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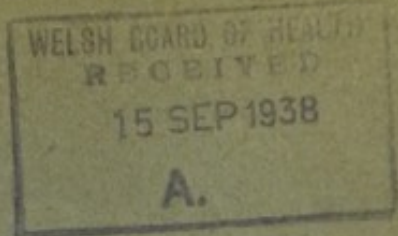
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Glamorgan County Council.



PA

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1937.

E. COLSTON WILLIAMS, M.D., B.S. (Lond.), F.R.C.S. (Edin.), D.P.H. (Camb.),
MEDICAL OFFICER OF HEALTH.

Glamorgan County Council.



REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1937.

E. COLSTON WILLIAMS, M.D., B.S. (Lond.), F.R.C.S. (Edin.), D.P.H. (Camb.),

MEDICAL OFFICER OF HEALTH.

CARDIFF:

WILLIAM LEWIS (PRINTERS) LIMITED

1938

Glamorgan County Council.

To the Chairman and Members of the Public Health and Housing Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The vital statistics for 1937 are : Birth Rate 15·3, Death Rate 12·9, Infant Mortality Rate 65 per thousand, as compared with 1936, which were : Birth Rate 15·4, Death Rate 12·2, and Infant Mortality Rate 63, showing the present tendency of the Birth Rate to fall and the Death Rate to rise. Though the Infant Mortality Rate will still tend to fall, the figure is not quite so good as last year's, which was the lowest yet reached.

Industrial conditions during the year on the whole showed some improvement, e.g. in coal shipments and in the steel and tinplate trades. Good progress was made with the development of the Treforest factory buildings. There was not, however, sufficient demand for labour to stem the current of migration, and there is for the year an estimated diminution of 17,000 in the total population. All County districts show losses with the exception of five, which have trifling residential increases.

The new National Midwifery Service was brought into operation in the County at the earliest possible date, 1st August, 1937. It has worked smoothly and, judging by the call upon it, seems to have gained the confidence of the public. This is also the case in our Maternity Hospital provision.

There is no slackening of interest or effort by the local authorities in promotion of the public health. In the last decade the burden of social services has been very heavy and, as better times return, further improvements can be made. The long shadows of the past war and apprehensions of a future war have darkened the minds of this generation, clouded its prospects, increased its burdens, and diverted the nation from its normal tasks.

I have again to thank the members of the Council and my colleagues for their constant kindness and support, and all the various members of my own department for their efficient and loyal service.

I remain,

Your obedient servant,

E. COLSTON WILLIAMS,

County Medical Officer of Health.

July, 1938.

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GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

County Medical Officer of Health and School Medical Officer :

E. Colston Williams, M.D., B.S. (Lond.), F.R.C.S. (Edin.), D.P.H. (Camb.).

Assistant Medical Officers :

David T. Lewis, M.R.C.S., L.R.C.P., D.P.H.

Naunton R. Jenkins, M.R.C.S., L.R.C.P., D.P.H.

Moreen Whelton, B.Sc., M.B., B.Ch., B.A.O., D.P.H.

Gwladys Evans, M.R.C.S., L.R.C.P., D.P.H.

David P. Holmes, M.B., B.S., D.P.H. (To 23rd May, 1937.)

Amy L. Jagger, B.Sc., M.D., B.Ch., D.P.H.

T. M. A. Lewis, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Dorothy James, B.Sc., M.B., B.Ch., M.R.C.S., D.P.H. (To 31st December, 1937.)

J. T. Watkins, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (From 3rd May, 1937.)

J. B. S. Morgan, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (From 1st September, 1937.)

Temporary :

Ross Bloom, M.R.C.S., L.R.C.P. (From 13th December, 1937.)

P. M. Bowen, M.R.C.S., L.R.C.P. (From 13th December, 1937.)

W. Ll. Acraman, M.R.C.S., L.R.C.P. (To 3rd December, 1937.)

B. A. Thomas, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P. (To 30th June, 1937.)

E. W. Kinsey, M.R.C.S., L.R.C.P. (From 8th March to 28th May, 1937, and from 1st September, 1937.)

Jennet Evans, M.B., B.Ch. (From 1st September, 1937.)

Medical Officers of V.D. Clinics :

R. Bevan Llewellyn, M.B., Ch.B.

G. Hamilton Winch, M.B., Ch.B. (Died—26th May, 1937).

B. A. Thomas, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (From 23rd December, 1937.)

Tuberculosis Officers of the Welsh National Memorial Association working in Glamorgan :

(Principal Medical Officer) D. A. Powell, M.D., B.S. (Lond.).

R. Melville Hiley, L.R.C.P., M.R.C.S. (Pontypridd and Rhondda District).

J. C. Gilchrist, M.D., Ch.B. (Cardiff and District).

S. H. Graham, M.B., Ch.B.

J. G. Cox, L.R.C.P., M.R.C.S. (Merthyr and Aberdare District).

Hugh Trail, M.B., Ch.B. (Mid-Glamorgan District).

T. W. Davies, M.B., Ch.B., D.P.H. (Swansea and District).

Medical Officers of Institutions :—

Glan Ely Hospital, Nr. Cardiff—A. Brownlee, M.D., L.R.C.P., F.R.C.S., L.D.S., D.P.H.

Cymla Hospital, Neath—Hugh Trail, M.B., Ch.B.

Sully Hospital, Sully—William Davies, L.R.C.P., M.R.C.S.

LLWYNYPIA HOSPITAL.*Medical Superintendent :*

B. Melbourne G. Thomas, F.R.C.S., M.B., B.S.

Assistant Medical Officers :

A. L. Thomas, M.R.C.S., L.R.C.P., L.M.S.S.A. (Lond.) (To 31st August, 1937.)

Edgar W. Thomas, F.R.C.S., M.B., Ch.B.

F. G. Badger, B.Sc., M.R.C.S., L.R.C.P. (To 30th June, 1937.)

Mervyn A. Jones, M.B., B.S. (From 1st August, 1937.)

Hywel G. Roberts, B.Sc., M.B., B.Ch. (From 1st October, 1937.)

BRIDGEND INFIRMARY.*Medical Superintendent :*

Jeffrey W. Jones, B.Sc., M.R.C.S., L.R.C.P.

PENRHIWTYN INFIRMARY.*Medical Superintendent :*

G. H. Garfield, M.B., B.Ch.

Assistant Medical Officer :

F. W. Thomas, B.Sc., M.R.C.S., L.R.C.P. (From 3rd May, 1937.)

Medical Officer (Part-time) :

J. A. Noot, L.R.C.S., L.R.C.P.

CENTRAL HOMES, PONTYPRIDD.*Medical Officer (Part-time) :*

Arthur E. Jenkins, M.B., B.S., M.R.C.S., L.R.C.P.

PONTARDAWE INFIRMARY.*Medical Officer (Part-time) :*

H. R. Stubbins, M.D., Ch.B.

PENMAEN INSTITUTION.*Medical Officer (Part-time) :*

Morgan Owen, B.Sc., M.R.C.S., L.R.C.P.

WINDSOR HOUSE, ABERDARE.*Medical Officer (Part-time) :*

Harry Banks, B.A., F.R.C.S., M.B., B.Ch., B.A.O.

GIRLS' DOMESTIC TRAINING CENTRE, BARRY.*Medical Officer (Part-time) :*

J. H. Williams, B.Sc., M.B., Ch.B.

PANEL OF CONSULTANTS.

General Surgery D. J. Harries, D.Sc., M.D., F.R.C.S.

J. B. Haycraft, F.R.C.S.

C. J. Cellan-Jones, M.D., M.B., B.S., F.R.C.S.

General Surgery and Urology Willard Maclean, M.D., M.C.P.S.

Gynaecology G. I. Strachan, M.D., F.R.C.S.

John Lloyd Davies, M.D., M.B., B.S., M.R.C.P.

R. G. Maliphant, M.D., F.R.C.S.

Urology T. E. Hammond, F.R.C.S.

- Ear, Nose, and Throat .. R. D. Owen, F.R.C.S.E.
C. P. Robinson, M.B., B.Ch., B.A.O., F.R.C.S.
- Orthopaedic Surgery .. A. O. Parker, M.D., C.M., M.C.P.S.
- Ophthalmology Bernard Gluck, M.A., M.B., M.Ch., D.O.M.S., F.R.C.S.
E. K. Roy Thomas, M.B., Ch.B., F.R.C.S., D.O.M.S.
- Physicians Abel Evans, M.B., B.S., M.R.C.P.
W. Esmond Rees, M.D., M.B., B.S., M.R.C.P.
L. H. Howells, M.B., B.S., M.R.C.P.
W. Phillips, M.B., B.Ch.
- Radiology Thomas Garfield Evans, M.D.
- Dermatology James Beatty, M.A., M.D., M.R.C.P.
David R. Lewis, M.D., M.R.C.P.
- Diseases of Children .. Arthur G. Watkins, B.Sc., M.D., B.S., M.R.C.P.

Dental Surgeons :

- John Young, L.D.S.
Luke B. Lennard, L.D.S.
Mabel H. B. Blakesley, L.D.S.
Mary M. M. Davies, L.D.S.
Frank G. Evans, L.D.S.
Quentin A. Davies, L.D.S.
E. Hevin Jones, L.D.S.
Wystan A. Peach, L.D.S.
W. J. R. Cole-Morgan, L.D.S.
T. P. Ellis, L.D.S.
Ieuan Williams, L.D.S.

Pathologist :

- W. Parry Morgan, M.A., M.D., D.P.H.

Chemist and Bacteriologist :

- John H. Sugden, M.Sc., F.I.C.

Public Analysts :

- Clarence A. Seyler, B.Sc., F.I.C.
John H. Sugden, M.Sc., F.I.C. (Additional).

Veterinary Surgeons :

- Chief County Veterinary Inspector :*
J. Howard Jones, O.B.E., M.R.C.V.S.

- Assistant Veterinary Inspectors :*
G. H. Thomas, M.R.C.V.S.
D. E. Davies, M.R.C.V.S.

Sanitary Inspector :

- Dewi Davies, M.R.S.I., Certificates of Royal Sanitary Institute as Sanitary Inspector, Meat Inspector, and Smoke Inspector. Certificate in Sanitary Science.

Inspectors under the Sale of Food and Drugs Acts :

- The Superintendents and Inspectors of the County Police.

Superintendent Supervisor of Midwives :

Gwendolen Williams, S.R.N., S.C.M. (Maternity and Child Welfare Certificate, Health Visitors and School Nurses' Certificate of the Royal Sanitary Institute).

District Supervisors of Midwives :

S. A. Bartlett, S.R.N., S.C.M.
Bronwen Davies, S.R.N., S.C.M.
Martha Roberts, S.R.N., S.C.M.

*County Midwives (whose work is mainly in the districts named) :**Barry Urban District :*

Ada Knill Curtis.
Maud Griffiths.
Emily Harman.
Hildred Mabel King, S.R.N.

Gwendoline May Nash.
Margaret Smith.
Tydfil Mary Thomas.
Mary Etta Williams.

Bridgend Urban District :

Rachel Davey.

Caerphilly Urban District :

Gladys Bishop Davies.
Miriam Jane Davies.
Annie Maud Gittins, S.R.N.
Gertrude Mary Griffiths.
Ann Ellen Palmer.

Rosina Emily Pearce.
Margaret A. Tapp.
Esther Annie Smith.
Agnes Catherine Walters, S.R.N.

Cowbridge Borough :

Eveline Mary Jones, S.R.N.

Gelligaer Urban District :

Bronwen Davies.
Jemima Ann Davies.
Eliza Dorsett.
Sarah Jane Evans.
Harriet Ann Jones.
May Lane.

Edith Morgan.
Mary Turner Morris, S.R.N.
Eliz. Ellen Murphy.
Charlotte Jane Perry.
Rose Hannah Thomas.
Gwendoline Williams, S.R.N.

Glyncorrwg Urban District :

Ceridwen Davies.
Florence E. Jones.

Lilian A. Popham.

Llŵchwr Urban District.

Alice Louisa Bowen.
Mary Ann Gilchrist.
Florence Hale.

Winifred Gertrude Morgan.
Mary Hannah Thomas.
Annie Mary Williams.

Maesteg Urban District :

Christian Isabella Jenkins, S.R.N.
Tydfil Morgan.
Mary Bevington Rees.

Rachel Ann Stephens.
Margaret Ann Thomas.

Mountain Ash Urban District:

Gwenllian Ann Davies.
 Olwen Evans.
 Naomi James.
 Margaret Ann Keane.

Margaret Vale.
 Florence Sabina Williams.
 Rachel Williams.

Neath Borough:

Elizabeth Evans, S.R.N.
 Florence Beatrice Gardiner, S.R.N.

Jane Trott.

Ogmore and Garw Urban District:

Emily Margaret Bellingham.
 Fanny Elizabeth Ivy Cottrell.
 Naomi Dement.

Elizabeth Edmunds.
 Catherine Lucy Thomas.
 Elizabeth Jane Thomas.

Penarth Urban District:

Edith Mary Lawrence.

Rosa Gladys Nurton.

Pontypridd Urban District:

Margaret Ann Arnold.
 Edith Mary Chubb.
 Rachel Jones.
 Elizabeth Alice Llewellyn.
 Margaret Mary Marran.

Martha Ann McLeod.
 Mary Morgan.
 Maggie Ann Smith.
 Mary Elizabeth Wilding.

Porthcawl Urban District:

Amy Adele Lee.

Port Talbot Borough:

Martha Mary Arthur.
 Priscilla Bickerstaff.
 Ethel May Driver.
 Florence Emily Jones.
 Mary Jane Jones.
 Gwladys Mansell.

Margaret Phillips.
 Margaret Jane Samuel.
 Florence Jennie Smith.
 Annie Frances Thomas.
 Catherine White.

Cardiff Rural District:

Hannah Davies.
 Mary Ann Green.

Margaret Ann R. Morgan.
 Annie Williams.

Cowbridge Rural District:

Mary Stratford.

Mabel Annie Williams.

Llantrisant and Llantwit Fardre Rural District.

Lucy Christina Edmunds.
 Sophia Ellen Griffiths.
 Ethel Israel, S.R.N.

Ivy Grace Rundle.
 Rachel Williams.
 Dinah Mary Woodrow.

Neath Rural District:

Mary Alexander, S.R.N.
 Mary Elizabeth Bevan.
 Gwenllian David.
 Winifred Devonald.
 Edith Evans, S.R.N.

Florence Ivy Evans, S.R.N.
 Gladys Maud Francis, S.R.N.
 Rachel Mary Price.
 Elizabeth Thomas.
 Susannah Parsk Williams.

Penybont Rural District :

Mary J. Churchill.
 Alice B. Earp.
 Katie Evans.
 Edith Griffiths, S.R.N.

Katie Marks.
 Gwendoline Jones Thomas.
 Rose Williams.

Pontardawe Rural District :

Enid Elizabeth Ford, S.R.N.
 Martha Jackson.
 Annie M. Jones, S.R.N.
 Rachel Mary Lewis.
 Lilian Morgan, S.R.N.

Esther Scale.
 Sarah Jane Williams.
 Martha Wood.
 Mary Woodard.

Nurses :

Superintendent—§Margaret E. Coverley, S.R.N.

- | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| § Annie Williams, S.R.N. | * Irene Brydle, S.R.N. |
| §* Ceinwen C. Thomas.
Eliz. M. Charles. (To December 31st, 1937.) | * Florence E. Cole, S.R.N.
Winifred Thomas. |
| § Mabel R. Thomas, S.R.N.
Carrie Brazell, S.R.N.
Margaret Hardie, S.R.N.
Avice Mathews. | Lucy A. Bevan, S.R.N.
Dorothy M. Trembath, S.R.N. |
| §* Winifred E. M. Roberts, S.R.N. | * M.A. Jones, S.R.N. |
| * Gwladys G. Jones, S.R.N.
Margaret H. Williams.
Ceinwen Edwards, S.R.N. | * Gwen Jones, S.R.N.
Betty R. Davies, S.R.N. |
| §* Annie Morris, S.R.N.
Ellen Roberts, S.R.N. | * Olive M. Howells, S.R.N. |
| §* Martha Howells, S.R.N. | * Mair Evans, S.R.N. |
| § Margaret J. Thomas, S.R.N. (To Jan. 31st, 1937.) | * Rhonwen Evans, S.R.N. (From 5th April, 1937.)
Megan S. Watkins, S.R.N. (From 1st September, 1937.) |
| | * Margaret Williams, S.R.N. (From 1st September, 1937.) |

Orthopaedic Nurses :

Edith A. Thurston.
 Cynthia Crowdy.

Home Teacher of the Blind :

§ Emily Simpson.

*—Certificate of Central Midwives Board.

§—Home Teachers Certificate of the College of Teachers of the Blind.

The duties of the whole-time medical and nursing staff are co-ordinated, and the services of these officers are available as required for work of the Public Health, Public Assistance, and School Medical Services.

DISTRICT MEDICAL OFFICERS, PANEL MEDICAL PRACTITIONERS, PUBLIC VACCINATORS, AND VACCINATION OFFICERS. (Corrected to August 1st, 1938.)

<i>Medical Relief District No.</i>	<i>Description of District.</i>	<i>District Medical Officer.</i>	<i>Panel of Medical Practitioners in Areas where "Free Choice" System operates.</i>	<i>Public Vaccinator.</i>	<i>Vaccination Officer.</i>
(1)	(2)	(3)	(4)	(5)	(6)
ABERDARE AREA.					
1.	Portion of Hirwaun which is in the Parish of Aberdare, including Village of Penywaun	Dr. B. Thomas	—	.. Dr. B. Thomas	.. Havelock Jones
2.	Trecynon District including that portion of the Parish of Aberdare known as Trecynon, Robertstown, Cwmdare, Bwlfa, Llwydcoed, Ysguborwen, and Tregibbon. Gadlys District including that portion of the Parish of Aberdare enclosed in the following boundary: Starting from Tarn Las on the Parish boundary between Aberdare and Merthyr, thence due west to the Great Western-Merthyr Branch line, thence south-west to the Robertstown tramline, opposite the Aberdare Hospital, thence due west to Great Western Main line, thence along centre of Tudor Terrace and Glan Road to the Dare River at Cwm Place, then along the Dare River until same empties into the Cynon in Duke Street, thence direct east to Twyn Ddisgwylla Fach on the Parish boundary between Aberdare and Merthyr Tydfil, thence along the said Parish boundary to Tarn Las	Dr. Harry Banks	—	.. Dr. Harry Banks	.. do
3.	Aberdare Town	—	.. Dr. Isaac Banks Dr. F. C. Bullen Dr. James Hannan Dr. H. F. Moffit Dr. John N. Murphy Dr. Ambrose W. Owen Dr. H. B. Pierce Dr. J. E. Thomas Dr. J. H. R. Thomas Dr. J. M. Wilson	.. Dr. James Hannan	.. do.
4.	Duffryn Ward, Darranlas Ward, and Miskin Ward	—	.. Dr. M. I. Cahill Dr. R. C. S. Evans Dr. Wm. Horgan Dr. H. B. Pierce Dr. J. F. Scales Dr. J. H. Read Thomas	.. Dr. Arthur T. Jones	.. Owen Thomas

Medical Relief District

No. (1)

ABERDARE AREA (continued).

Medical Relief District	No.	Description of District.	District Medical Officer.	Panel of Medical Practitioners in Areas where "Free Choice" System operates.	Public Vaccinator.	Vaccination Officer.
5.	(2)	Penrhwiweiber Ward	(3)	(4)	(5)	(6)
				Dr. M. I. Cahill	Dr. W. Horgan	Owen Thomas
				Dr. R. C. S. Evans		
				Dr. Wm. Horgan		
				Dr. G. L. Pierce		
				Dr. H. B. Pierce		
				Dr. J. F. Scales		
				Dr. J. H. Read Thomas		
				Dr. Wm. Horgan	Dr. G. L. Pierce	Owen Thomas
				Dr. G. L. Pierce		
				Dr. A. M. Rattray		
				Dr. John F. Scales		
				Dr. D. W. R. Thomas		
				Dr. Idris Davies	Dr. Idris Davies	do.
					Dr. Harry Banks.	

