2	12.2
Infant Mortality (Deaths under 1 year per 1,000 Births) ...	92	78	90	75	79
Deaths of women in Child- birth per 1,000 Births :					
Sepsis ...	1.71	1.84	2.22	1.56	1.71
Other Causes ...	2.78	3.48	2.71	2.52	2.16
Totals ...	4.49	5.32	4.93	4.08	3.87

Age Distribution of Population and Deaths.—The following table shows the population, deaths and death-rates at several age periods :—

Age Periods—Years	Estimated Population	Number of Deaths	Death-rate per 1,000
0—5	20,175	624	30.9
5—15	43,031	83	1.9
15—25	43,500	143	3.3
25—45	69,318	409	5.9
45—65	40,726	738	18.1
65 and upwards	10,550	919	87.1
All Ages	227,300	2,916	12.8

CANCER.

This disease is steadily increasing as a cause of death in middle and old age, and merits the greater attention which it is now receiving from bodies responsible for the preservation of the public health. That the death-rate from this disease is slowly rising in Cardiff, among both males and females, is shown by the following statement :—

Deaths at all ages from Cancer in Cardiff.

Year	MALES		FEMALES	
	Number	Rate per 1,000	Number	Rate per 1,000
1911	74	0.82	102	1.10
1912	73	0.80	92	0.98
1913	75	0.81	86	0.91
1914	80	0.86	97	1.02
1915	69	0.74	93	0.97
1916	92	1.04	94	0.97
1917	85	1.02	88	0.90
1918	89	1.15	101	1.03
1919	86	0.88	98	0.99
1920	102	1.03	113	1.13
1921	105	1.05	103	1.02
1922	106	1.04	107	1.04
1923	141	1.26	130	1.14
1924	118	1.05	148	1.21
1925	110	0.97	138	1.20

A slow but steady increase is noticeable in both sexes. Females at the beginning of the period covered by these statistics had a slightly higher mortality than males, but in more recent years the rates for the two sexes have tended to approximate to one another. The same tendency is shown if the relative mortality among persons over 45 years of age is considered :—

Deaths from Cancer per 100 Deaths from all Causes over 45 years of age in Cardiff.

Year	MALES			FEMALES		
	All Causes	Cancer	Per Cent.	All Causes	Cancer	Per Cent.
1911	639	64	10.0	542	75	13.8
1912	638	65	10.2	501	72	14.4
1913	655	62	9.5	520	70	13.5
1914	675	70	10.4	548	76	13.9
1915	763	57	7.5	658	73	11.1
1916	731	84	11.5	595	80	13.4
1917	725	77	10.6	556	70	12.6
1918	765	83	10.8	589	87	14.8
1919	735	78	10.6	575	82	14.2
1920	651	93	14.3	536	98	18.3
1921	690	98	14.2	563	78	13.8
1922	846	92	10.8	724	96	13.3
1923	842	121	14.4	669	105	15.7
1924	815	113	13.9	727	128	17.6
1925	883	103	11.7	774	119	15.4

Here the greater importance of cancer as a cause of death among women after middle age is brought out even more markedly, and the same upward tendency of the rates is revealed.

It is important to ascertain whether the apparent increase of cancer is real and not due to changes in the age distribution of the population. Unfortunately, it is difficult to obtain reliable death statistics in age-groups over a series of years for towns like Cardiff. The following table is designed to eliminate as far as possible the influence of the increasing proportion of the population living at higher ages:—

Mean Annual Death-rate per 1,000 from Cancer at Certain Ages, 1896-1900 to 1921-25.

Period	25 Years and Over			45 Years and Over		
	Estimated Mean Population	Total Number of Deaths	Mean Annual Death-rate per 1,000	Estimated Mean Population	Total Number of Deaths	Mean Annual Death-rate per 1,000
1896-1900 ...	70,664	445	1.26	—	—	—
1901-1905 ...	78,633	506	1.28	—	—	—
1906-1910 ...	85,524	706	1.65	—	—	—
1911-1915 ...	93,281	827	1.77	37,119	684	3.68
1916-1920 ...	101,905	942	1.85	42,503	832	3.91
1921-1925 ...	112,386	1,192	2.12	47,799	1,053	4.40

It is evident from these figures that restriction of the rates to the age-group of the population most susceptible to cancer does not alter the general trend. An elaborate analysis of American statistics recently published confirms the view that the increase is not merely a statistical phenomenon. Cancer appears to be becoming a more prevalent disease and bids fair to replace tuberculosis as the health-problem of greatest importance to civilized communities.

The deaths from cancer (malignant disease), a term which includes carcinoma and sarcoma, during 1925 are analysed in the following table according to the part of the body affected and the age and sex of the deceased:—

Cancer—Malignant Disease	5-15 Years		15-25 Years		25-45 years		45-65 years		65-75 years		75 years and upwards		All Ages		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes
Buccal Cavity ...	—	—	—	—	—	—	9	1	1	—	—	—	10	1	11
Pharynx, Œsophagus, Stomach, Liver and Annexa ...	—	—	—	1	1	1	28	17	20	12	2	6	51	37	88
Peritoneum, Intestines and Rectum ...	—	—	—	—	2	7	12	14	6	3	—	3	20	27	47
Female Genital Organs ...	—	—	—	—	—	3	—	23	—	5	—	2	—	33	33
Breast ...	—	—	—	—	—	5	—	8	—	6	—	1	—	20	20
Skin ...	—	—	—	—	—	1	—	—	—	—	3	—	3	1	4
Other or Unspecified Organs ...	2	—	1	—	1	1	11	10	9	5	2	3	26	19	45
Totals ...	2	—	1	1	4	18	60	73	36	31	7	15	110	138	248

On 26th February voluntary notification of cancer was commenced in Cardiff, and between that date and 31st December 94 notifications were received. These are analysed in exactly the same way as the deaths in the following table :—

Cancer—Malignant Disease	15-25 years		25-45 years		45-65 years		65-75 years		75 years and upwards		All Ages		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes
Buccal Cavity	—	—	—	—	8	—	1	1	—	—	9	1	10
Pharynx, Œsophagus, Stomach, Liver and Annexa	—	—	—	—	6	4	—	1	1	—	7	5	12
Peritoneum, Intestines and Rectum	—	1	1	—	5	5	1	—	—	—	7	6	13
Female Genital Organs	—	—	—	8	—	13	—	1	—	—	—	22	22
Breast	—	—	—	2	—	9	—	3	—	3	—	17	17
Skin	—	1	—	—	1	—	—	1	—	—	1	2	3
Other or Unspecified Organs	—	—	2	—	5	5	4	1	—	—	11	6	17
Totals	—	2	3	10	25	36	6	8	1	3	35	59	94

Notification is obviously very incomplete, the deficiency as compared with the death-returns being greatest in the case of disease affecting the alimentary tract, as set out in the second and third lines of the table. In the course of time, however, the knowledge of these cases will help to elucidate such questions as the duration of life of patients suffering from various forms of cancer, and the ages at which each form is most commonly detected.

Section 3.

NOTIFIABLE ACUTE INFECTIOUS DISEASES.

PAST AND PRESENT PREVALENCE OF SCARLET FEVER AND DIPHtheria.

For survey purposes Charts A. and B. are included, showing the epidemiological behaviour of scarlet fever and diphtheria throughout the last 36 years. As expected the period of low prevalence of scarlet fever appears to be passing, and there are indications that diphtheria may follow suit, as it usually does. There has also been a slight increase in the fatality of diphtheria during 1925, mainly due to the occurrence of a rather severe type of the disease in one quarter of the city, which is dealt with in this year's report on school medical work (page 17). On the other hand, the type of scarlet fever remains relatively mild. It is hoped that there will be a considerable extension of the use of active immunisation against diphtheria during the next five years, in which case it will be interesting to compare the future incidence and mortality of the disease with the past experience as revealed in these charts.

In relation to hospital nurses, who are specially exposed to infection, immunisation against scarlet fever and diphtheria has been extensively used, and this matter is receiving attention in Cardiff as indicated by Dr. McGarrity's report on the work of the isolation hospital (Appendix IV.).

NOTIFICATIONS, ADMISSIONS TO HOSPITAL, DEATHS, AND FATALITY RATES.

Disease	Cases Notified	Cases admitted to Isolation Hospital	Deaths	Percentage Fatality
Smallpox	1	1	—	0.0
Scarlet Fever	302	254	4	1.3
Diphtheria	200	165	13	6.5
Enteric Fever	5	5	2†	—
Pneumonia*	266	1	225	—
Puerperal Fever	17	1	8	47.0
Cerebro-Spinal Fever	3	—	3	100.0
Acute Poliomyelitis	2	—	—	0.0
Encephalitis Lethargica	5	1	2	40.0
Dysentery	3	1	1	33.3
Ophthalmia Neonatorum	89	—	—	0.0
Erysipelas	92	8	6	6.5
Malaria	8	—	—	0.0

SMALLPOX.

One case of smallpox occurred in the city during the year. The patient was an Arab seaman who contracted the disease in Algiers and sickened on 9th June, the day on which he was paid off at Barry. He came to live in a seamen's lodging house in Adamsdown, where he remained until 13th June, when he was sent into hospital as suffering from chickenpox. Although he was in contact with many people, mostly Arab seamen, for four days no subsequent cases occurred. Fortunately, this section of the population is fairly well vaccinated, but this experience confirms the opinion formed when smallpox invaded the urban population in 1921 that the prevalent type of the disease is relatively non-infectious.

* Only such cases of pneumonia as fall into the categories "acute primary" and "influenzal" are notifiable. Deaths from all forms of pneumonia are included in the fourth column.

† One notified in 1924; and one unnotified, being a resident who died outside Cardiff.

Chart A
Scarlet Fever and Diphtheria Case-rates in Cardiff, 1890-1925.

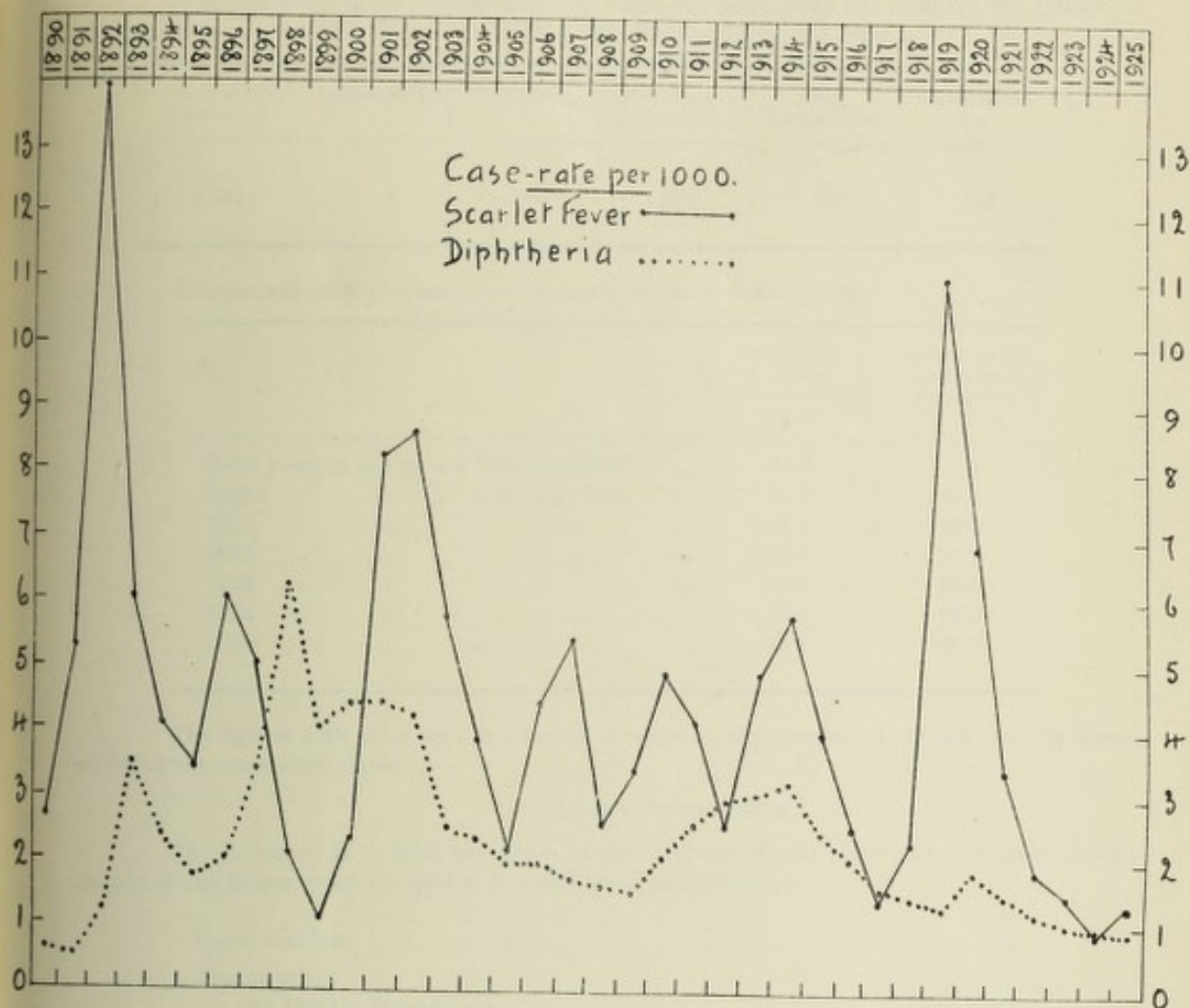


Chart B.
Scarlet Fever and Diphtheria Death-rates in Cardiff, 1890-1925.

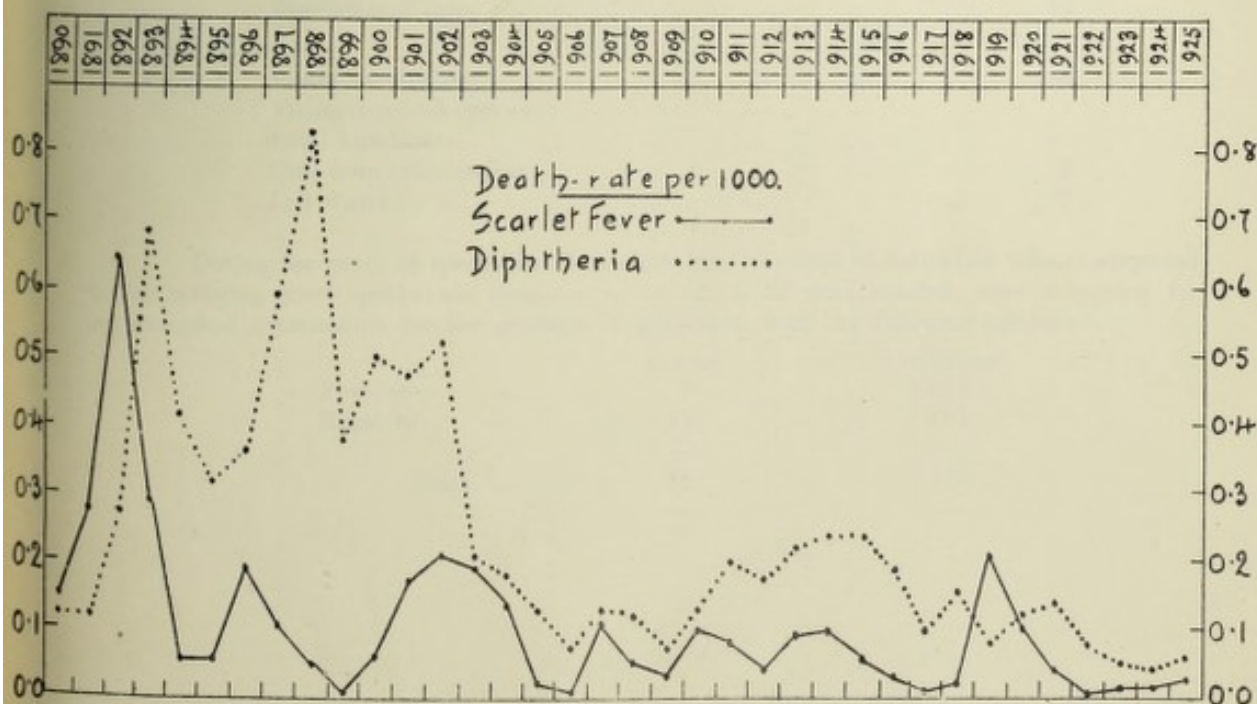


Chart A

Scallop Level and Diptheria Incidence in Great Britain

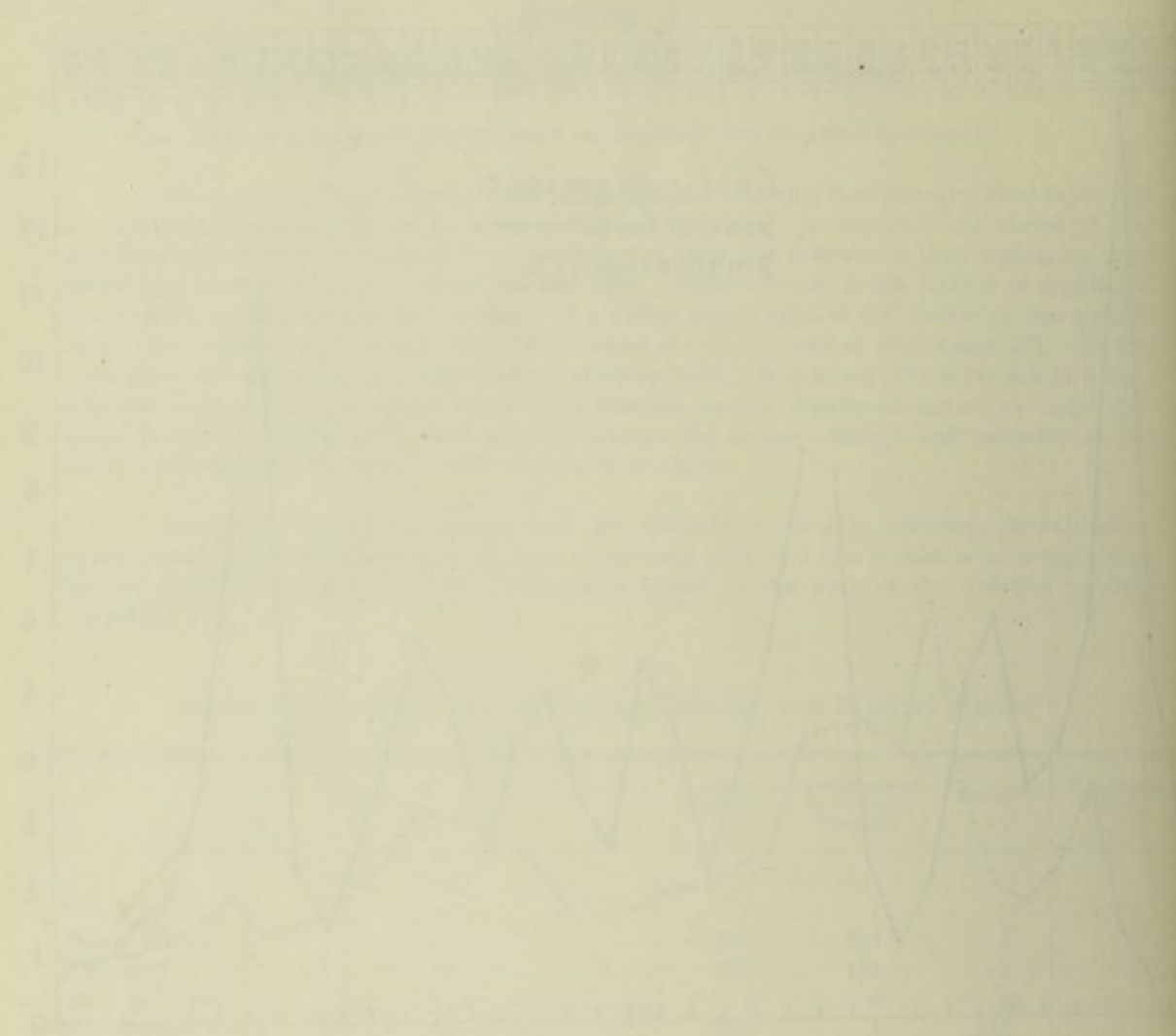
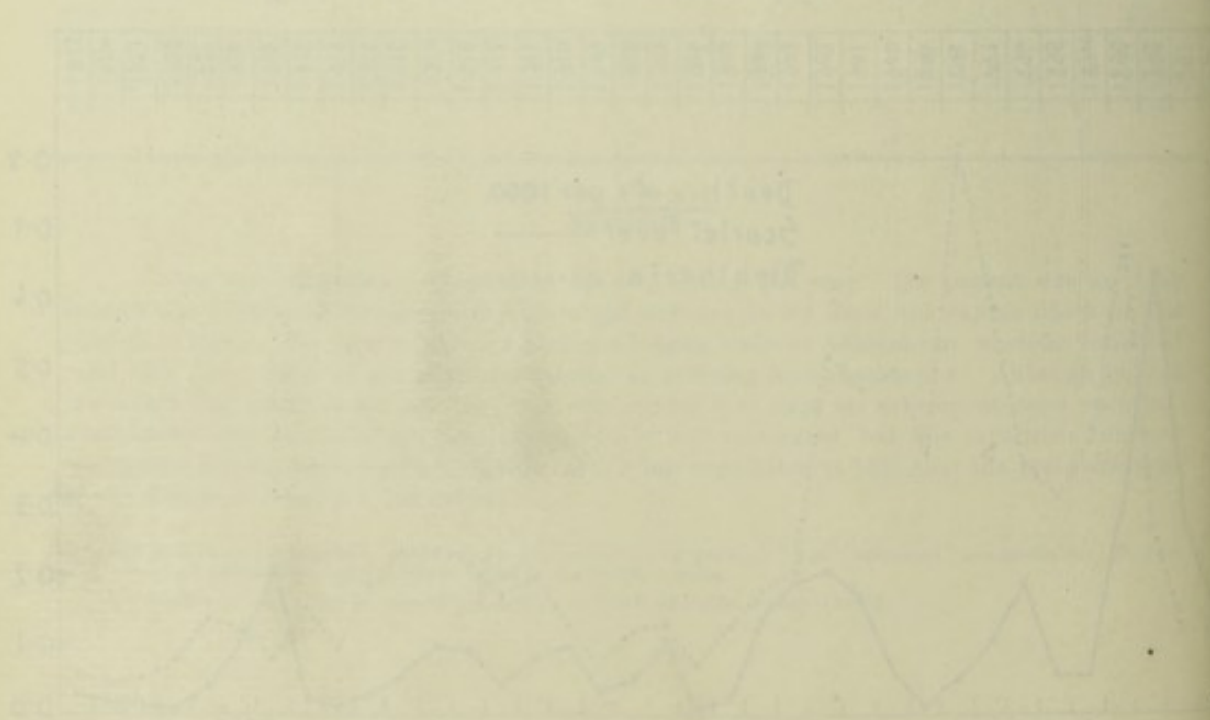


Chart B

Scallop Level and Diptheria Incidence in Great Britain



Vaccinal State of the Population.—The following table gives the result of the labours of the vaccination officers in connection with 4,897 children during the year :—

Successfully Vaccinated	Insusceptible	Postponed	Certificates of Exemption	Died Unvaccinated	Unaccounted for
2,541	4	205	1,533	302	312

Comparison with previous years is made in the following table :—

	Percentage of Infants not returned as Vaccinated	Percentage of Certificates of Exemption
Nine years in the period 1901 and 1910 ...	33.5	4.3
Eight „ „ „ 1911 and 1920 ...	54.2	24.1
1921 ...	42.5	29.5
1922 ...	47.7	37.2
1923 ...	35.5	23.5
1924 ...	44.2	30.5
1925 ...	48.1	31.3

The figures indicate a slow but steady increase in the number of parents availing themselves of the conscience clause.

