

**[Report 1938] / Medical Officer of Health, Glamorgan County Council.**

**Contributors**

Glamorgan (Wales). County Council. nb2014013905

**Publication/Creation**

1938

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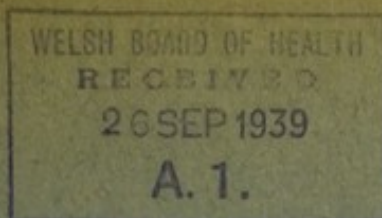
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**Glamorgan County Council.**

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# **REPORT**

OF THE

## **Medical Officer of Health**

FOR THE YEAR 1938.

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

MEDICAL OFFICER OF HEALTH.

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# Glamorgan County Council.

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MEDICAL OFFICER OF HEALTH.

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CARDIFF:

WILLIAM LEWIS (PRINTERS) LIMITED



## Glamorgan County Council.

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The vital statistics for 1938 are : Birth Rate 15·4, Death Rate 12·6, Infant Mortality Rate 60 per thousand, as compared with 1937—Birth Rate 15·3, Death Rate 12·9, and Infant Mortality Rate 65.

The new Midwifery Service, which began operating in August, 1937, has now been tested by an additional year's working. Speaking generally, it has been satisfactory and is an improvement on former arrangements. The increasing demand for maternity provision in hospital is noteworthy. There is an increasing amount of ante-natal work being done.

Good progress is being made with rehousing where old and unsatisfactory property or overcrowding require it—particularly in Port Talbot, Neath, and Aberdare.

The delay in production of the report and its brevity are due to the excessive amount of work that has been thrown upon the department by the necessity of organisation of casualty and hospital services for purposes of national safety and which by Government instruction have had to be given priority.

I have again to thank members of the Council and my colleagues for the 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.*

*August, 1939.*

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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.

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.

J. T. Watkins, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

J. B. S. Morgan, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (To 31st August, 1938.)

*Temporary :*

P. M. Bowen, M.R.C.S., L.R.C.P. (To 31st July, 1938.)

E. W. Kinsey, M.R.C.S., L.R.C.P. (To 30th June, 1938.)

Jennet Evans, M.B., B.Ch. (To 31st July, 1938.)

Eliz. M. James, M.B., B.Sc., M.R.C.S., L.R.C.P. (From 1st March to 31st July, 1938.)

David Saunders, M.R.C.S., L.R.C.P. (From 10th January to 19th March, 1938.)

W. M. Parry Jones, M.R.C.S., L.R.C.P. (From 1st October, 1938.)

W. F. Waudby Smith, M.R.C.S., L.R.C.P. (From 14th November, 1938.)

*Medical Officers of V.D. Clinics :*

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

B. A. Thomas, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

*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. (Associate T.B. Physician).

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 :*

Edgar W. Thomas, F.R.C.S., M.B., Ch.B. (To 15th March, 1938.)

Mervyn A. Jones, M.B., B.S.

Hywel G. Roberts, B.Sc., M.B., B.Ch.

Wynford J. F. Davies, M.R.C.S., L.R.C.P. (From 18th March, 1938.)

**BRIDGEND HOSPITAL.***Medical Superintendent :*

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

**PENRHIWTYN HOSPITAL.***Medical Superintendent :*

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

*Assistant Medical Officers :*

F. W. Thomas, B.Sc., M.R.C.S., L.R.C.P.

J. Griffith Jones, M.B., B.Ch. (From 19th October, 1938.)

*Visiting Assistant 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. (To 31st August, 1938.)  
J. Graham Jones, L.D.S. (From 1st March, 1938.)  
J. B. Clark, L.D.S. (From 8th November, 1938.)

*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).

*Sanitary Inspector :*

- Dewi Davies, M.R.S.I. (To 31st August, 1938.)  
A. H. Williams, A.R.S.I. Certificates of Royal Sanitary Institute as Sanitary Inspector and Meat Inspector. Certificate in Sanitary Science. (From 26th September, 1938.)

*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.  
Margaret Jones, S.R.N.  
(from 7th October, 1938.)

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.

*Llwchwr 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.

Edith Marjorie Southall, S.R.N. (From 1st  
 October, 1938.)

*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.  
 Bertha Thresher. (From 1st October, 1938.)  
 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. (Resigned 6th October, 1938.)

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.  
 §\* Ceinwen C. Thomas.  
 § Mabel R. Thomas, S.R.N.  
 Carrie Brazell, S.R.N.  
 Margaret Hardie, S.R.N. (To 30th June, 1938.)  
 Avice Mathews.  
 §\* Winifred E. M. Roberts, S.R.N.  
 \* Gwladys G. Jones, S.R.N.  
 Margaret H. Williams.  
 § Ceinwen Edwards, S.R.N.  
 §\* Annie Morris, S.R.N.  
 Ellen Roberts, S.R.N.  
 §\* Martha Howells, S.R.N.  
 \* Irene Brydle, S.R.N.  
 \* Florence E. Cole, S.R.N.  
 Winifred Thomas. (To 31st August, 1938.)

§ Lucy A. Bevan, S.R.N.  
 Dorothy M. Trembath, S.R.N.  
 \* M. A. Jones, S.R.N.  
 \* Gwen Jones, S.R.N.  
 Betty R. Davies, S.R.N.  
 \* Olive M. Howells, S.R.N.  
 \* Mair Evans, S.R.N.  
 \* Rhonwen Evans, S.R.N.  
 Megan S. Watkins, S.R.N.  
 \* Margaret Williams, S.R.N.  
 \* Irene Toye, S.R.N. (From 1st February, 1938.)  
 \* V. M. C. Bevington, S.R.N. (From 1st September, 1938.)  
 \* I. M. Williams, S.R.N. (From 1st September, 1938.)

*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 1st August, 1939.)

<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)
<b>ABERDARE AREA.</b>					
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



<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)
<b>ABERDARE AREA (continued).</b>					
5.	Penrhiwceiber Ward .. .. .	—	Dr. M. I. Cahill 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. W. Horgan	Owen Thomas
6.	Abercynon Ward .. .. .	—	Dr. Wm. Horgan Dr. G. L. Pierce Dr. A. M. Rattray Dr. John F. Scales Dr. D. W. R. Thomas	Dr. G. L. Pierce	Owen Thomas
7.	Ynysybwl Ward .. .. .	Dr. Idris Davies	—	Dr. Idris Davies	do.
	Llwydcoed Cottage Homes .. .. .	} Medical Officer and Public Vaccinator		Dr. James Lamb Dr. Andrew Mullen Dr. D. Stewart	D. D. Lake
	Scattered Homes, Trecynon .. .. .				