BRIDGEND AREA.

1. Those parts of the Parish of Llandyfodwg and Llan-y-moel in the Ogmore Valley known as the Nantymoel Ward of the Ogmore and Garw Urban District, comprising the township of Nantymoel, situated to the north of the brook known as Nantdyrus in the Parish of Llangeinor, and to the north of the Old Parish Road leading from the River Ogmore near the Wyndham Hotel, Ogmore Vale, to the main road near the Aber Arms, Nantymoel, and afterwards along the old mountain track running in a north-easterly direction to the ridge of the mountain known as "Mynydd William Meyrick"
2. That part of the Parish of Coychurch Higher lying to the north of the road, called "Mynydd-y-gaer." That part of the Parish of Llandyfodwg to the north side of the Old Parish Road leading from the River Ogmore near the Wyndham Hotel, Ogmore Vale, to the main road near the Aber Arms, Nantymoel, and afterwards along the mountain track running in a north-easterly direction to the ridge of the mountain known as "Mynydd William Meyrick" and to the west of the

Dr. A. W. Anderson Dr. A. W. Anderson . . . I. L. Isaac and D. D. Lake

Dimbath Brook. That part of the Parish of Llangeinor lying on the east side of Heol Geinor and the road leading from Llangeinor Church to Abergarw and south of Nantdyrus Brook

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Such part of the Parish of Llandyfodwg as lies to the east of the Dimbath Brook to a point in the boundary of the Parish of Fforchnest | — | .. Dr. J. L. Hampson .. Dr. J. L. Hampson .. D. D. Lake
Dr. W. Moody-Jones
Dr. J. H. Watson |
| 4. That portion of the Parish of Bettws from Pandy (Bettws) to Pwllgarn and the northern boundary of the Parish of Bettws, and from Pandy (Bettws) direct north to Moelgiliau Mountain, cutting between Gwernllwyn Farm and Cefn Gelli Farm. That part of the Parish of Llangeinor lying on the Blaengarw Ward, Pontycymmer Ward, and the Bettws and Pontyrhyl Ward to the old main road leading from Brynmenin to Pandy (Bettws) | Dr. J. B. McCutcheon | .. Dr. J. B. McCutcheon D. D. Lake |
| 5. Newcastle Higher, Ynysawdre, St. Brides Minor, Llangynydd Lower. That portion of the Parish of Bettws lying to the south and south-west of the Garw River from Brynmenin to Pandy (Bettws), then following a straight line in a northerly direction to Moelgiliau Mountain to the Parish boundary cutting between Gwernllwyn Farm on the west and Cefn Gelli Farm on the east. That part of the Parish of Llangeinor from Abergarw Bridge, Brynmenin, and then following the centre of the road to Pandy (Bettws) | — | .. Dr. J. J. Fitzgerald .. Dr. J. J. Fitzgerald .. I. L. Isaac and
D. J. Bevan
Dr. J. T. Jones
Dr. F. J. Rees
Dr. H. Sinclair |
| 6. Parish of Llangynydd Higher (Nantfyllon and Caerau Districts) | — | .. Dr. Hugh R. Kidd .. Dr. Hugh R. Kidd .. D. D. Lake
Dr. H. Sinclair
Dr. Ralph Thomas |
| 7. Such part of the Parish of Bettws as lies on the Llynvi side of the road from the Pontrhyd-ddu to Capel Bach and the mountain track from thence to the northern boundary of the Parish. Parish of Cwmdru. Parish of Llangynydd Middle | — | .. Dr. H. R. Kidd .. Dr. Ralph Thomas D. J. Bevan
Dr. H. Sinclair
Dr. Ralph Thomas |
| 8. Pencoeed and part of Coychurch Higher known as Heolycyw | — | Dr. E. B. M. Atkins .. Dr. James Paterson .. I. L. Isaac
Dr. J. J. Fitzgerald
Dr. J. T. Jones
Dr. B. Samuel |
| 9. Coity Higher, Coychurch Lower, Ewenny, St. Andrews Minor, St. Brides Major, Wick, Bridgend | — | .. Dr. D. W. John .. Dr. H. V. Leigh .. do.
Dr. J. T. Jones
Dr. R. B. Milne |

Medical Relief District No.

Description of District.

District Medical Officer.

Panel of Medical Practitioners in Areas where "Free Choice" System operates.

Public Vaccinator.

Vaccination Officer.

(1)

(2)

(3)

(4)

(5)

(6)

BRIDGEND AREA (continued)

10. Newton Nottage, Tythegston Lower, Merthyr-mawr	—	Dr. Ethel G. Davies .. Dr. D. W. Hartland .. Dr. R. Hodkinson .. Dr. R. B. Milne .. Dr. C. J. H. Pearson ..	Dr. W. Hartland ..	I. L. Isaac
11. Kenfig, Sker, Pyle, Laleston, Tythegston Higher ..	—	Dr. J. J. Fitzgerald .. Dr. S. C. Ghose .. Dr. D. W. John .. Dr. J. T. Jones .. Dr. R. B. Milne .. Dr. Wm. Murphy ..	Dr. Wm. Murphy ..	I. L. Isaac
Bridgend Institution and Bridgend Cottage Homes ..	..	Medical Officer and Public Vaccinator ..	..	Dr. Jeffrey W. Jones.

CAERPHILLY AREA.

1. Nelson Ward ..	..	Dr. R. H. Terry ..	..	Dr. R. H. Terry ..	Owen Thomas		
2. Ystrad Mynach Ward ..	..	—	..	Dr. J. S. Briggs .. Dr. P. H. Cahill .. Dr. H. A. Cecil .. Dr. W. A. Clark .. Dr. J. P. Davies .. Dr. E. V. B. Jones .. Dr. R. A. Phillips .. Dr. Edward Savage .. Dr. S. Beggs .. Dr. J. S. Briggs .. Dr. P. H. Cahill .. Dr. W. A. Clark .. Dr. E. V. B. Jones .. Dr. C. A. Probert .. Dr. N. L. Probert .. Dr. Edward Savage ..	..	Dr. W. A. Clark ..	do.
3. North and South Wards, Caerphilly Urban District	..	—	..	Dr. J. S. Briggs ..	do.		
4. Abertridwr and Senghenydd Wards ..	..	—	..	Dr. J. S. Briggs .. Dr. J. S. Briggs .. Dr. P. H. Cahill .. Dr. W. A. Clark .. Dr. J. Donaldson .. Dr. E. V. B. Jones .. Dr. C. A. Probert .. Dr. Edward Savage ..	..	Dr. J. Donaldson ..	do.

CAERPHELLY AREA (continued).

5.	Taffs Well Ward	..	..	..	..	..	..	Dr. C. H. Cox	..	Dr. C. H. Cox	..	Owen Thomas
6.	Pontlottyn Ward	..	..	..	..	..	..	Dr. Thomas Hill	..	Dr. Thomas Hill	..	J. L. Morris
7.	Fochriw Ward	..	..	..	..	..	..	Dr. S. McCarthy	..	Dr. S. McCarthy	..	do.
8.	Tirphil Ward	..	..	..	..	..	..	Dr. R. M. Carmichael	..	Dr. D. J. Thomas	..	do.
9.	Bargoed Ward	..	..	..	..	..	..	Dr. D. J. Thomas	..	do.	..	do.
10.	North portion of the Bedlinog Ward	..	..	..	..	..	..	Dr. Francis D'Souza	..	Dr. Francis D'Souza	..	do.
								Dr. J. Taylor Park				
								Dr. A. M. Rattray				
								Dr. A. M. Robertson				
11.	South portion of the Bedlinog Ward	..	..	..	..	..	..	Dr. Francis D'Souza	..	Dr. Elton Foster	..	do.
								Dr. Elton Foster				
								Dr. E. V. B. Jones				
								Dr. J. Taylor Park				
								Dr. A. M. Rattray				
								Dr. A. M. Robertson				
12.	Hengoes	..	..	..	..	..	..	Dr. H. A. Cecil	..	Dr. J. Prosser Davies	..	do.
								Dr. G. R. Davies				
								Dr. J. Prosser Davies				
								Dr. L. E. Jones				
								Dr. J. McCrea				
								Dr. W. McKendrick				
								Dr. R. A. Phillips				
								Dr. W. Reidy				
								Dr. A. H. Richards				
								Dr. George Scanlon				
								Dr. S. B. Turner				

NEATH AREA.

1.	Coedfranc, Duffryn Clydach, Blaenhonddan	..	..	..	..	..	..	Dr. Trevor Davies	..	Dr. Trevor Davies	..	W. Sully
2.	Dulais Higher and Dulais Lower	..	..	..	..	..	..	Dr. C. W. Armstrong	..	Dr. C. W. Armstrong	..	do.
3.	Rhigos	..	..	..	..	..	..	Dr. B. Thomas	..	Dr. B. Thomas	..	Havelock Jones
4.	Neath Higher and Blaengwrach	..	..	..	..	..	..	Dr. S. McClure	..	Dr. S. McClure	..	T. E. Bevan
5.	Neath Lower, Resolven, and Clyne	..	..	..	..	..	..	Dr. A. Evans	..	Dr. A. Evans	..	do.
6.	Tonna and Neath	..	..	..	..	..	..	Dr. J. A. Noot	..	Dr. J. A. Noot	..	do.
7.	Briton Ferry	..	..	..	..	..	..	Dr. D. H. Vickery	..	Dr. D. H. Vickery	..	do.
8.	Baglan Higher, Michaelston, Baglan Lower now forming Aberavon North Ward of Borough of Port Talbot	..	..	..	..	..	..	Dr. D. Morgan Jones	..	Dr. D. Morgan Jones	..	T. E. Bevan and D. J. Williams
9.	Cwmavon Ward of Borough of Port Talbot	..	..	..	..	..	..	Dr. J. R. Hughes	..	Dr. J. R. Hughes	..	D. J. Williams
10.	Aberavon North and South Wards of Borough of Port Talbot	..	..	..	..	..	..	Dr. R. J. Isaac	..	Dr. David Rees	..	do.
								Dr. D. Rees				

Medical Relief District No. (1)	Description of District (2)	District Medical Officer (3)	Panel of Medical Practitioners in Areas where "Free Choice" System operates. (4)	Public Vaccinator (5)	Vaccination Officer (6)
NEATH AREA (continued).					
11.	Margam North Ward of Borough of Port Talbot ..	—	Dr. P. J. Ryan Dr. R. T. Williams Dr. T. C. Williams	Dr. P. J. Ryan	D. J. Williams
12.	Margam West and Central Wards of Borough of Port Talbot	—	Dr. R. T. Williams Dr. T. C. Williams	Dr. R. T. Williams	do.
13.	Cymmer Ward of Glyncoerrwg Urban District	—	Dr. Caleb Davies Dr. C. C. Grant Dr. J. M. Taylor	Dr. C. C. Grant	do.
14.	Glyncoerrwg Ward of Glyncoerrwg Urban District ..	—	Dr. Caleb Davies Dr. C. C. Grant Dr. J. M. Taylor	Dr. Caleb Davies	do.
15.	Abergwynfi and Blaengwynfi Wards of Glyncoerrwg Urban District	Dr. Alfred Davies	—	Dr. Alfred Davies	do.
	Penrhiwtyn Infirmary	Public Vaccinator	.. .. .	Dr. J. A. Noot	
	Brynoech Cottage Homes	Medical Officer and Public Vaccinator ..	.. .. .	Dr. Trevor Davies	
PONTYPRIDD AREA.					
1.	Cilfynydd Ward, Trallwn Ward, Town Ward, Graig Ward, Treforest Ward, Rhondda Ward (except Trehafod and Porthyglo)	—	Dr. D. Washington Evans Dr. G. H. Evans Dr. B. E. James Dr. A. E. Jenkins Dr. B. M. Lewis Dr. Kingsley W. Lewis Dr. G. M. Mitchell Dr. G. L. Pierce Dr. Edward J. Rees Dr. D. G. Williams Dr. Tudor Williams	Dr. A. E. Jenkins	Owen Thomas
2.	Parish of Llantwit Fardre	—	Dr. D. Washington Evans Dr. George M. Mitchell Dr. E. J. Rees Dr. D. G. Williams	Dr. J. C. R. Morgan	do.
3.	Town Ward of Parish of Llantrisant	—	Dr. D. Washington Evans Dr. J. C. R. Morgan	Dr. J. C. R. Morgan	do.

PONTYPRIDD AREA (continued).

4. Tonvrefail Ward of Parish of Llantrisant
 Dr. H. M. Anderson .. Dr. R. Bruce Munro .. Owen Thomas
 Dr. J. E. Brerefon
 Dr. F. L. Brewer
 Dr. John Clarke
 Dr. J. A. Fisher
 Dr. B. E. James
 Dr. R. Bruce Munro
 Dr. R. H. Munro
 Dr. T. E. Watkins
 Dr. J. H. Watson
 Dr. D. C. Williams
5. Gilfach Goch Ward of Parish of Llantrisant and so
 much of Gilfach Goch in Parish of Rhondda
- Central Homes, Pontypridd
 Maesycoced Homes, Pontypridd
 Children's Homes, Church Village
- Medical Officer and Vaccinator .. Dr. A. E. Jenkins
- Dr. H. M. Anderson .. Dr. J. L. Hampson .. do.
 Dr. J. L. Hampson
 Dr. W. Moody Jones
 Dr. J. H. Watson
 Dr. D. C. Williams

RHONDDA AREA.

1. No. 1 and 2 Wards of the Parish of Rhondda
 Dr. Fergus Armstrong Dr. Fergus Armstrong P. M. Jones
 Dr. J. Clarke
 Dr. A. J. Frazer
 Dr. G. J. Hughes
 Dr. B. E. James
 Dr. Islwyn Morris
 Dr. R. Nelson
 Dr. A. M. Robertson
 Dr. W. E. Thomas
 Dr. D. C. Williams
2. No. 3 and 4 Wards of the Parish of Rhondda
 Dr. Fergus Armstrong Dr. W. E. Thomas .. do.
 Dr. H. M. Anderson
 Dr. W. A. Burke
 Dr. J. Clarke
 Dr. T. B. Davies
 Dr. G. J. Hughes
 Dr. B. E. James
 Dr. Islwyn Morris
 Dr. W. E. Thomas
 Dr. D. C. Williams
3. No. 5 Ward, Clydach Vale, Llwynypia, and Trealaw Dr. W. Watkins
 to the lower end of Ynyscynon Road, and Tony-
 pandy down to Gilfach Road Dr. W. Watkins .. do.

Medical Relief District No.	Description of District.	District Medical Officer.	Panel of Medical Practitioners in Areas where "Free Choice" System operates.	Public Vaccinator.	Vaccination Officer.
(1)	RHONDDA AREA (continued).				
(2)	4. Remainder of Treallaw to Lledirddu Cemetery, with parts of Penygraig and Williamstown	Dr. Alfred Jones	.. Dr. Alfred Jones	.. Dr. Alfred Jones	.. E. T. Davies
(3)	5. Remainder of Penygraig and Williamstown, with Dinas, Edmundstown, and Penrhiwfer	—	Dr. H. M. Anderson .. Dr. John Clarke Dr. T. B. Davies Dr. J. A. Fisher Dr. B. E. James Dr. W. Moody Jones Dr. S. C. Mitra Dr. R. Bruce Munro Dr. R. H. Munro Dr. T. E. Watkins Dr. D. C. Williams	.. Dr. D. C. Williams	do.
(4)					
(5)	6. No. 8 Ward of the Parish of Rhondda and Trehafod and Porthvglo in the Parish of Pontypridd	—	Dr. John Clarke .. Dr. J. A. Fisher Dr. Arthur Hines Dr. B. E. James Dr. W. R. Maxwell Dr. T. E. Watkins Dr. D. C. Williams	.. Dr. John Clarke	do.
(6)	7. Ynysbir, Wattstown, and Pontygwaith portion of No. 9 Ward, Parish of Rhondda, and that portion of No. 10 Ward extending up to, but not including Penrhy's Road, Tylorstown	—	Dr. G. M. Campbell .. Dr. John Clarke Dr. Arthur Coleman Dr. P. J. de Miranda Dr. H. B. Flooks Dr. B. E. James Dr. W. R. Maxwell Dr. Ernest Orr Dr. T. E. Watkins Dr. D. C. Williams	.. Dr. W. R. Maxwell	.. W. I. Davies
(6)	8. From the boundary of No. 7 District at Penrhy's Road, Tylorstown, to the end of No. 10 Ward, Parish of Rhondda	—	Dr. G. M. Campbell .. Dr. Arthur Coleman Dr. P. J. de Miranda Dr. H. B. Flooks Dr. J. L. McSweeney Dr. S. C. Mitra Dr. R. Bruce Munro Dr. R. H. Munro Dr. Ernest Orr	.. Dr. P. J. de Miranda	do.

RHONDDA AREA (continued).

9. From the end of No. 10 Ward to the Strand, Ferndale, including Blaenllechau .. Dr. Rice Rees .. W. J. Davies
10. From the Strand, Ferndale, to the boundary of No. 11 Ward, Parish of Rhondda .. Dr. Geo. M. Campbell Dr. R. S. Thomas .. do.
Dr. Arthur Coleman
Dr. P. J. de Miranda
Dr. H. B. Flooks
Dr. J. L. McSweeney
Dr. S. C. Mitra
Dr. R. H. Munro
Dr. R. S. Morris Thomas
- Llwynypia Hospital .. Medical Superintendent and Vaccinator .. Dr. B. M. G. Thomas

SOUTH-EAST GLAMORGAN AREA.

1. Van, Rudry, Rhydygwern, Llanfedw North .. Dr. S. Beggs .. Dr. P. H. Cahill .. William Morgan
Dr. J. S. Briggs
Dr. P. H. Cahill
Dr. W. A. Clark
Dr. C. E. P. Davies
Dr. E. V. B. Jones
Dr. N. L. Probert
Dr. Edward Savage
2. Llanfedw South, Llanedeyrne, and Lisvane .. Dr. C. A. Bence .. Dr. J. P. H. Davies .. do.
Dr. J. F. Carr
Dr. H. L. G. Davies
Dr. J. P. H. Davies
Dr. T. J. Hurley
Dr. E. V. B. Jones
Dr. T. McKelvey
Dr. R. V. Robinson
Dr. D. M. Thomas
Dr. J. D. Williams (Senior)
Dr. J. D. Williams (Junior)
3. Whitchurch, south portion .. Dr. J. F. Dover .. do.
4. Whitchurch, north portion, Pentyrch, Radyr, and Llanilterne .. Dr. G. M. Aitken .. Dr. D. R. Thomas .. do.
Dr. M. Burns
Dr. H. L. G. Davies
Dr. J. P. H. Davies
Dr. T. J. Hurley
Dr. L. L. McMahon
Dr. W. F. O'Regan
Dr. E. H. Spickett
Dr. H. M. S. Stanley
Dr. D. M. Thomas
Dr. D. R. Thomas
Dr. D. G. Williams

<i>Medical Relief District No.</i>	<i>Description of District.</i>	<i>District Medical Officer.</i>	<i>Panel of Medical Practitioners in Areas where "Free Choice" System operates.</i>	<i>Public Vaccinator.</i>	<i>Vaccination Officer.</i>
(1)	(2)	(3)	(4)	(5)	(6)
SOUTH-EAST GLAMORGAN AREA (continued).					
5.	St. Brides-super-Ely, St. Georges-super-Ely, St. Nicholas, St. Lythans, St. Fagans, and Peterston-super-Ely	Dr. G. J. Williams	—	Dr. G. J. Williams	H. R. Evans
6.	Penarth Urban District	—	Dr. R. Bindon Brew Dr. Leo. Checchi Dr. F. T. Easby Dr. E. F. Guy	Dr. C. A. Jones	H. G. Beeton
7.	Lavernock, St. Andrews, Michaelston-le-pit, Leckwith, and Wenvoe	Dr. A. Beveridge	—	Dr. A. Beveridge	do.
8.	Barry Urban District East and Sully	—	Dr. E. J. H. Budge Dr. W. S. Fricker Dr. E. R. Griffiths Dr. E. F. Guy Dr. E. D. Jones Dr. James L. O'Flynn Dr. W. E. Reynolds Dr. P. D. Richards Dr. M. V. Roberts Dr. J. H. Williams	Dr. E. J. Herrington Budge	H. R. Evans
9.	Barry Urban District West, Porthkerry, and Penmark	—	Dr. W. S. Fricker Dr. E. R. Griffiths Dr. E. D. Jones Dr. John C. King Dr. J. L. O'Flynn Dr. W. E. Reynolds Dr. P. D. Richards Dr. M. V. Roberts Dr. J. H. Williams	Dr. John C. King	do.
10.	Llancarfan, Llanvithen, Llantrithyd, Welsh St. Donats, Pendoylan, Bonvilston, Cowbridge, St. Athans, Colwinston, St. Donats, Eglwysbrewis, Flemingstone, Gileston, St. Hilary, Llanblethian, Llandow, Llanfair, Llanmaes, Llandough, Llanmihangel, Llansannor, Llantwit Major, Llys-worney, Marcross, Monk-nash, Nash, Stemberidge, Penllyn, and Ystradowen	—	Dr. J. E. Brereton Dr. D. J. Evans Dr. R. B. Miller Dr. E. M. Meller Dr. R. Bruce Munro Dr. J. L. O'Flynn Dr. M. V. Roberts	Dr. E. M. Meller	H. R. Evans and E. T. Phillips

SOUTH-EAST GLAMORGAN AREA (continued).