OPHTHALMIA NEONATORUM.

The following is a brief indication of the activity of the maternity and child welfare section of the Department in relation to ophthalmia neonatorum :—

Cases notified	...	...	...	...	...	89
Treatment—						
By Private Practitioners	...	...	...	...	...	27
„ „ „ assisted by District Nurses	...	...	...	...	...	21
As hospital out-patients, with home supervision by District Nurses	...	...	...	...	...	2
At Child Welfare Clinics, assisted by District Nurses	...	...	...	...	...	27
Institutional cases	...	...	...	...	...	12
Results—						
Vision unimpaired	...	...	...	...	...	84
Vision impaired (left eye)	...	...	...	...	...	1
Total blindness	...	...	...	...	...	—
Died from other causes	...	...	...	...	...	2
Left district	...	...	...	...	...	2

During the year, 44 specimens of exudate from the eyes of individual infants suspected to be suffering from ophthalmia neonatorum, of which 33 were notified, were submitted for microscopical examination for the presence of gonococci, with the following results :—

	Number	Percentage
Positive	7	15.9
Negative	37	84.1
Total	44	100

Age	Sex	Occupation	Education	Religion	Marital Status
215	100	100	100	100	100

Age	Sex	Occupation	Education	Religion	Marital Status
215	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100

Section 4.

TUBERCULOSIS.

Survey of Known Cases.—For the purpose of this Survey Report it has been thought desirable to trace what has happened to all the known cases of tuberculosis over a period as long as reliable data will permit. The information so collated will be found in the subjoined tables. In dealing with a chronic disease, and one which affects with special frequency the casual dwellers and nomadic sections of the population, some difficulty inevitably arises in tracing all the patients who have ever come under notice. The percentages of survivors, therefore, in the last column of these tables show the fate only of the patients who are all known to the Department and are tabulated in column 5. It is unlikely that any material difference would be revealed if we knew what had happened to the patients recorded as lost or gone away in columns 2 and 3.

SURVIVAL OF CASES OF PULMONARY TUBERCULOSIS NOTIFIED SINCE 1915.*

Year	Cases Notified (1)			Left Cardiff (2)			Not Traced or Lost Sight of (3)			Diagnosis Altered (4)			Definitely Retained on the Records † (5)			Died (6)			Number (7)			Percentage (8)		
	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals
1915	211	157	368	20	12	32	23	20	43	9	13	22	159	112	271	147	104	251	12	8	20	7.5	7.1	7.4
1916	207	164	371	13	9	22	23	18	41	4	5	9	167	132	299	134	112	246	33	20	53	19.8	15.1	17.7
1917	212	134	346	9	3	12	31	12	43	12	8	20	160	111	271	126	99	225	34	12	46	21.4	10.8	16.9
1918	269	187	456	18	8	26	24	16	40	9	7	16	218	156	374	152	118	270	66	38	104	30.3	24.3	27.8
1919	180	141	321	17	9	26	8	11	19	7	3	10	148	118	266	124	103	227	24	15	39	16.2	12.7	14.6
1920	166	107	273	21	4	25	10	6	16	12	5	17	123	92	215	108	75	183	15	17	32	12.2	18.5	14.8
1921	165	139	304	10	8	18	13	11	24	4	8	12	138	112	250	102	99	201	36	13	49	26.1	11.6	19.6
1922	217	170	387	15	10	25	27	7	34	9	8	17	166	145	311	110	96	206	56	49	105	33.7	33.8	33.8
1923	235	153	388	14	8	22	25	14	39	8	4	12	188	127	315	127	101	228	61	26	87	32.4	20.5	27.6
1924	221	164	385	17	9	26	14	15	29	4	4	8	186	136	322	116	89	205	70	47	117	37.6	34.5	36.3
1925	219	172	391	10	4	14	1	3	4	5	5	10	203	160	363	73	59	132	130	101	231	64.0	63.1	63.6

* Records incomplete for previous years.

† Obtained by deducting the sums of the figures in columns 2, 3 and 4 from those in column 1.

SURVIVAL OF CASES OF NON-PULMONARY TUBERCULOSIS NOTIFIED SINCE 1915.*

Year	Cases Notified (1)			Left Cardiff (2)			Not Traced or Lost Sight of (3)			Diagnosis Altered (4)			Definitely Retained on the Records † (5)			Died (6)			Known to be surviving at 31st December, 1925. Number (7)Percentage (8)					
	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals			
1915	52	50	102	6	11	17	10	12	22	1	9	10	35	18	53	25	10	35	10	8	18	28.6	44.4	33.9
1916	64	73	137	8	4	12	17	28	45	4	12	16	35	29	64	26	14	40	9	15	24	25.7	51.7	37.5
1917	50	55	105	6	2	8	11	26	37	2	9	11	31	18	49	22	8	30	9	10	19	29.0	55.5	38.8
1918	61	36	97	6	5	11	8	11	19	9	4	13	38	16	54	18	12	30	20	4	24	52.6	25.0	44.4
1919	33	39	72	4	5	9	8	11	19	2	10	12	19	13	32	12	5	17	7	8	15	36.8	61.5	50.0
1920	36	38	74	9	3	12	2	5	7	8	7	15	17	23	40	5	9	14	12	14	26	70.6	60.9	65.0
1921	22	32	54	4	2	6	3	9	12	2	5	7	13	16	29	3	6	9	12	8	20	92.3	50.0	69.0
1922	57	39	96	4	6	10	13	7	20	6	2	8	34	24	58	14	10	24	20	14	34	58.8	58.3	58.6
1923	53	62	115	2	4	6	14	14	28	9	8	17	28	36	64	9	7	16	19	29	48	67.8	80.5	75.0
1924	63	48	111	6	3	9	13	12	25	8	5	13	36	28	64	16	12	28	20	16	36	55.5	57.1	56.2
1925	61	38	99	5	2	7	10	...	10	4	1	5	42	35	77	8	3	11	34	32	66	80.9	91.4	85.7

* Records incomplete for previous year.

† Obtained by deducting the sums of the figures in columns 2, 3 and 4 from those in column 1.

The difference in the records of pulmonary and non-pulmonary cases is according to expectation. Non-pulmonary tuberculosis, except in the meningeal form, is a relatively non-fatal disease, and if notification were anything like complete, the percentage of survivors would be even greater. Although the treatment of the non-pulmonary forms is exceedingly important, and its satisfactory results justify up to a point the present tendency to concentrate on provision for this type of case, nevertheless, pulmonary tuberculosis remains the great problem as a cause of death of large numbers of the population of both sexes at ages when their lives are most valuable from the economic and social standpoint.

It will be observed that the process of attrition is rapid, especially in the years immediately following notification. This experience is not confined to Cardiff. In an article which appeared in the medical press in 1919 similar figures were recorded in connection with the work of the tuberculosis scheme in Glasgow.* In this connection attention is directed to the influence on all such records of the lateness of notification, a question which has been dealt with repeatedly in previous Reports, and especially in the Annual Report for 1923 (page 28 *et seq.*).

Sources of Ascertainment.—New cases of tuberculosis† coming to the knowledge of the Department during 1925 were ascertained as follows:—

Source	Pulmonary	Non-Pulmonary	Totals
General Medical Practitioners	223	42	265
Welsh National Memorial Association	110	37	147
Medical Officers of Institutions	74	29	103
Others	18	11	29
Otherwise ascertained	15	18	33
Totals	440	137	577

Home Conditions.—A detailed analysis is given below, showing the actual living and sleeping conditions within their own tenements of 357 cases of pulmonary tuberculosis notified during the year:—

Living accommodation of 357 Patients in Private Houses:—

Rooms in Tenement (i.e., house or part of house occupied by one family)	Patients			Total number of Persons in Household			
	Males	Females	Totals	Over 10 years	Under 10 years	Lodgers	Totals
1 room	16	4	20	37	17	...	54
2 rooms	25	29	54	130	45	...	175
3 rooms	18	15	33	113	35	...	148
4 rooms and over...	133	117	250	1,207	199	...	1,406
Totals	192	165	357	1,487	296	...	1,783

* *The Expectation of Life in Pulmonary Tuberculosis*, by Ralph M. F. Picken, B.Sc., M.B., Ch.B., D.P.H. (Camb.), *Lancet*, July 19, 1919.

† Including cases notified after death, deaths not notified, and cases ascertained otherwise than by formal notification.

In addition to the foregoing 357 cases, 44 (26 males and 18 females) were cases occurring in institutions, and 29 (27 males and 2 females) in lodging houses. Information as to the living accommodation of the remaining 10 cases (7 males and 3 females) could not be ascertained for various reasons.

Sleeping Accommodation of 357 Patients suffering from Pulmonary Tuberculosis and living in Private Houses :—

Rooms in Tenement (i.e., house or part of house occupied by one family)	Patients				Contacts		
	With Room to Self	With Bed but not Room to Self	With neither Bed nor Room to Self	Totals	Sleeping in same Bed as Patient	Sleeping in separate Bed but in same Room as Patient	Totals
1 room	3	1	16	20	30	5	35
2 rooms	8	6	40	54	49	45	94
3 rooms	10	7	16	33	17	21	38
4 rooms and over...	120	31	99	250	110	80	190
Totals	141	45	171	357	206	151	357

As in previous years, this table reveals a very serious state of affairs. Only 39.5 per cent. of the new cases had sleeping rooms to themselves, and the number of contacts exposed to infection in the same bedrooms equalled the number of cases.

Occupational Incidence.—Last year a beginning was made to collate this information in such a way that some use might be made of it when it covered a sufficiently long period. The question is obviously important in relation to our high incidence of tuberculosis. The following tables show the occupational incidence among 337 males and 240 females notified or otherwise ascertained during 1925 to be suffering from tuberculosis.

MALES.

	Pulmonary	Non-Pulmonary	Totals
Accountants	1	...	1
Insurance, Commission, etc., Agents	2	...	2
Commercial Travellers	5	1	6
Clerks, Typists, etc.	20	3	23
Medical Practitioners	1	...	1
Police Constables	1	...	1
Shopkeepers and Shop Assistants	8	2	10
Bakers and Confectioners	2	1	3
Butchers	3	...	3
Fishmongers	1	...	1
Publicans and Boarding House Keepers	3	...	3
Barmen	2	...	2
Waiters	1	...	1
Hairdressers	1	...	1

Occupational Incidence—Males (con.).

	Pulmonary	Non-Pulmonary	Totals
Boot Repairers	2	...	2
Tailors	1	...	1
Printers	2	...	2
Laundry Workers	1	...	1
Factory Workers	1	...	1
Warehousemen, etc.	3	1	4
Postmen	1	...	1
Messengers and Porters	5	...	5
Railway Workers	5	2	7
Wagon Builders	2	...	2
Coach Builders	1	...	1
Engineers and Fitters	5	1	6
Seamen	57*	10†	67
Plasterers	2	...	2
Painters	2	...	2
Plumbers	1	1	2
Carpenters and Joiners	5	...	5
Boilermakers	2	1	3
Rivet Warmers ... ..	...	1	1
Iron and Steel Workers	2	...	2
Tinsmiths ... ..	...	1	1
Brass Turners	1	...	1
Colliers	1	...	1
Coal Trimmers	6	...	6
Fuel Workers	1	...	1
Chauffeurs and Motor Drivers	5	...	5
Tram and Bus Conductors	3	1	4
Hauliers and Van Men	4	...	4
Hawkers	2	...	2
Labourers (various)	33	...	33
Gardeners	1	...	1
Miscellaneous	15	2	17
No occupation or unknown	9	7	16
Children of School Age	12	25	37
Children under School Age	7	26	33
Totals	251	86	337

* British, 17; coloured, 26; other foreign seamen, 14.

† Coloured, 8; other foreign seamen, 2.

FEMALES.

	Pulmonary	Non-Pulmonary	Totals
School Teachers and Students	2	1	3
Clerks, Typists, etc.	9	1	10
Nurses	3	...	3
Shopkeepers and Shop Assistants	9	1	10
Barmaids	3	...	3
Waitresses	2	...	2
Laundry Workers	3	1	4
Tailoresses	1	1	2
Factory Workers	4	2	6
Domestic Servants	22	2	24
Charwomen	6	...	6
Housewives	80	12	92
Miscellaneous	5	...	5
No occupation or unknown	22	2	24
Children of School Age	14	19	33
Children under School Age	4	9	13
Totals	189	51	240

The most notable feature again is the heavy proportion of cases among seamen. The disembarkation in Cardiff of a large number of tuberculous seamen, many of whom die here, accounts partly for our high mortality from tuberculosis, but even when allowance is made for this factor, our position remains unfavourable as compared with most other towns.

Known Cases of Tuberculosis.—In the following tables the number of cases of tuberculosis on the register at 31st December, 1925, is shown, and also the number of these who were under regular observation by the tuberculosis nurses:—

Pulmonary Tuberculosis. Cases on the Register at 31st December, 1925.

Municipal Wards, etc.	MALES.				FEMALES.				Grand Totals
	Under 5 years.	5-15 years.	Over 15 years	Totals	Under 5 years	5-15 years	Over 15 years	Totals	
Central	28	28	...	...	24	24	52
Lodging Houses, etc.
South	24	24	...	...	19	19	43
Lodging Houses, etc.	6	6	...	...	...	...	6
Cathays	57	57	...	...	21	21	78
Adamsdown	3	38	41	...	2	33	35	76
Lodging Houses, etc.	8	8	...	...	...	...	8
Riverside	35	35	...	1	23	24	59
Canton	3	35	38	1	2	32	35	73
Grangetown	35	35	...	2	18	20	55
Roath	2	31	33	...	2	26	28	61
Plasnewydd	1	36	37	...	1	19	20	57
Splott	1	4	58	63	...	4	47	51	114
Penylan	26	26	...	...	15	15	41
Llandaff	1	32	33	1	1	21	23	56
Gabalfa	1	20	21	...	1	15	16	37
Institutions*	2	...	29	31	...	...	18	18	49
Removed and not traced	34	34	2	...	16	18	52
Total	3	15	532	550	4	16	347	367	917

* The cases shown as being in institutions are those who permanently reside in institutions and those temporarily residing in institutions whose home addresses are unknown.

Non-Pulmonary Tuberculosis. Cases on the Register at 31st December, 1925 :—

Municipal Wards, etc.	MALES.				FEMALES.				Grand Totals
	Under 5 years.	5-15 years.	Over 15 years	Totals	Under 5 years	5-15 years	Over 15 years	Totals	
Central ...	...	2	3	5	...	4	5	9	14
Lodging Houses, etc.	...	...	...	...	...	...	...	...	...
South ...	1	5	8	14	2	3	6	11	25
Lodging Houses, etc.	...	...	...	...	...	...	...	...	...
Cathays ...	...	...	12	12	2	2	10	14	26
Adamsdown ...	...	9	4	13	1	5	7	13	26
Lodging Houses, etc.	...	...	5	5	...	...	...	...	5
Riverside ...	1	4	2	7	...	2	7	9	16
Canton ...	1	3	3	7	...	7	4	11	18
Grangetown ...	...	6	6	12	1	2	3	6	18
Roath ...	2	2	5	9	2	2	1	5	14
Plasnewydd ...	...	1	8	9	1	3	7	11	20
Splott ...	2	6	7	15	2	6	15	23	38
Penylan ...	...	2	4	6	...	4	11	15	21
Llandaff ...	1	2	6	9	...	2	11	13	22
Gabalfa ...	1	6	2	9	...	2	8	10	19
Institutions* ...	...	...	4	4	...	...	6	6	10
Removed and not traced ...	...	3	5	8	...	2	4	6	14
Totals ...	9	51	84	144	11	46	105	162	306

Cases of Tuberculosis under observation by Tuberculosis Nurses at 31st December, 1925.

Municipal Wards, etc.	Pulmonary			Non-Pulmonary			Grand Totals
	Males	Females	Totals	Males	Females	Totals	
Central ...	26	23	49	4	9	13	62
Lodging Houses, etc.	...	...	...	...	...	...	...
South ...	21	17	38	12	10	22	60
Lodging Houses, etc.	5	...	5	...	...	...	5
Cathays ...	56	21	77	11	14	25	102
Adamsdown ...	36	34	70	10	13	23	93
Lodging Houses, etc.	8	...	8	4	...	4	12
Riverside ...	34	23	57	6	9	15	72
Canton ...	36	33	69	7	10	17	86
Grangetown ...	34	18	52	12	5	17	69
Roath ...	33	28	61	9	5	14	75
Plasnewydd ...	37	18	55	8	11	19	74
Splott ...	61	50	111	14	22	36	147
Penylan ...	26	14	40	6	15	21	61
Llandaff ...	33	23	56	9	13	22	78
Gabalfa ...	21	15	36	9	9	18	54
Totals ...	467	317	784	121	145	266	1,050

* The cases shown as being in institutions are those who permanently reside in institutions and those temporarily residing in institutions whose home addresses are unknown.

Cases of Suspected Tuberculosis (unnotified) under observation by Tuberculosis Nurses
at 31st December, 1925.

Municipal Wards	Males	Females	Totals
Central	3	3	6
South	2	2	4
Cathays	5	1	6
Adamsdown	14	3	17
Riverside	3	5	8
Canton	8	6	14
Grangetown	5	10	15
Roath	9	9	18
Plasnewydd	4	3	7
Splott	16	16	32
Penylan	3	5	8
Llandaff	5	8	13
Gabalfa	8	7	15
Totals	85	78	163

The actual number of known cases of tuberculosis is 1,223 as compared with 1,120 last year.

During the year the tuberculosis nurses made 492 first visits and 2,611 revisits to cases of tuberculosis and suspected cases.

Age Distribution and Localisation of Disease.—The following tables show the age-distribution and localisation of the disease among the new cases of tuberculosis, and also among the deaths from this cause during the year :—

Cases of and Deaths from Tuberculosis by Age and Sex 1925.

Age Periods— Years	New Cases*						Deaths					
	Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary		
	M	F	Totals	M	F	Totals	M	F	Totals	M	F	Totals
0—1 ...	3	1	4	9	4	13	3	...	3	8	2	10
1—5 ...	6	4	10	16	7	23	3	4	7	5	1	6
5—10 ...	7	9	16	18	10	28	4	3	7	5	2	7
10—15 ...	4	7	11	9	7	16	...	4	4	...	2	2
15—20 ...	22	33	55	7	6	13	11	22	33	1	2	3
20—25 ...	40	32	72	4	7	11	19	23	42	4	...	4
25—35 ...	68	39	107	15	4	19	55	27	82	7	...	7
35—45 ...	46	36	82	2	3	5	33	26	59	1	1	2
45—55 ...	32	21	53	4	1	5	31	11	42	2	...	2
55—65 ...	19	7	26	2	1	3	14	6	20	1	1	2
65—75 ...	3	...	3	...	1	1	3	...	3	...	...	...
75 and upwards	1	...	1	...	...	...	1	...	1	...	...	...
Totals ...	251	189	440	86	51	137	177	126	303	34	11	45

* Including cases notified after death, deaths not notified, and cases ascertained otherwise than by formal notification.

Cases of and Deaths from Tuberculosis by Localisation of Disease and Sex, 1925.

Form of Tuberculosis	New Cases*			Deaths		
	Males	Females	Totals	Males	Females	Totals
Respiratory System ...	251	189	440	177	126	303
Nervous System ...	18	4	22	11	4	15
Intestines and Peritoneum ...	11	7	18	10	2	12
Vertebral Column ...	10	8	18	4	1	5
Joints ...	18	10	28	4	2	6
Other Organs ...	28	20	48	2	...	2
Disseminated Tuberculosis ...	1	2	3	3	2	5
Totals ...	337	240	577	211	137	348

Deaths.—Altogether 348 deaths occurred, 303 of them due to the pulmonary form of the disease. They were distributed as to place of death as follows:—

Place of Death	Pulmonary	Non-Pulmonary	Totals
Tuberculosis Hospitals:—			
Glan Ely ...	17	1	18
Cefn Mably ...	2	...	2
Sanatoria ...	3	...	3
City Lodge (Union Hospital) ...	54	11	65
Cardiff Royal Infirmary ...	13	1	14
Royal Hamadryad Seamen's Hospital ...	2	...	2
Other Institutions ...	7	3	10
Lodging Houses ...	5	...	5
Private Dwelling-houses ...	200	29	229
Totals ...	303	45	348

Fifty-four of the 348 deaths (15·5 per cent.) were of cases previously unknown to the Department, 35 of these being pulmonary cases (11·5 per cent.) and 19 non-pulmonary (42·2 per cent.).