**BRIDGEND AREA.**

1. Those parts of the Parish of Llandyfodwg and Llangenor in the Ogmere Valley known as the Nantymoel Ward of the Ogmere and Garw Urban District, comprising the township of Nantymoel, situated to the north of the brook known as Nantdyrus in the Parish of Llangenor, and to the north of the Old Parish Road leading from the River Ogmere near the Wyndham Hotel, Ogmere 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 Ogmere near the Wyndham Hotel, Ogmere 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 .. I. L. Isaac and D. D. Lake

Dimbath Brook. That part of the Parish of Llangenor 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<br>Dr. W. Moody-Jones |
| 4. | That portion of the Parish of Bettws from Pandyr (Bettws) to Pwllgarn and the northern boundary of the Parish of Bettws, and from Pandyr (Bettws) direct north to Moelgiliau Mountain, cutting between Gwerllwyn 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 Pandyr (Bettws)   | Dr. J. B. McCutcheon — .. Dr. J. B. McCutcheon D. D. Lake  |   |
| 5. | Newcastle Higher, Ynysawdre, St. Brides Minor, Llangynwyd Lower. That portion of the Parish of Bettws lying to the south and south-west of the Garw River from Brynmenin to Pandyr (Bettws), then following a straight line in a northerly direction to Moelgiliau Mountain to the Parish boundary cutting between Gwerllwyn 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 Pandyr (Bettws) | — .. Dr. J. J. Fitzgerald .. Dr. J. J. Fitzgerald .. I. L. Isaac and<br>Dr. J. T. Jones D. J. Bevan<br>Dr. F. J. Rees<br>Dr. H. Sinclair |   |
| 6. | Parish of Llangynwyd Higher (Nantfyllon and Caerau Districts)  | — .. Dr. Hugh R. Kidd .. Dr. Hugh R. Kidd .. D. D. Lake<br>Dr. H. Sinclair<br>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 Cwmdu. Parish of Llangynwyd Middle   | — .. Dr. H. R. Kidd .. Dr. Ralph Thomas D. J. Bevan<br>Dr. H. Sinclair<br>Dr. Ralph Thomas   |   |
| 8. | Pencoed and part of Coychurch Higher known as Heolcyw  | — Dr. E. B. M. Atkins .. Dr. James Paterson .. I. L. Isaac<br>Dr. J. J. Fitzgerald<br>Dr. J. T. Jones<br>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.<br>Dr. J. T. Jones<br>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)
<b>BRIDGEND AREA (continued).</b>					
10.	Newton Nottage, Tythegston Lower, Merthyrmaur	—	Dr. Ethel G. Davies .. Dr. D. W. Hartland Dr. R. Hodgkinson Dr. R. B. Milne Dr. C. J. H. Pearson Dr. J. J. Fitzgerald .. Dr. S. C. Ghose Dr. D. W. John Dr. J. T. Jones Dr. R. B. Milne Dr. Wm. Murphy	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.					
<b>CAERPHILLY AREA.</b>					
1.	Nelson Ward ..	Dr. R. H. Terry	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. T. J. M. Gregg Dr. Edward Savage	Dr. R. H. Terry .. Dr. W. A. Clark ..	Owen Thomas do.
2.	Ystrad Mynach Ward ..	—	Dr. S. Beggs Dr. J. S. Briggs Dr. P. H. Cahill Dr. W. A. Clark Dr. T. J. M. Gregg Dr. E. V. B. Jones Dr. C. A. Probert Dr. N. L. Probert Dr. Edward Savage	Dr. J. S. Briggs ..	do.
3.	North and South Wards, Caerphilly Urban District	—	Dr. S. Beggs Dr. J. S. Briggs Dr. P. H. Cahill Dr. W. A. Clark Dr. T. J. M. Gregg Dr. E. V. B. Jones Dr. C. A. Probert Dr. N. L. Probert Dr. Edward Savage	Dr. J. S. Briggs ..	do.
4.	Abertridwr and Senghennydd Wards ..	—	Dr. S. Beggs Dr. J. S. Briggs Dr. P. H. Cahill Dr. W. A. Clark Dr. J. Donaldson Dr. T. J. M. Gregg Dr. E. V. B. Jones Dr. C. A. Probert Dr. N. L. Probert Dr. Edward Savage	Dr. J. Donaldson ..	do.

CAERPHILLY 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	..
							Dr. Elton Foster		do.
							Dr. E. V. B. Jones		
							Dr. J. Taylor Park		
							Dr. A. M. Rattray		
							Dr. A. M. Robertson		
12.	Hengoed	..	..	..	—	..	Dr. H. A. Cecil	..	Dr. J. Prosser Davies
							Dr. G. R. Davies		do.
							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, Blaenrhonddan	..	..	..	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. H. Owen	..	T. E. Bevan and
							Dr. T. Imrie	..	D. J. Williams
							Dr. J. K. Smith	..	
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	..	do.
							Dr. D. Rees	..	



<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)
<b>NEATH AREA (continued).</b>					
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	
	Bryncoch Cottage Homes .. .. .	Medical Officer and Public Vaccinator ..	.. .. .	Dr. Trevor Davies	
<b>PONTYPRIDD AREA.</b>					
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. Kingsley W. Lewis Dr. G. M. Mitchell Dr. G. L. Pierce Dr. Edward J. Rees Dr. T. E. Watkins 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. Tonyrefail Ward of Parish of Llantrisant .. ..	—	..	Dr. H. M. Anderson .. Dr. R. Bruce Munro .. Owen Thomas Dr. J. E. Brereton Dr. F. L. Brewer Dr. John Clarke Dr. D. R. Davies Dr. J. A. Fisher Dr. B. E. James Dr. R. Bruce Munro Dr. R. H. Munro
5. Giffach Goch Ward of Parish of Llantrisant and so much of Giffach Goch in Parish of Rhondda	—	..	.. Dr. H. M. Anderson .. Dr. J. L. Hampson .. do. Dr. J. Clarke Dr. D. R. Davies Dr. J. L. Hampson Dr. W. Moody Jones

Central Homes, Pontypridd .. ..  
 Maesycloed Homes, Pontypridd .. ..  
 Children's Homes, Church Village .. ..