11. Llanharan, Llanharry, Llanilid, and Peterston- super-Montem	—	Dr. J. E. Brereton Dr. F. L. Brewer Dr. E. Gordon Jones Dr. J. C. R. Morgan Dr. James Paterson Dr. B. Samuel	Dr. James Paterson	E. T. Phillips
12. Llangan and St. Mary Hill	—	Dr. E. B. MacDonald Atkins Dr. D. J. Evans Dr. D. W. John Dr. B. Samuel	Dr. James Paterson	do.

WEST GLAMORGAN AREA.

1. Parish of Llanrhidian Higher	—	Dr. D. J. Hughes Dr. I. H. Jones Dr. A. V. Moreton Dr. W. E. Moreton	Dr. D. J. Hughes	W. J. Davies
2. Llanrhidian Lower, Llanmadoc, Llangennith, Rhos- sili, Cheriton, Reynoldston, Llanddewi, Knelston, Penrice, Port Eynon, Oxwich, Nicholston, Pen- maen, Ilston, Pennard, Bishopston	—	Dr. I. H. Jones Dr. R. L. Marks Dr. A. V. Moreton Dr. W. E. Moreton	Dr. A. V. Moreton	W. J. Davies
3. Parishes of Gowerton and Loughor	Dr. D. B. Phillips	—	Dr. D. B. Phillips	J. B. John
4. Pontardulais Ward of Parish of Llandilo-Talybont	Dr. R. J. Isaac	—	Dr. R. J. Isaac	do.
5. Gorseinon Ward of Parish of Llandilo-Talybont. That part of the Parish of Llangyfelach, com- prised in the portion of old Parish of Clase Rural	Dr. D. B. Hughes	—	Dr. D. B. Hughes	do.
6. Godregraig Ward, Altygrug Ward, Varteg District of Parish of Citybeyll, Cwmllynfell Ward	—	Dr. Llewellyn Davies Dr. G. O. Evans Dr. W. O. Evans Dr. M. Goldberg Dr. T. Jones Dr. A. T. O'Grady Dr. H. R. Stubbins	Dr. H. R. Stubbins	D. H. Williams
7. Caegurwen Ward	—	Dr. P. N. Allman Dr. R. Jones Dr. G. S. Phillips Dr. W. E. Thomas	Dr. G. S. Phillips	do.

Medical Relief District No.	Description of District.	District Medical Officer.	Panel of Medical Practitioners in Areas where "Free Choice" System operates.	Public Vaccinator.	Vaccination Officer.
(1)	(2)	(3)	(4)	(5)	(6)
WEST GLAMORGAN AREA (continued).					
8.	Blaenegal and Mawr Ward, Parish of Cilybebyll except Varteg District. Part of Gellionen Ward and part of Parish of Ynysymond	—	.. Dr. G. O. Evans Dr. W. Owen Evans Dr. T. J. Hargest Dr. D. T. Jenkins Dr. L. J. Watkins	.. Dr. W. Owen Evans... D. H. Williams	
9.	Clydach Ward. Part of Parish of Ynysymond, Parish of Mawr. Part of Gellionen Ward	—	.. Dr. G. O. Evans Dr. W. Owen Evans Dr. T. J. Hargest Dr. W. H. Jones Dr. J. Lloyd Dr. S. C. Varley Dr. L. J. Watkins	.. Dr. T. J. Hargest .. do.	
	Pontardawe Institution	Vaccinator	.. Dr. W. O. Evans		
	Penmaen Institution	Vaccinator	.. Dr. A. V. Moreton		

EXTRACTS FROM VITAL STATISTICS.

The following is a short extract from the Vital Statistics of the year 1937 :—

<i>Live Births :</i>			<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	
Legitimate	..	..	10,609	5,420	5,189	} Birth rate per 1,000 of population, 15.3.
Illegitimate	..	..	333	183	150	
<i>Stillbirths</i>	..	..	614	343	271	} Rate per 1,000 total (live and still) births, 53.13.
Deaths	..	..	9,228	5,070	4,158	} Death rate per 1,000 of population 12.9.
<i>Deaths from Puerperal Causes :</i>				<i>Deaths.</i>		<i>Rate per 1,000 total (live and still) births.</i>
Puerperal Sepsis	..	..	..	17		1.47
Other Puerperal Causes	..	..	..	36		3.12
Total	..	..	..	53		4.59
<i>Death rate of Infants under one year of age :</i>						
All infants per 1,000 live births	..	..	..	..	..	65
Legitimate infants per 1,000 legitimate live births	..	..	..	..	..	64
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	..	90
<i>Deaths from Certain Causes :</i>						
Cancer (all ages)	..	..	..	..	..	977
Measles (all ages)	..	..	..	..	..	41
Whooping Cough (all ages)	..	..	..	..	..	29
Diarrhoea (under 2 years of age)	..	..	..	..	..	37

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

For those who are unfamiliar with the County area, certain essential local information is repeated.

The Administrative County of Glamorgan is the geographical County, less the County Boroughs of Cardiff, Swansea, and Merthyr Tydfil. With the exception of part of the Gower Peninsula and the Vale of Glamorgan, all of it contains coal measures, and mining is the chief industry. Associated with this is the manufacture of iron, steel, and tinplates.

The mining districts are for the most part situate in a series of valleys, which spread in inverted fan-shape southwards from the highlands which limit the northern edge of the County. The valleys descend from this intersected northern tableland towards the British Channel, and the land drainage is in the same direction.

Agriculture is confined to the Gower Peninsula, the Vale of Glamorgan, the valley bottoms, and the lower-level lands which fall from the foot of the valleys towards the coast.

The settlement of communities in the valleys for the purposes of coal-mining was accompanied until recent times by relative isolation, because of the mountain barrier to the north and the intervening hillsides.

The improvement of roads, the increase of motor transport, and the post-war inter-valley communications, have done much to change this. Most of the larger valleys have now lateral communications. The road of outlet to the north from Mid-Glamorgan was opened in 1929.

The narrowness of many valley bottoms and the steepness of the hillsides have increased the cost and difficulty of satisfactory housing, and it is often impossible to find sites which are free from the risk of subsidence.

The South Wales Coalfield, of which the Administrative County forms the largest portion, has been rapidly developed during the last three generations, and the exceptional growth of population which was marked until 1925 was due to a combination of immigration with a high rate of natural increase.

The county districts for the purpose of local government show almost all types of development—the true rural district, the rural district becoming wholly or in part industrialised, the urban district, and the municipal borough. Examples of contrast are the almost entirely agricultural Rural District of Gower (10,430 population), the ancient Borough of Cowbridge (1,002), the residential seaside district of Porthcawl (6,693), with the large and highly-organised community of the Rhondda Urban District (124,200).

The administrative organisation varies with the population and financial power of each area. In early days so restricted were the communal needs of a parish that it could be self-sufficing, but, with the growth of social services, which has been a feature of the last fifty years, it seems impossible to avoid the conclusion that those services, which for their satisfactory execution demand large financial powers, can only be provided by large group organisation, and the administration of part of services which are not so onerous or which may be most fittingly done because of need of local knowledge, should be performed locally.

AREA AND POPULATION.

The area of the Administrative County is 469,112 acres (land and inland water).

The County Borough of Cardiff recently proposed to extend its boundary by the inclusion on the east of a certain area of Monmouthshire—the Rumney Rural district and to the north, adjacent Glamorgan parishes of the Cardiff Rural District. In view of the opposition of the Glamorgan County Council and the Rural District concerned this claim was abandoned, but the claim to Monmouthshire territory succeeded.

The population of the Administrative County from 1893 to 1937 is shown in Table I, which shows also the excess of births over deaths. The population for the year 1937 is the estimated mid-year figure supplied by the Registrar-General. For other years (except census years) the populations have been estimated. The decreases shown in certain years, up to 1925, with the exception of 1915–18 (War), were due to the transfer of population to local authorities who have obtained increased powers as County Boroughs.

From the year 1888, the year in which the County as an administrative unit began its functions, the population rose rapidly, in spite of the separation of such districts whose growth and financial strength justified an extension of their area and powers.

1926–1937 show a decline of population in the industrial areas, with a small increase in residential districts.

Our present population in 1937 is 714,200—in 1913 it was 791,208, but had an excess of 14,363 births over deaths; in 1937 this excess is only 1,714.

TABLE I.—POPULATION.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1925	843,400	8,898
1903	631,398	13,137	1926	843,100	8,213
1913	791,208	14,363	1927	837,000	5,366
1914	802,752	14,047	1928	812,200	5,748
1915	777,430	12,266	1929	809,200	4,582
1916	752,619	11,485	1930	809,200 ^{Mid-year, 1929}	4,921
1917	766,990	10,236	1931	766,141 (Census)	3,670
1918 ^{*Swansea Extension}	740,254	8,866	1932	763,000	3,482
1919	795,924	9,828	1933	758,160	2,504
1920	827,639	14,128	1934	751,650	3,579
1921	814,717 (Census)	14,015	1935	743,800	3,015
1922 ^{*Cardiff Extension}	838,064	10,006	1936	731,350	2,358
1923	827,900	10,656	1937	714,200	1,714
1924	839,500	10,294			

RATEABLE VALUE.

The rateable value of the Administrative County in April, 1937, for County Rate purposes was £2,809,814, and the sum represented by a penny rate over the County was £9,383.

The diminished demand for coal for export, and the changes made by the Rating Act, 1929, have had an unfavourable effect on County revenue.

BIRTHS.

During 1937 the births registered in the Administrative County numbered 10,942, giving a birth-rate of 15·3, as against 14·9 for England and Wales. The fall is shown thus, the rate in 1914 being 31 per thousand of the population in Glamorgan, as against 15·3 last year.

Of the total births, 5,603 were males and 5,339 females. 10,609 were legitimate and 333 illegitimate.

The decrease is due to migration of younger people caused by unemployment and the general desire to limit families. The excess of births over deaths is 1,714, as against 2,358 in 1936.

The birth-rate for Glamorgan is in excess of that for England and Wales, and has been so for many years, but is now approximating to the same level. The following table shows the rates since 1927 for the Administrative County and England and Wales:—

TABLE II—BIRTHS.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Administrative County	17·5	18·2	17·1	16·8	16·8	16·4	16·0	16·5	16·0	15·4	15·3
England and Wales	16·6	16·7	16·3	16·3	15·8	15·3	14·4	14·8	14·7	14·8	14·9

BIRTH RATE.

The rate for 1937, 15·3, shows the continuing decline as against 15·4 per thousand last year. The diminution of population last year was 17,150, due to all causes—death, removal, and diminishing recruitment by birth. It is interesting to note that the great fertility noted formerly in industrial populations is now no longer marked and the County birth rate is but ·6 per thousand above that for England and Wales as a whole. Glyncoed (20·2) and Caerphilly (19) show the highest rates, while the residential districts of Porthcawl (11·1) and Cardiff Rural (11·2) are the lowest. There are fewer births than deaths in Aberdare, Cowbridge Borough, and Penarth.

Changed times have influenced the outlook on family increases. The opportunities of regular employment locally have been lessened, there are no attractive prospects tempting to emigration and the risks of war are present to many minds. To women, the dangers of childbirth have been unduly magnified and the responsibilities and loss of personal freedom that the rearing of children involves are more clearly foreseen.

Little attention has been given until recently to the implications of population questions on a quantitative basis and still less on qualitative grounds. The task of preventive medicine is to preserve and develop the human material that is available. With future forms of social organisation questions of quantity and quality will become crucial problems. In last year's report attention was drawn to the steadily increasing proportion of old people in the population of the country generally, but which is more marked in the County by the migration of younger people in search of work.

DEATHS.

The deaths at all ages and from all causes registered during the year 1937 amounted to 9,228 (5,070 males and 4,158 females). They give a death-rate of 12·9 per 1,000, as compared with 12·4 per 1,000 for England and Wales for the same period.

The chief causes of death, compared with 1936, are shown below :—

TABLE IV.

Cause of Death.	Number of Deaths.	
	1936.	1937.
Heart Disease	2,158	2,277
Cancer, malignant disease	960	977
Cerebral haemorrhage, etc.	602	635
Tuberculosis of respiratory system	503	513
Congenital debility, malformations, premature births, etc.	417	416
Pneumonia	354	413
Bronchitis	432	411
Senility	385	394
Violence, apart from suicide	331	389
Acute and chronic nephritis	348	323
Other circulatory diseases	340	323
Influenza	145	286
Respiratory diseases (excluding bronchitis and pneumonia)	116	130
Diabetes	126	114
Other tuberculous diseases	107	106
Suicide	65	65
Diphtheria	53	49
Measles	9	41
Diarrhoea (under 2 years)	53	37
Whooping Cough	55	29

The following table shows the death-rate in the Administrative County compared with that for England and Wales in each year from 1926 :—

TABLE V.—DEATH RATE.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Administrative County	10·5	11·1	11·0	11·5	10·7	12·1	11·9	12·7	11·7	12·0	12·2	12·9
England and Wales ..	11·6	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8	11·7	12·1	12·4

Of the individuals dying last year, 9,228 in all, 5,635 died at the age of 55 or over, that is 61 per cent of deaths. The causes of the high proportion at later ages are :—

- (1) The migration from the area is most marked among the younger folk.
- (2) A smaller birth-rate results in a smaller recruitment of the younger groups.

3,984 died at 65 or later, that is 43 per cent died beyond the limit of age for active work, and in an industrial population a large proportion will probably have been assisted to some extent by social services or national pension schemes.

DEATH RATE.

With the diminished birth-rate, the migration of young adults and the increasing average duration of life, the death-rate, as has been already noted in previous reports, must inevitably increase. This is shown in the County statistics for the last ten years. It is natural that the incidence of mortality should be greater in the later decades of life when age predisposes to infection, new growth and degenerative processes.

It should be remembered that if the vital statistics of any community are to be compared with those of another, allowance should be made for differences of age and sex in the groups of which they are composed.

INFANT MORTALITY.

The rate of infant mortality is stated as the deaths under one year of age per 1,000 live births. During the year 1937 there were 714 deaths of infants under one year registered in the County, equivalent to an infant mortality rate of 65 per 1,000 births.

The causes of death of infants under one year compared with 1936 are shown below :—

Cause of Death.	Number of Deaths under one year.	
	1936.	1937.
Congenital debility	406	402
Other defined diseases	83	72
Diarrhoea	47	31
Pneumonia	65	107
Bronchitis	30	37
Whooping cough	32	15
Tuberculosis of respiratory system.. .. .	1	—
Other tuberculous diseases	5	6
Other respiratory diseases	2	2
Violence	9	11
Measles	—	9
Influenza	2	1
Diphtheria	2	1
Syphilis	5	1
Other Digestive Diseases	20	14
Acute and Chronic Nephritis	1	—
Cerebro-Spinal Fever	1	4
Diabetes	—	1
Scarlet Fever	1	—
Heart Disease	1	—
Cause ill-defined or Unknown	1	—

Table XXVIII shows the number of deaths under one year and the rate of infant mortality in each of the Sanitary Districts in the Administrative County during the year 1937.

The following table shows the rate of infant mortality in Glamorgan compared with the rate for England and Wales since 1914. The rates for 1904 are also shown.

TABLE VI.—INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan.	England and Wales.		Glamorgan.	England and Wales.
1904.	176	146	1926	76	70
1914.	112	105	1927.	86	69
1915.	114	110	1928.	75	65
1916.	94	91	1929.	80	74
1917.	94	96	1930.	69	60
1918.	95	97	1931.	77	66
1919.	95	89	1932.	72	65
1920.	90	80	1933.	79	64
1921.	93	83	1934.	65	59
1922.	90	77	1935.	64	57
1923.	75	69	1936.	63	59
1924.	77	75	1937.	65	58
1925.	83	75			

INFANT MORTALITY.

This year the figure of Infant Mortality (65) is not quite so good as last year's record (63) but we may hope for further improvement. That an industrial county such as ours compares so well with the country as a whole is a matter for congratulation of the districts who pursue their Maternity and Child Welfare work with unabated vigour. There are local setbacks from time to time even in the most painstaking hands, but averaged out in five or ten year periods, to smooth out the annual fluctuations, there is steady improvement.

The average for the Urban Districts is 66. Those above were Ogmore and Garw (95), Mountain Ash (85), Penarth (80), Cowbridge Borough (77), Aberdare (73), Bridgend, Caerphilly, Pontypridd, and Llchwyr (69), and Rhondda (67).

The average for the Rural Districts is 63. Above this were Llantrisant and Llantwit Fardre (69), Pontardawe (65), Neath and Penybont (64). These are partly industrialised rural areas.

ZYMOTIC OR INFECTIOUS DISEASES.

Table XXVII gives statistics of notifiable infectious diseases in the County during the year 1936.

Smallpox.—There were no cases of smallpox notified during the year.

There is a marked decline in vaccination, so that the number of susceptible individuals in the community continues to increase. This is due to the comparative mildness of the type of smallpox prevalent in the last decennium and doubt of the necessity of vaccination when fatal forms of the disease have been rare.

The decline in the number of vaccinations during the seven years ended 30th September, 1937, is shown in the following returns of the number of persons successfully vaccinated and re-vaccinated at the cost of the rates, by the Public Vaccinators, and by Medical Officers of the Poor Law Institutions in the County.

<i>Year ended</i>	<i>Live Births.</i>	<i>No. of Primary Vaccinations.</i>	<i>Re-vaccinations, i.e. of persons previously successfully vaccinated.</i>
30th September, 1931	12,945	6,213	729
30th September, 1932	12,546	5,464	398
30th September, 1933	12,107	4,687	362
30th September, 1934	12,377	4,326	339
30th September, 1935	11,915	4,341	276
30th September, 1936	11,287	3,829	220
30th September, 1937	10,942	3,599	198

Typhoid (including Paratyphoid).—Thirty-seven cases were notified in the year 1937, as against 38 in 1936. There has been a rapid decline in the number of cases of this disease notified in the County since the year 1899, when 1,487 cases occurred, as will be seen in Table VII.

Four deaths were attributed to typhoid fever during the year 1937, the death-rate being 0.006 per 1,000.