The 303 deaths from pulmonary tuberculosis correspond to a death-rate of 1·33 and the 45 deaths from other forms of tuberculosis to a death-rate of 0·20 per 1,000, compared with 1·28 and 0·25 per 1,000 respectively in 1924.

* Including cases notified after death, deaths not notified, and cases ascertained otherwise than by formal notification.

Treatment.—The following tables give particulars of Cardiff cases examined and treated under the scheme of the Welsh National Memorial Association during 1925. These have been compiled from the quarterly returns of the Association.

EXAMINATIONS AT THE TUBERCULOSIS INSTITUTE.

			Under observation pending diagnosis on first day of year	New Cases Examined during year	Totals	Found to be suffering from Tuberculosis		No evidence of active Tuberculosis	Ceased attendance before completion of diagnosis	Under observation pending diagnosis on last day of year
						Pulmonary	Non-Pulmonary			
Adults	Male ...	...	133	254	387	117	10	87	11	162
	Female ...	...	94	223	317	97	9	95	10	106
Children (under 15 years)	Male ...	...	71	96	167	3	21	78	3	62
	Female ...	...	69	94	163	6	13	69	5	70
Totals ...			367	667	1,034	223	53	329	29	400

HOSPITAL TREATMENT.

(a) Pulmonary.

			Under treatment on first day of year	Admitted during the year	Totals	Discharged	Deaths	Under treatment on last day of year
Adults	Male ...	...	12	42	54	30	11	13
	Female ...	...	14	36	50	28	8	14
Children (under 15 years)	Male ...	...	3	2	5	3	...	2
	Female ...	...	1	3	4	3	1	...
Totals ...			30	83	113	64	20	29

(b) Non-Pulmonary.

			Under treatment on first day of year	Admitted during the year	Totals	Discharged	Deaths	Under treatment on last day of year
Adults	Male ...	...	3	7	10	7	...	3
	Female ...	...	1	4	5	3	1	1
Children (under 15 years)	Male ...	...	7	10	17	7	...	10
	Female ...	...	5	10	15	6	...	9
Totals ...			16	31	47	23	1	23

SANATORIUM TREATMENT.

Pulmonary Cases.

			Under treat- ment on first day of year	Admitted during the year	Totals	Discharged	Deaths	Under treat- ment on last day of year
Adults	{ Male ...	...	18	42	60	33	1	26
	{ Female ...	...	4	24	28	10	2	16
Children (under 15 years)	{ Male ...	...	4	7	11	6	...	5
	{ Female ...	...	3	3	6	3	...	3
Totals ...			29	76	105	52	3	50

INSTITUTE TREATMENT.

(a) Pulmonary Cases.

			Under treat- ment on first day of year	New cases during year	Resuming treat- ment during year	Trans- ferred from residential treatment or other areas	Totals	Dis- charged	Deaths	Under treat- ment on last day of year
Adults	{ Male ...	...	11	7	1	...	19	5	...	14
	{ Female ...	...	12	7	...	...	19	6	...	13
Children (under 15 years)	{ Male ...	...	2	...	...	...	2	1	...	1
	{ Female ...	...	2	...	...	...	2	...	...	2
Totals ...			27	14	1	...	42	12	...	30

(b) Non-Pulmonary Cases.

			Under treat- ment on first day of year	New cases during year	Resuming treat- ment during year	Trans- ferred from residential treatment or other areas	Totals	Dis- charged	Deaths	Under treat- ment on last day of year
Adults	{ Male ...	...	3	1	...	...	4	3	...	1
	{ Female ...	...	4	1	...	...	5	4	...	1
Children (under 15 years)	{ Male ...	...	2	4	...	...	6	4	...	2
	{ Female ...	...	6	5	...	...	11	5	...	6
Totals ...			15	11	...	...	26	16	...	10

TREATMENT AT HOME BY MEDICAL PRACTITIONERS IN CONSULTATION WITH
TUBERCULOSIS PHYSICIAN.

(a) Pulmonary Cases.

			Under treat- ment on first day of year	New cases during year	Resuming treat- ment during year	Trans- ferred from residential treatment or other areas	Totals	Dis- charged	Deaths	Under treat- ment on last day of year
Adults	{ Male	...	76	67	31	1	175	61	47	67
	{ Female	...	38	67	9	...	114	47	33	34
Children (under 15 years)	{ Male	...	2	1	1	...	4	...	3	1
	{ Female	...	1	4	...	...	5	2	1	2
Totals ...			117	139	41	1	298	110	84	104

(b) Non-Pulmonary Cases.

			Under treat- ment on last day of year	New cases during year	Resuming treat- ment during year	Trans- ferred from residential treatment or other areas	Totals	Dis- charged	Deaths	Under treat- ment on last day of year
Adults	{ Male	...	...	7	4	...	11	3	3	5
	{ Female	...	4	...	...	...	4	...	1	3
Children (under 15 years)	{ Male	...	2	6	...	...	8	3	...	5
	{ Female	...	1	...	...	...	1	1	...	...
Totals ...			7	13	4	...	24	7	4	13

Chart C.

Pulmonary Tuberculosis: Death-rate per 1000 in Cardiff, 1894 - 1925.

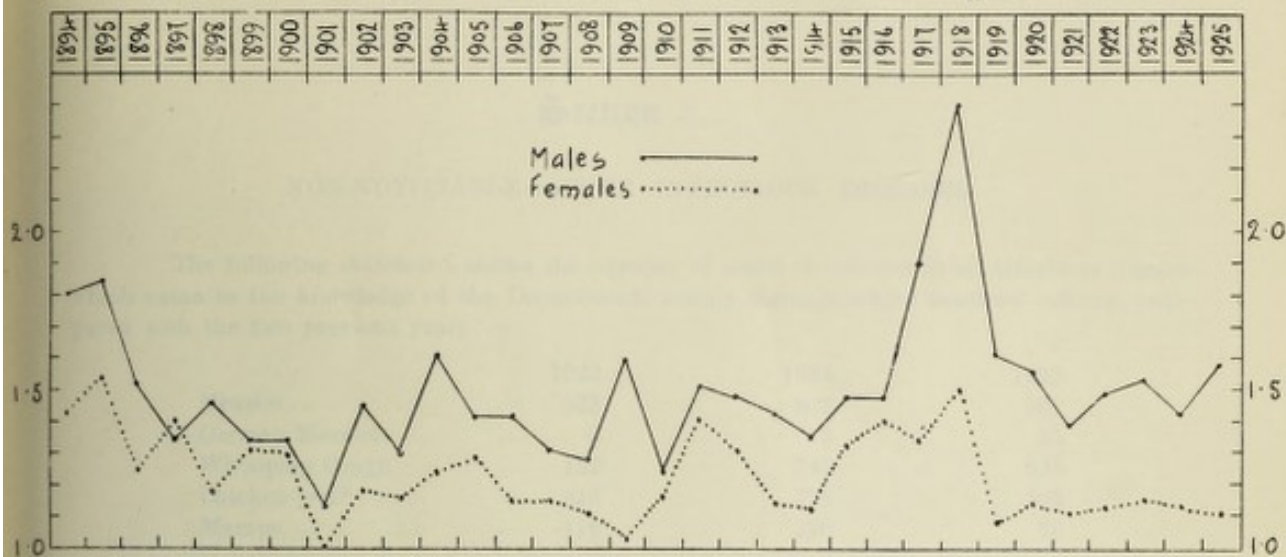


Chart D.

Non-Pulmonary Tuberculosis: Death-rate per 1000 in Cardiff, 1894 - 1925.

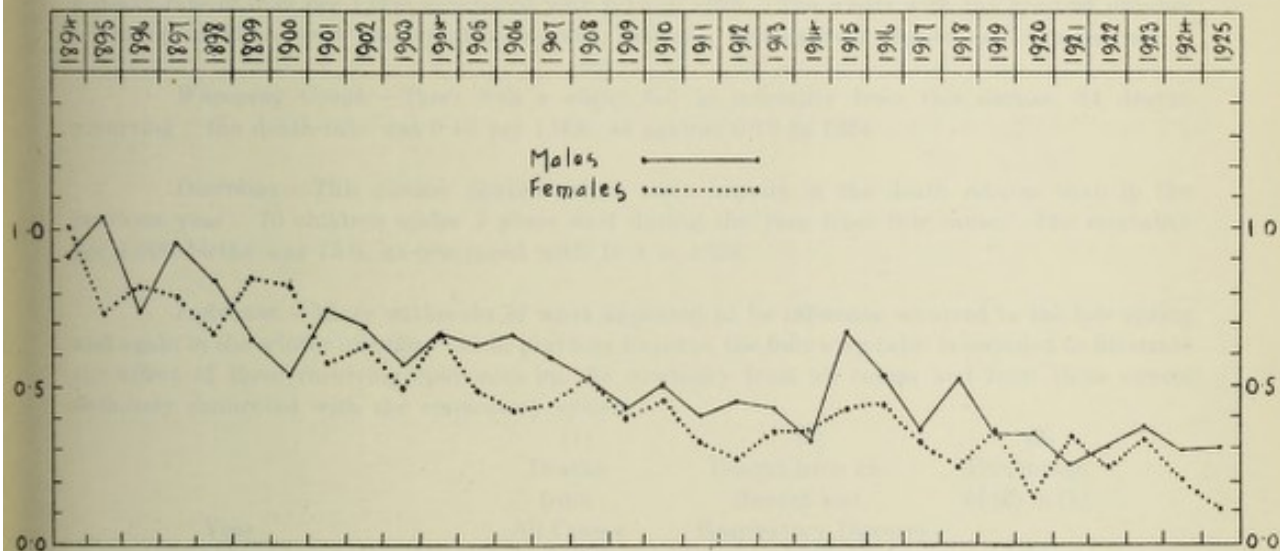


Chart E.

Percentage of Deaths from Pulmonary Tuberculosis to Deaths from All Causes between the Ages of 15-65 years in Cardiff, 1900 - 1925.

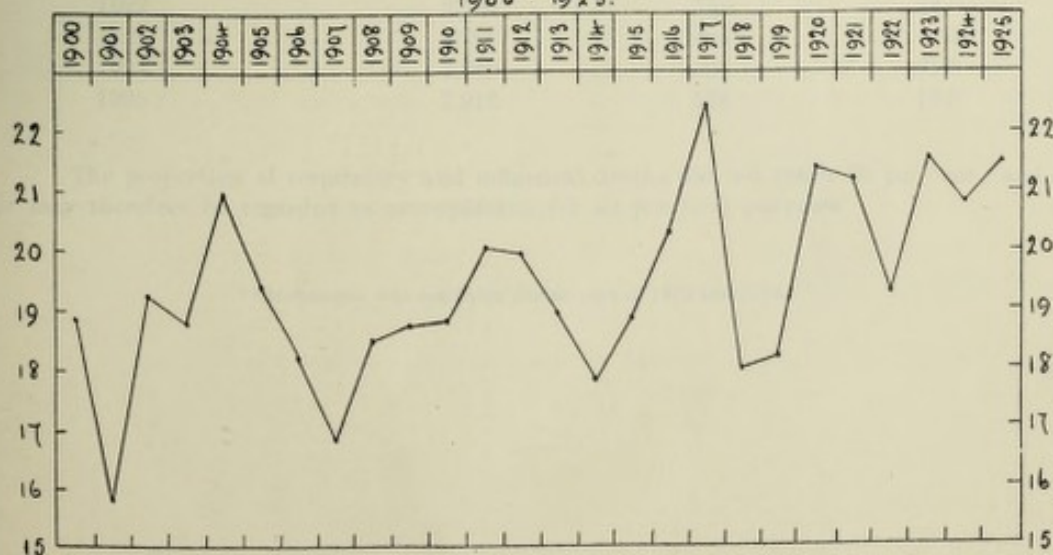


Chart C

Percentage of Deaths from Tuberculosis per 1000 in Canada, 1924-1925

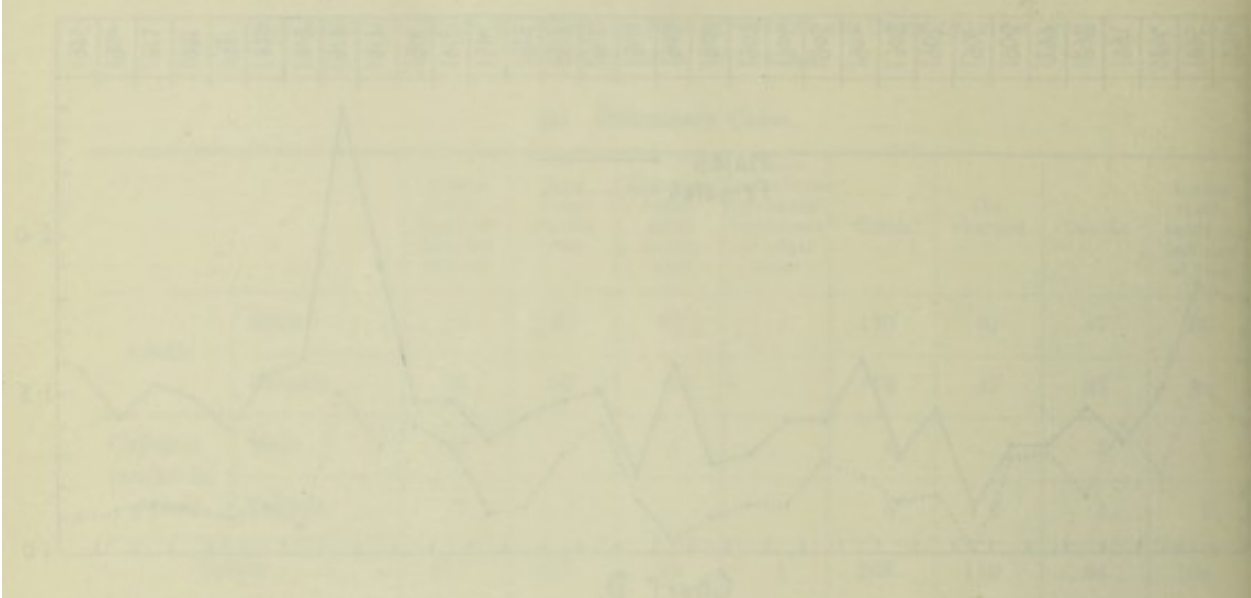


Chart D

Percentage of Deaths from Tuberculosis per 1000 in Canada, 1924-1925

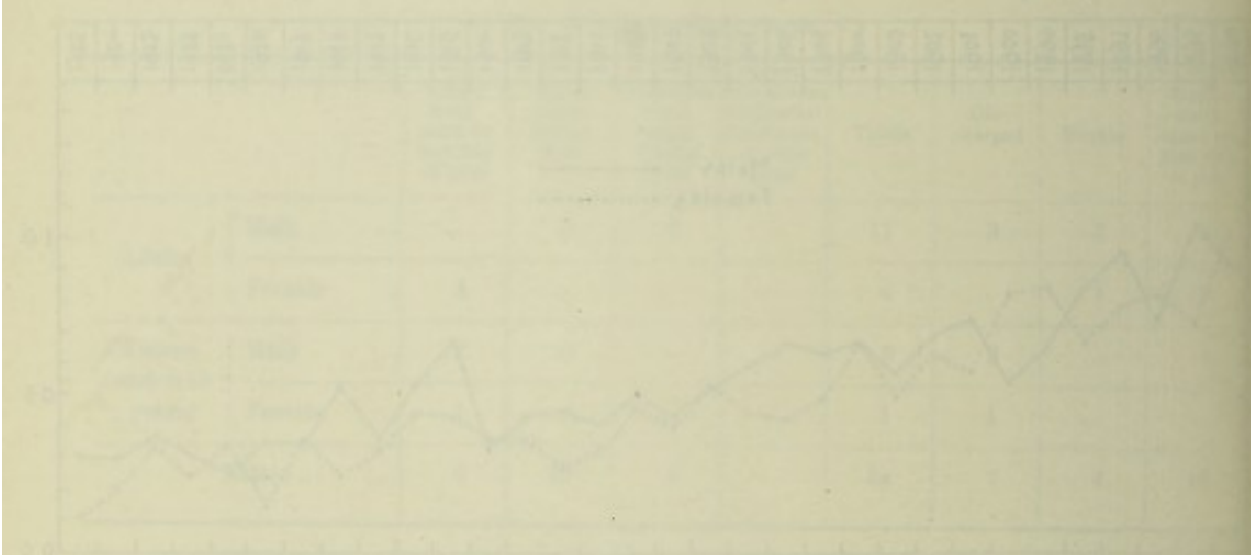
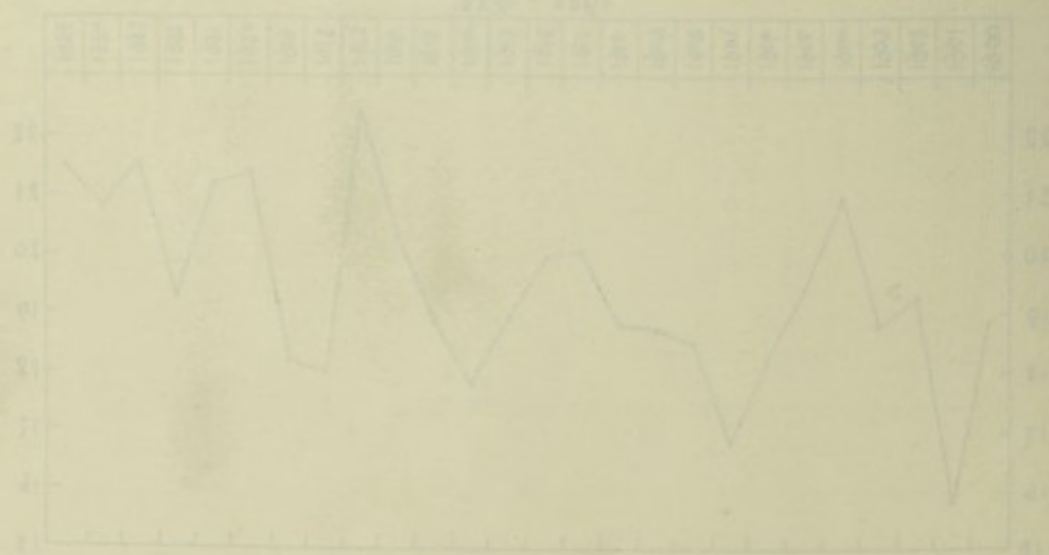


Chart E

Percentage of Deaths from Tuberculosis per 1000 in Canada, 1924-1925



Section 5.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

The following statement shows the number of cases of non-notifiable infectious disease which came to the knowledge of the Department, mainly through school teachers' returns, compared with the two previous years:—

	1923.	1924.	1925.
Measles ...	523	802	861
German Measles ...	4	3	35
Whooping Cough ...	122	241	335
Chicken-pox* ...	815	778	303
Mumps ...	116	220	70

Measles.—The epidemic mentioned in the last Report continued throughout the first quarter of 1925 with increased fatality. Altogether 88 deaths occurred during the year, giving a death-rate of 0·39 per 1,000, compared with 0·15 in 1924. The wards with the greatest number of young children were mainly affected, viz., Gabalfa, Adamsdown, Splott and Grangetown.

Whooping Cough.—There was a slight fall in mortality from this disease, 34 deaths occurring; the death-rate was 0·15 per 1,000, as against 0·19 in 1924.

Diarrhœa.—This disease figured rather more heavily in the death returns than in the previous year; 70 children under 2 years died during the year from this cause. The mortality per 1,000 births was 15·0, as compared with 10·8 in 1924.

Influenza.—Minor outbreaks of what appeared to be influenza occurred in the late spring and again in the winter months. As in previous Reports, the following table is included to illustrate the effect of these recurring epidemics on the mortality from all causes and from those causes definitely connected with the respiratory system:—

Year.	(1) Deaths from All Causes.	(2) Deaths from In- fluenza and Respiratory Diseases.	(3) Percentage of (2) in (1).
1917 ...	2,433	471	19·4
1918 ...	3,188	1,073	33·6
1919 ...	2,652	666	25·1
1920 ...	2,411	424	17·6
1921 ...	2,452	429	17·5
1922 ...	2,704	758	28·0
1923 ...	2,721	484	17·8
1924 ...	2,740	597	21·8
1925 ...	2,916	534	18·3

The proportion of respiratory and influenzal deaths did not reach 20 per cent., and the year may therefore be regarded as non-epidemic for all practical purposes.

* Chicken-pox was notifiable during part of 1923 and 1924.

Section 6.

VENEREAL DISEASES.

The following is a summary of the returns from treatment centres established under the Public Health (Venereal Diseases) Regulations, 1916 :—

	Cardiff Royal Infirmary	Royal Hamadryad Seamen's Hospital*	Institutions elsewhere than in Cardiff	Totals
A. Number of persons residing in Cardiff dealt with during the year for the first time and found to be suffering from :—				
Syphilis	254	200	8	462
Soft Chancre	10	110	1	121
Gonorrhœa	344	291	10	645
Conditions other than Venereal ...	230	15	...	245
Totals	838	616	19	1,473
B. Number of attendances of all patients residing in Cardiff	9,946	16,008	139	26,093
C. Aggregate number of " in-patient days " of all patients residing in Cardiff ..	186	3,104	66	3,356
D. Number of doses of arsenobenzol compounds given to patients residing in Cardiff	1,907	922	16	2,845

Examination of pathological material :—

	For detection of		For Wasserman Reaction
	Spirochætes	Gonococci	
Specimens examined at Treatment Centres :—			
Cardiff Royal Infirmary	4	276	953
Royal Hamadryad Seamen's Hospital	111	172	...
Specimens examined at the Cardiff and County Public Health Laboratory	5	164	820

The number of doses of arsenobenzol compounds supplied to medical practitioners, other than at treatment centres, during the year was 625.