Medical Officer and Vaccinator .. Dr. A. E. Jenkins

# **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. D. R. Davies 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
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. D. R. Davies Dr. T. B. Davies Dr. G. J. Hughes Dr. B. E. James Dr. Islwyn Morris Dr. W. E. Thomas

3. No. 5 Ward, Clydach Vale, Llwynypia, and Trealaw Dr. W. Watkins .. Dr. W. Watkins .. do.  
 to the lower end of Ynyscynon Road, and Tony-  
 pandy down to Giffach Road



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(1)	(2)	(3)	(4)	(5)	(6)
<b>RHONDDA AREA (continued).</b>					
4.	Remainder of Treallaw to Lledrddu Cemetery, with parts of Penygraig and Williamstown	—	.. Dr. H. M. Anderson .. Dr. J. Clarke Dr. D. R. Davies Dr. T. B. Davies Dr. J. A. Fisher Dr. B. E. James Dr. J. E. James Dr. A. I. Jones Dr. W. R. Maxwell Dr. S. C. Mitra Dr. T. E. Watkins	Dr. Alfred Jones ..	E. T. Davies
5.	Remainder of Penygraig and Williamstown, with Dinas, Edmundstown, and Penrhiwfer	—	.. Dr. H. M. Anderson .. Dr. John Clarke Dr. D. R. Davies Dr. T. B. Davies Dr. J. A. Fisher Dr. B. E. James Dr. Alfred Jones Dr. W. Moody Jones Dr. S. C. Mitra Dr. R. Bruce Munro Dr. R. H. Munro Dr. T. E. Watkins	Dr. D. R. Davies ..	do.
6.	No. 8 Ward of the Parish of Rhondda and Trehafoed and Porthyglo in the Parish of Pontypridd	—	.. Dr. John Clarke .. Dr. D. R. Davies Dr. J. A. Fisher Dr. Arthur Hines Dr. B. E. James Dr. W. R. Maxwell Dr. E. Orr Dr. T. E. Watkins	Dr. John Clarke ..	do.
7.	Ynyshir, Wattstown, and Pontygwaith portion of No. 9 Ward, Parish of Rhondda, and that portion of No. 10 Ward extending up to, but not including Penrhys Road, Tylorstown	—	.. Dr. G. M. Campbell .. Dr. John Clarke Dr. Arthur Coleman Dr. D. R. Davies 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. W. R. Maxwell ..	W. J. Davies

# **RHONDDA AREA (continued).**

8.	From the boundary of No. 7 District at Penrhys 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. G. Jones Dr. S. C. Mitra Dr. R. Bruce Munro Dr. R. H. Munro Dr. Ernest Orr	..	Dr. P. J. de Miranda	W. J. Davies
9.	From the end of No. 10 Ward to the Strand, Ferndale, including Blaenllechau	Dr. Rice Rees	..	—	..	Dr. Rice Rees	do.
10.	From the Strand, Ferndale, to the boundary of No. 11 Ward, Parish of Rhondda	—	..	Dr. Geo. M. Campbell Dr. Arthur Coleman Dr. P. J. de Miranda Dr. H. B. Flooks Dr. J. G. Jones Dr. S. C. Mitra Dr. R. H. Munro Dr. R. S. Morris Thomas	..	Dr. R. S. Thomas	do.
	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. J. S. Briggs Dr. P. H. Cahill Dr. W. A. Clark Dr. C. E. P. Davies Dr. T. J. M. Gregg Dr. E. V. B. Jones Dr. Edward Savage	..	Dr. P. H. Cahill	William Morgan
2.	Llanfedw South, Llanedeyrne, and Lisvane	—	..	Dr. C. A. Bence Dr. H. L. G. Davies Dr. J. P. H. Davies Dr. E. V. B. Jones Dr. T. McKelvey Dr. D. M. Thomas Dr. J. D. Williams (Senior) Dr. J. D. Williams (Junior)	..	Dr. J. P. H. Davies	do.
3.	Whitchurch, south portion	..	..	Dr. J. F. Dover	..	Dr. J. F. Dover	do.



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(1)	(2)	(3)	(4)	(5)	(6)
<b>SOUTH-EAST GLAMORGAN AREA (continued).</b>					
4.	Whitchurch, north portion, Penttyrch, Radyr, and Llanilterne	—	Dr. G. M. Aitken Dr. H. L. G. Davies Dr. J. P. H. Davies Dr. L. L. McMahon Dr. W. F. O'Regan Dr. F. Sessions Dr. E. H. Spickett Dr. H. M. S. Stanley Dr. D. M. Thomas Dr. D. R. Thomas Dr. D. G. Williams	Dr. D. R. Thomas	William Morgan
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. C. W. Williams	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 <u>Dr. E. R. Griffiths</u> 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. Herington Budge	H. R. Evans
9.	Barry Urban District West, Porthkerry, and Penmark	—	Dr. W. S. Fricker <u>Dr. E. R. Griffiths</u> 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.

# **SOUTH-EAST GLAMORGAN AREA** (*continued*).

10. Llancafian, 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, Monknash, Nash, Stemberidge, Penllyn, and Ystradowen	—	.. Dr. J. E. Brereton .. Dr. E. M. Meller .. H. R. Evans and E. T. Phillips 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. I. W. Thomas
11. Llanharan, Llanharry, Llanilid, and Peterston-super-Montem	—	.. Dr. J. E. Brereton .. Dr. James Paterson E. T. Phillips Dr. F. L. Brewer Dr. E. Gordon Jones Dr. J. C. R. Morgan Dr. James Paterson Dr. B. Samuel
12. Llangan and St. Mary Hill .. .. .	—	Dr. E. B. MacDonald Dr. James Paterson do. Atkins Dr. D. J. Evans Dr. D. W. John Dr. B. Samuel

## **WEST GLAMORGAN AREA.**

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



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(1)	(2)	(3)	(4)	(5)	(6)
<b>WEST GLAMORGAN AREA (continued).</b>					
7.	Caegurwen Ward	—	.. Dr. A. A. Grace Dr. R. Jones Dr. G. S. Phillips Dr. W. E. Thomas	.. Dr. G. S. Phillips	.. D. H. Williams
8.	Blacnegal 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	do.
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. W. E. Moreton		

## VITAL STATISTICS, 1938.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1938, and, for the purpose of comparison, similar statistics for the years 1937 and 1918 are given.