The following table shows the number of cases of typhoid fever notified, the attack-rate, number of deaths, and death-rate in the County for the years 1899, 1904, 1914, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936 and 1937. For the purpose of comparison, the death-rate for England and Wales is also given :—

TABLE VII.—TYPHOID (INCLUDING PARATYPHOID).

Year.	Administrative County of Glamorgan.				England and Wales.
	Cases.	Attack-rate per 1,000.	Deaths.	Death-rate per 1,000.	Death-rate per 1,000.
1899.	1,487	2·41	215	0·34	0·19
1904.	825	1·27	194	0·39	0·23
1914.	110	0·14	28	0·03	0·05
1926.	20	0·02	3	00·04	0·01
1927.	23	0·03	4	0·005	0·01
1928.	24	0·03	2	0·002	0·01
1929.	19	0·02	2	0·002	0·01
1930.	33	0·04	3	0·004	0·01
1931.	20	0·03	4	0·005	0·01
1932.	7	0·01	1	0·001	0·01
1933.	15	0·02	1	0·001	0·01
1934.	11	0·01	2	0·002	0·00
1935.	21	0·03	2	0·003	0·00
1936.	38	0·05	4	0·005	0·00
1937.	37	0·05	4	0·006	0·00

This increase in typhoid locally in the last three years is disquieting. Though the cases are few, it is unsatisfactory that there is any halt in its disappearance. There is no reason to suspect local water supplies as being the cause of the cases in Maesteg, Llantrisant, or the Ogmore Urban District. There was no traceable association with the cases at Bournemouth. Infection of food by undiagnosed carriers is a possibility; this may take place in food production or handling at any stage or it may have been caused by slight infection of some food which may be taken uncooked in relatively small quantities. Butter collected in small amounts from farms in foreign countries where typhoid is endemic, which is then bulked, imported, and blended for consumption in this country, is a potential source of risk as the typhoid organism can survive for months in butter.

The distribution of cases in locality and time is shewn in the appended table. After most painstaking and protracted enquiry in each of the districts no clear proof of causation by water or food was found. In some instances where more than one member of the family was affected, the later cases were due to association with or nursing of those first sickening.

CASES OF TYPHOID AND PARATYPHOID NOTIFIED DURING 1937.

District.	Quarter.				Total.
	March.	June.	September.	December.	
Barry	-	2	1	-	3
Maesteg	-	1	-	12	13
Ogmore and Garw	-	-	1	2	3
Penarth	-	3	-	1	4
Port Talbot	2	-	-	-	2
Rhondda	-	1	-	-	1
Gower Rural District	-	1	-	-	1
Llantrisant Rural District	-	-	-	8	8
Neath Rural District	-	-	-	1	1
Penybont Rural District	-	1	-	-	1
Totals	2	9	2	24	37

Measles.—The number of deaths from measles registered was 41, being equal to a death-rate of 0·06 per 1,000, compared with 9 deaths and a death-rate of 0·01 in 1936. The death-rate for England and Wales in 1937 was 0·02 per 1,000

The number of deaths and the death-rate from measles in each year from 1926 are given in the following table, together with the death-rate for England and Wales.

TABLE VIII.—MEASLES.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Deaths	33	79	93	80	72	120	9	85	30	42	9	41
Death-rate per 1,000 ..	0·04	0·09	0·11	0·10	0·09	0·16	0·01	0·11	0·04	0·06	0·01	0·06
England and Wales.												
Death-rate per 1,000	0·09	0·09	0·11	0·08	0·10	0·08	0·08	0·05	0·09	0·03	0·07	0·02

Scarlet Fever.—The number of cases of scarlet fever notified during the year 1937 totalled 3,859, the attack-rate being 5·40 per 1,000. The number of deaths was 7, being equivalent to a death-rate of 0·01 per 1,000.

There was a much heavier incidence than last year though the type was very mild, and out of 3,859 cases there were only 7 deaths, as against 41 from measles, 29 from whooping cough, and 49 from diphtheria.

The number of cases notified, the attack-rate per 1,000, the number of cases removed to hospital, the number of deaths, the death-rate per 1,000 for the County, and the death-rate per 1,000 for England and Wales from 1926 are shown in the following table:—

TABLE IX.—SCARLET FEVER.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Cases	1,761	1,428	1,643	1,655	1,749	1,456	1,870	2,458	3,586	1,841	2,219	3,859
Attack-rate per 1,000 ..	2.11	1.71	2.02	2.05	2.16	1.89	2.45	3.24	4.77	2.47	3.03	5.40
Hospital Cases	1,150	772	1,037	1,109	1,051	996	1,413	1,834	2,489	1,358	1,387	1,697
Deaths	15	11	10	10	11	13	9	15	22	11	11	7
Death-rate per 1,000 ..	0.02	0.01	0.01	0.01	0.01	0.02	0.01	0.02	0.03	0.01	0.01	0.01
England and Wales—												
Death-rate per 1,000	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.01

Whooping Cough.—The number of deaths due to whooping cough during 1937 was 29, being equivalent to a death-rate of 0.04 per 1,000, as compared with 55 deaths and a death-rate of 0.07 in 1936, and with 0.04, the death-rate in England and Wales during 1937.

Twenty-two of these deaths were in children under two years of age, and seven between 2 and 5.

The number of deaths and the death-rates from whooping cough during the years 1926 to 1937 are shown, as are also the death-rates for England and Wales, in the following table:—

TABLE X.—WHOOPING COUGH.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Deaths	117	72	78	132	58	51	50	68	18	29	55	29
Death-rate per 1,000 ..	0.14	0.09	0.10	0.16	0.07	0.07	0.06	0.09	0.02	0.04	0.07	0.04
England and Wales—												
Death-rate per 1,000	0.10	0.09	0.07	0.15	0.05	0.06	0.07	0.05	0.05	0.04	0.05	0.04

Diphtheria.—The cases of diphtheria (including Membranous Croup) notified during 1937 amounted to 1,463. This number corresponded to an attack-rate of 2.05 per 1,000. The number of deaths was 49, giving a death-rate of 0.07 per 1,000, as compared with 0.07 for England and Wales.

The number of cases of diphtheria notified, the attack-rate, the number of cases removed to hospital, number of deaths, and death-rate each year from 1926 are shown in the following table. The death-rates for England and Wales for the same period are also shown for the purpose of comparison :—

TABLE XI.—DIPHTHERIA (INCLUDING MEMBRANOUS CROUP).

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933	1934.	1935.	1936.	1937.
Cases	1,479	1,450	1,723	1,594	2,187	1,513	1,088	1,068	1,463	1,300	1,133	1,463
Attack-rate per 1,000 ..	1.75	1.73	2.12	1.97	2.70	1.97	1.43	1.41	1.95	1.75	1.55	2.05
Hospital cases	1,071	970	1,159	1,114	1,542	963	811	881	1,229	1,078	919	1,074
Deaths	87	80	122	96	108	85	63	69	129	83	53	49
Death-rate per 1,000 ..	0.10	0.10	0.10	0.12	0.13	0.11	0.08	0.09	0.17	0.11	0.07	0.07
England and Wales—												
Death-rate per 1,000	0.07	0.07	0.06	0.08	0.09	0.07	0.06	0.06	0.10	0.08	0.07	0.07

DIPHTHERIA.

The mortality from this disease was the lowest in the last ten years. There were 49 deaths in 1,463 cases, in contrast measles was responsible for 41 deaths. There is still need for prompt diagnosis and an adequate dose of antitoxin with admission to hospital so that skilled nursing may be obtained as soon as possible. A gradual desire for prophylactic treatment is being created as the value of Schick immunisation becomes more widely known. This procedure enables susceptibility of individuals to be determined and the susceptibles to be immunised. Since 1928, Dr. W. A. Murphy, Medical Officer of Health, has steadily carried out such work in the Omore and Garw Urban District, and although the method has been only partial in its application, the diphtheria incidence and mortality since the inception of the procedure shown in the following table are of interest. Several other County districts have begun to use the method. As it requires much time and some expense when applied to large numbers, special arrangement will have to be made for this.

Year.	Population.	Cases notified.	Attack rate per 1,000.	Deaths.	Death rate per 1,000.
1928	29,130	129	4.43	6	0.21
1929	29,130	22	0.75	Nil	—
1930	29,130	28	0.96	2	0.07
1931	27,130	24	0.88	1	0.04
1932	26,840	3	0.11	Nil	—
1933	26,880	12	0.45	Nil	—
1934	26,230	50	1.91	1	0.04
1935	25,800	31	1.20	Nil	—
1936	25,170	18	0.71	1	0.04
1937	24,240	19	0.78	1	0.04

This year (1938), however, there has been considerable increase of diphtheria.

It is not widely known what may be reasonably claimed for Schick testing and immunisation by our present methods. It is :—

(a) For the individual : that if susceptible, he may be made immune from the disease for a period of three to five years. This immunity is not immediately developed after treatment with the immunising serum in some cases not fully for three months. If exposed to infection before this time he may contract the disease.

(b) For a community : unless the number of immunised individuals is over 80 per cent and maintained at that level, epidemics cannot be prevented.

Erysipelas.—There were 201 cases of erysipelas notified during the year 1937, corresponding to an attack-rate of 0·28 per 1,000.

Diarrhoea and Enteritis.—During the year 1937, 37 deaths of children under two years were ascribed to diarrhoea and enteritis. The death-rate from diarrhoea and enteritis is calculated as the proportion of deaths under two years to 1,000 births registered. The rate for the County was 3·38 per 1,000 births, as compared with 5·8 for England and Wales.

Table XXVIII shows the number of deaths from diarrhoea and enteritis of children under two years of age, and the death-rate in each Sanitary District during the year 1937.

The diarrhoea and enteritis death-rates during 1926–37 in the County compared with those in England and Wales are shown in the following table, together with the number of deaths each year in the County :—

TABLE XII.—DIARRHŒA AND ENTERITIS.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Deaths	133	115	80	87	75	68	58	75	48	54	53	37
Death-rate per 1,000 births	7·8	7·2	5·4	6·3	5·5	5·2	4·6	6·2	3·9	4·5	4·7	3·38
England and Wales—												
Death-rate per 1,000 births	8·7	6·3	7·0	8·1	6·0	6·0	6·6	7·1	5·5	5·7	5·9	5·8

PUERPERAL SEPSIS.

There were 17 deaths ascribed to puerperal sepsis during the year 1937, compared with 29 deaths during 1936.

Under the provisions of the Public Health Act, 1936, puerperal fever ceased to be notifiable as an infectious disease after 1st October, 1937, and after that date all such cases have been notified under the heading of Puerperal Pyrexia.

The number of deaths from puerperal sepsis and the death-rate, together with the death-rate for England and Wales, in each year from 1926, are shown in the following table :—

TABLE XIII.—PUERPERAL SEPSIS.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Deaths	29	28	29	28	32	23	33	30	48	37	29	17
Death-rate per 1,000 births	1·69	1·91	1·97	2·02	2·36	1·78	2·63	2·48	3·88	3·10	2·57	1·55
England and Wales—												
Death-rate per 1,000 births	1·60	1·57	1·79	1·80	1·92	1·66	1·61	1·79	2·03	1·68	1·40	0·97

Last year's result, 17 deaths in 10,942 births, is the lowest figure reached in the County. This was also the experience for the country as a whole.

From childbed fever, thirty women have on the average died in each of the last twelve years. Last year seventeen died.

In 10,942 notified births there were 53 deaths of mothers, 17 from puerperal sepsis and 36 from accidents and diseases of pregnancy, such as excessive haemorrhage, fits, heart disease, etc. Of the damage done by the procuring of abortion or the accidents attending early pregnancies, there is no accurate statistical information, but judging by the demands for admission of abortion cases to our hospitals it would seem that there is a widespread desire to prevent the birth of unwanted children, with which no doubt local distress is associated.

PUERPERAL SEPSIS.

Apart from cases where there have been ignorant and unskilled attempts to interfere with the course of pregnancy, confinement should be free from risk in normal cases. In abnormal cases, particularly when prolonged manipulation is necessary, the risk of sepsis is always present. Under all circumstances a thorough and painstaking ritual of surgical cleanliness should be the rule. Although a woman confined at home may lack some of the conveniences of hospital, there is no need to suppose that with care and skill women cannot be safely cared for there. This demands that the services of a well-trained midwife and doctor should be available. Under such conditions she may be as safe or safer than in hospital, but in the event of abnormalities being suspected after ante-natal examination, the hospital is the best place. Should the case prove to be abnormal no time is lost in getting nursing or surgical aid and all things necessary for dealing with an emergency are at hand.

For normal labour, too, there is an increasing demand for hospital provision. To be confined in lodgings or in an overcrowded house is very inconvenient, possibly dangerous. The peace and quiet and the good nursing in hospital are very pleasant. In contrast any hospital that overcrowds its maternity accommodation or relaxes the most scrupulous care for cleanliness may have disease and death spread among the mothers, and a very heavy responsibility rests upon those in charge of maternity sections.

If good midwifery and medical service is obtainable at home, hospital provision for normal cases is mainly a matter of social convenience and not a measure of preventive medicine.

The new work which has been done by Colebrook and his associates on the prevention and treatment of childbed fever is most promising, and if it does not fulfil the hopes entertained it may yet have provided a clue to further discovery.

OTHER PUERPERAL CAUSES.

The following table shows the number of deaths and the death-rate from other puerperal causes apart from puerperal sepsis compared with that for England and Wales in each year since 1926 :—

TABLE XIV.—OTHER PUERPERAL CAUSES.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Deaths	60	55	62	54	54	34	68	53	52	47	35	36
Death-rate per 1,000 births	3.16	3.51	4.22	3.90	3.98	2.63	5.42	4.38	4.20	3.94	3.10	3.29
England and Wales—												
Death-rate per 1,000 births	2.52	2.54	2.63	2.53	2.48	2.45	2.63	2.63	2.57	2.42	2.41	2.26

The average number of deaths each year in the last decennium is 49 ; this year there were 36, giving a rate of 3.29 as against 2.26 for England and Wales.

Under "Other Puerperal Causes" are given the deaths due to causes other than puerperal sepsis (childbed fever). They include deaths from haemorrhage, shock, embolism, and the fits due to self-poisoning of the mother's system when in a pregnant state. In some of these conditions we may be unable to avert death even when the highest skill renders immediate aid under the best conditions. These cases are the irreducible minimum of mortality. The saveable cases are those in which we know that the woman has not sought or has even refused medical aid, when there is avoidable delay or lack of sufficient care and skill in dealing with the emergency. Every year the arrangements for ante-natal care undergo extension and are more used by expectant mothers. By this means much may be done to increase ease of mind and body and provide when necessary particular care for special cases.

MATERNAL DEATHS.

The following is a classification of Maternal Deaths which were investigated by this Department on behalf of the Ministry of Health during 1937 :—

Sepsis	.. ..	Puerperal septicaemia	.. .. .	3
		Putrid endometitis	.. .. .	1
		Puerperal pyrexia	.. .. .	1
Toxaemia	..	Eclampsia	.. .. .	1
Haemorrhage	..	Secondary post-partum haemorrhage	.. .. .	2
Heart Disease	..	Cardiac and respiratory failure	.. .. .	1

N.B.—In districts where the Medical Officer of Health is not in private practice, the investigation is done by the District Medical Officer of Health.

TUBERCULOSIS.

The statistics for 1937 are 513 deaths from phthisis as against 503 for last year and 106 deaths from other forms of tuberculosis against 107 last year. As the population of the County has diminished in the interval there is not a fall in the rate, which is $\cdot 72$ for phthisis, in comparison England and Wales $\cdot 58$ for the last available year and $\cdot 15$ as against $\cdot 11$ for England and Wales. Our rates for the previous year were $\cdot 69$ and $\cdot 15$.

There is no reason to suppose that this is anything more than a temporary check due to unfavourable economic conditions which depress the nutritional level of so many families. This is one of the important if not the most important factor in the problem and it can be but little affected by social and medical services. The level of real wages and the amount of unemployment vitally affect the public health.

Social services dealing with destitution, unemployment, the sick, the aged, and the blind attempt the partial alleviation of distress. Existing arrangements for assisting tuberculous persons and their dependents in correlation with these agencies are imperfect and inadequate. Those sections of our working population not in receipt of wages sufficient for adequate nutrition are at extra risk of infection.

The public health services attempt the prevention of tuberculosis by assisting in the care of the expectant mother, the nurture of infancy and early childhood, the care of the school child and adolescent. The rules of healthy living are taught and nutritional supplements given. Improvement of environmental conditions, such as housing, parks, playing fields, and the provision of efficient sanitary services, are the constant work of local authorities. Though a common type of tuberculosis in bovines is transmissible to man, no adequate steps have been taken by legislation to prevent this by insisting that milk shall be made safe by heat treatment. It is children chiefly who suffer pain, crippling, or death from infected raw milk.

The medical treatment of the tuberculous, founded on the principles of rest and improvement of the patient's nutrition, has been bettered of late years by operative treatment to immobilise the affected lung. In the treatment of bones and joints surgical interference has been reduced to the minimum, immobilisation being again the chief means of securing rest for the affected part. The greater use of X-rays has improved the diagnosis of chest conditions.

It is not for lack of zeal in the energetic prosecution of medical treatment by the tuberculosis service in the home, dispensary, and hospital that the pace of victory is not faster. The medical service is conditioned by the general social state of the community and it cannot of itself remedy such things as low wage levels. Their persistence will require hospital service, their improvement will diminish it. Tuberculosis is only one of many things with claims on public expenditure and can only expect to obtain its appropriate share of the public health budget.

The clinical work is in the hands of the medical staff of the Welsh National Memorial Association, which contracts with the County Council for the performance of this work at its dispensaries and hospitals in the County or outside, if the transfer of a County case seems desirable for particular reasons.

The heavy incidence and mortality of pulmonary phthisis among young females in the 15-35 age group continues to be a marked feature in the statistics.

For dispensary service the County is divided into five areas—in association with hospital service at Sully, Glanely, Pontsarn, Cimla, and Craig-y-nos.

The mortality from phthisis and from other forms of tuberculosis in the County, compared with that in England and Wales, since the year 1927 is shown in the following table :—

TABLE XV.—TUBERCULOSIS.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	
Cases notified—												
Phthisis	950	870	852	959	1,121	1,080	896	1,055	868	838	828	
Other Tuberculous diseases	365	398	390	467	427	394	367	412	315	314	320	
Deaths—												
Phthisis	816	650	610	577	612	577	631	594	536	503	513	
Other Tuberculous diseases	156	172	140	158	148	135	139	135	128	107	106	
Case Mortality per cent—												
Phthisis	85.2	74.7	71.6	60.2	54.6	53.4	70.4	56.3	61.7	60.2	61.9	
Other Tuberculous diseases	42.7	43.2	35.9	33.8	34.7	34.3	37.9	32.8	40.6	34.1	33.1	
Death rate per 1,000.	Administrative County—											
	Phthisis.. .. .	0.97	0.80	0.75	0.71	0.79	0.76	0.83	0.79	0.72	0.69	0.72
	Other Tuberculous diseases	0.19	0.21	0.17	0.19	0.19	0.18	0.18	0.18	0.17	0.15	0.15
	Urban Districts—											
	Phthisis.. .. .	0.89	0.82	0.77	0.74	0.83	0.77	0.88	0.82	0.77	0.75	0.75
	Other Tuberculous diseases	0.19	0.20	0.18	0.21	0.21	0.19	0.19	0.20	0.17	0.15	0.15
	Rural Districts—											
	Phthisis.. .. .	0.77	0.74	0.70	0.62	0.67	0.71	0.69	0.68	0.56	0.50	0.63
	Other Tuberculous diseases	0.18	0.26	0.16	0.15	0.13	0.14	0.17	0.12	0.18	0.13	0.13
	England and Wales—											
	Phthisis	0.79	0.75	0.79	0.74	0.74	0.69	0.69	0.63	0.60	0.58	*
	Other Tuberculous diseases	0.18	0.17	0.16	0.16	0.15	0.15	0.13	0.13	0.11	0.11	*

* Figures not available.