* The figures in this column relate to all seamen treated whether residents of Cardiff or not.

Results of Treatment.—The following summary has been prepared from the annual returns of the clinical officers, showing the conditions under which patients ceased treatment at the treatment centres during the year.

Return relating to all persons treated at the Cardiff Royal Infirmary and Royal Hamadryad Seamen's Hospital Treatment Centres during 1925 :—

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal Disease		Totals			Per- centage
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes	
(1) Number of cases under treatment or observation at the beginning of the year ...	278	152	31	...	234	46	12	13	555	211	766	32.3
(2) Number of cases dealt with for the first time ...	413	83	119	2	660	39	256	35	1,448	159	1,607	67.7
Totals ...	691	235	150	2	894	85	268	48	2,003	370	2,373	100
(3) Number of cases that ceased to attend—												
(a) Before completing the first course of treatment ...	140	27	26	1	255	8	...	...	421	36	457	19.3
(b) After one or more courses but before completion of treatment ...	105	35	...	...	...	...	...	...	105	35	140	5.9
(c) After completion of treatment but before final tests as to cure ...	48	...	4	...	140	13	...	...	192	13	205	8.6
(4) Number of cases transferred to other treatment centres after treatment ...	11	...	12	...	25	...	...	...	48	...	48	2.0
(5) Number of cases discharged after completion of treatment and observation ...	84	8	92	...	179	21	...	...	355	29	384	16.2
(6) Number of cases discharged as not requiring treatment ...	...	...	...	...	...	...	247	42	247	42	289	12.2
(7) Number of cases remaining under treatment or observation at the end of the year	303	165	16	1	295	43	21	6	635	215	850	35.8
Totals ...	691	235	150	2	894	85	268	48	2,003	370	2,373	100

Places of Infection of Seamen.—The following record of the countries where infection was contracted among certain patients attending the Seamen's Hospital has been prepared from information supplied by Dr. Hartigan :—

	Syphilis	Soft Chancre	Gonorrhœa	Totals
Algeria	5	...	9	14
Arabia	1	...	...	1
Argentina	11	3	11	25
Belgium	4	...	7	11
Brazil	4	...	...	4
Canada	1	...	2	3
Chile	5	...	2	7
China	2	1	...	3
Egypt	4	2	2	8
England	18	1	30	49
Finland	1	1	2	4
France	28	11	34	73
Germany	4	1	13	18
Greece	3	...	2	5
Holland	3	...	5	8
India	9	2	4	15
Ireland	4	1	...	5
Italy	5	4	12	21
Japan	1	1	2	4
Malta	1	...	1	2
New South Wales	1	...	2	3
N. Africa ... ..	...	...	1	1
N.W. Africa	1	...	...	1
Palestine ... ..	...	...	1	1
Poland	1	...	...	1
Portugal	10	4	7	21
Rumania	4	1	6	11
Russia	4	1	8	13
Sahara	1	...	...	1
Scotland	3	1	2	6
Senegal	1	...	...	1
Sicily ... ..	...	...	1	1
S. Africa	1	...	1	2
Spain	9	4	16	29
Straits Settlements	2	...	1	3
Sweden ... ..	...	3	1	4
Syria ... ..	...	...	2	2
Turkey	1	...	...	1
U.S.A.	3	...	6	9
Uruguay ... ..	...	...	2	2
Venezuela	3	2	2	7
Wales	21	8	51	80
W. Indies ... ..	...	...	1	1
Countries not traced	5	2	6	13
Totals	185	54	255	494

Comment has already been made on these returns in the preface to this Report.

Section 7.

MATERNITY AND CHILD WELFARE.

Notification of Births and Still-births.—The following statement shows the number of births and still-births notified during the year :—

	Births.	Still-births.
By Medical Practitioners	58	2
By Midwives	3,571	176
By Queen's Nurses	612	30
By Parents	33	—
From Cardiff Royal Infirmary	520	55
From City Lodge	63	5
Totals	4,857	268

Child Welfare Consultations.—The following is a record of the work done at the several centres :—

Centre	Consultations	First Attendances	Total Attendances
Central*	67	459	4,829
South	48	130	1,387
Glossop Terrace	89	290	3,215
Canton	88	451	5,641
Grangetown	87	483	4,870
Splott	88	492	5,704
Gabalfa	69	302	3,195
Llandaff North	49	57	1,084
Ely	41	184	1,849
Totals	626	2,848	31,774

Ante-natal Consultations.—Corresponding information as to the ante-natal clinics is given in the following statement :—

Centre	Consultations	First Attendances	Total Attendances
City Hall†	49	128	294
Gabalfa‡			
Glossop Terrace	82	687	2,135
Totals	131	815	2,429

The new arrangements in connection with the ante-natal clinic, mentioned in last year's Report and in the preface to this Report, have resulted in a trebling of the amount of work overtaken.

* Transferred from City Hall to 50, Park Place on 9th October, 1925.

† Closed on 13th May, 1925.

‡ Opened on 19th May, 1925.

Dental Clinic.—The following is a record of the year's work :—

	Mothers	Children	Totals
Inspected	89	67	156
Treated	117	60	177
Attendances	259	116	375
Teeth extracted	315	260	575
Teeth filled	28	9	37
Dressings	20	...	20
Scalings	26	...	26
Anæsthetics administered :—			
General	66	57	123
Local	14	...	14

Dentures supplied :—

Full upper	20
Partial upper	10
Full lower	10
Partial lower	16
Cost of dentures	£33 10s. 6d.
Amount reclaimed from patients	£10 8s. 0d.
Amount recovered from patients	£6 16s. 6d.

The work of this clinic shows a material expansion as compared with the previous year.

Maternity Hospital.—Under the new arrangements with the Royal Infirmary (Maternity Branch) the Corporation has ceased to be responsible for the cost of individual patients sent through the clinics, the services of the Infirmary being recognised by the payment annually of a round sum of £1,200. The record of Cardiff cases dealt with in the hospital is therefore given in the following altered form :—

Number of cases admitted—

Complicated cases sent by General Practitioners ...	48
Cases admitted through Ante-natal Clinics ...	349
Other Cardiff cases	64
Total	461

Domiciliary Visits by Health Visitors.—The following is a summary of the visits by the health visitors in connection with maternity and child welfare :—

Births—First visits	4,229
Routine visits { Infants under 1 year	8,080
Children over 1 year	9,126
Expectant Mothers { First visits	335
Re-visits	33
Visits regarding—	
Infant deaths	339
Still-births	178
Ophthalmia Neonatorum { First visits	86
Re-visits	190
Puerperal Fever	8
Financial circumstances	329
Other visits	4,033

Supply of Free Milk.—Milk was supplied free of charge in necessitous cases and on medical certificate to the following extent :—

	Fresh Milk		Dried Milk	
	Individual Cases	Pints of Milk Granted	Individual Cases	Pounds Granted
Children	289	17,214½	123	2,674
Mothers	228	11,328	—	—
Totals	517	28,542½	123	2,674

Training of Midwives.—Twelve women received free studentships for attendance at the courses of lectures given in the University College, and four selected by examination were provided with scholarships for practical training at the Queen Victoria's Jubilee Institute for Nurses.

Midwives Practising in Cardiff.—The number of midwives practising in Cardiff at the end of the year was 119. These may be classified as follows :—

According to qualifications :—

<i>Bona Fide</i>	22
Certificate of London Obstetrical Society	5
Certificate of Central Midwives Board	92
Total	119

According to type of practice :—

Attached to public institutions	23
Conducting private maternity homes	15
Dealing with less than five cases per annum	14
Monthly nurses	10
Others	57
Total	119

Officers of the Department made 281 visits of inspection of midwives, and midwives' appliances were disinfected in 12 instances.

The following is a record of the work of midwives in Cardiff during the year in relation to the births which were the subject of visits by the health visitors :—

Attendances at births by midwives* as ascertained by health visitors :—

(a) Alone	2,773
(b) With a medical practitioner	1,094

Attendances at still-births by midwives* :—

(a) Alone	71
(b) With a medical practitioner	137

* Other than those engaged in midwifery at the Cardiff Royal Infirmary and the City Lodge.

Medical Practitioners called in by Midwives in Emergency.—During the year the number of instances in which medical practitioners were called in by midwives in emergency was 663, and claims for emergency fees were made by practitioners in 219 cases. The fees claimed totalled £368 3s. 6d., and in 46 instances fees amounting to £59 5s. 10d. were reclaimed from patients. The sum actually recovered during the year was £50 4s. 0d. (including sums reclaimed in 1924). The proportion recovered of the amount paid to practitioners was 13·6 per cent.

Home Nursing.—The following is a record of the work done by the Queen Victoria's Jubilee Institute for Nurses for the Department :—

Cases referred to the Institute during 1925 :—

Ophthalmia Neonatorum	...	...	...	43
Ophthalmia (other than Ophthalmia Neonatorum)	...	...	...	17
Other Eye Diseases	...	...	...	6
Infantile Paralysis	...	...	...	1
Impetigo	...	...	...	17
Otorrhœa	...	...	...	75
Other Diseases	...	...	...	84
Total	...	...	...	243

Visits during 1925 :—

To cases referred during 1925	...	...	...	5,866
" " " 1924	...	...	...	843
Total	...	...	...	6,709

Home Helps.—"Home Helps" were provided by the Department in 25 cases in which mothers confined at home were without adequate domestic help and without means of obtaining it.

Orthopædic Scheme.—The new orthopædic clinic was opened for cases on 3rd November, 1925, and from that date to the end of the year 46 children under school age were examined. Of these, 2 were recommended for hospital treatment, 5 for appliances, and 14 for treatment at the clinic. Ten were actually treated at the clinic, and altogether the attendances totalled 77.

Classification of crippled children under 5 years of age known to the Department at 31st December, 1925 :—

Cause of Crippling.	Number.
Poliomyelitis	54
Other Palsy	10
Congenital Malformations	25
Trauma	—
Rickets	32
Tuberculosis (Non-active)	—
Other	9
Total	130

Section 8.

HOSPITAL PROVISION.

The hospitals provided or subsidised by the Local Authority are as follows :—

Service	Name	Situation	Accommodation	Financial relationship with the Local Authority
Maternity ...	Maternity Hospital (Cardiff Royal Infirmary)	Glossop Terrace	31 beds & 25 cots	The Local Authority gives an annual grant of £1,200. All Cardiff cases, except emergencies, admitted through the Joint Ante-natal Clinic of the Corporation and the Cardiff Royal Infirmary.
Infectious Disease ...	Cardiff Isolation Hospital	Grangetown ...	123 adult beds*	Provided by Local Authority
Smallpox ...	Cardiff Small-pox Hospital	Grangetown ...	26 adult beds†	ditto.

* At 1,872 cubic feet.

† At 2,000 cubic feet.

Section 9.

LABORATORY WORK.

Cardiff and County Public Health Laboratory.—The following statement shows the work carried out for Cardiff during 1925.

Bacteriological Examinations :—

Water Supplies	...	...	...	...	423
Milks for Tubercle Bacilli	...	...	...	...	55
Milks for other Organisms	...	...	...	...	255
Diseased Meat	...	...	...	...	9
Sputa for Tubercle Bacilli	...	...	...	...	798
Urine for Tubercle Bacilli	...	...	...	...	16
Rodents for Plague	...	...	...	...	255

Specimens for—

Diphtheria	...	...	...	...	1,841
Typhoid Fever	...	...	...	...	46
Malaria	...	...	...	...	17
Dysentery	...	...	...	...	—
Gonorrhœa	...	...	...	...	164
Syphilis (Wassermann Re-action)	...	...	...	...	820
Syphilis (Spirochæta Pallida)	...	...	...	...	5
Ringworm	...	...	...	...	60
Fæces for Organisms	...	...	...	...	44
Swabs for Meningococci	...	...	...	...	7
Cerebro-spinal Fluids	...	...	...	...	5
Other Examinations	...	...	...	...	86

Chemical Examinations :—

Water Supplies	...	...	...	...	173
Milk and Milk Products	...	...	...	...	254
Sea Water	...	...	...	...	30
Other Examinations	...	...	...	...	3

Total ... 5,366

The number of specimens examined for suspected disease in patients resident in Cardiff, together with the results of such examinations, are shown below :—

Suspected Disease	Positive Results	Negative Results	Totals	Percentage of Positive Results
Diphtheria	286	1,555	1,841	15.5
Typhoid Fever	18	28	46	39.1
Tuberculosis	187	611	798	23.4
Gonorrhœa	36	128	164	21.3
Syphilis—				
Wassermann Re-action	233	587	820	28.4
Spirochæta Pallida	...	5	5	0.0

The above figures relate to specimens and samples actually examined during 1925.

Section 10.

ACTS, BYELAWS AND REGULATIONS.

ADOPTIVE ACTS IN FORCE IN THE CITY OF CARDIFF.

Infectious Diseases (Prevention) Act, 1890.—Adopted 19th February, 1891, coming into force on 1st May, 1891.

Public Health Acts Amendment Act, 1890, Parts II. and III.—Adopted 5th March, 1891, coming into force on 1st May, 1891.

Public Health Acts Amendment Act, 1907.—Certain Sections adopted 26th January, 1909, coming into force on 16th March, 1909.

Public Health Act, 1925, Parts II., III., IV. and V.—Adopted 11th January, 1926, coming into force on 15th February, 1926.

BYE-LAWS AND REGULATIONS IN FORCE IN THE CITY OF CARDIFF.

Bye-laws as to the Cleansing of Earth-closets, Privies, Ashpits and Cesspools, dated 6th July, 1881.

Bye-laws for Prevention of Nuisances arising from Snow, Filth, Dust, Ashes and Rubbish, and for the Prevention of the Keeping of Animals on any Premises so as to be Injurious to Health, dated 6th July, 1881.

Bye-laws as to Slaughter-houses, dated 10th September, 1888.

Bye-laws as to Common Lodging Houses, dated 13th March, 1891.

Bye-laws with respect to Houses Let in Lodgings, dated 13th March, 1891.

Bye-laws for the Regulation of Offensive Trades.—Blood boiler, blood drier, bone boiler, fat melter, fellmonger, glue maker, gut scraper, leather dresser, size maker, soapboiler, tallow-melter, tanner, tripe boiler, dated 12th July, 1893.

Bye-laws for the Good Rule and Government of the City of Cardiff, dated 26th September, 1904.

Bye-laws as to Management of Mortuary, dated 7th February, 1905.

Bye-laws as to Refuse and Night Soil. For regulating the hours during which and the mode and nature of the conveyance in which any refuse, night soil, or offensive or noxious substance, matter or liquid, may be removed from any place in or be carried in, through or out of the City, dated 11th December, 1907.

Dairies, Cowsheds and Milkshops Regulations, dated 10th February, 1908.

Bye-laws with respect to the provision of Means of Escape in case of Fire in certain Factories and Workshops, dated 19th September, 1908.

Bye-laws as to the Cleansing of Footways and Pavements, dated 10th November, 1909.

Bye-laws as to Seamen's Lodging Houses, dated 12th December, 1925.

Bye-laws with respect to New Streets and Buildings, dated 22nd December, 1925.

Bye-laws with respect to the Offensive Trade of a Rag and Bone Dealer, dated 6th March, 1926.

Section 11.

HOUSING.

In addition to the usual statistics regarding the maintenance of houses in a reasonable state of repair, a special report on sex overcrowding, prepared at the instance of the Housing, etc. Committee, is embodied in this Report as Appendix I.

The following is a statement in the form required by the Ministry in relation to housing :—

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b) )	...	...	...	877
(b) With State assistance under the Housing Acts :—				
(i) By the Local Authority	...	...	...	357
(ii) By other bodies or persons	...	...	...	104
1. <i>Unfit dwelling-houses.</i>				
Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	1,518
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	...	...	...	1,188
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation				1,385
2. <i>Remedy of Defects without Service of formal Notices.</i>				
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	1,252
3. <i>Action under Statutory Powers.</i>				
A.—Proceedings under section 3 of the Housing Act, 1925.				
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—				
(a) by owners	...	...	...	—
(b) by Local Authority in default of owners	...	...	...	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close...				—
B.—Proceedings under Public Health Acts.				
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	113
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—				
(a) by owners	...	...	...	118
(b) by Local Authority in default of owners	...	...	...	—
C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.				
(1) Number of representations made with a view to the making of Closing Orders	...	...	...	—
(2) Number of dwelling-houses in respect of which Closing Orders were made				—
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	...	...	...	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	—
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders				—

Section 12.

FOOD INSPECTION.

Meat Inspection.—The following tables set out in detail the work done in connection with meat inspection during the year.

MUNICIPAL ABATTOIRS.

Animals slaughtered :—

	Roath Abattoir	Canton Abattoir	Totals
Cattle :—			
Cows	1,780	136	1,916
Calves	8,638	714	9,352
Others	7,151	754	7,905
Sheep and Lambs	42,530	6,424	48,954
Pigs	30,605	4,192	34,797
Totals	90,704	12,220	102,924

Instances in which tuberculosis was found :—

	Animals Slaughtered	Suffering from Tuberculosis	
		Instances	Percentage
Cattle :—Cows	1,916	325	16.96
Calves	9,352	24	0.26
Others	7,905	250	3.16
All Cattle	19,173	599	3.12
Pigs	34,797	313	0.90

Unsound carcasses of meat surrendered and destroyed or otherwise dealt with by arrangement with the owners :—

Place	Carcasses of				Totals
	Beef	Mutton and Lamb	Veal	Pork	
Roath Abattoir ..	90	125	30	160	405
Canton Abattoir ..	5	19	1	50	75
Totals	95	144	31	210	480

Causes of destruction of carcasses :—

Cause.	Beef	Mutton and Lamb	Veal	Pork	Totals
Tuberculosis	74	...	19	184	277
Dropsy	2	73	...	1	76
Emaciation	5	10	...	4	19
Dropsy & Emaciation	2	45	...	...	47
Johne's Disease	10	...	...	...	10
Moribund ... ..	...	5	...	1	6
Found dead ... ..	...	...	...	...	...
Decomposition ... ..	...	...	...	...	...
Other Causes	2	11	12	20	45
Totals	95	144	31	210	480

Approximate weight of diseased or unsound meat surrendered and destroyed or otherwise dealt with by arrangement with the owners :—

						Tons	cwt.	lbs.
Carcases of—								
Beef	...	...	...	...	...	23	4	76
Veal	...	...	...	...	...	1	4	29
Mutton and Lamb	...	...	...	...	...	2	5	46
Pork	...	...	...	...	...	8	12	31
Part carcases of—								
Beef	...	...	...	...	...	3	7	111
Veal	...	...	...	...	...	0	0	44
Mutton and Lamb	...	...	...	...	...	0	3	81
Pork	...	...	...	...	...	0	14	1
Offals of—								
Beasts	...	...	...	...	...	29	8	91
Calves	...	...	...	...	...	0	1	87
Sheep and Lambs	...	...	...	...	...	3	12	14
Pigs	...	...	...	...	...	3	12	4
Total						76	7	55

PRIVATE SLAUGHTER-HOUSES.

The numbers of animals slaughtered were as follows :—

Cattle	...	...	...	...	...	7
Calves	...	...	...	...	...	2
Sheep and Lambs	...	...	...	...	...	215
Pigs	...	...	...	...	...	1,055
Total						1,279

Twelve carcasses of pork were destroyed as being unsound, the cause in each case being tuberculosis. Tuberculosis was found in carcasses of pork in 45 instances, the proportion being 4.26 per cent.

The total weight of unsound meat surrendered at private slaughter-houses and destroyed by arrangement with the owners was 1 ton 13 cwt. 19 lbs.

Unsound Food exposed or intended for Sale.—The following is a record of the work done by the assistant sanitary inspectors in this connection during the year :—

Number of inspections of shops, stores, etc. :—

Butchers' shops	...	...	...	...	1,973
Provision shops	...	...	...	...	137
Markets	...	...	...	...	608
Wholesale stores	...	...	...	...	369
Fish and fruit shops	...	...	...	...	140
Poultry shops	...	...	...	...	20
Butter factories	...	...	...	...	122
Margarine stores (wholesale)	...	...	...	...	92
Railway stations	...	...	...	...	12
Other premises	...	...	...	...	296
Total					3,769

Approximate weight of diseased or unsound food found in shops and stores and destroyed or disposed of by the owners otherwise than as food for human consumption :—

	Tons	cwt.	lbs.
Beef	0	14	37
Veal, etc.	0	0	93
Mutton, Lamb, etc.	0	3	46
Pork, etc.	0	0	64
Rabbits and Hares	0	3	46
Fish	0	0	110
Provisions	0	9	15
Fruit	0	9	30
Offal	0	1	94
Vegetables	0	1	107
Total	2	5	82

Milk Inspection.—In connection with the Milk and Dairies (Amendment) Act, 1922, the principle has been adopted that every dairyman must have premises apart from his dwelling-house or cowshed for the storage of milk and vessels and for the cleansing of the latter. Steps have also been taken to exclude the milk business from shops where other articles are sold which are likely to contaminate the milk, unless it is purchased from the wholesaler in sealed bottles and sold unopened. The following is a statement showing the distribution of the milk business in Cardiff and the amount of milk sold in December, 1925 :—

Character of Business	Number of Vendors	
	Totals	Selling 6 Gallons or less per day
(1) Selling milk from shops, with or without rounds	280	130
(2) Selling milk from dwelling-houses, with or without rounds	57	5
(3) Selling milk by rounds only	163	7
(4) Selling milk from farms within the city boundary	14	1
(5) Selling milk from farms beyond the city boundary	72	3
(6) Selling milk in bottles only	113	113
(7) Selling Grade A milk	8	...
Totals	707	259

Approximate number of gallons sold per day by all vendors :—11,126 (including 240½ gallons of Grade A milk).