	Birth Rate.			Death Rate.			Infant Mortality Rate.		
	1938	1937	1918	1938	1937	1918	1938	1937	1918
England and Wales .. .. .	15.1	14.9	17.7	11.6	12.4	17.6	53	58	97
Administrative County of Glamorgan ..	15.4	15.3	24.3	12.6	12.9	15.3	60	65	95
Total Urban Districts .. .. .	15.5	15.6	24.5	13.0	13.2	15.5	62	66	99
Total Rural Districts .. .. .	15.0	14.6	23.7	11.5	12.0	14.6	54	63	84
URBAN DISTRICTS :—									
Aberdare .. .. .	13.5	13.9	23.6	14.6	14.8	18.5	51	73	123
Barry .. .. .	15.4	13.8	22.0	13.0	13.3	14.3	31	59	90
Bridgend .. .. .	14.8	15.4	16.6	14.2	13.2	18.0	45	69	66
Caerphilly .. .. .	17.3	19.0	23.5	13.0	13.7	12.9	66	69	97
Cowbridge Borough .. .. .	13.5	13.0	10.2	15.4	19.0	21.9	71	77	9
Gelligaer .. .. .	18.7	18.2	28.2	12.2	11.4	16.0	55	38	124
Glyncorrwg .. .. .	18.7	20.2	30.8	11.3	11.0	15.6	67	66	94
Llwchwr .. .. .	15.0	14.5	—	11.3	11.6	—	57	69	—
Maesteg .. .. .	18.3	17.3	26.7	12.4	12.5	13.2	88	64	87
Mountain Ash .. .. .	16.8	16.3	24.4	12.9	14.4	15.9	46	85	97
Neath Borough .. .. .	14.9	14.8	20.6	12.0	12.7	15.7	60	57	91
Ogmore and Garw .. .. .	17.0	15.2	24.8	11.6	12.8	16.7	49	95	102
Penarth .. .. .	12.6	12.2	19.9	11.8	12.7	13.9	54	80	56
Pontypridd .. .. .	14.3	16.3	25.1	13.7	14.6	16.1	87	69	94
Porthcawl .. .. .	11.5	11.1	12.4	12.7	11.1	11.8	38	40	48
Port Talbot Borough .. .. .	17.6	17.3	—	12.8	12.1	—	76	54	—
Rhondda .. .. .	14.2	14.5	26.5	13.8	13.7	15.9	70	67	102
RURAL DISTRICTS :—									
Cardiff .. .. .	13.1	11.2	19.3	10.3	10.8	14.9	36	57	61
Cowbridge .. .. .	17.4	15.3	21.8	14.4	11.7	15.2	49	63	72
Gower .. .. .	13.3	13.5	22.3	11.3	11.6	12.5	51	56	62
Llantrisant and Llantwit Fardre ..	16.9	17.1	26.8	11.2	12.9	13.8	44	69	81
Neath .. .. .	15.9	16.0	24.9	11.2	11.3	14.6	70	64	92
Penybont .. .. .	16.7	15.7	23.4	11.6	12.5	14.6	58	64	92
Pontardawe .. .. .	12.8	13.4	25.7	12.2	12.9	16.7	55	65	107



## ESTIMATED POPULATIONS, 1938.

The following table shows the populations of the various districts in the Administrative County at mid-year, 1938, as estimated by the Registrar General. For purposes of comparison similar figures are shown for 1937, together with the net increases and decreases.

				Estimated Population Mid-year 1938	Estimated Population Mid-year 1937	Increase	Decrease
Administrative County	..	..	..	708,500	714,200	—	5,700
Urban Districts	..	..	..	529,600	535,400	—	5,800
Aberdare	..	..	..	43,030	43,510	—	480
Barry	..	..	..	35,810	35,950	—	140
Bridgend	..	..	..	10,560	10,330	230	—
Caerphilly	..	..	..	32,180	32,560	—	380
Cowbridge Borough	..	..		1,036	1,002	34	—
Gelligaer	..	..	..	36,660	37,060	—	400
Glyncorrwg	..	..	..	9,562	9,715	—	153
Llwchwr	..	..	..	25,720	25,860	—	140
Maesteg	..	..	..	22,440	22,660	—	220
Mountain Ash	..	..	..	33,700	34,070	—	370
Neath Borough	..	..	..	31,480	31,760	—	280
Ogmore and Garw	..	..		23,860	24,240	—	380
Penarth	..	..	..	16,080	16,420	—	340
Pontypridd	..	..	..	38,610	39,070	—	460
Porthcawl	..	..	..	6,752	6,693	59	—
Port Talbot	..	..	..	40,180	40,300	—	120
Rhondda	..	..	..	121,940	124,200	—	2,260
RURAL DISTRICTS				178,900	178,800	100	—
Cardiff	..	..	..	31,900	31,520	380	—
Cowbridge	..	..	..	10,450	10,400	50	—
Gower	..	..	..	10,400	10,430	—	30
Llantrisant and Llantwit Fardre				24,230	24,480	—	250
Neath	..	..	..	40,320	40,100	220	—
Penybont	..	..	..	27,660	27,640	20	—
Pontardawe	..	..	..	33,940	34,230	—	290



## EXTRACTS FROM VITAL STATISTICS.

The following is a short extract from the Vital Statistics of the year 1938 :—

The following is a further extract from the vital statistics of the year 1900:										
<i>Live Births :</i>				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>				
Legitimate .. ..				10,571	5,399	5,172	{	Birth rate per 1,000 of population,		
Illegitimate .. ..				350	174	176		15.4.		
<i>Stillbirths</i> .. ..				597	324	273	{	Rate per 1,000 total (live and still)		
								births, 51.8.		
Deaths .. ..				8,939	5,044	3,895	{	Death rate per 1,000 of population		
								12.6.		
<i>Deaths from Puerperal Causes :</i>					<i>Deaths.</i>	<i>Rate per 1,000 total (live and still) births.</i>				
Puerperal Sepsis .. ..					15	1.30				
Other Puerperal Causes .. ..					50	4.34				
Total .. ..					65	5.64				
<i>Death rate of Infants under one year of age :</i>										
All infants per 1,000 live births .. ..										60
Legitimate infants per 1,000 legitimate live births .. ..										59
Illegitimate infants per 1,000 illegitimate live births .. ..										94
<i>Deaths from Certain Causes :</i>										
Cancer (all ages) .. ..										1,000
Measles (all ages) .. ..										14
Whooping Cough (all ages) .. ..										26
Diarrhoea (under 2 years of age) .. ..										36

## 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, most 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 Bristol 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 (10,400 population), the ancient Borough of Cowbridge (1,036), the residential seaside district of Porthcawl (6,752), with the large and highly-organised community of the Rhondda Urban District (121,940).

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 population of the Administrative County from 1893 to 1938 is shown in Table I, which shows also the excess of births over deaths. The population for the year 1938 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.