TABLE XVI.—TUBERCULOSIS.

Table showing number of new cases of tuberculosis brought to the notice of the District Medical Officers of Health during the year 1937, together with the number of deaths from that disease as given in the returns supplied by the Registrar-General.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0-	1	—	4	—	—	—	6	—
1-	4	4	31	22	1	1	11	8
5-	30	19	53	46	2	6	8	13
15-	123	157	40	41	46	93	15	8
25-	87	118	24	28	59	83	9	8
35-	60	38	6	6	44	43	5	2
45-	66	22	2	5	49	16	7	—
55-	56	16	4	3	35	14	3	2
65 and upwards	15	12	5	—	12	9	1	—
Totals	442	386	169	151	248	265	65	41

According to the returns received from District Medical Officers of Health, 11 persons were certified as having died from tuberculosis, but no notification that they were suffering from this disease was received during their lifetime.

Respiratory Diseases.—During 1937 there were 954 deaths due to diseases of the respiratory organs, 411 being ascribed to bronchitis, 413 to pneumonia (all forms), and 130 to other respiratory diseases. The death-rate was 1·34 per 1,000, as compared with 1·23 in 1936.

Influenza.—286 deaths occurred, giving a death-rate of 0·40 per 1,000.

Cancer and Malignant Disease.—During the year 977 deaths were recorded, giving a death-rate of 1·37 per 1,000.

MATERNITY AND CHILD WELFARE.

There were some authorities able to extend the scope of their Child Welfare clinics by the opening of additional centres for the sake of the convenience of mothers. Ante-natal work is being gradually extended and where satisfactorily done the attendances quickly increase. Post-natal clinics have possibilities of usefulness and are dependent upon gynaecological service and hospital beds for diagnosis and treatment.

A more liberal policy in regard to milk for necessitous mothers and infants came into operation as a consequence of the special circular of the Ministry allowing extension of the time during which milk might be given. Following on the Ministry's circular as to the home visiting and clinic examination of toddlers—more notice is being given to this branch of the work—the diminished number of births allows the health visitors to give more time and attention to young children.

Mention has been made on previous occasions of the handicap to efficient work that was imposed by premises that were inconvenient, badly arranged, badly lit, or insufficient in space and without adequate warmth.

It has fortunately been possible for the Special Areas Commissioner to assist Maternity and Child Welfare Authorities in distressed areas with large percentage grants towards the cost of providing suitable premises. During the year excellent new premises were opened at Ferndale, Pencoed, Maesteg, and Seven Sisters, and several more were in course of construction, e.g. by the Rhondda, Caerphilly, Llantrisant, Penybont, Ogmore and Garw, Neath Rural, and Pontardawe Authorities.

Some of these new buildings are delightful in their design and equipment and it is regrettable that they have been so long delayed, but enthusiasm and perseverance overcame many difficulties in the pioneer period.

Every endeavour is made to link up the services of the districts with the County services in respect of arrangements for treatment, dental, aural and ophthalmic, also with the clinics for the treatment of venereal diseases and with the maternity departments of our hospitals.

Table XVII shows the rapid increase of maternity work in our Poor Law infirmaries since being taken over by the County Council, during which period conditions of medical service, nursing, and equipment have been improved.

TABLE XVII.—RECORD OF ADMISSIONS TO MATERNITY DEPARTMENTS OF COUNTY INSTITUTIONS.

Institution.	Number of Cases admitted to Maternity Wards.								Total No. of Cases admitted.
	1930*	1931	1932	1933	1934	1935	1936	1937	
Bridgend ..	26	54	79	136	185	277	304	287	1,348
Llwynypia ..	71	107	177	228	282	317	265	312	1,759
Penmaen ..	—	—	—	—	—	—	—	—	—
Penrhiwtyn ..	39	61	40	66	119	187	352	432	1,296
Pontardawe ..	3	6	3	5	3	6	6	2	34
Pontypridd ..	26	33	36	39	65	38	22	24	283
Totals ..	165	261	335	474	654	825	949	1,057	4,720

* From 1st April, 1930.

MIDWIVES ACTS, 1902-1936.

437 midwives notified their intention to practise in the area of the Administrative County of Glamorgan at the commencement of the year.

The qualifications of the midwives were as follows:—

<i>Bona fide</i> (in practice prior to July, 1901)	29
Examination of—	
Central Midwives Board	401
Obstetrical Society, London	6
Queen Charlotte's Hospital	1
Percentage of trained midwives	93.4

The number of visits of inspection paid during the year was as follows :—

To midwives	1,543
To nursing homes registered under the Nursing Homes Registration Act, 1927	15
To Municipal Maternity Hospitals	6
To Public Assistance Hospitals	20
Inspection of premises for registration under the Nursing Homes Registration Act, 1927	—
Total	1,584

No. of Puerperal Pyrexia investigations made	177
No. of other special investigations	426
No. of claims investigated under the Midwives Act, 1918, Sec. 14.. .. .	1,182
No. of investigations of Septic Abortion	—

The records which midwives are required to keep under the Acts have been duly kept, and the various notices which are required to be sent to the Local Supervising Authority have been received.

The following is a statement of the notifications received during the year :—

Sending for medical help	3,146
Still-births	209
Deaths { Maternal	11
{ Infant	128
Having laid out a dead body	17
Liability to be a source of infection	88
Artificial feeding	251
Puerperal Pyrexia	177
Septic Abortion	—

The amount paid during the year for medical attendance was £1,868 16s. 0d., and to midwives, as compensation when suspended from work in cases of infection, £28 10s. 9d.

All midwives on the register at the end of the year 1937 were in possession of washable dresses, bags of appliances, disinfectants, record books, books of rules, registers of cases, and ante-natal registers.

In each notified case of puerperal pyrexia the necessary steps were taken to prevent the spread of infection, and the necessary disinfection of the appliances and clothing of the midwives carried out. Compensation, after proof of loss, has been given in cases of suspension by the Supervising Authority.

MIDWIVES ACT, 1936.

The purpose of this Act is to provide a salaried service of midwives throughout the country, to promote their continued education by study courses at suitable intervals, and by improving the status and remuneration of these officers to attract the best type of trained nurse to do midwifery.

It was laid down in the Act that before bringing it into force all interested parties, such as the Maternity and Child Welfare Authorities, the Voluntary Nursing Associations, the medical profession, and midwives in practice, were to be given an opportunity to express their views. Suitable conferences were held in the early part of the year. The Rhondda and Aberdare Authorities were allowed by the Ministry to administer the Act in their districts—the remainder of the area was to be under the County Council. The

Voluntary Nursing Associations, with the exception of Neath, came to an amicable arrangement with the County as to working arrangements and subsidy where they had nurses doing midwifery. The anomaly, however, remains that the majority of the nurses of such voluntary associations give only part of their time to midwifery and are engaged in dressing septic and other cases. This practice of contact with septic cases is undesirable.

The arrangement with the nursing associations are as follows : Their nurses were to be paid by them salaries equivalent to those paid to whole-time County midwives, they were to be superannuated and enjoy as far as possible similar privileges of service as part of the bargain on receipt of a sufficient subsidy to enable this to be done ; no new midwives were to be appointed by them except to fill existing posts, there was to be no undercutting as to fees, and there were to be mutual arrangements for assistance in emergency, sickness, or leave.

The salaries paid to County midwives are :

- (1) With C.M.B. certificate only—£160 by £10 annually to £180 per annum ; and
- (2) With trained nurses certificate and C.M.B.—£180 by £10 annually to £200 per annum.

There is an annual allowance of £8 for uniform, a cycle or travelling allowance, and a telephone allowance, and each nurse enjoys regular leave and an annual holiday. Conditions such as these make a revolutionary change for the better among those engaged in the Midwifery Service.

In addition to the 122 whole-time salaried midwives employed by the Authority, 15 Voluntary Nursing Associations, who are affiliated to the Glamorgan County Nursing Association and who, prior to the passing of the Act, were undertaking the major portion of midwifery work in their districts, receive a grant from the County Council in respect of 19 nurses doing midwifery work in the districts not covered by the Council's whole-time salaried midwives.

The areas in which this arrangement operates are as follows :—

St. Fagans.	Penclawdd.
Peterston-super-Ely.	Pontyclun.
Rhoose.	Bryncoch.
Aberthaw.	St. Brides Major.
Pentyrch.	Laleston.
Wenvoe and Sully.	Neath (3 nurses).
Llantwit Major.	Dunvant and Killay (2 nurses).
Reynoldston (2 nurses).	

The midwives required for salaried posts were selected from those who had practised successfully and with good reputation in the County districts, and in most cases were married women. The service of a married woman is always handicapped by family obligations and it is more difficult for her to change her place of residence when the demands of work necessitate rearrangement of districts. In consequence, the policy of the Authority is, after a reasonable interval, to employ only trained nurse midwives, who must be single. Fourteen per cent only of the County midwives at present are trained nurses.

The service, therefore, at present cannot, in personnel, be better than the best selection that could be made among the available midwives in practice who now have the advantage of better service conditions and are not assigned more than a reasonable task of work.

Payment has to be made for service rendered by the midwife according to a scale of charges fixed by the Committee, with such remissions as were allowed according to the scale of income of the family. Included in the midwifery service are the necessary sterilised dressings for the confinement period without extra charge. With the limitation of the number of cases each County midwife may take and the improved salaries, extra equipment and administrative costs, the expenditure per confinement is approximately £3.

To remove from practice (1) those who by reason of age or infirmity might be released, compensation was available at the rate of five times the average annual net takings averaged over the previous three years, and (2) for those who wished to discontinue practice, now being faced with the competition of whole-time midwives of the local authority, compensation on a basis of three times an average of the previous three years' net takings was available. These compensation clauses have withdrawn some unsuitable midwives, but they have also withdrawn a number of good midwives whose services for relief work were very useful. Having accepted compensation, their certificate allowing them to practice has to be relinquished so that their services are no longer available. Unless the new service proves sufficiently attractive there will be an acute shortage of midwives in the near future. Under this section of the Act compensation has been paid to 21 midwives resident in the Administrative County who voluntarily retired from practice and to 27 midwives who were directed to surrender their certificates.

For administrative purposes the County is divided into West, Central, and Eastern Sections, each with a local Supervisor under the Chief Supervisor in Cardiff. Each midwife and supervisor is on the telephone so that advice and help can be obtained in emergency. Extra transport is allowed when necessary at night when day services have ceased, so that prompt attendance on the case, prompt summons to the doctor when needed, or the help of a colleague can be got.

The new service began on the 1st August, 1937, and it is, therefore, too early to judge whether any results in the prevention of maternal mortality or morbidity are being obtained. There are, however, these changes effected already—that for a majority of midwives the conditions of work are greatly improved—that those who struggled on against age, infirmity, or fierce competition have had some compensation enabling them to retire and that the majority of confinements are now in the hands of the best available midwives.

During the period 1st August to 31st December 2,171 cases were attended by County midwives (1,912 as midwives and 259 as maternity nurses) and 221 cases (158 as midwives and 63 as maternity nurses) were attended during the same period by nurses of the District Nursing Association, who share the Midwifery grant of the Council.

The County midwives collected full fees for their services in 64 per cent of the cases attended, but in the remainder of the cases in which the family financial circumstances were investigated 9 per cent were called upon to pay a fraction of the fee and in 27 per cent of the cases the financial circumstances were such that the service was provided without charge.

REGISTRATION OF NURSING HOMES. (SECTION 187—PUBLIC HEALTH ACT, 1936.)

No certificates in respect of the registration of premises as nursing homes were granted during the year, but certificates previously issued under the Nursing Homes Registration Act, 1927, in respect of four homes were cancelled at the request of the proprietors.

Eight homes were registered at the end of the year, viz. five homes for the reception of maternity cases only, two homes for the reception of maternity and general cases, and one for the reception of general cases only.

SICK NURSING.

The following table shows the provision made by the Glamorgan County Nursing Association for maternity and general nursing in the Administrative County:—

Affiliated Association.	Number of Nurses employed on		
	General work.	Maternity work.	General and Maternity work.
Aberaman and District	1	—	—
Aberavon and District	4	—	—
Abercwmboi	1	—	—
Abercynon and District	1	—	—
Aberdare	1	—	—
Abergwynfi and Blaengwynfi	1	—	—
Aberkenfig and District	1	—	—
Abertridwr and Senghenydd	1	—	—
Bargoed and Deri	3	—	—
Barry	5	—	—
Bedlinog	1	—	—
Blaengarw	1	—	—
Bridgend	—	—	1
Caerphilly	1	—	—
Clydach	2	—	—
Cwmaman	1	—	—
Cwmavon	2	—	—
Cwmbach	1	—	—
Cwmparc	1	—	—
Dinas Powis	1	—	—
Duffryn and Bryncoch	—	—	1
Dulais Valley	2	—	—
Dunvant and Killay	—	—	2
Ferndale, Blaenllechau, and Mardy	1	—	—
Gelligaer	1	—	—
Gilfach Goch	1	—	—
Glyn Neath	1	—	—
Gorseinon	1	—	—
Gower	—	—	2
Gowerton	1	—	—
Gwauncaegurwen	1	—	—
Hirwaun	1	—	—
Kenfig Hill	1	—	—
Laleston	—	—	1
Llanbradach	1	—	—
Llanharan and Brynna	—	—	1
Llanharry	1	1	—
Llantwit Fardre	1	—	—
Llantwit Major	—	—	1
Maerdy	1	—	—
Maesteg and District	3	—	—
Margam, Kenfig and District	—	—	1
Mid-Rhondda	3	—	—
Morryston	2	—	—

Affiliated Association.	Number of Nurses employed on		
	General work.	Maternity work.	General and Maternity work.
Nantymoel	1	-	-
Beddau	1	-	-
Neath	3	3	-
Nelson and Trelewis	1	-	-
Ogmore Vale	1	-	-
Penarth	1	-	-
Penclawdd	-	-	1
Pencoed	1	-	-
Penrhiwceiber	1	-	-
Pentre and District	1	-	-
Pentyrch	-	-	1
Peterston-super-Ely	-	-	1
Pontardawe	2	-	-
Pontardulais	1	-	-
Pontlottyn	1	-	-
Pontycymmer	1	-	-
Pontypridd and District	4	-	-
Porth	2	-	-
Porthcawl	-	-	1
Resolven	1	-	-
Rhose and District	-	-	2
Skewen, Neath Abbey and District	1	-	-
St. Brides Major	-	-	1
St. Fagans	-	-	1
Sully, Wenvoe and District	-	-	1
Taffs Well and District	1	-	-
Tirphil and District	1	-	-
Tongwynlais	1	-	-
Tonyrefail and District	1	-	-
Trecynon	1	-	-
Treherbert and District	1	-	-
Treorchy	1	-	-
Tylorstown and District	1	-	-
Ynyshir and Wattstown	1	-	-
Ystrad Mynach and District	1	-	-
Ynysybwll	1	-	-

The County Council pays from the block grant to the Association the amount assessed by the Ministry, and also a contribution from the Public Health and Housing Committee in return for services rendered to the sick poor. To determine a more accurate basis of contribution, the Association have been asked to keep a close record of service rendered by each nurse, for consideration at a future date.

AMBULANCE FACILITIES.

I am indebted to the Principal Secretary of the Venerable Order of the Hospital of St. John of Jerusalem (Priory for Wales) for the following information regarding ambulance facilities provided by the Order :—

Classes in First Aid and Home Nursing held under the auspices of the Priory for Wales have been attended by 6,024 students, of whom 5,328 qualified for awards of the St. John Ambulance Association. These figures show a decrease of 443 and 583 respectively on those of the previous year ; and as the majority of these class members belong to the St. John Ambulance Brigade, it is

reasonable to conclude that the drop is consequent to some extent upon their having attended classes in Air Raid Precautions at the expense of First Aid or Home Nursing in cases where it has not been possible to fit in an additional subject. Qualification in Air Raid Precautions is purely voluntary on the part of the Brigade, though in course of time it is anticipated that the whole membership will become efficient in this special branch of First Aid. In the County 650 Brigade members have qualified for the A.R.P. certificate, while 117 members of the general public have been successful in A.R.P. examinations. Of this number, 147 are Grade 1 instructors and 143 Grade 2.

Of the 12,524 members of the St. John Ambulance Brigade in Wales, 6,666 are resident in the Administrative County of Glamorgan, made up as under :—

<i>Units.</i>	<i>Personnel.</i>
110 Ambulance	3,205
86 Cadet Ambulance	2,024
41 Nursing	601
38 Cadet Nursing	836
275	6,666

These men and women are not only available for voluntary ambulance duty as a trained and disciplined body of uniformed personnel, but as individuals efficient in First Aid and Home Nursing they are proving themselves useful citizens in dealing with the cases of accident and sudden illness encountered in their everyday pursuits. Among the organised public duties undertaken, maintenance and staffing of seaside huts at the majority of the popular coastal resorts represents a valuable service. At Barry Island, for instance, where Brigade members were in daily attendance at first aid stations from 9.0 a.m. to 9.0 p.m., 2,192 cases received treatment during the holiday season.

The annual Cadet camp which proved a successful innovation in 1936, with the aid of a grant from King George's Jubilee Trust, was no less popular last year, and one hundred girls and three hundred boys enjoyed a week's camp in healthy surroundings at Barry Island.

There are thirty-one Medical Comfort depots maintained by Brigade units at Aberaman, Abercynon, Abercwmboi, Aberdare, Bargoed, Barry, Blaengarw, Bridgend, Brithdir, Bryn, Crynant, Cwmaman, Cwmavon, Cwmgwrach, Ferndale, Hirwaun, Maesmarchog, Mountain Ash, Nelson, Penrhiwceiber, Pontlottyn, Pontygwaith, Port Talbot, Raglan, Heolycyw, St. Athan, Seven Sisters, Tonyrefail and Coedely, Tynybedw and Pentre, Whitchurch, Ynyshir and Ynysybwll. From these depots a total of 4,620 sick room requisites were issued on loan at nominal charges, and these services are likely to be considerably increased in the future as a result of a grant from the Commissioner for Special Areas to the South Wales and Monmouthshire Council of Social Service, whereby under approved conditions the stock of existing depots will be brought up to an agreed standard, and a number of new depots are about to be opened, ensuring an adequate provision of equipment in the Special Areas of South Wales.

Below is a list of Priory ambulances stationed in Glamorgan, showing a total of 10,025 cases and 178,223 miles travelled, an increase of 1,499 cases and 17,301 miles on 1936. A further reduction was made in September in the charges in connection with conveyances undertaken for Health Service Departments from 1/- to 9d. per mile over 100 miles with a minimum charge of 7/6 for journeys up to and including seven miles. In connection with the station opened at Aberdare in 1936, it may be of interest to note that the Aberdare Urban District Council and the Executive Board of the Aberdare and District General Hospital renewed their contracts for the conveyance of ratepayers and their dependents to and from the local hospitals for a further period of five years as from March, 1937.

Cases carried and mileage travelled by the Priory Ambulance Cars in Glamorgan during the year 1937 :—

<i>Station.</i>	<i>Cases.</i>	<i>Mileage.</i>
Aberdare	1,243	8,563
Bryn	674	11,104
Coedely	729	15,730
Cwmllynfell	1,230	27,009
Cymmer	570	18,402
Gowerton	793	9,533
Gwauncaegurwen	1,579	25,425
Kenfig Hill	758	16,373
Llanbradach	382	7,001
Pencoed	581	15,330
Pontardulais	1,001	15,196
Pontypridd	485	8,557
Totals	10,025	178,223

TREATMENT OF VENEREAL DISEASES.