INSPECTION OF COWSHEDS, MILKSHOPS, ETC., BY SANITARY INSPECTORS.

Inspections of Milkshops, etc.	2,897
Notices requiring sanitary defects to be remedied—	
Served	24
Complied with	17
Inspections of Cowsheds... ..	314
Notices requiring sanitary defects to be remedied—	
Served	—
Complied with	—

INSPECTIONS OF COWS BY VETERINARY SURGEON.

			Cowsheds in City	Cowsheds beyond City Boundary
Dairymen whose premises were visited	...	...	24	1
Visits to such premises	...	...	280	1
Cows in milk examined	...	...	304	20
Examinations of such cows	...	...	3,268	20
Such cows found diseased	...	...	8	5
Cows excluded from dairy herds	...	...	8	5
Cows not in milk examined	...	...	47	—
Examinations of such cows	...	...	331	—
Such cows found diseased	...	...	1	—

Condition of cows examined :—

	Cowsheds in City		Cowsheds beyond City Boundary	
	Cows in Milk	Cows not in Milk	Cows in Milk	Cows not in Milk
Suffering from—				
Tuberculosis of Udder	...	...	1	...
Other Forms of Tuberculosis	...	...	...	...
Acute Inflammation of Udder	5	...	...	...
Other Chronic Diseases of Udder	...	...	4	...
Other Diseases	3	1	...	...
Healthy	296	46	15	...
Totals	304	47	20	...

Tubercle Bacilli in Milk.—The number of samples examined in virtue of the powers granted by the Cardiff Corporation Act, 1909, was 55, two of which were found to contain tubercle bacilli. The record of sampling from the commencement is shown in the following table :—

Milk Supplies examined for Tubercle Bacilli.

Year	Number of Samples.	Number containing Tubercle Bacilli.
1911	9	—
1912	45	5
1913	42	1
1914	39	—
1915	45	—
1916	41	1
1917	32	—
1918	19	1
1919	13	—
1920	14	1
1921	27	2
1922	43	2
1923	51	2
1924	53	1
1925	55	2

These figures taken in conjunction with the record of tuberculosis in cows given on page 45, indicate that the incidence of tuberculosis among dairy herds in this neighbourhood is not high.

Routine Bacteriological Examination of Milk.—The following record is produced here for comparison with similar tables contained in previous Reports :—

Month	Number of Samples examined	Number containing not more than 200,000 bacteria in 1 c.c.	Number with <i>B. Coli</i> absent in 1/100 c.c.	Number attaining Grade A standard by both tests	Percentage attaining Grade A standard
January ...	10	10	8	8	75
February ...	10	10	6	6	
March ...	12	10	9	9	
April ...	6	5	5	5	
May ...	11	10	9	9	
June ...	10	9	8	7	42
July ...	4	2	2	1	
August ...	10	6	2	2	
September ...	8	6	4	4	
October ...	10	7	4	3	
November ...	10	8	6	6	50
December ...	4	4	3	3	
Totals ...	105	87	66	63	60

These are samples of ordinary commercial milk, the results of the bacteriological examination being shown in such a way as to reveal what proportion attained the standard prescribed by the Milk (Special Designations) Order, 1923, for Grade A milk. Throughout the year 60 per cent. reached this standard, as compared with 63 per cent. in 1924, and 62 in 1923. The percentage in the warm months was 42, against 64 in 1924, and 43 in 1923.

Graded Milks.—The following is a statement of the producers and dealers in the various categories licensed to sell milk under the Milk (Special Designations) Order, 1923 :—

Description of Licences.	Number in force on 31st December, 1923
(1) Producers' licences to use the designation "Grade A" ...	1
(2) Dealers' licences to use the designation "Certified" ...	—
(3) Dealers' licences to use the designation "Grade A (Tuberculin Tested)"—	
(a) Bottling establishments ...	—
(b) Shops ...	—
(4) Dealers' licences to use the designation "Grade A"—	
(a) Bottling establishments ...	6
(b) Shops ...	—
(5) Dealers' licences to use the designation "Pasteurised"—	
(a) Pasteurising establishments ...	1
(b) Shops ...	—

In addition to the numbers given above two supplementary licences to sell Grade A milk were in force on 31st December, 1925.

The record of bacteriological examinations of these milks is contained in the following tables:—

GRADE A MILK—DEALER A.

Date	Sample from Producer or Dealer	Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli</i>
		°C.		
8th January	Producer	9	34,000	+ 1 c.c.
8th "	Dealer	9	36,400	+ 1 c.c.
15th "	Producer*	11.5	11,600	+ 1 c.c.
15th "	Dealer	12	9,600	+ 1 c.c.
22nd "	Producer	11.5	7,500	+ 1 c.c.
22nd "	Dealer	11	12,800	+ 1 c.c.
7th February	Producer	9	34,000	+ 1 c.c.
7th "	Dealer	9	32,000	+ 1 c.c.
11th "	Producer*	12	5,800	— 1 c.c.
11th "	Dealer	13	6,200	— 1 c.c.
18th "	Producer	9	156,000	+ 1 c.c.
18th "	Dealer	10	172,000	+ 1/10 c.c.
5th March	Producer*	10	4,400	— 1 c.c.
5th "	Dealer	11	5,300	— 1 c.c.
12th "	Producer	9	16,500	— 1 c.c.
12th "	Dealer	10	27,000	+ 1 c.c.
19th "	Producer	12.5	19,100	+ 1 c.c.
19th "	Dealer	12.5	26,500	+ 1 c.c.
8th April	Producer	16	8,300	+ 1 c.c.
8th "	Dealer	17	6,800	+ 1/10 c.c.
18th "	Producer*	13.5	2,400	+ 1 c.c.
18th "	Dealer	14.5	2,500	+ 1 c.c.
6th May	Producer	13	4,800	+ 1 c.c.
6th "	Dealer	13	6,000	+ 1 c.c.
21st "	Producer*	14	3,800	+ 1 c.c.
21st "	Dealer	16	3,100	— 1 c.c.
4th June	Producer*	18	2,200	+ 1 c.c.
4th "	Dealer	18	3,100	+ 1 c.c.
13th "	Producer	21	21,000	+ 1/10 c.c.
13th "	Dealer	21	19,200	+ 1/10 c.c.
11th July	Producer*	18.5	28,000	+ 1/10 c.c.
11th "	Dealer	19.5	41,000	+ 1/10 c.c.
13th "	Producer	21	126,000	+ 1 c.c.
13th "	Dealer	21	1,000,000	+ 1/10 c.c.
8th August	Producer	18	4,500	+ 1/10 c.c.
8th "	Dealer	19	6,800	+ 1/10 c.c.
15th "	Producer*	19.5	3,900	+ 1/10 c.c.
15th "	Dealer	19	4,900	+ 1/10 c.c.
5th September	Producer	15	12,400	+ 1 c.c.
5th "	Dealer	15	10,800	+ 1 c.c.
9th "	Producer*	16	18,000	+ 1 c.c.
9th "	Dealer	18	12,800	+ 1/10 c.c.
10th October	Producer*	13	4,500	+ 1/10 c.c.
10th "	Dealer	13.5	5,600	+ 1/10 c.c.
14th "	Dealer	11	3,100	+ 1 c.c.
9th November	Producer*	9	3,500	+ 1 c.c.
9th "	Dealer	9	4,100	+ 1 c.c.
23rd "	Dealer	10	16,700	+ 1 c.c.
2nd December	Dealer	6	10,300	+ 1/10 c.c.
16th "	Producer*	9	2,800	+ 1 c.c.
16th "	Dealer	10	4,700	+ 1 c.c.

* Sample from the supply of the licensed producer in Cardiff.

GRADE A MILK—DEALER B.

Date	Sample from Producer or Dealer				Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli.</i>
					°C.		
10th January	...	Producer	...	...	9.5	28,000	+ 1/10 c.c.
10th "	...	Dealer	...	...	9.5	21,000	+ 1 c.c.
4th February	...	Producer	...	...	11	31,000	+ 1 c.c.
4th "	...	Dealer	...	...	11	29,000	+ 1 c.c.
6th March	...	Producer	...	...	13	22,000	+ 1 c.c.
7th "	...	Dealer	...	...	13.5	19,600	+ 1 c.c.
1st April	...	Producer	...	...	12	25,600	+ 1 c.c.
1st "	...	Dealer	...	...	12	24,000	+ 1 c.c.
13th May	...	Producer	...	...	16	5,300	+ 1 c.c.
13th "	...	Dealer	...	...	16	3,100	— 1 c.c.
11th June	...	Producer	...	...	23	23,600	+ 1/10 c.c.
11th "	...	Dealer	...	...	22	24,300	+ 1 c.c.
9th July	...	Producer	...	...	17	9,600	— 1 c.c.
9th "	...	Dealer	...	...	17.5	8,500	+ 1 c.c.
13th August	...	Producer	...	...	19	6,100	+ 1/10 c.c.
13th "	...	Dealer	...	...	21	5,800	+ 1/10 c.c.
16th September	...	Producer	...	...	17	17,000	+ 1/10 c.c.
16th "	...	Dealer	...	...	17	8,000	+ 1 c.c.
7th October	...	Producer	...	...	15.5	6,500	— 1 c.c.
7th "	...	Dealer	...	...	16.5	9,300	+ 1 c.c.
25th November	...	Dealer	...	...	8.5	5,700	+ 1 c.c.
5th December	...	Dealer	...	...	8	8,200	+ 1 c.c.

GRADE A MILK—DEALER C.

Date	Sample from Producer or Dealer				Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli.</i>
					°C.		
17th January	...	Producer	...	...	12.5	9,100	+ 1 c.c.
17th "	...	Dealer	...	...	12.5	15,800	+ 1 c.c.
14th February	...	Producer	...	...	10	32,000	+ 1/10 c.c.
14th "	...	Dealer	...	...	10	41,000	+ 1/10 c.c.
14th March	...	Producer	...	...	11	34,000	— 1 c.c.
14th "	...	Dealer	...	...	11.5	48,000	— 1 c.c.
4th April	...	Producer	...	...	12.5	34,000	+ 1 c.c.
4th "	...	Dealer	...	...	12.5	4,400	+ 1 c.c.
2nd May	...	Producer	...	...	13	4,800	+ 1 c.c.
2nd "	...	Dealer	...	...	13	4,200	— 1 c.c.
6th June	...	Producer	...	...	18	7,200	— 1 c.c.
6th "	...	Dealer	...	...	19	6,100	— 1 c.c.
2nd July	...	Producer	...	...	19.5	30,800	— 1 c.c.
2nd "	...	Dealer	...	...	20	28,000	+ 1 c.c.
6th August	...	Producer	...	...	18	16,100	+ 1/10 c.c.
6th "	...	Dealer	...	...	19	18,500	+ 1 10 c.c.
2nd September	...	Producer	...	...	15	3,200	+ 1/10 c.c.
2nd "	...	Dealer	...	...	17	7,100	+ 1/10 c.c.
29th "	...	Producer	...	...	17	5,100	+ 1 c.c.
4th November	...	Producer	...	...	13.5	10,700	— 1 c.c.
4th "	...	Dealer	...	...	13.5	10,500	+ 1 c.c.
7th December	...	Producer	...	...	10	12,100	+ 1 c.c.
7th "	...	Dealer	...	...	9	17,600	+ 1/10 c.c.

GRADE A MILK—DEALER D.

Date	Sample from Producer or Dealer	Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli.</i>
		°C.		
7th November ...	Producer	13.5	7,300	+ 1 c.c.
7th " ...	Dealer	13.5	940,000	+ 1 c.c.
28th " ...	Dealer	8	9,600	— 1 c.c.
9th December ...	Producer	10	3,800	— 1 c.c.
9th " ...	Dealer	11	5,300	— 1 c.c.

GRADE A MILK—DEALER E.

Date	Sample from Producer or Dealer	Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli.</i>
		°C.		
29th September ...	Producer	17	2,600	+ 1 c.c.
29th " ...	Dealer	17	3,500	+ 1 c.c.
11th November ...	Producer	8.5	1,800	— 1 c.c.
12th " ...	Dealer	8	1,400	+ 1 c.c.
17th December ...	Producer	10	2,800	+ 1 c.c.
17th " ...	Dealer	10	3,400	+ 1/10 c.c.

GRADE A MILK—DEALER F.

Date	Sample from Producer or Dealer	Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli.</i>
		°C.		
27th October ...	Producer	11.5	2,400	— 1 c.c.
27th " ...	Dealer	11	3,700	— 1 c.c.
16th November ...	Producer	6.5	4,600	— 1 c.c.
16th " ...	Dealer	7	4,000	— 1 c.c.
21st December ...	Producer	6	4,600	+ 1 c.c.
21st " ...	Dealer	6	5,700	+ 1 c.c.

GRADE A MILK—DEALER G. (Supplementary Licence).

Date	Sample from Producer or Dealer	Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli.</i>
		°C.		
3rd January ...	Dealer	12	38,000	+ 1 c.c.
21st February ...	"	9.5	49,300	+ 1/10 c.c.
21st March ...	"	12	16,700	+ 1 c.c.
22nd April ...	"	13.5	2,200	+ 1 c.c.
16th May ...	"	18	4,900	+ 1/10 c.c.
24th June ...	"	17.5	3,500	+ 1/10 c.c.
20th July ...	"	20	17,600	+ 1/100 c.c.
18th August ...	"	17	6,100	+ 1 c.c.
19th September ...	"	15	52,000	+ 1 c.c.
25th November ...	"	8.5	6,100	+ 1 c.c.
2nd December ...	"	8	9,500	— 1 c.c.

GRADE A MILK—DEALER H. (Supplementary Licence).

Date	Sample from Producer or Dealer				Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli</i> .
					°C.		
3rd January ...	Dealer	...	...	...	12	11,200	+ 1 c.c.
3rd February ...	"	...	...	...	13	37,600	+ 1 c.c.
21st March ...	"	...	...	...	11.5	45,700	+ 1 c.c.
16th May ...	"	...	...	...	19	14,000	+ 1/10 c.c.
20th July ...	"	...	...	...	20	18,200	+ 1/10 c.c.
26th September ...	"	...	...	...	14.5	8,600	+ 1 c.c.
18th November ...	"	...	...	...	9	7,600	+ 1 c.c.

PASTEURISED MILK—DEALER I.

Date	Sample from Producer or Dealer				Temperature on Testing	Number of Colonies in 1 c.c.	Presence or Absence of <i>B. Coli</i> .
					°C.		
24th January ...	Dealer	...	...	...	9.5	21,000	— 1 c.c.
3rd February ...	"	...	...	...	13	320,000	+ 1/100 c.c.
26th March ...	"	...	...	...	11	5,000	— 1 c.c.
22nd April ...	"	...	...	...	13.5	23,000	— 1 c.c.
23rd May ...	"	...	...	...	16	7,000	+ 1 c.c.
24th June ...	"	...	...	...	16.5	8,000	+ 1 c.c.
23rd July ...	"	...	...	...	20	27,000	+ 1/100 c.c.
18th August ...	"	...	...	...	18.5	8,300	+ 1/100 c.c.
19th September ...	"	...	...	...	14.5	56,000	+ 1/10 c.c.
14th October ...	"	...	...	...	11	62,000	+ 1/10 c.c.
18th November ...	"	...	...	...	9.5	4,000	— 1 c.c.
5th December ...	"	...	...	...	8.5	7,000	— 1 c.c.

Sale of Food and Drugs Acts.—Samples submitted to the Public Analyst for analysis :—

Description	Number	Genuine	Adulterated
Bicarbonate of Soda (Informal)	4	4	...
Borax (Informal)	24	22	2
Butter	59	51	8
Butter (Informal)	18	16	2
Carbonate of Potash (Informal)	18	18	...
Cake (Informal)	1	1	...
Carbonate of Soda (Informal)	2	2	...
Margarine (Informal)	24	24	...
Milk	411	389	22
Milk (Skimmed)	9	9	...
Milk (Dried)	4	4	...
* Totals	574	540	34

In addition, the following samples were examined by the Public Analyst for the presence of Arsenious Oxide :—

Description	Number	Result
Apples	11	1 contained 1/130 grain of Arsenious Oxide per lb., 3 contained no appreciable amount, and the others none.
Bananas	1	No Arsenious Oxide.
Oranges	1	No Arsenious Oxide
Pears	10	4 contained 1/150 to 1/400 grain of Arsenious Oxide per lb., and 6 contained amounts not exceeding 1/1,000 grain per lb.
Tripe	1	No appreciable amount of Arsenious Oxide.

Samples of milk analysed and proportion adulterated :—

	Samples Analysed	SAMPLES ADULTERATED					
		Num- ber	Per- centage	Added Water	Defic- ient Fat	Preserv- atives	Coloured with Annatto
Wholesale—							
Taken at Railway Stations ...	14	2	14.3	...	2	...	...
Retail—							
Taken in shops, from carts, etc.	406	20	4.9	11	8	...	1
Totals	420	22	5.2	11	10	...	1

Public Health (Milk and Cream) Regulations, 1912 and 1917.—The number of samples of milk examined for the presence of a preservative was 420, and in each instance no preservative was reported to be present.

Legal Proceedings.—The following is a summary of legal proceedings taken during the year in connection with food inspection :—

Acts, etc., under which Proceedings were taken	Number	Fined	Cautioned	To pay costs only	Dis- missed	With- drawn	Amount of Fines and Costs
Sale of Food & Drugs Acts...	27	8	1	7	11	...	£ s. d. 43 15 6
Dairies, Cowsheds & Milk- shops Regulations ...	1	...	...	1	...	...	0 5 0
Sale of Food Order, 1921 ...	3	3	...	...	...	...	25 0 0
Public Health Act, 1875 (Sec. 117)	6	6	...	...	*...	...	60 0 0
Totals	37	17	1	8	11	...	129 0 6

Section 13.

SANITARY ADMINISTRATION.

In the following tabular statements the nature and extent of the work done during 1925 in connection with the general sanitary inspection of the district, inspection of seamen's and common lodging houses, factories, workshops and shops are given. A summary of legal proceedings, and particulars with regard to disinfection, baths at the Cleansing Station and bodies removed to the Mortuary are also included.

SANITARY INSPECTION OF DWELLING HOUSES, &c.

Complaints of nuisances received	...	...	...	...	1,478
Number of houses inspected for defects	...	...	...	...	1,518
Number of houses inspected and recorded	...	...	...	...	1,188
Re-inspections of houses	...	...	...	...	13,441
Drains tested with smoke	...	...	...	...	157
" " chemicals	...	...	...	...	1,647
Notices served :—					
Informal	...	...	...	...	1,385
Statutory	...	...	...	...	113
Notices complied with :—					
Informal	...	...	...	...	1,252
Statutory	...	...	...	...	118
Towns Improvement Clauses Act, 1847 :—					
Notices <i>re</i> defective shutes served	...	...	...	...	133
" " " complied with	...	...	...	...	135

In connection with the sanitary inspection of dwelling-houses, 4,550 sanitary defects were remedied, details of which are given below :—

Drains unchoked and repaired	...	...	...	...	405
Soil pipes, ventilation shafts and fresh air inlets repaired	...	...	...	...	18
New W.C. pans provided	...	...	...	...	76
New syphon traps provided	...	...	...	...	13
New gully traps provided	...	...	...	...	3
W.C.'s. repaired	...	...	...	...	10
W.C.'s. cleansed	...	...	...	...	28
Flushing apparatus provided	...	...	...	...	7
" " repaired	...	...	...	...	40
Trough outlets and waste pipes repaired	...	...	...	...	59
Roofs repaired	...	...	...	...	850
Shutes repaired	...	...	...	...	739
Down-pipes repaired	...	...	...	...	96
Chimneys repaired	...	...	...	...	57
Inside plastering repaired	...	...	...	...	210
Outside " "	...	...	...	...	109
Areas repaired	...	...	...	...	10
Yard surfaces repaired	...	...	...	...	315
Yards, etc., cleansed	...	...	...	...	18
Outhouses cleansed or repaired	...	...	...	...	28
Accumulations removed	...	...	...	...	60
Manure receptacles provided	...	...	...	...	1
Inside walls repaired	...	...	...	...	73
Doors repaired	...	...	...	...	111
Floors repaired...	...	...	...	...	259
Windows repaired	...	...	...	...	371
Ceilings repaired	...	...	...	...	141
Houses, bedding, etc. cleansed	...	...	...	...	110

Ventilation improved	...	...	...	...	...	2
Water supply provided	...	...	...	...	...	38
Other nuisances abated	...	...	...	...	...	293

INSPECTION OF PREMISES PERIODICALLY INSPECTED, &c.