1926–1938 show a decline of population in the industrial areas, with a small increase in residential districts.

Our population in 1938 was 708,500—in 1913 it was 791,208, but had an excess of 14,363 births over deaths; in 1938 this excess is only 1,982.

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	4,921
1917	766,990	10,236	1931	766,141	3,670
1918	*Swansea Extension	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	10,006	1936	731,350	2,358
1923	827,900	10,656	1937	714,200	1,714
1924	839,500	10,294	1938	708,500	1,982



## RATEABLE VALUE.

The rateable value of the Administrative County in April, 1938, for County Rate purposes was £2,796,405, 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 1938 the births registered in the Administrative County numbered 10,921, giving a birth-rate of 15.4, as against 15.1 for England and Wales. The fall is shown thus, the rate in 1914 was 31 per thousand of the population in Glamorgan, as against 15.4 last year.

Of the total births, 5,573 were males and 5,348 females. 10,571 were legitimate and 350 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 1,982, as against 1,714 in 1937.

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 1928 for the Administrative County and for England and Wales :—

TABLE II—BIRTHS.

	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Administrative County .. ..	18.2	17.1	16.8	16.8	16.4	16.0	16.5	16.0	15.4	15.3	15.4
England and Wales .. ..	16.7	16.3	16.3	15.8	15.3	14.4	14.8	14.7	14.8	14.9	15.1

## BIRTH RATE.

There has been a trifling increase in the birth rate, viz.: 0.1 per thousand in the County and of 0.2 in England and Wales. With an increase of employment and in the absence of war, there is likely to be a further increase but no probability of a return to a very high rate. On balance, the County had 1,982 more births than deaths as against 1,714 in the previous year. The Registrar General estimates that the County lost 5,700 from its population last year, and as births still exceed deaths, there must have been over 7,000 removals unbalanced by immigration, though it is known that new constructional schemes have attracted some outside labour.

The districts showing the highest birth rates are Gelligaer and Glyncorwg Urban Districts (18.7) and Maesteg Urban District (18.3), and the lowest, Porthcawl Urban District (11.5) and Penarth Urban District (12.6).

It is said that nations adjust their populations to their needs. This is very doubtful for in primitive societies numbers tend to increase faster than the food supply. In western communities there has been a steady fall in response to the desire to maintain the standard of living. It has been argued by Whetham and others that a progeny of at least four is necessary in each generation to ensure the survival of the family—the assumption being that one or more of the adult members in each generation would not marry or that the marriages would be wholly or relatively infertile. On such a presumption the chance of continued survival of so many families of our time is a poor one. No state can suffer a continued decline in its numbers without increasing danger to its prosperity and independence. It is being slowly realised that the State will have to consider quality as well as quantity and that the unrestricted propagation from diseased stocks only increases its burdens. As for the material at hand—the infancy, childhood, and adolescence of this generation—an ever-increasing amount of interest and attention is being given to each child, its nurture, its education, and its physical education. If present and future generations do not wish their line and their nation to survive, that is their own affair.



TABLE III.

Causes of Death at different periods of life in the Administrative County of Glamorgan during the year 1938 :-

Causes of Death.	0-1 year		1-2 years		2-5 years		5-15 years		15-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65-75 years		75 years and upward		All ages		Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Measles	1	1	3	2	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	5	14
Scarlet Fever	—	2	—	1	1	1	2	5	1	2	—	—	—	—	1	—	—	—	—	—	—	—	5	11	16
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	18	26
Diphtheria	4	10	2	6	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	27	64
Influenza	1	—	2	1	16	11	18	13	—	1	—	1	—	—	—	—	—	—	—	—	—	—	66	46	112
Encephalitis Lethargica	2	1	—	—	2	2	—	1	2	4	11	5	7	3	9	2	15	10	13	8	5	10	10	2	12
Cerebro-Spinal Fever	—	—	—	—	—	—	2	—	1	—	3	—	—	1	3	—	1	—	—	—	—	—	9	4	13
Tuberculosis of respiratory system	2	—	1	1	1	1	1	2	3	1	1	—	—	—	1	—	—	—	—	—	—	—	261	230	491
Other Tuberculous Diseases	—	—	—	—	—	—	3	5	43	100	64	62	45	28	55	14	35	16	14	3	1	1	56	49	105
Syphilis	3	4	3	4	6	5	11	9	13	7	8	9	6	4	2	5	2	2	2	—	—	—	14	4	18
General Paralysis of the Insane,	2	1	—	—	—	—	—	—	—	1	2	1	—	—	4	1	3	—	2	—	—	—	—	—	—
Tabes Dorsalis	—	—	—	—	—	—	—	—	—	2	—	—	2	1	7	2	8	1	5	—	—	—	22	6	28
Cancer, Malignant Disease	—	—	—	—	—	1	—	1	2	3	6	6	30	44	80	89	159	146	179	128	66	60	522	478	1000
Diabetes	—	—	—	—	—	—	2	—	2	2	1	2	—	—	5	12	13	24	21	37	11	8	57	85	142
Cerebral Haemorrhage, etc.	—	—	—	1	—	—	—	—	1	1	3	—	3	2	19	29	60	56	138	108	69	86	293	283	576
Heart Disease	—	1	2	—	—	—	6	13	16	17	15	38	33	46	112	77	299	179	509	343	324	281	1316	995	2311
Aneurysm	—	—	—	—	—	1	—	1	—	—	1	—	1	1	2	—	4	—	2	2	—	—	11	4	15
Other Circulatory Diseases	—	—	—	—	1	—	—	—	—	—	1	—	2	3	14	7	45	24	106	68	78	71	247	173	420
Bronchitis	27	21	1	1	4	4	1	3	1	2	2	2	6	4	24	4	57	25	72	38	60	49	255	153	408
Pneumonia (all forms)	56	31	16	11	15	17	7	2	8	3	8	8	11	14	22	8	54	17	29	13	20	14	246	138	384
Other respiratory diseases	1	3	—	—	1	2	—	—	2	—	5	1	6	—	27	6	30	6	14	2	6	6	92	26	118
Peptic Ulcer	—	—	—	—	—	—	—	—	2	—	3	2	16	1	15	2	11	8	9	2	6	2	62	17	79
Diarrhoea, etc.	18	12	5	1	2	2	—	1	1	2	—	—	1	3	1	—	1	3	—	3	—	—	29	27	56
Appendicitis	—	—	—	—	2	1	3	3	4	1	5	3	3	2	4	3	2	1	1	1	—	2	24	17	41
Cirrhosis of Liver	—	—	—	—	—	—	—	1	—	—	1	—	2	—	2	—	3	1	3	1	—	—	11	3	14
Other Diseases of Liver, etc.	—	1	—	—	—	—	1	—	—	1	2	3	1	2	7	1	4	3	6	13	3	9	24	33	57
Other Digestive Diseases	5	2	4	—	—	1	4	3	1	1	6	4	11	7	9	6	15	12	17	12	7	6	79	54	133
Acute and Chronic Nephritis	—	—	—	—	2	—	3	2	7	8	5	8	9	12	19	24	26	18	35	35	29	18	133	127	260
Puerperal sepsis	—	—	—	—	—	—	—	—	—	5	—	7	—	2	—	1	—	—	—	—	—	—	—	15	15
Other Puerperal Causes	—	—	—	—	—	—	—	—	—	12	—	24	—	14	—	—	—	—	—	—	—	—	—	50	50
Congenital debility, etc.	205	159	1	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	207	161	368
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	23	35	124	161	148	198	346
Suicide	—	—	—	—	—	—	—	—	1	2	1	2	7	10	9	4	11	6	7	2	1	—	37	26	63
Other deaths from violence	7	1	5	3	11	6	14	6	48	6	48	2	34	6	43	9	32	7	27	13	20	18	289	77	366
Other defined diseases	44	28	6	13	8	5	27	23	28	16	31	29	32	39	59	42	76	82	97	52	49	15	457	344	801
Causes ill-defined or unknown	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	—	2	1	2	5	1	2	7	9	16
All Causes	378	278	52	46	78	65	105	94	189	200	233	220	271	250	556	348	969	650	1333	924	880	820	5044	3895	8939