Provision of three treatment centres—one at Pontypridd, with ten sessions per week, one each at Barry and Port Talbot, which together provide eleven sessions, with additional facilities for irrigation at these clinics—is the nucleus of the County Scheme. The staff consists of two whole-time specialist officers with male and female attendants. The fares of necessitous patients are paid and opportunities afforded to practitioners desiring to extend their study of these diseases. In addition, arrangements are made with Cardiff and Swansea for payment to be made for services rendered to County cases attending their clinics.

Dr. R. Bevan Llewellyn, reporting on the work carried out at Pontypridd, our largest clinic, during 1937, says :—

“ New Patients. During the year 494 new cases were examined, a further 314 patients who had not completed their treatment on 31st December, 1936, continued to attend, and 37 patients who had ceased to attend during previous years returned for treatment, making a total of 845 cases dealt with during the year.

An analysis of the new patients gives the following figures for the various diseases :—

Syphilis	58
Gonorrhoea	248
Conditions other than venereal	164

Patients' Attendances. The attendance rate of patients is about the same as in the previous year. Visits paid to the clinic numbered 11,084, of these 9,086 were made by males and 1,998 by females.

Incidence—Gonorrhoea. On analysing the new cases one finds that gonorrhoea accounts for the largest percentage. This infection is four or five times more common than syphilis, and it is highly probable that a considerable number of cases of gonococcal infection are untreated or are treated by medical practitioners. It is unfortunate that many people and a few medical practitioners look lightly on this disease. As a result patients are apt to be content with the relief of symptoms and a great many never submit to tests of cure. These persons are a constant source of infection. This applies to both sexes but more especially to women.

Syphilis—Acquired and Inherited. The number of cases of early syphilis is about the same as in the previous year, but there are definite indications that syphilis is decreasing in incidence ; but it is not possible to claim that the incidence of gonorrhoea is reduced to any extent.

There is no apparent change in the stage of infection at which patients come to the clinic for the first time. There is no evidence that continued unemployment has any effect on the incidence of venereal diseases.

Laboratory Work. The Laboratory work continues to be carried out by Dr. Parry Morgan, and during the year 979 specimens were examined.

Treatment. There has been no alteration during the year in the routine methods of the treatment of the various diseases. Several new preparations, particularly sulphanilamide, have been tried, but none have given results such as would lead me to make any alteration in the routine treatment of either syphilis or gonorrhoea. No new discoveries have been made which would justify anyone in lessening the intensive and long treatment required in the case of syphilis, or which are likely to prove a short cut to the successful treatment of gonorrhoea.

Results of Treatment. As a result of treatment 68 patients were discharged as completely cured. Twenty were transferred to other centres. At the end of the year 330 patients were still under treatment.

The great difficulty in dealing with any case of venereal disease is to convince the patient that cessation of symptoms is not a cure, and that unless treatment is continued over a prolonged period there is no certainty of cure. This results in what is known as the defaulting patient, of whom there were 256 during the year. This is a serious state of affairs, as quite a number of these cases are still infective, and likely to spread the disease. Any administrative measure which would lessen the number of defaulters would be of undoubted value in lessening the spread of venereal diseases. Female defaulters were visited by the clinic nurse and many were persuaded to return for continuation of treatment. It is difficult to evolve a successful scheme for following up male defaulters. A system of home visits would break the pledge of secrecy which is given to these patients, and in the case of young men would probably result in further defaulting.

Control of Venereal Diseases. Under the existing legislation and limited administrative control of venereal diseases, early intensive and prolonged treatment is the only method of preventing the spread of venereal diseases, and the serious conditions to which untreated disease give rise."

Dr. B. A. Thomas, who is in charge of the Barry and Port Talbot Clinics, reports as follows on the work carried out at these clinics during the year :—

" *Admissions.* New patients at the two clinics totalled 327, rather more than for the previous year. Analysis of the figures shows the following diseases :—

Syphilis	..	..	..	..	..	57
Soft Chancre	..	..	..	..	..	5
Gonorrhoea	..	..	..	..	..	205
Diseases other than Venereal	..	..	..	..	..	60
						—
						327
						—

One hundred and four cases were dealt with for the first time at these clinics who were known to have received treatment at other centres and readmitted cases, which included patients who had previously ceased attending, those who had recurrences and those who were transferred back (chiefly seamen) numbered 75. The patients who continued their treatment at the end of 1937 totalled 270, and so the number of patients treated during 1937 amounted to 777.

Attendances. These reached 9,912 and showed a reduction on the previous year, but this is accounted for to some extent by more correct methods of recording attendances.

Incidence. The present trend of gonorrhoea is stated to be in the direction of increase, and syphilis of decrease. The figures under discussion bear this out as far as syphilis is concerned, but in the case of gonorrhoea variation is shown by a decreased incidence of fresh cases. There is a possibility that increased employment, especially marked in the Port Talbot area, may account for this decrease. Fresh syphilis cases numbered 57 as compared with 88 in 1936, and gonorrhoea cases fell from 257 in 1936 to 205 in 1937. There was an increase in patients with non-venereal conditions. The above figures apply to persons resident in Glamorgan. There was a marked increase in patients from outside the County—seamen particularly. The numbers rose from 43 to 104 patients. Foremost in frequency were Spaniards, restriction of their ships to port being a minor repercussion of the civil war. Seventy-three attendances were made by them.

The early cessation of attendance by patients with gonorrhoea on amelioration of their symptoms is very apparent and figures show an increase in this tendency.

Detailed examination of the syphilis incidence shows a reduction in the proportion of late (tertiary) cases and a proportionate increase in the number of earlier (secondary) cases. A small reduction in new congenital cases occurred.

Specimens. Dr. Parry Morgan examined and reported on 617 specimens from the Barry and Port Talbot Clinics.

Treatment. In the case of syphilis this remains the same and a lengthy period of treatment is still necessary before a cure can be pronounced, but results are proving very satisfactory.

With gonorrhoea, however, the outlook has been altered by the use of the sulphanilamide series of preparations. Already these have had an extensive trial and results would appear to show that the period of treatment can be shortened. Other clinics go a stage further and are reporting that sulphanilamide is curative. It is likely that the drug will find a definite place in the routine treatment of gonorrhoea. Of special value is its enhanced effect in chronic cases.

Results of Treatment. Patients discharged totalled 72, transfers were 232, and patients still under treatment are 276.

Reorganisation of Clinics. The much-needed improvements at Port Talbot are under way. New instruments have arrived and excellent filing cabinets are being indexed. A Ministry of Health report has mentioned that reorganisation of clinics usually results in an increased *turnover* of cases, and this may be looked forward to.

Times of Clinics. The necessity of seeing some patients twice a week suggests that the times of clinics might be rearranged, separating the consecutive days at the two clinics."

It is with much regret that the death of Dr. G. H. Winch is recorded. He served as an officer in this special department for sixteen years and brought to his work valuable special experience and keenness for the welfare of his patients. In the early days of these clinics his energy and care contributed much to their success in gaining public confidence in the service.

The comparative figures for new cases coming under clinic treatment are shown below:—

Year	Syphilis	Soft Chancre	Gonorrhoea	Cases other than Venereal	Total
1927	408	10	819	190	1,427
1928	425	11	893	173	1,502
1929	376	11	990	216	1,593
1930	410	4	1,038	262	1,714
1931	413	6	937	205	1,561
1932	361	7	736	197	1,301
1933	383	1	924	197	1,505
1934	384	5	889	210	1,488
1935	282	2	594	201	1,079
1936	202	1	668	174	1,045
1937	167	5	589	291	1,052

In the following tables, information relating to the examination and treatment of patients residing in the Administrative County of Glamorgan, undertaken at the Clinics at Pontypridd, Port Talbot, Barry, the Cardiff Royal Infirmary, and the Swansea General and Eye Hospital, is given.

TABLE XVIII.
PATIENTS TREATED AT CLINICS, 1937.

	PONTYPRIDD.													Total.
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.				
	M.	F.	Total	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases	32	26	58	—	—	—	223	25	248	129	59	188	494	
Patients discharged after completion of treatment	4	6	10	—	—	—	54	4	58	—	—	—	68	
Patients who ceased to attend Clinic before completion of treatment	46	29	75	—	—	—	150	31	181	—	—	—	256	
Total number of attendances of patients at the Clinic	1,720	1,179	2,899	—	—	—	7,205	755	7,960	161	64	225	11,084	

	PORT TALBOT.													Total.
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.				
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases	27	7	34	4	—	4	131	15	146	35	5	40	224	
Patients discharged after completion of treatment	5	—	5	1	—	1	40	2	42	—	—	—	48	
Patients who ceased to attend Clinic before completion of treatment	5	4	9	—	—	—	49	18	67	—	—	—	76	
Total number of attendances of patients at the Clinic ..	1,127	564	1,691	5	—	5	5,266	402	5,668	48	8	56	7,420	

TABLE XVIII.—*continued.*

BARRY.														
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.			Total.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases	13	10	23	1	—	1	48	11	59	15	5	20	103	
Patients discharged after completion of treatment	5	2	7	3	—	3	10	2	12	—	—	—	22	
Patients who ceased to attend Clinic before completion of treatment	11	7	18	—	—	—	22	7	29	—	—	—	47	
Total number of attendances of patients at the Clinic..	535	485	1,020	8	—	8	1,097	326	1,423	24	5	29	2,480	
CARDIFF ROYAL INFIRMARY.														
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.			Total.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases	14	7	21	—	—	—	34	5	39	21	5	26	86	
Patients discharged after completion of treatment	1	2	3	—	—	—	7	1	8	—	—	—	11	
Patients who ceased to attend Clinic before completion of treatment	18	10	28	—	—	—	34	3	37	—	—	—	65	
Total number of attendances of patients at the Clinic ..	339	637	976	—	—	—	453	217	670	40	—	40	1,686	
Aggregate number of "In-patient days"	—	—	—	—	—	—	—	—	—	—	—	—	—	
SWANSEA GENERAL AND EYE HOSPITAL.														
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.			Total.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
New cases	20	11	31	—	—	—	75	22	97	15	2	17	145	
Patients discharged after completion of treatment	8	2	10	1	—	1	32	12	44	—	—	—	55	
Patients who ceased to attend Clinic before completion of treatment	27	8	35	—	—	—	65	5	70	—	—	—	105	
Total number of attendances of patients at the Clinic ..	350	180	530	1	—	1	1,498	480	1,978	22	4	26	2,535	
Aggregate number of "In-patient days"	12	15	27	—	—	—	74	180	254	—	—	—	281	

Examinations of pathological material :—

	Pontypridd.	Port Talbot.	Barry.	Cardiff Royal Infirmary.	Swansea General and Eye Hospital.
For detection of Spirochaetes ..	7	9	6	—	—
For detection of Gonococci ..	336	125	48	38	160
For Wassermann reaction ..	324	179	89	58	70
Others ..	561	227	115	—	1

SANITARY CIRCUMSTANCES OF THE COUNTY.

Detailed reports on progress and needs of County districts have been rendered throughout the year to the Public Health Committee, so that only some additional comment is needed in this report.

WATER SUPPLIES.

I am indebted to the Superintendent and Manager of the Mid-Glamorgan Water Board for the following information regarding the activities of the Board during the year :—

1. *Duplication of 14-inch Main and Installation of Third Set of Pumps at Schwyll.*

This work was completed in August, 1937, since when it has been possible to pump three million gallons of water per day from the Schwyll source. The maximum amount pumped in any one day during the drought was one and a half million gallons.

2. *Dymbath Sources.*

A new 8-inch main has been laid from the Dymbath sources to the Board's reservoir at Llangeinor, where a filtration plant is now being erected. This work would have been completed but for the delay in delivery of material. It is hoped that filtered water will soon be available for the Aberkenfig-Brynmenyn-Bryncethin Area.

3. *Garw Fechan Sources.*

The scheme, which included the removal of the intake to a point higher up the valley in order to avoid contamination as a result of tipping on the mountain top, was completed early in 1937.

4. The following main renewals have been carried out :—

Approximately 700 yards of 6-inch main at Blaengarw to the Board's high level supply.

Approximately 800 yards of 3-inch main at Quarella Road, Bridgend.

Approximately 500 yards of 4-inch main at Cefn Glas Road, Bridgend.

In each case to replace defective mains.

5. The following main extensions have been carried out :—

320 yards of 3-inch C.I. main at Boverton to supply glass houses at Boverton Colony.

Approximately 400 yards of 3-inch and 4-inch pipes at Wyndham Crescent, Bridgend, for building development scheme.

325 yards of 3-inch main at Beach Road, Pyle.

450 yards of 1½-inch asbestos pipe at Park Slip Cottages, Aberkenfig.

80 yards of 3-inch C.I. main for Sarn Housing Site, Aberkenfig.

200 yards of 3-inch main at Park Fields Buildings Site, Bridgend.

370 yards of 3-inch C.I. main at Maesteg Housing Site.

300 yards of 3-inch C.I. main at New Building Site, West End, Cowbridge.

260 yards of 4-inch C.I. main at Litchard Buildings Site, Bridgend.

400 yards of 1½-inch asbestos pipe at Llangan.

300 yards of 3-inch C.I. pipe for building developments at Ewenny Road, Bridgend.

200 yards of 4-inch C.I. main for Mount Earl Building Site, Bridgend.

100 yards of 3-inch C.I. main for West Field Building Site, off West Road, Bridgend.

6. Work in progress and about to be commenced :—

6-inch main renewal, Tondu to Brynmenyn.

Erection of service reservoir and improvements of water supply at Evanstown, Gilfach Goch.

Main extension to provide twelve properties with a water supply at Garreg, Blaengarw.

Covering of Flemingsdown Reservoir, which supplies Bridgend, and covering of Southerndown Reservoir.

9-inch main from Ewenny to Service Reservoir at Sigginstone, and 8-inch main from that reservoir to Aerodrome Site, St. Athan."

The reconditioning of the filtration plant at the Neuadd Reservoirs of the Taf Fechan Water Board was completed in October. The Board obtained a grant from the Commissioner for the Special Areas in respect of this work, which cost £10,273 10s. 5d.

The scheme involved the reconditioning of seven pressure filters with the addition of two new filter units and apparatus (operated by electrical plant) for treating the water with chalk, albumina, and lime. The work included the extension of the original masonry building to accommodate the new units and machinery.

HOUSING.

The natural increase and decrease of population which is roughly reflected in the available housing accommodation of an area is influenced by other factors of an important character. If there are opportunities for employment population will be attracted and new houses will be built after a period of overcrowding. Where opportunity for employment diminishes houses are vacated by those who go elsewhere or they are vacated to seek cheaper shelter in rooms in some other household. Thus necessity creates overcrowding for the sake of cheapness. In any district where there is unemployment, overcrowding may occur for this reason though suitable accommodation is there if it could only be afforded. The average number of persons per house has steadily decreased in the past fifteen years, when it averaged five to six persons per house in industrial areas. The birth-rate has fallen and more houses have been built. In semi-residential small property areas a large number of houses now contain two to four persons, and more small houses are being built for smaller family units.

House building by private enterprise shows a decrease, 1,296 houses as against 1,481 in 1936. The districts in which most activity is seen are Bridgend, Llchwyr, Neath Borough, Porthcawl, Port Talbot, Cardiff Rural, and Neath Rural.

TABLE XIX.

District.	By Local Authority.				By private enterprise, Building Societies, etc.		
	Number of houses completed and occupied during the year 1937.	Number partly completed during the year 1937.	Number sanctioned but not commenced.	Total number of houses completed and occupied since the war.	Number of houses completed and occupied during the year 1937.	Number partly completed during the year 1937.	Number for which plans were passed but not commenced during the year 1937.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare	21	169	—	263	13	8	3
Barry	50	—	—	808	46	22	52
Bridgend	—	—	8	126	109	47	140
Caerphilly	—	—	—	662	7	2	—
Cowbridge Borough	—	12	—	—	4	1	2
Gelligaer	—	—	—	468	6	—	5
Glyncorrgwg	—	—	—	282	1	—	—
Llchwyr	24	12	16	688	84	49	38
Maesteg	—	60	—	118	—	2	—
Mountain Ash	—	—	—	216	—	2	—
Neath Borough	82*	49*	107	631	47	39	13
Ogmore and Garw	—	—	—	210	—	—	1
Penarth	—	—	—	129*	14	4	3
Pontypridd	72	—	76	588	25	—	2
Porthcawl	—	—	—	—	55	37	11
Port Talbot Borough	181	188	—	790	203	97	112
Rhondda	27	—	—	285	12	2	—
Cardiff Rural	12	60	23	196	253	108	164
Cowbridge Rural	4	—	—	299	14	6	67
Gower	—	—	—	64	78	18	6
Llantrisant & Llantwit Fardre	—	—	—	756	22	21	2
Neath Rural	111	152	12	508	180	61	83
Penybont	—	30	20	666	60	14	166
Pontardawe	63	58	27	904	63	58	27
TOTALS	647	790	289	9,657	1,296	598	897

* Including Flats.

DRAINAGE.

The districts, speaking generally, are adequately drained except for outlying farms and small hamlets, where small numbers do not justify the necessary outlay at present. Minor extensions due to the progress of new buildings and repairs to existing disposal works have been mentioned in the quarterly reports.

For St. Athan a scheme for the drainage of the village and aerodrome is being carried out.

RIVER POLLUTION.

There is no special action to chronicle. The existing conditions have been noted in previous reports.

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The local results under this Order are summarised in the appended table and attention is drawn to the unsatisfactory results in the warmer months of the year. When refrigeration comes into the farms and is applied to collection and transport the keeping qualities of milk will be improved. What chiefly concerns the Public Health Service is the safety of milk, and this can only be done by subjecting it to adequate heat treatment before consumption, e.g. by efficient pasteurisation. Some of the pasteurised milk which is sold does not reach the regulation standard, being insufficiently treated or having had fresh milk added to it before sale.

The Local Authorities devote much time and care to the inspection of dairies and cowsheds. The agricultural interests aid the training of the younger men and women in the best methods of production. Though considerable progress has been made since the War, much more technical education and public enlightenment is needed.

At the end of the year there were 119 licensed producers of "accredited" milk in the Administrative County and 35 producers of milk under the designation "Tuberculin tested."

"Report upon samples examined at the Laboratory during the year ended 1937 :—

1. *Accredited Milks.*

Column A. Samples found unsatisfactory by Methylene Blue Test.

Column B. Samples found unsatisfactory by B. Coli Test, i.e. $+_{100}^1$ ml.

Column C. Samples found unsatisfactory by both tests.

A. plus B. minus C. gives the total number of unsatisfactory samples.

Quarter.	Samples examined.			Percentage of Good Milks.		
	A.	B.	C.	A.	B.	C.
First	250	23	12	7	..	88.8%
Second	245	61	26	19	..	72.3%
Third	211	82	50	37	..	55.0%
Fourth	277	16	10	5	..	92.4%
Total	983	182	98	68		78.4%

Bacterial Count.

With 293 samples, the total organisms growing on Agar at 37°C were determined, and 29 samples gave a bacterial count exceeding 200,000 per 1 ml. or approximately 10 per cent. Of these samples, 26 were also unsatisfactory as judged by the Methylene Blue Test.

2. *Tuberculin-Tested Milks.*

<i>Quarter.</i>	<i>Samples examined.</i>	<i>A.</i>	<i>B.</i>	<i>C.</i>	<i>Percentage of Good Milks.</i>
First	147 ..	7	1	—	94·6%
Second	179 ..	31	8	7	82·2%
Third	164 ..	29	14	10	79·9%
Fourth	166 ..	10	8	—	89·1%
	—	—	—	—	
Total	656	77	31	17	86·1%
	—	—	—	—	

Bacterial Count.

Out of 160 samples, 15 gave a bacterial count (Agar at 37°C.) exceeding 200,000, or rather less than 10 per cent.

The results of the Methylene Blue Test were unsatisfactory with 12 of these samples.

Remarks.

For each of the first three quarters, the Tuberculin Tested milks show a distinctly higher percentage of good samples than the Accredited milks.