Offensive Trades :—

Number on Register	...	...	...	...	...	18
Inspections	...	...	...	...	...	28
Notices served	...	...	...	...	...	—
Notices complied with	...	...	...	...	...	—

Miscellaneous Inspections :—

Public houses	...	...	...	...	...	429
Notices served	...	...	...	...	...	42
Notices complied with	...	...	...	...	...	22
Theatres, etc.	...	...	...	...	...	127
Notices served	...	...	...	...	...	1
Notices complied with	...	...	...	...	...	3
Fried-fish shops	...	...	...	...	...	480
Notices served	...	...	...	...	...	26
Notices complied with	...	...	...	...	...	14
Ice-cream shops	...	...	...	...	...	446
Notices served	...	...	...	...	...	12
Notices complied with	...	...	...	...	...	11
Piggeries	...	...	...	...	...	104
Notices served	...	...	...	...	...	10
Notices complied with	...	...	...	...	...	4
Houses let in lodgings	...	...	...	...	...	326
Notices served	...	...	...	...	...	31
Notices complied with	...	...	...	...	...	54
Smoke observations	...	...	...	...	...	43
Inspections of urinals	...	...	...	...	...	307
Visits to owners <i>re</i> notices	...	...	...	...	...	922
Other visits and inspections	...	...	...	...	...	14,022

Common Lodging Houses :—

Common Lodging Houses on Register	13
Day inspections	...	...	...	...	...	185
Night inspections	...	...	...	...	...	95
Notices served	...	...	...	...	...	11
Notices complied with	...	...	...	...	...	16

Seamen's Lodging Houses :—

Seamen's Lodging Houses on Register	118
Licences granted	...	...	...	...	...	140
Licences relinquished	...	...	...	...	...	22
Day inspections	...	...	...	...	...	1,652
Night inspections	...	...	...	...	...	357
Notices served under Byelaws	...	...	...	...	...	26
Notices under Byelaws complied with	...	...	...	...	...	27
Notices served under Public Health Acts	...	...	...	...	...	40
Notices under Public Health Acts complied with	...	...	...	...	...	43
Persons cautioned for lodging seamen without being licensed	...	...	...	...	...	24

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.							OUTWORK IN UNWHOLESOME PREMISES, Section 108.		OUTWORK IN INFECTED PREMISES, sections 109, 110	
	Lists received from Employers						Notices served on Occupiers as to keeping or sending lists.				
	Sending twice in the year			Sending once in the year.							
	Lists	Outworkers		Lists.	Outworkers.						
		Con-tractors	Work-men.		Con-tractors	Work-men.					
Wearing Apparel—											
(1) making, etc. ...	50	...	160	5	...	35	26	2	2	...	...
(2) cleaning & washing	...	...	...	...	...	...	...	...	...	...	...

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the Year.									Number.
Bakers ...	...	...	...	...	...	...	...	...	154
Bootmakers ...	...	...	...	...	...	...	...	...	180
Dressmakers and Milliners ...	...	...	...	...	...	...	...	...	184
Laundries ...	...	...	...	...	...	...	...	...	37
Tailors ...	...	...	...	...	...	...	...	...	149
Miscellaneous ...	...	...	...	...	...	...	...	...	604
Total number of Workshops on Register ...									1,308

5.—OTHER MATTERS.

Class	Number
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (Sec. 133) ...	...
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts but not under the Factory Act :—	
Notified by H.M. Inspector ...	24
Reports (of action taken) sent to H.M. Inspector ...	24
Other (Notices of Occupation of Workshops received from H.M. Inspector) ...	46
Underground Bakehouses in use at the end of the year ...	1

SHOPS ACTS AND SANITARY INSPECTION OF SHOPS.

Closing Orders in operation	15
Observations of shops under Closing Orders	4,599
Observations of shops as to weekly half-holiday	5,643
Inspections of shops	3,290
Infringements of Shops Acts	74
Notices requiring sanitary defects to be remedied :—	
Served	227
Complied with	225

SUMMARY OF LEGAL PROCEEDINGS.

Acts, etc., under which Proceedings were taken	Number	Fined	Cautioned	To pay costs only	Dis-mitted	With-drawn	Amount of Fines and Costs
							£ s. d.
Shops Act, 1912	74	60	8	3	1	2	21 10 0
Public Health Act, 1875 (Sec. 96)	3	...	...	...	...	3	...
Merchant Shipping Act, 1894 (Sec. 214, Sub-Sec. 5)	24	22	...	...	2	...	88 0 0
Public Health Act, 1925 (Sec. 73)	2	...	...	2	...	...	0 10 0
Diseases of Animals Act, 1894	1	...	...	1	...	...	0 5 0
Totals	104	82	8	6	3	5	£110 5 0

DISINFECTION.

Houses disinfected	1,062
Articles of bedding, clothing, etc., disinfected	7,017
" " " " destroyed	125

CLEANSING STATION.

Baths for scabies, pediculosis, etc.	475
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MORTUARY.

Bodies admitted	67
	(57 males and 10 females)
Post-mortem examinations	32

APPENDIX I.

SEX-OVERCROWDING IN RELATION TO HOUSING NEEDS.

REPORT BY THE MEDICAL OFFICER OF HEALTH.

Introductory.—In the Annual Report for 1922 I dealt with the need for new houses as exhibited by the Census figures for the unextended City, the estimates then made being based entirely on the changes revealed in the number of houses and their occupancy since the Census of 1911. The lowest estimate was a requirement of 3,000 houses in 1921 to make up the deficiency and a further 300 in each subsequent year to maintain the minimum provision desirable. To preserve the *status quo*, therefore, 4,200 houses on this estimate should have been provided by the middle of 1925. Although the Census data available at that time applied only to the old City, the extension of boundaries calls for no material increase in the estimate. In actual fact about 3,000 houses have been built in the whole City as extended since 1921, so that there is still, according to this minimum estimate, a considerable shortage of houses. The experience of the Department shows that the shortage of houses has been little, if any, relieved so far as the working classes are concerned, and the higher estimate in my previous Report of 5,000 houses in 1921 and 500 a year subsequently was probably nearer the mark.

In April, 1925, the Housing Committee suggested that statistics bearing on the extent to which undesirable mixing of the sexes in sleeping rooms occurred in the City at the date of the Census of 1921, might be obtained from the Registrar-General. The Census is not organised in such a way as to give this information, but it seemed better to try to ascertain the facts as they exist at the present time. It was decided, therefore, to make a special survey of a fairly large sample of houses during the three months 6th July to 10th October, 1925.

Housing and Health.—Since housing of the people became a question of national interest, it has been customary to state the argument for housing reform in terms of the public health. Interesting records have been gathered from time to time in various towns showing how the health of selected classes of slum-dwellers has benefited from the demolition of the hovels they lived in and their transference to hygienic homes. Overcrowding, too, has been correlated with ill-health. Some of these statistics cannot be hastily dismissed, though others are of doubtful validity. The outstanding fact, however, with which we are faced in Cardiff in recent years is that, on the whole, the health of the community, as measured by the statistics ordinarily employed for the purpose, has been good during the period of greatest shortage of houses in our experience. In Cardiff the unsatisfactory position in relation to tuberculosis might at first sight be attributed to our still unrelieved housing problem, but I have shown in the Annual Report for 1923 (p. 24) that in some respects the housing state of the tubercular population is rather better than the average for the whole City. It is at least doubtful whether overcrowding is a factor of first importance even for this disease, although it is obviously dangerous for the susceptible and the infective to be herded together.

The health argument has been stressed in connection with the housing problem, probably because the collection of mass evidence of this kind has been for many years highly organised, and because poverty and degradation are inevitably associated in a vicious circle with both ill-health and bad housing.

There can be little doubt that some influence, however imponderable, is exerted on health by the conditions under which many families are living in sub-let portions of houses. The nervous strain on mothers who have to give birth to children, and the inadequate preparation of food in such tenements, are obvious instances which are of profound importance, but find no definite expression in death statistics.

Sex-Overcrowding.—The social as distinct from the sanitary evils of the housing shortage are recognised and frequently mentioned, but some of them do not readily lend themselves to measurement. The present report has been prepared as the result of an attempt to ascertain the frequency of such a degree of overcrowding in houses that mixing of the sexes occurs in sleeping rooms in a form which may constitute a social danger.

Scope of the Inquiry.—For this purpose a special survey was made by the Sanitary Inspectors. As it was impracticable to visit all the 39,000 occupied dwelling-houses in the City some sort of selection had to be made, and it was therefore decided to concentrate on houses occupied by more than one family. In the first place the Inspectors visited such houses as they are accustomed to inspect for defects of structure or repair, and, having ascertained that there was multiple tenancy, made detailed enquiries as to the sleeping arrangements. Similar information was obtained for only a few singly occupied houses. In order to speed up the ascertainment of multiple-tenancy houses, records already in the Department in connection with births and cases of tuberculosis visited by Health Visitors and Tuberculosis Nurses from 1st July, 1924, to 30th June, 1925, were extracted, and all houses in these records occupied by more than one family were visited by the Inspectors for the purpose of this enquiry. Broadly, the result of the first process of selection may be shown in the following table:—

Percentage of Structurally Separate Dwelling-houses
occupied by more than One Family.

	Total Houses (i)	Occupied by more than one Family (ii)	Percentage so occupied (iii)
Inspectors' Sample	3,958	1,507	38.1
Birth Records	4,403	1,415	32.1
Tuberculosis Records	493	190	38.5

Multiple Tenancy.—The total number of houses in the three categories in column (i) is 8,854, but some of the single-tenancy houses of the birth and tuberculosis records—the addresses of which were not given to the Inspectors—would be visited by the Inspectors in the course of their rounds, so that the numbers in the first column cannot be regarded as mutually exclusive. The Inspectors' sample and the tuberculosis group represent a definitely selected class of house and the percentage occupied by more than one family is high (38.1 and 38.5 respectively). The birth records on the other hand deal with 88 per cent. of all the houses in Cardiff in which births took place, but even here some selection is made, the class of home constituting the remaining 12 per cent. being much less likely to show overcrowding. The percentage of houses not singly occupied in the birth record group was 32.1. If it be assumed that every one of the remaining 600 homes in which births occurred were single tenancies, the percentage of houses occupied by more than one family would still be as high as 28.3, or almost exactly the percentage for the extended City at the Census of 1921. This figure and all the evidence of the daily routine of the Department tend to show that the number of houses occupied by more than one family is still about 11,000 in Cardiff, or rather over 28 per cent. If single lodgers were excluded, the total would be about 8,000. On the whole it is fair to conclude that the 3,000 houses built in Cardiff since the Census up to the end of 1924 had made little impression on the prevailing evil of multiple tenancy, and that close on 45 per cent. of the population are living more than one family to a house.

General Evidence of Overcrowding.—The total number of houses visited by the Inspectors for the purpose of this enquiry was 5,563, of which 1,415 were selected from birth records and 190 from tuberculosis records, the remaining 3,958 being taken on their rounds. The total number of separate tenements was 9,506. Of the 5,563 houses, 2,451 were occupied by one family, 2,391 were occupied by two families, and 721 by three or more families. Of the 3,112 houses occupied by more than one family, 374 were overcrowded according to the standard of two persons per room employed by the Registrar-General. In one instance two families comprising 15 persons were found to be living in a house of two rooms. In another, 21 persons were ascertained to be living in a house of six rooms; 22 persons occupied another six-roomed house, and several cases almost as bad are recorded.

Prevalence of Sex-Overcrowding.—The main object of the enquiry, however, was to ascertain the prevalence of undesirable mixing of the sexes in sleeping rooms. In order to avoid exaggerating the extent of the problem, the rather high age of 13 years was taken as that above which separate sleeping accommodation should be provided for the opposite sexes. Where, therefore, any sleeping

room in a house was used by persons of opposite sexes all or both over 13 years of age—with the exception, of course, of married couples—the house was regarded as overcrowded in this sense. Altogether 433 such houses were discovered, 402 of them being occupied by more than one family, or 12·9 per cent. of all houses not singly occupied. The number of rooms occupied in this way in the 402 houses was 440, the great majority of these houses (365) showing sex-overcrowding in only one room. Details are given in Tables I. and II. attached hereto, where they are analysed according to the size of the house, the number of separate families in occupancy and the total number of occupiers. Generally speaking, the six-roomed house is by far the most frequently involved, figuring as sex-overcrowded 240 times. This is, of course, the commonest size of house in Cardiff. If two-family houses only are considered, the proportion overcrowded of the five-roomed houses is even heavier than for the six-roomed. Probably the high percentage of sex-overcrowding for five- and six-roomed houses (12·4 and 14·3 respectively of those with more than one family) is due to the fact that these are the smallest houses which readily lend themselves to sub-letting.

Estimate of Houses Needed to Relieve Sex-Overcrowding.—It remains to be considered to what extent these rates can be applied to the whole City. We have found that 402 out of 3,112 houses not singly occupied showed sex-overcrowding, or roughly 13 per cent. We have also seen that the total number of houses occupied by more than one family in the whole City is about 11,000. If, then, the proportion sex-overcrowded may be taken as constant for all houses occupied by more than one family, about 1,420 such houses will present instances of undesirable mixing of the sexes in sleeping rooms. It must not be concluded that this would be a complete measure of the extent of the evil. The tables show that in the few singly-occupied houses where detailed enquiries were made by the Inspectors, instances of the same kind were common (31 out of a total of 70), but such houses were so obviously selected that no rate can be calculated which would be applicable to all houses of this class in the City. It would seem, however, that to relieve this social evil in relation to multiple-tenanted houses alone, the number of new houses of the type covered by the Housing Acts immediately needed is not less than 1,500. If singly-occupied houses are considered, the number for the whole City is probably very much higher. We have seen that out of the same group of 3,112 houses 402 showed sex-overcrowding and 374 overcrowding as measured by the standard of more than two persons to a room. If it were assumed that the same proportion applied to all houses in the City and that the number of houses with more than two persons to a room had not materially altered since 1921, viz., 2,482, then the number sex-overcrowded of all houses irrespective of the number of families in occupancy might be estimated roughly at 2,700. This is probably an over-estimate, and 2,000 would be a safer approximation.

Summary:—

(1) The proportion of houses in Cardiff occupied by members of more than one family remains high, viz., about 28 per cent. of the total, or 11,000 houses. Exclusive of single lodgers, the number is probably about 8,000.

(2) A sample of 3,112 such houses revealed that in 402, or roughly 13 per cent., there is mixing of the sexes over 13 years of age in sleeping rooms, exclusive of married couples.

(3) If this proportion is applied to the 11,000 houses of the same category in the whole City, the number sex-overcrowded of multiple-tenanted is estimated at 1,420.

(4) Sex-overcrowding is not confined to houses occupied by members of more than one family. If the ratio of sex-mingling to overcrowding according to the standard of more than two persons to a room is the same for all houses as it is for multiple tenancies, the total number of houses in the City showing sex-overcrowding will be about 2,700. Probably such overcrowding is much less prevalent in single-tenancy houses, and therefore about 2,000 will be nearer the mark. Two thousand may be taken as the number of houses urgently required to relieve the particular form of congestion dealt with in this Report.

RALPH M. F. PICKEN.

5th November, 1925.

TABLE I.

ANALYSIS OF HOUSES ACCORDING TO SIZE, MULTIPLE TENANCY
AND NUMBER OF OCCUPANTS.

(NUMBER SHOWING SEX-OVERCROWDING IN BRACKETS.)

(a) Houses occupied by a Single Family.

Number of Occupants	Size of House in Rooms						Number of Houses	
	2	3	4	5	6	7		
3	...	1	...	1	1	...	3	
4	2 (2)	...	3	...	2	...	7 (2)	
5	1 (1)	1 (1)	2 (2)	1	...	...	5 (4)
6	...	1 (1)	3 (2)	4 (2)	...	1	9 (5)	
7	1 (1)	...	5 (4)	2	1	1	10 (5)	
8	1 (1)	...	6 (4)	1 (1)	2	...	10 (6)	
9	...	...	6 (4)	...	...	...	6 (4)
10	...	1 (1)	4 (2)	2	2	...	9 (3)	
11	...	...	3 (1)	...	3	...	6 (1)
12	...	...	1 (1)	...	1	...	2 (1)
13	...	...	...	...	1	...	1
14	...	...	...	1	...	...	1
17	...	...	...	...	1	...	1
TOTALS	...	5 (5)	4 (3)	33 (20)	12 (3)	14	2	70 (31)

(b) Houses occupied by Two Families.

Number of Occupants	Size of House in Rooms.									Number of Houses
	2	3	4	5	6	7	8	9	10	
1	...	4	...	...	...	...	...	...	...	4
2	6	...	...	...	...	6
3	...	2	11	4	14	3	...	...	...	34
4	24	17 (1)	83	16	2	...	...	142 (1)
5	27 (3)	25	161 (3)	23	3	...	...	239 (6)
6	...	1 (1)	44 (10)	47 (1)	189 (10)	53	2	3	...	339 (22)
7	43 (9)	70 (6)	203 (15)	59 (2)	3	2	...	380 (32)
8	...	1 (1)	29 (9)	78 (10)	176 (24)	51 (3)	7	2	1	345 (47)
9	27 (4)	62 (4)	142 (23)	40	2	1	...	274 (31)
10	18 (6)	60 (9)	115 (25)	39	3	1	...	236 (40)
11	9 (3)	34 (6)	75 (15)	32 (2)	2	2	...	154 (26)
12	8 (5)	17 (5)	54 (11)	15 (1)	2	...	...	96 (22)
13	5 (3)	21 (6)	38 (18)	10 (1)	...	2	...	76 (28)
14	2 (2)	9 (5)	13 (6)	1	1	1	...	27 (13)
15	1 (1)	...	1 (1)	3	14 (7)	4	...	...	...	23 (9)
16	1 (1)	5 (4)	1	...	...	...	7 (5)
17	1 (1)	5 (3)	...	...	...	...	6 (4)
18	2 (2)	...	...	...	...	2 (2)
19	1 (1)	...	...	...	...	1 (1)
TOTALS ...	1 (1)	8 (2)	248 (55)	449 (55)	1,296 (167)	347 (9)	27	14	1	2,391 (289)

(c) Houses occupied by Three or more Families.

Number of Occupants	Size of House in Rooms.							Number of Houses
	4	5	6	7	8	9	10	
3	2	...	...	1	...	...	...	3
4	...	3 (1)	9	1	1	...	...	14 (1)
5	5	5	22	6	1	...	...	39
6	4	4	38	13	2	...	...	61
7	4 (1)	4	45 (3)	22 (1)	1	...	...	76 (5)
8	5 (1)	7	53 (4)	28	3	...	...	96 (5)
9	3 (2)	5	47 (5)	14	7	1	1	78 (7)
10	1	3	36 (7)	24 (2)	7 (1)	1	1	73 (10)
11	3 (1)	7 (2)	32 (10)	18	6 (1)	...	...	66 (14)
12	2 (1)	4 (1)	28 (5)	18 (1)	9 (1)	...	...	61 (9)
13	...	3	24 (12)	13 (3)	6 (1)	...	1	47 (16)
14	1 (1)	2 (1)	11 (6)	6	5 (2)	...	...	25 (10)
15	1 (1)	...	18 (6)	5	5	...	1 (1)	30 (8)
16	...	...	6 (4)	4 (1)	3 (2)	...	...	13 (7)
17	...	2 (2)	9 (8)	2 (1)	5 (1)	...	...	18 (12)
18	...	...	4 (2)	...	...	1	...	5 (2)
19	...	...	...	2	3 (1)	...	...	5 (1)
20	...	...	...	1	...	1 (1)	...	2 (1)
21	...	...	1 (1)	1 (1)	1	...	...	3 (2)
22	...	...	1	1 (1)	1 (1)	...	...	3 (2)
24	...	...	...	1	...	...	...	1
25	...	...	...	...	1	...	...	1
26	...	...	...	...	...	1 (1)	...	1 (1)
TOTALS ...	31 (8)	49 (7)	384 (73)	181 (11)	67 (11)	5 (2)	4 (1)	721 (113)

TABLE II.

ROOMS INVOLVED IN SEX-OVERCROWDING IN HOUSES OF DIFFERENT SIZES.

(a) Houses occupied by a Single Family.

Rooms showing Sex-Overcrowding	Size of House in Rooms.				Number of Rooms
	2	3	4	5	
1	5	3	20	3	31

(b) Houses occupied by Two Families.

Rooms showing Sex-Overcrowding	Size of House in Rooms.						Number of Rooms
	2	3	4	5	6	7	
1	...	2	48	51	150	9	260
2	1	...	7	4	17	...	58
TOTALS ...	1	2	55	55	167	9	318

(c) Houses occupied by Three or more Families.

Rooms showing Sex-Overcrowding	Size of House in Rooms.							Number of Rooms
	4	5	6	7	8	9	10	
1	7	7	67	11	10	2	1	105
2	1	...	5	...	1	...	...	14
3	...	...	1	...	...	...	...	3
TOTALS ...	8	7	73	11	11	2	1	122

APPENDIX II.

EXTRACT FROM A REPORT ON GENERAL HOSPITAL ACCOMMODATION IN
CARDIFF IN RELATION TO THE PROPOSED HOSPITAL AT
LLANDOUGH.(1) *Existing and Prospective Provision. (a) Voluntary.*—

Briefly, the total voluntary hospital accommodation in Cardiff amounts to 483 beds, with prospect of immediate extension to 515 and a possible further extension to 615 beds. This seems the limit possible for many years so far as actual hospital beds are concerned, but important developments may take place at Ty-to-Maen, where 50 convalescent beds will soon be established in place of the 21 at Lavernock. This will give some slight relief to the accommodation at the Infirmary, although the general experience is that such provision does not materially shorten the stay of patients in hospital. On the other hand, there is ample land on this estate for the establishment of a recovery hospital—a very different type of institution from a convalescent home—which would very greatly increase the turn-over of cases in the Infirmary itself. If the Managers contemplate any such development, it is still a question whether the necessary donations and contributions can be expected for many years. It now appears unlikely that the Government will adopt the recommendation of the Voluntary Hospitals Commission that grants up to £200 per bed should be made for extensions, and the state of trade in South Wales makes it rather improbable that the considerable sums required both for building and maintenance will readily be forthcoming from voluntary sources.

While considering the voluntary institutions in relation to the Guardians' proposals, it is important to remember that these institutions serve a large population outside of Cardiff. About half the accommodation in the Infirmary is occupied by patients from other parts of Glamorgan, and a very much higher proportion of the existing and prospective beds in the Prince of Wales' Hospital will always be so utilised. Some relief to the Infirmary may be expected from the increasing tendency to provide well-equipped voluntary and poor-law hospitals in the industrial areas of Glamorgan, but it is likely that at least 30 per cent. of the beds will continue to serve the outside areas for many years. It is right that this should be so. An institution which has received large donations and contributions from East Glamorgan, and which is the home of medical teaching, with the most highly skilled surgeons and physicians on its staff, must continue to receive patients from the area of which Cardiff is the natural centre.