## DEATHS.

The deaths at all ages and from all causes registered during the year 1938 amounted to 8,939 (5,044 males and 3,895 females). They give a death-rate of 12·6 per 1,000, as compared with 11·6 per 1,000 for England and Wales for the same period.

The chief causes of death, compared with 1937, are shown below :—

TABLE IV.

Cause of Death.	Number of Deaths.	
	1937.	1938.
Heart Disease .. .. .	2,277	2,311
Cancer, malignant disease .. .. .	977	1,000
Cerebral haemorrhage, etc. .. .. .	635	576
Tuberculosis of respiratory system .. .. .	513	491
Congenital debility, malformations, premature births, etc. .. .. .	416	368
Pneumonia .. .. .	413	384
Bronchitis .. .. .	411	408
Senility .. .. .	394	346
Violence, apart from suicide .. .. .	389	366
Acute and chronic nephritis .. .. .	323	260
Other circulatory diseases .. .. .	323	420
Influenza .. .. .	286	112
Respiratory diseases (excluding bronchitis and pneumonia) .. .. .	130	118
Diabetes .. .. .	114	142
Other tuberculous diseases .. .. .	106	105
Suicide .. .. .	65	63
Diphtheria .. .. .	49	64
Measles .. .. .	41	14
Diarrhoea (under 2 years) .. .. .	37	36
Whooping Cough .. .. .	29	26

The following table shows the death-rate in the Administrative County compared with that for England and Wales in each year from 1927 :—

TABLE V.—DEATH RATE.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Administrative County	11·1	11·0	11·5	10·7	12·1	11·9	12·7	11·7	12·0	12·2	12·9	12·6
England and Wales ..	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8	11·7	12·1	12·4	11·6

## DEATH RATE.

The rate of 12·6 per thousand, though a shade less than last year, is above the average for the last ten years (11·8). As has been noted before, the proportion of old people in the County is increasing and such an increase is accompanied by the heavier death rate among older people due to diseased conditions caused by age changes in heart and blood vessels and the greater incidence of cancer in the later period of life.

Of those dying last year, 8,939 in number, 3,957 died at ages of sixty-five and over, that is 44 per cent are at ages beyond the usual limit for active work.



### 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 1938 there were 656 deaths of infants under one year registered in the County, equivalent to an infant mortality rate of 60 per 1,000 births.

The causes of death of infants under one year compared with 1937 are shown below :—

Cause of Death.	Number of Deaths under one year.	
	1937.	1938.
Congenital debility .. .. .	402	364
Other defined diseases .. .. .	72	72
Diarrhoea .. .. .	31	30
Pneumonia .. .. .	107	87
Bronchitis .. .. .	37	48
Whooping cough .. .. .	15	14
Other tuberculous diseases .. .. .	6	7
Other respiratory diseases .. .. .	2	4
Violence .. .. .	11	8
Measles .. .. .	9	2
Influenza .. .. .	1	3
Diphtheria .. .. .	1	1
Syphilis .. .. .	1	3
Other Digestive Diseases .. .. .	14	7
Cerebro-Spinal Fever .. .. .	4	2
Diabetes .. .. .	1	—
Scarlet Fever .. .. .	—	2
Heart Disease .. .. .	—	1
Diseases of Liver .. .. .	—	1

Table XXIX 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 1938.

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	1938.	60	53



## INFANT MORTALITY.

This year's figure of 60 per thousand births is the lowest yet reached for the County, and the figure for England and Wales as a whole (53) is a record. In the last twenty-five years the mortality has almost been halved. This result is the fruit of patient perseverance in teaching the essential principles of child nurture at the clinics and more particularly the good work done by health visitors in the home.

There has been also the work done by the family doctor, the influence of improved housing, and the spread of education. It is also unlikely that so great an improvement could have taken place if there had not been a coincident fall in the birth rate for it is now possible for the mother of the smaller family to give much more care to the new born child than when the number of children in the family was greater. There is a certain amount of difference between succeeding years in the severity of the winter, the heat and duration of summer, and the presence or absence of infectious diseases, e.g., whooping cough, which will cause variation in the annual figure, but there is still room for some further reduction. The greatest mortality occurs within the first few weeks after birth when it is difficult or impossible to discover why the infant does not survive. It is safe to presume that attention to the health of the expectant mother and a good midwifery service will do something to lessen that group of deaths, now amounting to more than half the total, ascribed to "congenital debility."

The average Infant Mortality Rate for the Urban Districts is 62. Those above were Caerphilly (66), Cowbridge Borough (71), Glyncorwg (67), Maesteg (88), Pontypridd (87), Port Talbot (76), and Rhondda (70).

The average for the Rural Districts is 54. Above this were Neath (70), Penybont (58), and Pontardawe (55). These are partly industrialised rural areas.