With both groups there is a progressive increase in the percentage of unsatisfactory samples during the second and third quarters, whether judged by the Methylene Blue Tests or the B. Coli content.

By far the highest proportion of bad results have been obtained during the warm summer months, whilst in the fourth quarter there has been a marked improvement, no doubt largely due to lower temperature conditions.

It has been noticeable that a high proportion of samples giving unsatisfactory results with the Methylene Blue Test have been producers' samples collected at the source, and which, under the regulations of the Milk Order, 1936, have to be kept at atmospheric temperature for specified periods before laboratory examination.

Every care is taken to ensure the correct conditions of storage, this being in a shaded position, out of doors, and in a well-ventilated container.

During warm weather conditions the tendency will be for such a stored producer's sample to give a less satisfactory result than a vended bottled milk examined within a few hours of the time of production and not subjected to a waiting period before examination."

LOCAL GOVERNMENT ACT, 1929.

DOMICILIARY MEDICAL SERVICE OF THE POOR LAW.

The policy of the Public Assistance Committee has been steadily towards discontinuance of the "Parish doctor" and to allow any recipient of poor law relief and those otherwise destitute of medical help to have, if possible, his choice of doctor. At the time when large numbers of unemployed men were falling out of medical benefit, the fact that they were losing their panel doctor and having to go to the Poor Law doctor was an additional hardship.

With the consent of the Ministry, steps were taken when vacancies occurred in parish appointments to allow any practitioner who so desired to have his name on the local panel, and after further negotiation it was decided to discontinue all the temporarily appointed District Medical Officers since the take over and to allow free choice in such areas. The transferred District Medical Officers were also asked if they would care to resign their appointments and receive the more favourable panel capitation rate, but only a minority seemed likely to do so. On 1st October, 1935, the open-choice system was established in the thirty parishes of former District Medical Officer areas; the new arrangement is to be automatically established elsewhere when transferred District Medical Officers ceased by death or retirement. The new system must be more costly because there was formerly but niggardly payment for this service, and it is not so simple to administer, but free choice is desirable, and any reform to remove the reproach of the old medical service of the Poor Law is overdue.

There is liability to abuse, particularly in the ordering of "medical extras" and in lax certification, but this was to be seen under the "Parish doctor" system. They are best dealt with by careful scrutiny and reference of alleged irregularities to a suitable committee of enquiry of the Medical Service kind that deals with such things under the National Health Insurance Act.

There are 81 Medical Relief Districts in the Administrative County—32 of these districts are served by District Medical Officers and in 49 districts the "Free Choice" system is in operation.

PUBLIC ASSISTANCE HOSPITALS.

Llwynypia Hospital.

At Llwynypia some additional accommodation has been made for housing nursing staff. An internal telephone and signalling system has been installed. An increasing demand is maintained for maternity beds. 312 women were delivered during the year with only one death in spite of the fact that the majority of cases were admitted for some supposed or actual complication of pregnancy.

The out-patient department is used for examination of cases prior to admission and for observation and treatment of cases who have been under treatment in the wards. With those given appointments in the dental, ophthalmic, and massage departments, the total attendances were 13,136, of which 4,540 were new cases.

Penrhiwtyn Hospital.

At Penrhiwtyn a nurses' training school was established during the year and is now in smooth working. The staff has been strengthened by increase of establishment—an additional Resident Medical Officer, a Sister Tutor, and additional Ward Sisters as new sectional needs have developed with the growth of the work.

Bridgend Hospital.

The provision of a portable X-ray unit has added to the diagnostic resources of the staff. Plans are approved for the erection of the new maternity block of thirty beds, a new operating theatre, and a physical therapy department in the rear of the present buildings. Also a nurses' hostel close to the hospital is to be erected along with these additions already mentioned.

Hospital Service—General.

There has been no action yet taken to appropriate any of our existing Poor Law Hospitals.

The new public health hospital to be built at Church Village has been made possible by a large Government grant. It is to consist of 310 beds, comprising a maternity unit (fifty beds), medical and surgical wards, a children's section, an out-patient department, and all the necessary auxiliary services a modern hospital needs. According to contract, its building will be complete by 1941. It will face south from its gently-elevated site on the north side of the Pontypridd-Llantrisant Road.

Table XX gives particulars of the accommodation and work done at the County Hospitals and Institutions during the year.

TABLE XX.—POOR LAW INSTITUTIONS.

ACCOMMODATION AND RECORD OF CASES TREATED DURING THE YEAR 1937.

Institution.	No. of Beds.	No. of Patients admitted (including infants born in hospital).	No. discharged (including infants born in hospital).	No. of Patients in Institution on 31st December, 1937.	Total No. of Deaths.	No. of Surgical Operations performed.	MATERNITY CASES.					
							Beds available.	Cases admitted.	No. of Live Births.	No. of Still Births.	No. of Maternal Deaths.	No. of Infant Deaths (under 1 year).
Bridgend Infirmary ..	134	1,769	1,637	109	132	729	14	287	255	18	2	17
Llwynypia Hospital ..	182	2,317	2,122	169	163	1,280	20	312	282	28	1	32
Pearhiwtyn Infirmary ..	241	2,085	1,874	213	195	716	28	432	338	43	5	20
Central Homes, Pontypridd	191	898	660	165	223	—	8	24	23	1	—	8
Penmaen Institution ..	23	11	6	9	3	—	—	—	—	—	—	—
Pontardawe Institution	44	89	63	41	22	—	1	2	2	—	—	—
Totals ..	815	7,169	6,362	706	738	2,725	71	1,057	900	90	8	77

VOLUNTARY HOSPITALS.

Government grant has been available also for reasonable extensions of the following Voluntary Hospitals in distressed areas :—

Port Talbot Hospital. Improvements to one of the wards and the operating theatre.

Maesteg Hospital. Extensions comprising Children's Wards, extra Staff accommodation, and a Casualty Operating Theatre.

Treherbert Hospital. Extension of Female Ward.

Pontypridd Cottage Hospital. Improved X-ray room and accommodation for patients admitted for minor operations.

Mountain Ash and Penrhiwceiber General Hospital. New X-ray room, the enlargement of the Light Treatment and Massage rooms, and the improvement of Staff accommodation.

ISOLATION HOSPITALS.

Government Percentage Grants have been available through the Commissioner for the Special Areas for extension and improvement of isolation hospitals where needed and approved. Thanks to this opportunity, substantial progress has been possible. A new cubicle block and additional staff accommodation was opened last May at the Gelligaer Hospital. The Caerphilly Hospital is making similar additions. In the Rhondda the extensions mentioned in last year's report are now completed. The isolation hospital at Bridgend, serving a group of Mid-Glamorgan districts, is being considerably enlarged. The new joint isolation hospital for Neath Borough and Neath Rural District is nearing completion, and in its service the Pontardawe Rural District will join. Smaller additions of isolation beds will be made to the hospitals of the Ogmere and Garw Urban District and Cardiff Rural District. The temporary buildings of the Llchwyr Urban District Council are being replaced by a substantial well built structure of the most modern design. When the programme of reconstruction and improvement is complete, most of the existing hospitals will have been modernised, the chief exceptions being Mountain Ash and Maesteg.

The following table gives details regarding Isolation and Smallpox Hospital accommodation in the County :—

ISOLATION HOSPITALS (other than Smallpox Hospitals).

<i>Address of Isolation Hospital.</i>	<i>Districts served.</i>	<i>Blocks.</i>	<i>Accommodation.</i>		<i>Beds (at 144 sq. ft. per bed).</i>
			<i>Wards.</i>		
Barry Infectious Diseases Hospital, Colcot Road, Barry	Barry U.D.	4	6		28
Blackmill Isolation Hospital ..	Ogmere and Garw U.D. ..	3	14*		30
		* includes 4 single bed wards.			
Bridgend Isolation Hospital, Cefn Hirgoed, near Bridgend	Bridgend U.D.	3	8		38
	Cowbridge Borough				
	Porthcawl U.D.				
	Cowbridge R.D.				
Groeswen Isolation Hospital Margam Road, Port Talbot	Port Talbot Borough ..	4*	8		44
	Glyncorrwg U.D.				
		* includes 2 cubicle blocks.			

ISOLATION HOSPITALS (other than Smallpox Hospitals)—*continued.*

<i>Address of Isolation Hospital.</i>	<i>Districts served.</i>	<i>Blocks.</i>	<i>Accommodation.</i>		<i>Beds (at 144 sq. ft. per bed).</i>
			<i>Wards.</i>		
Caerphilly Isolation Hospital, Ene- glyn, Caerphilly	Caerphilly U.D.	3	8		28
Ely Isolation Hospital, Cowbridge Road, Ely, Cardiff	Cardiff R.D.	3	8		34
Garngoch Isolation Hospital, Garn- goch Common, Fforestfach	Llchwyr U.D.	4*	4		30
Gelligaer Isolation Hospital, Pen- pedairheol	Gelligaer U.D.	3	8		22
Pontardawe Isolation Hospital, Gelly- nudd, Pontardawe	Pontardawe R.D.	2	4		12
Penarth Isolation Hospital, Llan- dough, Penarth	Penarth U.D.	3	5		24
Pontypridd Isolation Hospital, Llan- twit Fardre	Pontypridd U.D.	3*	5		40
Maesteg Isolation Hospital, Bryn- mawr Road, Maesteg	Maesteg U.D.	3	6		18
Isolation Hospital, Llanwonno Road, Mountain Ash	Mountain Ash U.D.	1	5		14
Rhiwfelen Isolation Hospital, near Llantrisant	Llantrisant and Llantwit Fardre R.D.	2	4		14
Tyntyla Isolation Hospital, Ystrad, Rhondda	Rhondda U.D.	6*	16		71

* includes 1 cubicle block.

* includes 1 cubicle block.

* includes 1 cubicle block.

SMALLPOX HOSPITALS.

Aberdare Smallpox Hospital, Fedw Hir, Aberdare	Aberdare U.D.	} 2*	2	34
	Mountain Ash U.D.			
	Neath Borough			
	Neath R.D.			
(and also, if necessary, cases from Merthyr Borough and the adjoining parts of Breconshire)				
Barry Smallpox Hospital, near Way- cock Road, Barry	Barry U.D.	2	4	12
Bridgend Smallpox Hospital, Cefn Hirgoed, near Bridgend	Cardiff R.D.	} 1	2	8
	Bridgend U.D.			
	Cowbridge Borough			
	Maesteg U.D.			
	Ogmore and Garw U.D.			
	Porthcawl U.D. Cowbridge R.D. Penybont R.D.			

* 1 a temporary structure.

SMALLPOX HOSPITALS—*continued.*

<i>Address of Isolation Hospital</i>	<i>Districts served.</i>	<i>Blocks.</i>	<i>Accommodation.</i>		
			<i>Wards.</i>	<i>Beds (at 144 sq. ft. per bed).</i>	
Llwchwr Smallpox Hospital, Garn- goch Common, Fforestfach	Llwchwr U.D.	1	2	4	
Gelligaer Smallpox Hospital, Pen- pedairheol	Gelligaer U.D.	3	6	13	
Gwrhyd Smallpox Hospital, Pontar- dawe	Pontardawe R.D.	1	2	8	
Mynydd Mayo Joint Smallpox Hos- pital, near Eglwysilian	Caerphilly U.D. Pontypridd U.D. Llantrisant and Llantwit Fardre R.D.	2	3	12	
Rhondda Smallpox Hospital, Penrhys, Tylorstown	Rhondda U.D.	2	4	14	

GENERAL.

At the end of the year, Dr. W. J. Lewis, of Ystalyfera, who had been Medical Officer of Health of the Pontardawe Rural District for many years, died at an advanced age. In addition to carrying on a large practice, he maintained an active and enlightened interest in public health measures, and their application to his district. As he was a man of great ability and much personal influence he was able to foster all necessary reforms with considerable success, and leaves an example of the best type of family doctor and public servant.

The County also lost the services of Dr. Bell Thomas, Medical Officer of Health of Maesteg, by his untimely death in the midst of active duty. He had served his district without stint of time or effort. He conducted his maternity and fever hospitals and his maternity and child welfare work with great success, and his valley is much poorer without him.

SALE OF FOOD AND DRUGS ACTS.

The provisional arrangement for dealing with a portion of the County (Barry Dock and Ystrad Mynach Divisions) samples at the joint Cardiff Laboratory, where Mr. John H. Sugden, M.Sc., F.I.C., acts as additional Public Analyst, has been confirmed after experience of its satisfactory working.

The remaining police divisions have their samples analysed by the Public Analyst, Mr. Clarence A. Seyler, B.Sc., F.I.C., at Swansea.

The following table shows the number of samples of food submitted for analysis during the year 1937:—

TABLE XXI.

Description.	No.	Description.	No.	Description.	No.
Milk	1,353	Dates	1	Peel (Mixed)	2
Almond Substitute	1	Demerara Sugar	1	Pears (Dried)	1
Apricots (Dried)	3	Dripping	1	Piccalilli	1
Apples (Dried)	1	Egg Powder	6	Pepper	15
Boric Ointment	1	Egg (Liquid)	8	Pudding	2
Bacon	2	Flour	5	Preserved Meat	5
Black Pudding	4	Fruit, Mixed	1	Prunes	6
Bicarbonate of Soda	1	Fish Paste	6	Peppermint	1
Baking Powder	3	Fruit (Preserved)	4	Quinine	2
Brawn	3	Fish (Canned)	2	Rice	13
Beer	10	Gravy Browning	1	Raisins	7
Butter	129	Glauber Salts	3	Rum	2
Biscuits	1	Gin	2	Syrup	2
Baked Beans	4	Ground Ginger	7	Suet	14
Brandy	2	Health Salts	1	Self-raising Flour	7
Cream	19	Herbs (Dried)	6	Sausage	27
Cheese	13	Honey	1	Salmon	7
Corn Flour	1	Iodine—Tincture of	1	Sago	3
Cake Mixture	2	Icing Sugar	2	Sultanas	7
Cake—Sponge	9	Ice Cream	1	Spirits of Nitre	1
.. Fruit	9	Jam	24	Spice	4
Custard Powder	4	Jelly	4	Sweets	19
Currants	7	Lard	59	Soup	2
Condensed Milk	8	Lard Substitute	4	Sauce	14
Cocoa	14	Lemon Cheese	2	Salicylate of Soda	1
Coffee	5	Lemonade Powder	1	Sugar	4
Coffee and Chicory	1	Macaroni	1	Tapioca	5
Cider	9	Mustard	3	Tomatoes (Canned)	3
Corned Beef	3	Mineral Waters	2	Tartaric Acid	1
Chocolate	2	Margarine	73	Tea	12
Cordial	6	Mince Meat	5	Vinegar	37
Camphorated Oil	2	Marmalade	2	Whisky	3
Citric Acid	1	Mint (Dried)	3	Zinc Ointment	1
Chutney	1	Peas (Dried)	14		
Cooking Fat	1	Pearl Barley	11		
Cream of Tartar	2	Peas (Tinned)	1		
Cereals	3			TOTAL	2,140

TABLE XXII.

Samples of milk analysed and number adulterated :—

Samples Analysed.	Samples adulterated or not up to required standard.				Total.
	Added Water.	Deficient Fat.	Added Water and Deficient Fat	Below Standard for Non-Fatty Solids	
1353	11	60	6	54	131

Milk.—It will be seen from Table XXII that of 1,353 samples of milk analysed during the year 1937 131, or 9.68 per cent, were adulterated, or not up to the required standard. All samples of milk were found to be free from preservatives.

Legal Proceedings.—In the following table particulars are given relating to legal proceedings in connection with the administration of the Sale of Food and Drugs Acts during the year :—

TABLE XXIII.

Cases in which Legal Proceedings were taken.	Convicted or Ordered to Pay Costs.	Dismissed.	Withdrawn.	Pending.	Fines and Costs.
44	33	10	1	—	£ s. d. 123 9 6

CARDIFF AND COUNTY PUBLIC HEALTH LABORATORY.

Below is given an account of the work done at the Cardiff and County Public Health Laboratory during the year 1937 for the Administrative County of Glamorgan.

The work of the Cardiff and County Public Health Laboratory shows a steady increase, and it is desirable that it should be used still more widely for Public Health purposes, such as the examination of water, infected milk, diagnosis of infectious diseases, and cognate purposes.

TABLE XXIV.

Description of Specimens or Samples.	Total No. examined	Results		Percentage of Positive Results
		Positive	Negative	
<i>Bacteriological Examinations :—</i>				
Water Supplies	426	—	—	—
Milks for Tubercle Bacilli	323	14	309	4.33
Milks for General Examination	2833	—	—	—
Milk for Enteric, etc.	28	—	—	—
Water for Enteric, etc.	14	—	—	—
Ice Cream	39	—	—	—
Sputa for Tubercle Bacilli	374	60	314	16.0
Sputa for Tubercle Bacilli (Concentration)	—	—	—	—
Urine for Tubercle Bacilli	3	—	3	—
Faeces for Tubercle Bacilli	1	—	1	—
Pus and Pleural Fluid ? T.B.	14	8	6	57.14
Diphtheria	11423	2313	9110	20.25
Haemolytic Streptococci	73	—	—	—
Ringworm	5	—	—	—
Sera for Enteric	52	16	36	30.77
Faeces for Enteric	111	20	91	18.18
Urine for Enteric	37	13	24	35.13
Sera for Dysentery	5	2	3	40.0
Faeces for Dysentery	53	11	42	20.75
Faeces for Food Poisoning	—	—	—	—
Food Poisoning Organisms	5	—	—	—
Liquid Eggs	12	—	—	—
Food for Enteric	5	—	—	—
For Wassermann Reaction	1352	339	1013	25.07
For Gonococcal Complement Fixation	465	258	207	55.48
For Gonococci	583	338	245	57.96
For Spirochaeta Pallida	23	12	11	52.17
For Ducrey's Bacilli	1	—	1	—
Cerebro Spinal Fluid	29	—	—	—
Ophthalmia Neonatorum	5	—	—	—
Rodents for Plague	432	—	—	—
Other Examinations	25	—	—	—
<i>Chemical Examinations. :—</i>				
Food and Drugs Acts Samples	662	—	—	—
Water Supplies	261	—	—	—
River Waters	72	—	—	—
Sewage and Sewage Effluents	496	—	—	—
Trade Effluents	151	—	—	—
Milk and Milk Products	615	—	—	—
Ice Cream	—	—	—	—
Urine Analyses	175	—	—	—
Atmospheric Pollution	10	—	—	—
Ultra Violet Radiation	—	—	—	—
Other Examinations	30	—	—	—
Total	21223	3404	11416	—

BLIND PERSONS ACT, 1920.

During the year Parliament has had under consideration a Bill (subsequently become an enactment) which has as its object the further promotion of the welfare of the blind. It is not proposed to refer to the Bill in detail, as this will be done in the report for 1938, but it is worthy of note that it provides *inter alia* for all assistance given to blind persons, other than medical or institutional, to be provided otherwise than by poor law relief.

In Glamorgan, where much has been done for the blind, domiciliary assistance has been provided since the passing of the 1920 Act under the provisions of that Act, and not by way of poor law relief.

The important features of a scheme for giving domiciliary assistance are regularity of payment, equality of treatment, and the institution of a reasonably generous scale. This authority has been kindly disposed towards those so afflicted, and has endeavoured to give equality of treatment by careful consideration of cases after detailed investigation of circumstances. Regularity of payment is ensured by the fact that grants are dispatched weekly by postal order by the County Treasurer.

As has been mentioned before, the largest part of the work under the Act is concerned with the class known as the unemployable necessitous blind, and during the year under review, £27,316 were expended as compared with £28,517 in the year 1936.