(b) *Poor Law.*—The existing hospital beds at the City Lodge number 260. It may be accepted that the Guardians proved their case at the recent enquiry, both as regards the unsuitable character of most of the present accommodation and the need for more beds.

(2) *The Need for Additional Hospital Accommodation in Cardiff.*—It is patent to every person in touch with medical affairs in the city that more hospital beds are urgently required. It is hardly possible, within a reasonable period, to obtain admission to the Infirmary for other than emergency cases, and many patients are sent instead to the City Lodge after application to the former institution has failed. The patients usually go without much hesitation in spite of the procedure for admission which is still a necessary part of poor law administration. The Guardians, themselves, find great difficulty in accommodating patients and have to transfer to unsuitable infirm blocks patients who ought properly to remain in hospital or go to a recovery hospital.

The greatest need for hospital beds arises in connection with all kinds of medical cases (during 1925, e.g., 178 persons died in Cardiff from pneumonia,* 137 of these dying in their own homes where adequate care and nursing were mostly impossible; in a year of influenza prevalence the numbers would be much higher), with children suffering from both medical and surgical conditions, maternity and gynaecological cases (recently it has been impossible on several occasions to admit from our ante-natal clinics to the Maternity Hospital patients whose condition was urgent), with minor special cases such as skin, eye, ear, nose and throat conditions, and with cases

* Broncho-pneumonia and lobar pneumonia.

requiring operation, not for the immediate saving of life, but either for conditions which delay may render fatal or which are disabling and therefore of great economic importance. It is exceedingly difficult to arrive at a figure as to the number of beds required, but some guidance may be obtained from large towns where some approach to adequate accommodation has been made. In such towns 2 beds per 1,000 of the population in voluntary hospitals have been found insufficient, and an additional 4 poor law beds per 1,000 not too many, a combined rate of 6 per 1,000 being a fair provision. If these rates are applied to Cardiff, it will be seen that they would correspond with 460 voluntary beds. The figures already given indicate that the voluntary accommodation has already exceeded this provision, but of this total 74 beds at the Seamen's Hospital are restricted to a limited class of the population, and 34 at the Prince of Wales' Hospital are to a diminishing extent available for Cardiff cases. There is therefore considerable room for expansion, and prior to the extension of 64 beds, already mentioned, the Infirmary's own estimate of its need was 216 beds, leaving a shortage of 152 if that estimate still stands.

When the poor law provision is examined in comparison with the rates quoted, it is obvious that Cardiff falls very far short of the number of beds required. At 4 per 1,000 there would be for the City of Cardiff alone over 900 beds, or an increase beyond the present accommodation for all cases within the Union of 640. The proposal to erect a hospital at Llandough for 408 patients, capable of extension to 952 beds, must therefore be regarded as reasonable.

(3) *Type of Accommodation required.*— At the outset the facts must be kept in view that the new hospital is likely to become, sooner or later, a municipal hospital; that adequate provision should be made for paying patients; that closer liaison between voluntary and rate-aided hospitals in the future is inevitable; that a very large proportion of the patients for whom hospital provision is required are of special types and cannot satisfactorily be treated in large blocks of wards of uniform pattern; and that it is very desirable that any new provision should be capable of being adapted to form an integral part of the Medical School. From the public health standpoint, there is urgent need for accommodation for children, both for those requiring a comparatively long stay and for those who ought only to be kept for a night or two, as, for instance, after minor throat and nose operations, or for diagnostic observation. Ante-natal and gynaecological beds are also needed in greater number. Dr. Goodall has stated the case for a psychiatric clinic as a separate unit. The rapidly increasing mortality from cancer calls urgently for concentration of the campaign against this disease in a special cancer clinic. The acute, sub-acute and chronic medical and surgical cases all require classification in an institution or institutions so designed as to provide for that classification, and at the same time allow of expansion of the various units separately as experience dictates. Adequate provision should be made in any modern institution for x-ray treatment and diagnosis, electro-therapy, photo-therapy and massage, and there should be unlimited scope for the expansion of such units and the addition of new units as the rapid development of medical and surgical knowledge may show their need. Above all, it is essential that a well-equipped laboratory should be provided at the very commencement.

Such an institution might be successfully erected and managed on a site at the outskirts of the city, but there is much to be said for the modern idea of providing a comparatively small central unit for urgent, acute and special cases, and for operations, highly equipped with x-ray and electricity departments and laboratories, and with a large out-patient department; and also a country branch where most of the children, the post-operation cases and the chronics may be sent, as well as the convalescent.

RALPH M. F. PICKEN.

CITY HALL,
CARDIFF,

25th January, 1926.

APPENDIX III.

STATISTICAL TABLES OF BIRTHS, DEATHS, INFECTIOUS DISEASES, Etc.

TABLE I.

BIRTHS IN MUNICIPAL WARDS, 1925.

Municipal Wards.	Legitimate.		Illegitimate.		Totals.		Grand Totals
	Males.	Females.	Males.	Females.	Males.	Females.	
Central	173	160	5	10	178	170	348
Scyth	179	173	4	6	183	179	362
Cathays	165	164	3	4	168	168	336
Adamsdown	209	187	4	5	213	192	405
Riverside	157	169	4	3	161	172	333
Canton	168	169	4	3	172	172	344
Grangetown	188	185	4	5	192	190	382
Roath	143	155	3	6	146	161	307
Plasnewydd	122	130	3	2	125	132	257
Splott	248	229	5	1	253	230	483
Penylan	96	89	3	3	99	92	191
Llandaff	201	205	4	9	205	214	419
Gabalfa	209	232	3	10	212	242	454
Transferred to Cardiff—Address unknown	21	22	9	5	30	27	57
Totals	2,279	2,269	58	72	2,337	2,341	4,678

TABLE II.

CAUSES OF AND AGES AT DEATH, 1925.

[illegible]

TABLE III.

DEATHS FROM VARIOUS CAUSES UNDER ONE YEAR OF AGE, 1925.

Causes of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks- 5 months	3-6 months	6-9 months	9-12 months	Totals
Measles ... ..	...	...	...	...	...	...	2	11	11	24
Whooping Cough ... ..	...	...	1	...	1	3	6	4	4	18
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...
Influenza ... ..	...	...	...	...	...	1	...	...	...	1
Tuberculosis of Nervous System ... ..	...	...	...	...	...	...	1	3	1	5
Tuberculosis of Intestines and Peritoneum ... ..	...	...	...	...	...	1	1	2	1	5
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	2	1	...	3
Syphilis ... ..	...	...	2	...	2	2	...	...	...	4
Meningitis ... ..	...	...	...	...	...	1	2	1	2	6
Convulsions	4	...	...	1	5	...	1	...	3	9
Bronchitis	1	1	1	2	5	8	4	4	8	29
Pneumonia	1	1	2	...	4	7	16	19	17	63
Other Respiratory Diseases	2	...	...	...	2	...	...	...	...	2
Inflammation of the Stomach ... ..	...	...	...	...	...	5	4	1	...	10
Diarrhoea and Enteritis ... ..	...	...	...	1	1	12	24	16	6	59
Hernia, Intestinal Obstruction	1	1	...	...	2	1	1	1	1	6
Congenital Malformations	9	4	4	...	17	...	3	...	2	22
Congenital Debility & Sclerema	9	7	1	...	17	7	7	...	...	31
Icterus	2	1	...	...	3	...	...	...	...	3
Premature Birth	76	5	5	7	93	5	...	...	...	98
Injury at Birth	1	...	...	...	1	...	...	...	...	1
Disease of Umbilicus	1	1	...	...	2	...	...	...	...	2
Atelectasis	4	...	1	...	5	...	...	...	...	5
Suffocation in Bed, and not stated	2	...	...	...	2	3	...	...	...	5
Other Causes	2	2	...	3	7	6	1	5	3	22
TOTALS	115	23	17	14	169	62	75	68	59	433
Percentage of Total Deaths under 1 year	26.6	5.3	3.9	3.2	39.0	14.3	17.3	15.7	13.6	100

Deaths of :—

Legitimate Infants 413

Illegitimate Infants 20

TABLE IV.

ANALYSIS OF AREA, POPULATION, BIRTHS, DEATHS, DEATHS FROM CERTAIN CAUSES, TOGETHER WITH BIRTH- AND DEATH-RATES PER 1,000 IN THE WHOLE CITY AND IN MUNICIPAL WARDS, 1925.

Deaths from Zymotic Diseases, Tuberculosis, Influenza, and Respiratory Diseases.																														
Localities	Area : Acres	Estimated Population	Births		Deaths : All Causes		Deaths under One Year		Enteric Fever		Measles		Scarlet Fever		Whooping Cough		Diphtheria		Diarrhoea, etc., (under 2 years)		Tuberculosis: Respiratory		Tuberculosis: Other Forms		Influenza		Respiratory Diseases			
			Number	Birth-rate	Number	Death-rate	Number	per 1,000 births	Number	Death-rate	Number	Death-rate	Number	Death-rate	Number	Death-rate	Number	Death-rate	Number	per 1,000 births	Number	Death-rate	Number	Death-rate	Number	Death-rate	Number	Death-rate		
Central ...	535	15,257	348	22.8	233	16.8	35	100	1	0.06	7	0.46	...	...	4	0.26	1	0.06	4	11.5	29	2.16	3	0.20	5	0.33	36	2.75	
Lodging Houses, etc.	6	...
South ...			362	25.0	212		...	36	99	5	0.34	1	0.07	2	0.14	3	0.21	2	5.5	23	1.66	4	0.28	3	0.21	43	3.11
Lodging Houses, etc. ...	1,073	14,442	...	...	8	15.2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
Cathays ...	338	20,295	336	16.5	211	10.4	25	74	...	...	7	0.34	...	...	...	...	...	3	0.15	3	8.9	23	1.13	...	...	6	0.29	33	1.63
Adamsdown ...			405	27.7	255	...	42	103
Lodging Houses, etc.
Riverside ...	320	18,258	333	18.2	226	12.4	23	69	...	...	5	0.27	1	0.05	3	0.16	...	...	...	...	...	...	...	...	...	...	...	...	...
Canton ...	247	18,802	344	18.3	237	12.6	43	125	...	...	4	0.21	...	...	5	0.26	...	...	...	...	...	...	...	...	...	...	...	...	...
Grangetown ...	949	15,857	382	24.1	177	11.2	28	73	...	...	10	0.63	...	...	2	0.12	1	0.06	...	...	...	...	...	...	...	...	...	...	...
Roath ...	754	17,846	307	17.2	207	11.6	27	88	...	...	6	0.34	...	...	2	0.11	...	...	...	...	...	...	...	...	...	...	...	...	...
Plasnewydd ...	233	17,151	257	15.0	203	11.8	27	105	1	0.06	3	0.17	...	...	1	0.06	2	0.12	...	...	...	...	...	...	...	...	...	...	...
Splott ...	1,912	19,672	483	24.5	280	14.2	56	116	...	...	10	0.51	2	0.10	2	0.10	...	...	...	...	...	...	...	...	...	...	...	...	...
Penylan ...	1,765	14,669	191	13.0	141	9.6	5	26	...	...	2	0.14	...	...	...	...	1	0.07	...	...	...	...	...	...	...	...	...	...	...
Llandaff ...	2,719	17,297	419	24.2	189	10.9	37	88	...	...	5	0.29	...	...	6	0.35	...	...	...	...	...	...	...	...	...	...	...	...	...
Gabalfa ...	1,463	17,140	454	26.5	203	11.8	45	99	...	...	13	0.76	...	...	2	0.12	2	0.12	...	...	...	...	...	...	...	...	...	...	...
Institutions, etc.	...	6,000	57	...	52	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cardiff ...	13,628	227,300	4,678	20.6	2,916	12.8	433	92	2	0.01	88	0.39	4	0.02	34	0.15	13	0.06	70	15.0	303	1.33	45	0.20	59	0.26	475	2.09		

TABLE V.

CASES OF ACUTE INFECTIOUS DISEASES NOTIFIED BY AGE AND SEX, 1925.

Disease	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-65 years		65 years and over		All Ages			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals	
Smallpox	1
Scarlet Fever ...	1	...	3	4	7	8	15	12	18	25	57	81	21	24	5	6	4	4	1	4	...	1	...	...	132	170	...	...	302
Diphtheria ...	1	...	1	7	9	5	4	3	8	9	33	48	11	29	5	8	1	5	1	4	1	6	...	1	...	...	75	125	200
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	...	...	...	...	...	...	...	3	2	...	5
Pneumonia ...	12	7	15	6	4	11	6	4	3	5	12	12	8	5	13	7	13	7	24	7	12	8	39	10	9	7	170	96	266	
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	9	...	5	...	...	...	...	...	17	17
Cerebro-Spinal Fever ...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	3
Acute Poliomyelitis ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Encephalitis Lethargica	3	...	1	...	1	3	2	5
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	3	...	...	...	3
Ophthalmia Neonatorum...	43	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	43	46	...	...	89
Erysipelas ...	2	1	...	...	...	1	...	...	...	...	...	2	1	2	1	7	2	1	5	5	11	8	18	14	6	5	46	46	92
Malaria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	...	2	...	1	...	...	8	...	...	8

TABLE VI.

NOTIFIED CASES OF ACUTE INFECTIOUS DISEASES IN MUNICIPAL WARDS AND CASES REMOVED TO HOSPITAL, 1925.

Municipal Wards	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Pneumonia	Puerperal Fever	Cerebro- Spinal Fever	Acute Poliomyelitis	Enceph- alitis Lethargica	Dysentery	Ophthalmia Neona- torum	Erysipelas	Malaria
Central	11	4	2	25	...	...	...	...	...	4	6	...
South	16	8	1	25	...	...	...	...	1	10	4	3
Cathays	27	22	...	23	...	...	...	...	...	10	9	1
Adamsdown ...	1	18	14	2	18	3	...	...	1	...	9	11	...
Riverside	35	7	...	14	3	...	...	...	...	5	4	...
Canton	34	10	...	27	3	...	...	...	...	...	8	...
Grangetown	9	21	...	2	1	...	...	...	...	14	6	...
Roath	17	12	...	16	1	...	...	2	1	2	3	...
Plasnewydd	19	28	...	26	1	...	...	2	...	10	12	...
Splott	38	15	...	11	...	2	1	...	1	14	5	2
Penylan	26	8	...	17	...	...	1	...	...	3	9	...
Llandaff	20	4	...	10	1	1	...	...	...	4	4	1
Gabalfa	31	46	...	25	2	...	...	...	...	2	2	...
Institutions	1	1	...	27	2	...	...	...	...	2	9	1
TOTALS	1	302	200	5	266	17	3	2	5	3	89	92	8
Cases removed to Hospital ...	1	254	165	5	1	1	...	...	1	1	...	8	...

APPENDIX IV.

CARDIFF ISOLATION HOSPITAL.

REPORT FOR 1925 OF THE RESIDENT MEDICAL SUPERINTENDENT.

I have the honour to present the Annual Report of the Isolation Hospital for the year 1925.

During the year there were admitted 650 patients, including Port Sanitary patients and members of the hospital staff.

The health of the staff was generally satisfactory. One nurse contracted enteric fever, 2 scarlet fever, 1 diphtheria and 1 rubella, while 1 maid contracted diphtheria; all recovered. In addition, 1 member of the staff suffered from rheumatic fever and 6 from attacks of tonsillitis, influenza, etc.

At the beginning of the year I began to test the immunity of the nurses as regards diphtheria by means of the Schick test, and all new nurses are thus tested soon after their arrival in hospital. Those nurses found susceptible are being immunised by means of toxin-antitoxin, and so far have suffered no inconvenience from these inoculations. By means of a test similar to the Schick test—called the Dick test—I hope to estimate the susceptibility or otherwise of the staff to scarlet fever, and I hope also to be able to inoculate those likely to contract the disease with preparations similar to those used in the case of diphtheria.

The year has been on the whole uneventful as regards most of the infectious diseases, with the exception of diphtheria, which about the beginning of September began to take a more virulent form, several deaths occurring. Most of the fatal cases, though severely poisoned, presented faucial lesions only and had no nasal discharge. We must expect variations in the type and virulence of this disease as of others.

The hospital suffered a great loss in the retirement of the Matron, Miss Hay, but a capable substitute has been appointed in Miss Chubb. Several new sisters have taken the places of those who had resigned on the grounds of ill-health or for other reasons. The new sisters are taking a keen interest in their work, and are of great use in assisting in the training of the nurses. In this connection I would specially thank Miss Chubb for the great assistance she has been to me in coaching the nurses for their numerous examinations. During the year 4 nurses entered for the Final State Examination in Fevers and all passed.

At the beginning of September I started laboratory work in the hospital, having equipped a room for the purpose, so that all necessary routine bacteriological and side-room examinations should be made on the spot and as quickly as possible as an aid to early diagnosis.

I append the usual reports relating to the various infectious diseases treated in the hospital.

JOHN McGARRITY, M.D., D.P.H.

SCARLET FEVER.

Three hundred and sixty-nine patients were admitted to the wards, of whom 251 were true cases of scarlet fever; 28 were cases of rubella, 69 were patients with adventitious rashes of various kinds, 19 were cases of tonsillitis, and 2 were cases of chickenpox. In addition, 1 patient was admitted as a case of diphtheria who was really a case of scarlet fever. Four deaths occurred among scarlet fever patients, representing a hospital mortality of 1.5 per cent. Of the 4 patients who died, 2 were septic in type, while the other 2 were ordinary, simple cases, complicated by empyema and cellulitis of the foot respectively. All the other patients suffered from a mild type of scarlet fever, with the exception of 7 who were subseptic in type; all of these recovered.

The principal complications are noted below:—

Complication.	Cases.	Percentage.
Arthritis ...	8	3.1
Otorrhœa ...	27	10.7
Rhinitis ...	23	9.1
Nephritis ...	1	.3
Late Albuminuria ...	2	.7
Late Adenitis ...	24	9.5
Jaundice ...	2	.7

Table showing Age and Sex of Scarlet Fever Patients.

		0-5 years	5-10 years	10-15 years	15-25 years	25-45 years	Over 45 years	Totals
Recovered	{ Males ...	36	44	17	8	1	...	106
	{ Females ...	44	66	18	10	4	...	142
Died	{ Males ...	2	1	...	...	...	...	3
	{ Females ...	...	1	...	...	...	...	1
TOTALS ...		82	112	35	18	5	...	252

Hospital mortality: 1.5 per cent.

DIPHTHERIA.

Of the patients admitted to the wards—218 in number—168 were true cases of diphtheria, 30 suffered from tonsillitis, 3 from septic sore throat, 2 from laryngitis, 1 from scarlet fever, and 14 were carriers. Nine diphtheria patients died, representing a mortality rate of 5.3 per cent. The only laryngeal case which required interference by intubation died. One patient died who was classified as septic sore throat; this child was in reality a case of Henoch's purpura who developed a fatal form of nephritis.

Table showing Type of Diphtheria and Mortality.

Type	Number	Died	Mortality per cent.
Faucial only	144	5	3.4
Faucial and Laryngeal	12	1	8.3
Faucial and Nasal	9	2	22.2
Laryngeal only	2	...	...
Unclassified	1	1	100.0
TOTALS	168	9	5.3

This table shows that 5 deaths occurred in cases where the local lesions were only faucial with no nasal discharge at all at any time; they were, nevertheless, very severe cases, and profoundly toxic.

The paralysis rate was 8.3 per cent. of all cases of diphtheria. Of the 14 patients who suffered from paralysis, 10 recovered completely but 4 died, including one admitted on the 49th day of disease and who died a few hours after admission to the ward. Ten patients suffered from paralysis of the soft palate, 4 from strabismus, 2 from paralysis of the ciliary muscle of the eye, 7 from paralysis of the muscles of the neck, 6 from transient paralysis of the muscles of the legs, 1 from facial paralysis, and 1 from paralysis of the arm. In addition, circulatory failure occurred in 13 patients, 9 of whom died.

Table showing the Death-rate according to the Day of Disease on which Serum was administered:—

Day of Disease when Serum given	Number of Patients	Number of Deaths per cent.
1st	4	0.0
2nd	38	2.6
3rd	64	6.2
4th	27	7.4
5th	13	0.0
Later than 5th	22	9.0
TOTALS	168	5.3

As this table shows, the earlier serum is administered the fewer deaths occur. Curiously enough, no deaths occurred among those patients admitted on the 5th day of disease; they all happened to be mild cases.

Of the 9 deaths, one, a case of laryngeal diphtheria, occurred in the first half of the year; the other 8 deaths took place during the last four months of the year. Of the 8 who died during this period, September–December,

1	was	admitted	on	the	2nd	day	of	disease	
3	were	"	"	"	3rd	"	"	"	
2	"	"	"	"	4th	"	"	"	
1	was	"	"	"	6th	"	"	"	
1	"	"	"	"	49th	"	"	with	paralysis.

All were in a very poisoned state before admission. Several of the fatal cases occurred in one district of the City and were children who attended one particular school.

Table showing Sex and Age of Diphtheria Patients.

				0-5 years	5-10 years	10-15 years	15-25 years	25-45 years	Over 45 years	Totals
Recovered	{	Males	...	22	25	10	5	1	...	63
		Females	...	19	36	19	14	7	1	96
Died	{	Males	...	...	4	...	...	...	...	4
		Females	...	1	2	2	...	...	...	5
TOTALS				42	67	31	19	8	1	168

Hospital mortality : 5.3 per cent.

The employment of the Schick test among the patients of the scarlet fever wards showed that a very large number of the children of school age and under were susceptible to diphtheria. This agreed with my previous findings among such patients in over 3,000 tests done in the wards of the Edinburgh City Hospital. Of the latter, I inoculated 300 children of all ages with three doses of 1 c.c. each of toxin-antitoxin, and I came to the conclusion that such inoculations could safely be given, as the children suffered practically no disturbance at all, either locally or constitutionally. This was subsequently borne out when immunisation against diphtheria was carried out among thousands of school children in Edinburgh, in which work I took a part.