## ZYMOTIC OR INFECTIOUS DISEASES.

Table XXVIII gives statistics of notifiable infectious diseases in the County during the year 1938.

*Smallpox*.—There were no cases of this disease in the County during the year.

The amount of primary vaccination continues to decrease, so that in the event of the introduction of infection from abroad, there is an increasing number of individuals at risk.

The decline in the number of vaccinations during the seven years ended 30th September, 1938, 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
30th September, 1938	10,921	3,222	175

*Typhoid (including Paratyphoid)*.—Ten cases were notified in the year 1938, as against 37 in 1937. 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.



One death was attributed to typhoid fever during the year, 1938, the death-rate being 0·001 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, 1937 and 1938. 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	0·004	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
1938.	10	0·01	1	0·001	0·00

Though our local experience was fortunate, much attention has been drawn to the possible outbreak of typhoid fever by pollution of water supplies by the public uneasiness created by the Croydon and other epidemics of recent years. In every area of the country there is a potential risk where supplies are open to possible pollution. It is therefore advisable that in districts where there are many points of supply, these should be combined into one or a few undertakings whose sources should be constantly watched and the bulk supply frequently tested and, if necessary, treated by filtration, chlorination, or other suitable method to make the water safe from any risk of water borne disease.

In looking at the table showing where cases were notified last year in County districts, it must not be assumed that the infection was necessarily contracted locally. There is so much travel and intercommunication nowadays that before presumption of local infection, enquiry must always be made as to the movements of the patient before the incubation period.

All workmen employed in or about water undertakings are now subject to investigation lest they should be typhoid carriers.



## CASES OF TYPHOID AND PARATYPHOID NOTIFIED DURING 1938.

District.	Quarter.				Total.
	March.	June.	September.	December.	
Bridgend .. ..	1	1	—	—	2
Mountain Ash .. ..	—	—	1	—	1
Ogmore and Garw .. ..	—	1	—	1	2
Pontypridd .. ..	—	—	—	1	1
Cardiff Rural .. ..	—	—	1	—	1
Llantrisant Rural .. ..	—	1	—	—	1
Neath Rural .. ..	1	—	1	—	2
Totals .. ..	2	3	3	2	10

*Measles.*—The number of deaths from measles registered was 14, being equal to a death-rate of 0·02 per 1,000, compared with 41 deaths and a death-rate of 0·06 in 1937. The death-rate for England and Wales in 1938 was 0·04 per 1,000

The number of deaths and the death-rate from measles in each year from 1927 are given in the following table, together with the death-rate for England and Wales.

TABLE VIII.—MEASLES.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Deaths .. ..	79	93	80	72	120	9	85	30	42	9	41	14
Death-rate per 1,000 ..	0·09	0·11	0·10	0·09	0·16	0·01	0·11	0·04	0·06	0·01	0·06	0·02
England and Wales.												
Death-rate per 1,000	0·09	0·11	0·08	0·10	0·08	0·08	0·05	0·09	0·03	0·07	0·02	0·04

*Scarlet Fever.*—The number of cases of scarlet fever notified during the year 1938 totalled 3,629, the attack-rate being 5·12 per 1,000. The number of deaths was 16, being equivalent to a death-rate of 0·02 per 1,000.

There was a lesser incidence than last year though the type was very mild, and out of 3,629 cases there were only 16 deaths, as against 14 from measles, 26 from whooping cough, and 64 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 1927 are shown in the following table:—

TABLE IX.—SCARLET FEVER.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Cases .. ..	1,428	1,643	1,655	1,749	1,456	1,870	2,458	3,586	1,841	2,219	3,859	3,629
Attack-rate per 1,000 ..	1.71	2.02	2.05	2.16	1.89	2.45	3.24	4.77	2.47	3.03	5.40	5.12
Hospital Cases .. ..	772	1,037	1,109	1,051	996	1,413	1,834	2,489	1,358	1,387	1,697	2,182
Deaths .. ..	11	10	10	11	13	9	15	22	11	11	7	16
Death-rate per 1,000 ..	0.01	0.01	0.01	0.01	0.02	0.01	0.02	0.03	0.01	0.01	0.01	0.02
England and Wales—												
Death-rate per 1,000	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.01	0.01

*Whooping Cough.*—The number of deaths due to whooping cough during 1938 was 26, being equivalent to a death-rate of 0.04 per 1,000, as compared with 29 deaths and a death-rate of 0.04 in 1937, and with 0.03, the death-rate in England and Wales during 1938.

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

The number of deaths and the death-rates from whooping cough during the years 1927 to 1938 are shown, as are also the death-rates for England and Wales, in the following table:—

TABLE X.—WHOOPING COUGH.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Deaths .. ..	72	78	132	58	51	50	68	18	29	55	29	26
Death-rate per 1,000 ..	0.09	0.10	0.16	0.07	0.07	0.06	0.09	0.02	0.04	0.07	0.04	0.04
England and Wales—												
Death-rate per 1,000	0.09	0.07	0.15	0.05	0.06	0.07	0.05	0.05	0.04	0.05	0.04	0.03

*Diphtheria.*—The cases of diphtheria (including Membranous Croup) notified during 1938 amounted to 2,017. This number corresponded to an attack-rate of 2.85 per 1,000. The number of deaths was 64, giving a death-rate of 0.09 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 1927 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).

			1927.	1928.	1929.	1930.	1931.	1932.	1933	1934.	1935.	1936.	1937.	1938.
Cases	..	..	1,450	1,723	1,594	2,187	1,513	1,088	1,068	1,463	1,300	1,133	1,463	2,017
Attack-rate per 1,000	..		1.73	2.12	1.97	2.70	1.97	1.43	1.41	1.95	1.75	1.55	2.05	2.85
Hospital cases	..	..	970	1,159	1,114	1,542	963	811	881	1,229	1,078	919	1,074	1,659
Deaths	..	..	80	122	96	108	85	63	69	129	83	53	49	64
Death-rate per 1,000	..		0.10	0.10	0.12	0.13	0.11	0.08	0.09	0.17	0.11	0.07	0.07	0.09
England and Wales—														
Death-rate per 1,000			0.07	0.06	0.08	0.09	0.07	0.06	0.06	0.10	0.08	0.07	0.07	0.07

## DIPHTHERIA IMMUNISATION.

The claims made for this are

- (a) That the susceptibility of any individual to the disease may be determined.
- (b) That if proved susceptible, he may be made immune for a period of 3–5 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.
- (c) Any community that has not 80 per cent of its members immunised cannot expect to be free from epidemic diphtheria.