The total number of blind registered remains fairly stationary at about 1,550. Removal from the register by the death of elderly people is balanced by the addition of new cases, and these are mostly recruited from folk over the age of fifty. Indeed, there is a conspicuous absence of recruits to the Register from the early ages, and it is very rare to discover a new case of blindness under the age of sixteen. This is undoubtedly due to the precautionary methods taken at childbirth, and the better control of infectious diseases than was the custom years ago. The free treatment of venereal diseases has also played its part in bringing about this desirable state of affairs.

The Home Visiting Service, which is composed of one whole-time visitor and the part-time services of seven school nurses, each of whom is qualified for the work by examination, has continued its activities during the year. The visits, which are social, helpful, and instructional in character, are generally well received. They are not confined to the necessitous, but all the registered blind may have the benefit of the help and advice which the visitors can give.

Training and Employment.

The Education Committee's School for the Blind continues to perform its useful work of educating blind and partially sighted children, and of training the blind adolescent in the trades practised by the blind. Training for the older blind, who are suitable for it, is provided at the Rhondda or Pontypridd Blind Institutions in the County, or at the institutions in the adjacent County Boroughs of Cardiff or Swansea. Qualified journeymen and journeywomen are employed at the Rhondda, Pontypridd, Cardiff, Swansea, and Merthyr institutions, and considerable payments are made by the County Council to these institutions for the services they provide in this direction.

Further consideration has been given during the year to the possibility of the County Council taking over the two institutions situated in the County, but the project is so fraught with difficulties that no basis of agreement has yet been reached, and it is deferred for further consideration.

The Minister of Health has requested that reference shall be made in this report to the activities of the Council under Section 66 of the Public Health Act, 1925, and under the extensive powers given under Section 176 of the Public Health Act, 1936.

Preventive and ameliorative treatment has been a feature of the work of this authority, and the following figures indicate the growth and volume of the work performed at the Council's own hospitals at Llwynypia, Bridgend and Penrhiwtyn :—

<i>Llwynypia Hospital.</i>	1931	1932	1933	1934	1935	1936	1937
Major operations (in-patients)	16	49	68	69	73	91	93
Minor operations (out-patients)	7	29	32	60	69	53	46
New cases seen	87	165	233	341	540	469	456
Attendances of old cases and ward cases seen	45	158	355	474	649	722	867

Major operations performed :—

Cataract	3	21	32	23	31	33	36
Needling	3	7	6	14	4	19	17
Trephining	2	3	5	—	—	8	3
Glaucoma	—	1	1	5	11	3	2
Iridectomy	—	—	1	1	3	2	2
Squint	5	7	8	11	6	10	8
Various	3	10	15	15	18	16	25

Bridgend Infirmary.

	1931	1932	1933	1934	1935	1936	1937
Major operations (in-patients)	7	20	16	18	31	20	18
Minor operations (out-patients)	1	2	5	9	5	6	2
New cases seen	67	60	70	88	104	131	51
Attendances of old cases and ward cases seen	—	92	84	104	111	117	111

Major operations performed :—

Cataract	2	8	7	7	6	8	7
Needling	3	6	7	4	13	3	4
Trephining	1	1	—	—	—	3	1
Glaucoma	—	—	1	3	1	—	—
Iridectomy	—	1	—	—	—	—	—
Squint	—	3	—	—	5	—	3
Various	1	1	1	4	6	6	3

Penrhiwtyn Hospital.

	1931	1932	1933	1934	1935	1936	1937
Major operations (in-patients)	—	—	—	—	3	6	8
Minor operations (out-patients)	—	—	—	—	1	—	—
New cases seen	—	—	—	—	27	22	24
Attendances of old cases and ward cases seen	—	—	—	—	5	4	15

Major operations performed :—

Cataract	—	—	—	—	2	3	2
Glaucoma	—	—	—	—	1	—	—
Various	—	—	—	—	—	3	6

Other activities of the authority in relation to prevention and treatment of blindness may be summarised as follows :—

Maternity and Child Welfare.

The powers under the Maternity and Child Welfare Acts have been delegated to the Urban and Rural Districts, but by arrangement the Education Authority's School Clinics are made available in a considerable number of areas for the examination of eyes of children under school age. Cases requiring specialist opinion and advice may be referred to the Consultant Oculist.

School Children.

Children of school age, who have serious eye defects are either advised to seek specialist advice or treatment, or alternatively such advice is provided by referring the child for examination by the Authority's Consultant at one of the Centres he visits.

Children who are certified as blind under the Blind Persons Act, or under the Education Acts, are admitted to the County School for the Blind at Bridgend, and here they are kept under observation by the oculist. Any eye treatment which is recommended is provided for these children at the Bridgend Hospital.

Venereal Diseases.

In the course of their examinations under the Blind Persons Act, many cases are discovered where blindness may be associated with venereal disease, and every effort is made to bring such cases under treatment at one of the Venereal Diseases Centres.

Treatment by Major and Minor Operations.

As will be seen by the figures given on page 64, a large amount of active treatment is provided, and to facilitate this no charge is made on the patient. Hospital maintenance costs are borne by the authority, and in necessitous cases assistance is given to meet the cost of travelling expenses.

Provision of Glasses.

The Public Assistance Committee has a scheme whereby optical treatment is provided for certain classes. The people concerned are referred to my Medical Officers for examination, and in this way there are discovered many cases requiring specialist examination and treatment, which is provided.

In the course of their examinations under the Blind Persons Act, my officers discover many persons who, though outside the provisions of the Act, are greatly in need of glasses to correct errors of refraction, and to preserve what sight they have. In necessitous cases glasses are provided free.

The Committee on the Administration of the Government of the District of Columbia, in its report to the President and the Senate, dated July 1, 1901, contains the following statement:

"The present system of the District of Columbia is a relic of the past, and it is the duty of the Government to reform it. The present system is a relic of the past, and it is the duty of the Government to reform it."

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TABLE XXV.
TABLE SHOWING CLASSIFICATION OF PERSONS REGISTERED UNDER THE BLIND PERSONS ACT, 1920, ON 31st MARCH, 1936.

(a) AGE GROUPS.

0-1			1-5			5-16			16-21			21-40			40-50			50-65			65-70			70+			Totals.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
—	—	—	1	1	2	7	6	13	18	14	32	108	90	198	94	58	152	198	151	349	86	101	187	288	320	608	800	741	1,541

(b) AGES AT WHICH BLINDNESS OCCURRED.

0-1			1-5			5-10			10-20			20-30			30-40			40-50			50-60			60-70			70+			Age Period Unknown.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
76	68	144	19	22	41	15	19	34	40	30	70	45	36	81	74	51	125	83	67	150	131	115	246	175	160	335	124	147	271	18	26	44

(c) TRAINING AND EMPLOYMENT.

EMPLOYED.									UNDERGOING TRAINING.									Trained but unemployed.			No training but trainable.			Unemployable.			Total.											
(a) Workshops.			(b) Homeworkers.			Others not included in (a) or (b).			Total.			Industrial.			Secondary.			Prof. or Univ.			M.			F.			T.			M.			F.			T.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
105	23	128	1	—	1	25	3	28	131	26	157	25	13	38	—	2	2	2	—	2	2	—	2	2	—	2	2	3	5	630	690	1,320	792	734	1,526			

(d) OCCUPATIONS OF EMPLOYED.

	Agents, Collectors, etc.	Basket Workers.	Shops' Vendors.	Boat Repairers.	Brushes.	Typist.	Ministers of Religion.	Dealers (Tea, Agents, Shops, etc.)	Hawkers.	Knitting and Chair Caning.	Mats and Coal Bags.	News-vendors.	School Teachers.	Instructors.	Musicians and Music Teachers	Miscellaneous.	Total.
In Institutions for the Blind Homeworkers' Scheme ..	1	43	1	5	8	1	—	—	—	24	44	—	1	—	—	1	130
Others	3	—	—	3	—	—	1	8	1	—	2	—	—	—	1	8	26

TABLE XXVI.
VOLUNTARY HOSPITAL SERVICES IN GLAMORGAN—JANUARY, 1938.

Hospital	CLASSIFICATION OF BEDS.																		Treatment available for patients resident outside area?	Special Departments.										
	General Medical			General Surgical			Children			Maternity		Orthopaedic			Nose and Throat			Other			Total No. of Beds available in each Hospital	X-Ray	Dental	Ophthalmic	Electro-Therapeutic	Pathological	Massage			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.								T.	M.	F.	T.
Aberdare General ..	5	5	10	36	15	51	19	10	20	4	4	—	—	—	*	*	*	—	—	—	51	34	85	Yes	Yes	—	Yes	Yes	—	Yes.
Barry Dock Voluntary	12	12	24	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	15	12	27	Yes	Yes	Yes	—	Yes	—	Yes.
Bridgend and District	—	—	—	10	11	21	—	—	—	—	—	—	—	—	*	*	*	—	—	—	10	11	21	No	Yes	—	—	—	—	Yes.
Caerphilly Miners ..	—	—	—	40	20	60	13	10	23	—	—	—	—	—	*	*	*	—	—	—	53	30	83	Yes	Yes	Yes	Yes	Yes	—	Yes.
Cardiff Royal Infirmary	52	40	92	94	67	161	21	21	42	31	31	—	—	—	11	7	18	18	49	67	196	215	411	Yes	Yes	Yes	Yes	Yes	Yes	Yes.
Clydach	5	5	10	5	5	10	4	3	7	—	—	—	—	—	—	—	—	—	—	—	14	13	27	No	Yes	Yes	Yes	Yes	—	Yes.
Gorseinon Cottage ..	8	8	16	14	10	24	5	5	10	10	10	—	—	—	*	*	*	—	—	—	27	33	60	Yes	Yes	Yes	Yes	Yes	—	Yes.
Maesteg General ..	—	—	—	27	19	46	—	—	—	—	—	—	—	—	*	*	*	—	—	—	27	19	46	Yes	Yes	—	Yes	Yes	—	Yes.
Merthyr General ..	22	6	28	38	21	59	20	—	20	2	2	—	—	—	6	8	14	—	—	—	86	37	123	No	Yes	Yes	Yes	Yes	—	Yes.
Mountain Ash General	—	—	—	22	20	42	1	1	2	—	—	—	—	—	*	*	*	—	—	—	23	21	44	Yes	Yes	Yes	Yes	Yes	Yes	Yes.
Pontypridd General	—	—	—	18	10	28	2	2	4	—	—	—	—	—	—	—	—	—	—	—	20	12	32	No	Yes	—	—	—	—	—
Porth Cottage ..	—	—	—	32	26	58	8	8	16	—	—	—	—	—	*	*	*	—	—	—	40	34	74	Yes	Yes	—	—	—	—	—
Port Talbot General	9	9	18	20	20	40	10	12	22	2	2	—	—	—	1	2	3	—	—	—	40	45	85	No	Yes	—	Yes	—	—	Yes.
Princeof Wales(Cardiff)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	32	64	—	—	—	32	32	64	Yes	Yes	—	—	Yes	—	Yes.
.. (Crossways)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	34	68	—	—	—	34	34	68	Yes	—	—	—	—	—	Yes.
Swansea General ..	34	27	61	105	60	165	18	18	36	—	—	—	—	—	10	10	20	17	38	55	184	153	337	Yes	Yes	Yes	Yes	Yes	Yes	Yes.
Treherbert	—	—	—	11	13	24	2	—	2	—	—	—	—	—	—	—	—	—	—	—	13	13	26	No	Yes	—	—	—	—	—
Treorchy	—	—	—	11	11	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	11	22	No	Yes	—	—	—	—	—
No. Beds available ..	147	112	259	483	328	811	117	90	207	49	49	66	66	132	28	27	55	35	87	122	876	759	1635							

* Accommodation available when required.

TABLE XI

ATMOSPHERIC DEPOSITS IN ALABAMA - January, 1958

STATION	DEPOSITION RATE (micrograms per square meter per hour)										WIND DIRECTION	
	1	2	3	4	5	6	7	8	9	10		
1
2
3
4
5
6
7
8
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* Accumulation available when reported

TABLE XXVII.
NOTIFICATION OF INFECTIOUS DISEASES.

	Estimated Population, 1937.	SMALLPOX.			SCARLET FEVER.			DIPHTHERIA. (Includes Mem. Croup.)			ENTERIC FEVER.			ERYSIPELAS.		PUERPERAL PYREXIA.		Phthisis and other Tuberculous Diseases	Ophthalmia Neonatorum	Pneumonia	Epidemic Typhus	Dysentery.	Cerebro-Spinal Fever	Malaria.	Acute Poliomyelitis	Membranous Croup.	
		Cases	Rate	Hospital	Cases	Rate	Hospital	Cases	Rate	Hospital	Cases	Rate	Hospital	Cases	Rate	Cases	Rate per 1,000 Births										
Administrative County	714,200	..	..	..	3859	5.40	1697	1463	2.05	1074	37	0.05	33	201	0.28	123	11.24	1148	62	992	2	25	19	9	5	1
Urban Districts	535,400	..	..	..	2485	4.64	1563	1184	2.21	870	26	0.05	22	167	0.31	99	11.88	872	51	850	2	24	18	1	5	..
Rural Districts	178,800	..	..	..	374	2.09	134	279	1.56	204	11	0.06	11	34	0.19	24	9.21	276	11	142	..	1	1	8	..	1
URBAN.																											
Aberdare	43,510	..	..	..	256	5.88	90	101	2.32	61	..	..	..	7	0.16	4	6.61	70	2	77	..	19	..	..	..	..
Barry	35,950	..	..	..	73	2.03	65	127	3.53	122	3	0.08	3	20	0.56	5	10.10	63	6	50	..	..	..	1	1	..
Bridgend	10,330	..	..	..	15	1.45	9	16	1.53	16	..	..	..	2	0.19	..	..	24	..	3	..	..	..	..	..	..
Caerphilly	32,560	..	..	..	207	6.36	149	70	2.15	54	..	..	..	9	0.28	5	8.06	36	2	15	..	1	1	..	..	..
Cowbridge Borough	1,002	..	..	..	1	1.00	1	..	..	..	..	..	..	..	..	..	..	2	..	3	..	..	..	..	..	..
Gelligaer	37,060	..	..	..	72	1.94	73	44	1.19	45	..	..	..	10	0.27	8	11.85	72	1	19	..	..	2	..	..	..
Glyncorrwg	9,715	..	..	..	41	4.22	..	5	0.51	..	..	..	..	1	0.10	..	..	17	..	18	..	..	..	..	..	..
Lluchwr	25,860	..	..	..	49	1.89	52	25	0.97	23	..	..	..	2	0.08	3	8.00	35	1	21	..	..	..	..	..	..
Maesteg	22,660	..	..	..	31	1.37	22	83	3.66	79	13	0.57	13	7	0.31	2	5.11	33	..	25	..	..	..	..	..	..
Mountain Ash	34,070	..	..	..	240	7.04	136	193	5.66	109	..	..	..	25	0.73	10	18.05	45	1	112	..	..	..	..	..	..
Neath Borough	31,760	..	..	..	94	2.96	..	142	4.47	..	..	..	..	5	0.16	6	12.77	53	1	7	..	..	..	..	2	..
Ogmore and Garw	24,240	..	..	..	102	4.21	37	19	0.78	21	3	0.12	3	10	0.41	6	16.30	40	5	62	..	1	..	..	..	..
Penarth	16,420	..	..	..	39	2.37	30	113	6.88	103	4	0.24	..	7	0.43	10	50.00	16	1	127	..	2	7	..	1	..
Pontypridd	39,070	..	..	..	381	9.75	335	88	2.25	87	..	..	..	11	0.28	13	20.41	68	3	43	..	..	2	..	..	..
Portcawl	6,693	..	..	..	24	3.59	18	26	3.88	23	..	..	..	1	0.15	1	13.51	11	1	1	1	..	..	..	..	..
Port Talbot Borough	40,300	..	..	..	186	4.61	178	23	0.57	26	2	0.05	2	3	0.07	2	2.86	64	1	10	1	..	..	..	..	..
Rhondda	124,200	..	..	..	674	5.43	388	109	0.88	101	1	0.01	1	47	0.38	24	13.29	223	26	257	..	1	6	..	1	..
RURAL.																											
Cardiff	31,520	..	..	..	94	2.98	74	42	1.33	46	..	..	..	8	0.25	3	8.52	44	..	12	..	..	..	..	..	..
Cowbridge	10,400	..	..	..	21	2.02	12	42	4.04	40	..	..	..	3	0.29	2	12.58	8	1	6	..	1	..	..	..	..
Gower	10,430	..	..	..	8	0.77	..	12	1.15	4	1	0.10	1	..	..	1	7.69	8	1	7	..	..	..	..	..	..
Llantrisant and Llantwit Fardre	24,480	..	..	..	44	1.80	32	35	1.43	22	8	0.33	8	5	0.20	4	9.57	43	3	20	..	..	1	..	..	1
Neath	40,100	..	..	..	116	2.89	3	50	1.25	16	1	0.02	1	6	0.15	6	9.33	59	4	62	..	..	..	..	..	..
Penybont	27,640	..	..	..	27	0.98	13	77	2.79	76	1	0.04	1	4	0.14	4	9.19	74	..	15	..	..	..	8	..	..
Pontardawe	34,230	..	..	..	64	1.87	..	21	0.61	..	..	..	..	8	0.23	4	8.73	40	2	20	..	..	..	..	..	..

TABLE XXXV
CLASSIFICATION OF INFECTIOUS DISEASES

Disease	No. of cases	Males	Females	Total	Rate per 1,000	No. of deaths	Mortality rate per 1,000	Age group	
								Under 15	15 and over
Acute Infectious Mononucleosis	114	72	42	114	1.7	0	0	114	0
Scarlet Fever	25	15	10	25	0.4	0	0	25	0
Diphtheria	1	1	0	1	0.02	1	100	1	0
Whooping Cough	1	1	0	1	0.02	0	0	1	0
Measles	1	1	0	1	0.02	0	0	1	0
Chickenpox	1	1	0	1	0.02	0	0	1	0
Smallpox	0	0	0	0	0	0	0	0	0
Typhoid Fever	1	1	0	1	0.02	0	0	1	0
Paratyphoid Fever	1	1	0	1	0.02	0	0	1	0
Shigellosis	1	1	0	1	0.02	0	0	1	0
Amoebiasis	1	1	0	1	0.02	0	0	1	0
Trichinosis	1	1	0	1	0.02	0	0	1	0
Ascariasis	1	1	0	1	0.02	0	0	1	0
Hookworm	1	1	0	1	0.02	0	0	1	0
Strongyloidiasis	1	1	0	1	0.02	0	0	1	0
Trichuriasis	1	1	0	1	0.02	0	0	1	0
Enterobiasis	1	1	0	1	0.02	0	0	1	0
Giardiasis	1	1	0	1	0.02	0	0	1	0
Cryptosporidiosis	1	1	0	1	0.02	0	0	1	0
Isosporiasis	1	1	0	1	0.02	0	0	1	0
Coccidiosis	1	1	0	1	0.02	0	0	1	0
Leishmaniasis	1	1	0	1	0.02	0	0	1	0
Chagas Disease	1	1	0	1	0.02	0	0	1	0
Trypanosomiasis	1	1	0	1	0.02	0	0	1	0
Leishmaniasis (cutaneous)	1	1	0	1	0.02	0	0	1	0
Leishmaniasis (visceral)	1	1	0	1	0.02	0	0	1	0
Chagas Disease	1	1	0	1	0.02	0	0	1	0
Trypanosomiasis (American)	1	1	0	1	0.02	0	0	1	0
Trypanosomiasis (African)	1	1	0	1	0.02	0	0	1	0
Leishmaniasis (New World)	1	1	0	1	0.02	0	0	1	0
Leishmaniasis (Old World)	1	1	0	1	0.02	0	0	1	0
Chagas Disease	1	1	0	1	0.02	0	0	1	0
Trypanosomiasis (South American)	1	1	0	1	0.02	0	0	1	0
Trypanosomiasis (East African)	1	1	0	1	0.02	0	0	1	0
Trypanosomiasis (West African)	1	1	0	1	0.02	0	0	1	0