ENTERIC FEVER.

Table showing Sex and Age of Enteric Fever Patients.

					0-15 years	15-25 years	25-45 years	45-65 years	Totals
Recovered	{	Males	...	...	...	5	...	1	6
		Females	...	...	...	3	...	...	3
TOTALS					...	8	...	1	9

Hospital mortality : Nil.

Nine patients suffering from enteric fever were admitted to the wards ; of these, 7 were cases of *Bacillus Typhosus* infection, and 2 were cases of *Bacillus Paratyphosus B* infection. Two patients relapsed but recovered, 1 case had slight hæmorrhage, 1 a septic parotitis and 1 a slight phlebitis. In addition to these 9 patients, 3 contacts were admitted to the wards.

ERYSIPELAS.

Twelve patients were admitted, of whom 8 were true cases of erysipelas ; 2 were suffering from abscesses, 1 from a septic wound, and 1 from a septic burn. Of the 8 cases of erysipelas, 7 showed inflammation of the face and 1 of the leg. Two of the patients had had several attacks previously. There were no relapses in hospital.

One patient died—a severe facial erysipelas with broncho-pneumonia complications.

Table showing Sex and Age of Erysipelas Patients.

			0-5 years	5-15 years	15-25 years	25-45 years	45-65 years	Totals
Recovered	Males ...	...	...	...	...	2	...	2
	Females	...	1	1	1	2	...	5
Died	Males ...	...	...	...	...	...	1	1
	Females	...	...	...	...	...	...	...
TOTALS ...			1	1	1	4	1	8

Hospital mortality : 12 per cent.

SMALLPOX.

One patient suffering from smallpox was isolated in hospital. The patient—a sailor from Aden—was suffering from a mild attack of the disease and recovered.

OTHER DISEASES.

Meningitis.—There were treated in hospital during the year 3 cases of meningitis, all of whom died. One was a true case of cerebro-spinal meningitis, 1 was suffering from tuberculous meningitis and 1 from a septic meningitis.

Measles.—Twelve patients were admitted to the wards as cases of measles. Of these, 11 were true cases of measles and 1 a case of rubella. The only complication of note was bacillary dysentery occurring in a sailor from whose stools the bacillus of Flexner was isolated. All these patients recovered.

Rubella.—In addition to the 28 cases of rubella among patients admitted as scarlet fever, 4 other cases of rubella were admitted. All patients recovered.

Chickenpox.—Four patients suffering with chickenpox were admitted, in addition to the 2 cases which were admitted as scarlet fever. All patients recovered.

Other Diseases.—In addition to the foregoing, 1 case of puerperal fever, 1 case of lobar pneumonia, 2 cases of encephalitis lethargica, 1 case of malaria, 1 case of amoebic dysentery and 1 case of cheilopompholyx (mistaken for smallpox) were admitted to the wards. All patients recovered.

LABORATORY WORK.

From the beginning of September till the end of the year over 500 examinations were made in the newly-equipped side room. These were mainly bacteriological examinations for the identification of the diphtheria bacillus, but also included the examination of the blood of patients by the Widal reaction, as well as the routine examinations of cerebro-spinal fluid for cells, organisms, etc., and various other routine examinations necessary in a fever hospital.

APPENDIX V.

METEOROLOGICAL OBSERVATIONS TAKEN AT PENYLAN, CARDIFF,
DURING 1925.

TABLE I.
BAROMETRIC PRESSURE AND RELATIVE HUMIDITY.

1925.	Attached Thermometer (Mean)	Mean Barometric Pressure*		Hygrometer*.		
		Uncorrected	Reduced to Mean Sea Level and Temp. 32° F.	Dry Bulb (Mean)	Wet Bulb (Mean)	Mean Relative Humidity.
	°F.	Inches	Inches	°F.	°F.	%
January	45	29.990	30.204	43.0	41.4	87
February	44	29.440	29.756	41.5	39.9	87
March	44	30.008	30.226	39.9	38.6	90
April	49	29.667	29.868	45.6	42.8	79
May	54	29.604	29.782	51.5	49.6	88
June	64	29.994	30.150	60.3	55.1	70
July	65	29.795	29.950	59.8	57.0	83
August	64	29.857	30.205	59.7	57.2	85
September	58	29.836	30.013	53.2	50.4	81
October	55	29.755	29.939	51.6	49.7	86
November	46	29.751	30.059	39.3	37.5	85
December	41	29.560	29.851	39.5	37.0	81
Means	52	29.771	30.000	48.7	46.3	84

* From observations at 9 a.m. and 9 p.m.

TABLE II.
TEMPERATURE.

1925.	Absolute Maximum	Absolute Minimum	Mean of Maximum	Mean of Minimum	Mean Temperature	Difference from Average (36 years)
	°F.	°F.	°F.	°F.	°F.	°F.
January	56	31	47.3	37.9	42.6	+ 2.8
February	52	31	44.3	36.6	40.4	+ 0.2
March	56	27	47.6	35.7	41.7	— 0.6
April	61	31	53.7	39.0	46.4	+ 0.2
May	72	36	59.5	46.1	52.8	0.0
June	85	42	70.1	50.5	60.3	+ 3.1
July	80	49	69.4	54.3	61.9	+ 1.3
August	78	46	67.4	54.2	60.8	+ 0.7
September	66	38	60.4	46.7	53.6	— 2.6
October	68	34	58.3	45.6	51.9	+ 1.7
November	60	27	45.3	35.3	40.3	— 3.8
December	56	26	43.3	35.0	39.1	— 2.0
	Highest 85	Lowest 26	Mean 55.6	Mean 43.1	Mean 49.3	0.0

TABLE III.

TERRESTRIAL RADIATION, UNDERGROUND TEMPERATURE, SOLAR RADIATION AND
SUNSHINE.

1925.	Temperatures.				Bright Sunshine.	
	Grass Minimum (Mean)	Underground (Mean)		Solar Maximum (Mean)	Total Duration	Difference from Average (17 years)
		1ft.	4ft.			
	°F.	°F.	°F.	°F.	Hours	Hours
January	36.3	42.2	45.9	63.3	32.0	— 20.3
February	32.6	41.9	45.1	85.0	86.9	+ 11.6
March	30.6	41.4	44.1	91.7	115.4	+ 2.6
April	33.3	46.9	46.2	108.9	195.0	+ 19.4
May	42.9	51.1	50.1	114.4	179.2	— 37.0
June	43.1	62.5	56.3	126.9	336.7	+ 121.8
July	49.3	63.3	58.9	123.9	214.8	+ 4.3
August	51.1	62.3	59.6	118.4	169.8	— 16.4
September	42.3	56.2	58.0	110.6	153.7	+ 8.2
October	42.2	52.8	54.9	94.2	106.6	+ 1.1
November	29.7	42.4	50.1	79.8	103.4	+ 37.3
December	30.3	37.0	43.3	64.4	61.6	+ 11.5
	Mean 38.6	Mean 50.0	Mean 51.0	Mean 98.5	1,755.1*	+ 144.1

* 40% of possible duration and a daily average of 4.8 hours.

TABLE IV.

RAINFALL.

1925.	Total	Difference from Average (36 years)	Greatest Fall in 24 hrs.*		Number of Rain-days (0.01 inches or more).
			Amount	Day	
	Inches	Inches	Inches		
January	4.55	+ .81	.98	1st	21
February	5.58	+ 2.59	1.30	11th	21
March ... ..	.42	— 2.81	.07	23rd	11
April	2.78	+ .09	.48	10th	17
May	4.73	+ 2.23	.80	26th	23
June ... ..	.06	— 2.63	.04	23rd	2
July	3.90	+ 1.07	.95	26th	17
August	4.47	+ .28	.82	12th	18
September	5.74	+ 2.71	1.59	19th	16
October	6.57	+ 1.75	1.52	19th	16
November	2.60	— .79	.81	6th	9
December	3.98	— .77	.73	28th	19
	45.38	+ 4.53	Greatest for year : 1.59 ins. on 19th Sept.		190

The rainfall is measured at 9 a.m. each day for the preceding 24 hours.

* 24 hours ended 9 a.m. next day.

APPENDIX VI.

WELFARE OF THE BLIND.

REGISTRATION AS AT 31st DECEMBER, 1925.

TABLE I.

Age Period—Years.					Males.		Females.		Totals.
0—5	...	...	...	...	—	...	—	...	—
5—16	...	..	...	...	22	...	8	..	30
16—21	...	...	...	...	3	...	6	...	9
21—30	..	...	..	...	19	...	20	...	39
30—40	...	...	..	...	18	...	27	..	45
40—50	...	...	...	...	33	...	18	...	51
50—60	...	...	...	...	36	...	24	...	60
60—70	...	...	...	..	40	...	40	...	80
70—	...	...	...	...	49	...	43	...	92
					—		—		—
Totals	...	...	...	...	220	...	186	...	406
					—		—		—

TABLE II.

AGES AT WHICH BLINDNESS OCCURRED.

Age Period—Years.					Males.		Females.		Totals.
0—1	...	...	...	...	53	...	39	...	92
1—5	...	...	...	...	14	...	12	...	26
5—10	...	...	...	...	7	...	9	...	16
10—20	...	...	...	...	11	...	16	...	27
20—30	...	...	...	...	18	...	9	...	27
30—40	...	...	...	...	22	...	18	...	40
40—50	...	...	...	..	20	...	17	...	37
50—60	...	...	...	...	28	...	25	...	53
60—70	...	...	...	...	28	...	24	...	52
70—	...	..	..	..	19	...	17	...	36
					—		—		—
Totals	...	...	...	...	220		186		406
					—		—		—

TABLE III.

(a) EMPLOYMENT—Age Period 16 and upwards.

					Males.		Females.		Totals.
Employed	...	...	...	...	89	...	41	..	130
Trained but unemployed	...	...	...	...	—	...	—	...	—
Under training	..	..	...	...	17	...	6	...	23
No training but trainable	...	...	...	...	2	...	3	...	5
Unemployable	...	...	...	...	91	...	73	...	164
					—		—		—
Totals	...	...	...	...	199	...	123	..	322
					—		—		—

(b) OCCUPATIONS OF EMPLOYED.

Agents, Collectors, etc. ...	...	...	...	...	3
Basket and Cane Workers ...	...	...	...	...	52
Clerks, Typists ..	...	...	...	...	1
Dealers (Tea Agents, Shop-keepers, etc.) ...	...	...	...	...	3
Hawkers ...	...	...	...	...	5
Home Teachers ...	...	...	...	...	3
Knitters ...	...	...	...	...	6
Labourers ...	...	...	...	...	2
Masseur or Masseuse ...	...	...	...	...	1
Mat Makers ...	...	...	...	...	13
News Vendors ...	...	...	...	...	3
School Masters ...	...	...	...	...	2
Tuners ...	...	...	...	...	8
Ships Fender Makers ...	...	...	...	...	17
Miscellaneous ...	...	...	...	...	11
Total ...					130

TABLE IV.

PHYSICALLY AND MENTALLY DEFECTIVE.

				Males.	Females.	Totals.
(a) Mentally Defective*	...	...	26	...	17	43
(b) Physically Defective	...	...	15	...	11	26
(c) Deaf	...	...	13	...	12	25
Combinations of (a), (b) and (c) ..	—	...	—	...	—	—
Totals	...	...	54	..	40	94

TABLE V.

SCHOOL AGE PERIOD (5-16) ACCORDING TO MENTAL OR PHYSICAL DEFECTS.

				Males.	Females.	Totals.
At School :—						
Normal	...	...	19	...	6	25
Not at School :—						
Normal	...	...	3	...	1	4
Physically Defective	...	...	—	...	1	1
Totals	...	...	22	...	8	30

* Including persons suffering from epilepsy, fits and serious nervous disability.

APPENDIX VII.

MENTAL DEFICIENCY ACT, 1913.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR
ENDED 31ST DECEMBER, 1925.

Statistical tables presenting in detail the work of the Department in connection with mentally defective persons during the year 1925 are submitted herewith.

TABLE I.

(1) Cases examined for the first time :—					Males.	Females.	Totals.
Idiots	...	...	...	...	5	4	9
Imbeciles	...	...	...	...	13	14	27
Moral Imbeciles	...	...	...	...	...	...	...
Feeble-minded	...	...	...	...	18	12	30
Not mentally defective	...	...	...	...	2	8	10
					38	38	76
(2) Cases re-examined ...					46	47	93
(3) Failed to keep appointment for examination ...					1	3	4
(4) Visits paid by Visiting Officer ...					...	...	833
(5) Removed from list of ascertained cases under supervision at home :—							
(i) Placed in Institutions at instance of Local Authority—							
(a) Obligatory	...	...	...	...	10	7	17
(b) Permissive	...	...	...	...	1	1	2
(ii) Removed to " places of safety "	...	...	...	...	1	...	1
(iii) Deceased	...	...	...	...	...	3	3
(iv) Left Cardiff	...	...	...	...	3	2	5
(v) Transferred to Local Education Authority	...	...	...	...	3	2	5
(vi) Committed to Prison	...	...	...	...	1	...	1
					19	15	34
(6) Transferred from one Institution to another ...					6	3	9

TABLE II.

Position at 31st December, 1925.

(1) Obligatory cases :—				Males.	Females.	Totals.
(a)	In Institutions	...	...	38	48	86*
(b)	Under Guardianship	...	...	1	...	1
(2) In "places of safety" ...				1	...	1
(3) Cases in regard to whom the Local Authority contributes under permissive powers :—						
(a)	In Institutions	...	...	4	3	7
(b)	Under Guardianship	...	...	...	...	...
(4) Cases removed by parents or guardians in regard to whom the Local Authority does not contribute :—						
(a)	In Institutions	...	...	4	...	4
(b)	Under Guardianship	...	...	...	...	...
				48	51	99
(5) Cases at home—ascertained to be defective :—						
(a)	Under Statutory Supervision	...	...	45	36	81
(b)	Under Voluntary Supervision	...	...	28	35	63
				73	71	144
(6) Attending Occupation Centre—included in (5) :—						
(a)	Under Statutory Supervision	...	...	5	3	8
(b)	Under Voluntary Supervision	...	...	3	2	5
				8	5	13
(7) "Subject to be dealt with" but action not yet taken—included in (5) :—						
(a)	Notified by Education Authority	...	...	...	...	...
(b)	Otherwise ascertained	...	...	...	...	...
			
(8) Under consideration but not ascertained to be defective ...				19	16	35

* Including four cases (one male and three females) maintained by the Board of Control.

TABLE III.

Classification of Known Cases :—

	In Institutions, " Places of Safety " or under Guardianship.			Under Supervision at Home.		
	Males	Females	Totals	Males	Females	Totals
Idiots	5	6	11	12	13	25
Imbeciles	21	13	34	31	33	64
Moral Imbeciles	1	1	2	...	1	1
Feeble-minded	21	31	52	30	24	54
Unclassified or not examined ...	...	...	...	19	16	35
TOTALS	48	51	99	92	87	179

TABLE IV.

Ages of Cases in Institutions, " Places of Safety " or under Guardianship :—

Age : Years	Idiots		Imbeciles		Moral Imbeciles		Feeble-minded		Totals
	Male	Female	Male	Female	Male	Female	Male	Female	
6	1	1	...	...	...	...	2
8	1	...	1
9	...	1	2	1	...	...	...	...	4
10	1	...	1
11	3	1	...	...	1	...	5
12	2	1	...	...	1	...	4
13	...	1	...	1	...	...	...	3	5
14	1	1	...	...	...	...	1	...	3
15	...	2	1	...	...	...	1	...	4
16	1	...	3	...	...	...	2	...	6
17	1	...	...	3	...	4
18	2	...	2	1	...	1	1	1	8
19	1	...	2	...	1	...	2	2	8
20	4	...	...	...	1	5
21	1	4	5
22	2	3	5
23	1	1	...	...	...	2	4
24	3	3
25	1	3	4
26	2	...	...	...	2	1	5
27	1	1
28	...	1	1	...	...	...	1	...	3
29	1	...	...	...	1	2
31	1	...	...	...	...	1	2
33	1	1
34	2	2
40	1	1
44	1	1
TOTALS	5	6	21	13	1	1	21	31	99

TABLE V.

Ages of Cases under Supervision at Home :—

Age : Years	Idiots		Imbeciles		Moral Imbeciles		Feeble-minded		Unclassified or not examined		Totals
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
3	...	1	1	1	...	...	...	...	1	3	7
4	...	1	...	...	...	...	...	...	...	1	2
5	2	...	...	...	...	...	...	...	1	...	3
6	...	1	1	1	...	...	...	...	...	...	3
7	...	3	2	2	...	...	1	...	...	...	8
8	2	3	1	...	...	...	1	...	...	1	8
9	2	1	1	3	...	...	2	...	...	...	9
10	3	...	3	1	...	...	...	...	...	...	7
11	...	...	2	3	...	...	3	...	1	...	9
12	...	...	4	4	...	...	...	...	1	...	9
13	...	1	4	3	...	...	...	...	...	...	8
14	1	...	2	1	...	...	1	1	1	1	8
15	1	1	3	5	...	...	...	...	...	...	10
16	...	...	1	...	...	...	1	...	...	1	3
17	...	...	1	1	...	...	3	2	1	...	8
18	...	1	1	1	...	...	2	2	3	...	10
19	1	...	1	1	...	...	1	2	...	2	8
20	...	...	1	3	...	...	4	2	2	...	12
21	...	...	1	...	...	...	2	4	4	1	12
22	...	...	...	1	...	...	2	3	...	...	6
23	...	...	1	...	...	...	...	2	1	1	5
25	...	...	...	...	...	...	1	1	2	1	5
26	...	...	...	...	...	...	1	...	...	1	2
27	...	...	...	1	...	1	1	...	...	...	3
28	...	...	...	...	...	...	1	2	...	...	3
29	...	...	...	...	...	...	...	...	...	2	2
30	...	...	...	...	...	...	1	...	1	...	2
31	...	...	...	1	...	...	1	...	...	...	2
32	...	...	...	...	...	...	1	...	...	...	1
41	...	...	...	...	...	...	...	...	...	1	1
45	...	...	...	...	...	...	...	1	...	...	1
47	...	...	...	...	...	...	...	1	...	...	1
62	...	...	...	...	...	...	...	1	...	...	1
TOTALS	12	13	31	33	...	1	30	24	19	16	179

TABLE VI.

CASES IN INSTITUTIONS OR UNDER GUARDIANSHIP AT 31ST DECEMBER, 1925.

(a) Obligatory Cases.

Name of Institution	Idiots	Imbeciles	Moral Imbeciles	Feeble-minded	Totals
Brenty Certified Institution, Westbury-on-Trym	1	...	...	1
Brighton Guardianship Society ...	1	...	...	...	1
Besford Court Home, Worcester	1	1
Calderstones, Whalley, Lanes. ...	1	1	...	1	3
Caterham Mental Hospital, Caterham, Surrey ...	3	1	...	...	4
Drymma Hall, Skewen	1	1
Darent Training Colony, Dartford, Kent	1	...	...	1
Ely Poor Law Institution, Cardiff ...	3	4	1	24	32
Ford House, Devonport	1	...	2	3
Fountain Mental Hospital, Tooting Graveney, S.W.	2	...	1	3
House of Help, Bath	1	1
Leavesden Mental Hospital, King's Langley, Herts.	1	...	...	1
Monkton Hall Home, Jarrow-on-Tyne	1	1
Madeley Poor Law Institution, Iron Bridge, Salop	1	1
Prudhoe Hall Colony, Northumberland	2	2
Pield Heath House School, Hillingdon, Uxbridge	2	...	...	2
Royal Earlswood Institution, Redhill, Surrey	1	...	...	1
Ruthin Poor Law Institution, Denbigh	2	...	1	3
Stoke Park, Bristol	8	...	3	11
Seaford House, Seaford, near Liverpool	1	...	2	3
St. Joseph's Home, Sudbury	1	1
St. Francis' R.C. Special School, Buntingford	1	...	3	4
St. Teresa's Certified Institution, Exmouth	1	1
Tonbridge Poor Law Institution, Pembury	1	1
TOTALS ...	8	27	1	47	83

(b) Permissive Cases.

Name of Institution	Idiots	Imbeciles	Moral Imbeciles	Feeble-minded	Totals
Calderstones, Whalley, Lanes. ...	1	...	...	...	1
Caterham Mental Hospital, Surrey ...	1	...	...	...	1
Ely Poor Law Institution, Cardiff ...	...	1	...	...	1
Falmouth Poor Law Institution, Cornwall ...	...	1	...	...	1
Prudhoe Hall Colony, Northumberland ...	...	...	...	2	2
Royal Earlswood Institution, Redhill, Surrey ...	...	1	...	...	1
TOTALS ...	2	3	...	2	7

(c) Other Cases.

Name of Institution	Idiots	Imbeciles	Moral Imbeciles	Feeble-minded	Totals
Brentry Certified Institution, Westbury-on-Trym ...	...	1	...	...	1
Ely Poor Law Institution, Cardiff ...	...	1	...	1	2
Royal Earlswood Institution, Surrey ...	...	1	...	...	1
Stoke Park, Bristol ...	...	1	...	...	1
Rampton State Institution, Retford ...	...	...	1	2	3
Exeter City Mental Hospital ...	1	...	...	...	1
TOTALS ...	1	4	1	3	9

TABLE VII.

SUMMARY OF CASES IN INSTITUTIONS.

	Idiots	Imbeciles	Moral Imbeciles	Feeble-minded	Totals
(a) Obligatory Cases ...	8	27	1	47	83
(b) Permissive Cases ...	2	3	...	2	7
(c) Other Cases :—					
Maintained solely by parents ...	...	4	...	...	4
Maintained by Board of Control ...	1	...	1	2	4
In " Place of Safety " ...	...	...	...	1	1
TOTALS ...	11	34	2	52	99

RALPH M. F. PICKEN.

CITY HALL,

CARDIFF,

27th January, 1926.