As the mortality of this disease falls heaviest on children up to 15 years of age, the protection of children is of first importance.

In most of the country districts immunisation is available when the parents desire it; in a few a systematic effort has been made to immunise all children. This latter requires much time with some cost, and as fresh groups of children appear the routine must be maintained from year to year to maintain steady progress.

*Erysipelas.*—There were 298 cases of erysipelas notified during the year 1938, corresponding to an attack-rate of 0.42 per 1,000.

*Diarrhoea and Enteritis.*—During the year 1938, 36 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 3.30 per 1,000 births, as compared with 5.5 for England and Wales. This is the most favourable figure yet recorded in the County.

Table XXIX 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 1938.



The diarrhoea and enteritis death-rates during 1927-38 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.—DIARRHOEA AND ENTERITIS.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Deaths .. ..	115	80	87	75	68	58	75	48	54	53	37	36
Death-rate per 1,000 births	7.2	5.4	6.3	5.5	5.2	4.6	6.2	3.9	4.5	4.7	3.38	3.30
England and Wales—												
Death-rate per 1,000 births	6.3	7.0	8.1	6.0	6.0	6.6	7.1	5.5	5.7	5.9	5.8	5.5

## PUERPERAL SEPSIS.

There were 15 deaths ascribed to puerperal sepsis during the year 1938, compared with 17 deaths during 1937.

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 1927, are shown in the following table :—

TABLE XIII.—PUERPERAL SEPSIS.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Deaths .. ..	28	29	28	32	23	33	30	48	37	29	17	15
Death-rate per 1,000 births	1.91	1.97	2.02	2.36	1.78	2.63	2.48	3.88	3.10	2.57	1.55	1.37
England and Wales—												
Death-rate per 1,000 births	1.57	1.79	1.80	1.92	1.66	1.61	1.79	2.03	1.68	1.40	0.97	0.89

Last year's result, 15 deaths in 10,921 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 fifteen died.

The experience of last year, 15 deaths in 10,921 notified births, was unusually favourable and, with further improvement in the quality of the midwifery service which is to be expected under the new arrangements, the improved training of the medical student and the preventive value of new drugs, such as prontosil and its variants, normal confinements can be further freed from risk.



In abortion, death is most often due to septic infection. When abortion is procured, as it is probably to an increasing degree, by operation at the hands of relatively unskilled people doing their work in secrecy and haste under dirty conditions, the result is too frequently septic infection, sometimes with gross injury, and the woman does not come under medical care until her condition is serious.

The report of a recent enquiry into the question of abortion points out the difficulty in getting accurate information as to the prevalence of procured abortion owing to collusion between the patient and the operator ; police evidence is not easily obtained. On the other hand, proposals for the legalising of abortion and imposing safe conditions for its performance, would meet with such opposition that no political party wishes at present to promote a change in the law.

#### 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 1927 :—

TABLE XIV.—OTHER PUERPERAL CAUSES.

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Deaths .. .. .	55	62	54	54	34	68	53	52	47	35	36	50
Death-rate per 1,000 births	3·51	4·22	3·90	3·98	2·63	5·42	4·38	4·20	3·94	3·10	3·29	4·58
England and Wales—												
Death-rate per 1,000 births	2·54	2·63	2·53	2·48	2·45	2·63	2·63	2·57	2·42	2·41	2·26	2·19

The average number of deaths each year in the last decennium is 48 ; this year there were 50, giving a rate of 4·58 as against 2·19 for England and Wales.

#### DEATHS DUE TO DISEASES AND ACCIDENTS ASSOCIATED WITH CHILDBIRTH.

The experience of last year was unfavourable. There were 50 such deaths with 10,921 births. The most common causes are haemorrhage, before, during, or after confinement, shock, eclampsia (the fits and coma due to a self poisoning of the mother's system associated with pregnancy), and death from heart disease or advanced tuberculosis while pregnant.

In some cases pregnancy merely aggravates a generally diseased state. In others, malposition of the child, malformation of the mother, and the self poisoning (toxaemia) of pregnancy can be detected in time and treated at home or in hospital. Excessive haemorrhage and some other happenings cannot be foreseen or controlled in such a way as to save life.

The maternity hospital is provided primarily for the case where special obstetrical experience, skilled nursing, and every facility for treatment is available. For the majority of cases, where the mother is in a good home and in safe hands, the use of hospital is merely a matter of convenience.

#### TUBERCULOSIS.

The statistics for 1938 are 491 deaths from phthisis as against 513 for last year and 105 deaths from other forms of tuberculosis against 106 last year. Though the population of the County has diminished in the interval there is not a corresponding fall in the rate, which is ·69 for phthisis, as compared with ·58 for England and Wales for the last available year and other forms ·15 as against ·11 for England and Wales. Our rates for the previous year were ·72 and ·15.



The mortality from phthisis and from other forms of tuberculosis in the County, compared with that in England and Wales, since the year 1928 is shown in the following table :—

TABLE XV.—TUBERCULOSIS.

				1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
Cases notified—														
Phthisis	..	..	..	870	852	959	1,121	1,080	896	1,055	868	838	828	842
Other Tuberculous diseases				398	390	467	427	394	367	412	315	314	320	345
Deaths—														
Phthisis	..	..	..	650	610	577	612	577	631	594	536	503	513	491
Other Tuberculous diseases				172	140	158	148	135	139	135	128	107	106	105
Case Mortality per cent—														
Phthisis	..	..	..	74.7	71.6	60.2	54.6	53.4	70.4	56.3	61.7	60.2	61.9	58.3
Other Tuberculous diseases				43.2	35.9	33.8	34.7	34.3	37.9	32.8	40.6	34.1	33.1	30.4
Death rate per 1,000.	Administrative County—													
	Phthisis..	..	..	0.80	0.75	0.71	0.79	0.76	0.83	0.79	0.72	0.69	0.72	0.69
	Other Tuberculous diseases			0.21	0.17	0.19	0.19	0.18	0.18	0.18	0.17	0.15	0.15	0.15
	Urban Districts—													
	Phthisis..	..	..	0.82	0.77	0.74	0.83	0.77	0.88	0.82	0.77	0.75	0.75	0.73
	Other Tuberculous diseases			0.20	0.18	0.21	0.21	0.19	0.19	0.20	0.17	0.15	0.15	0.16
	Rural Districts—													
	Phthisis..	..	..	0.74	0.70	0.62	0.67	0.71	0.69	0.68	0.56	0.50	0.63	0.59
	Other Tuberculous diseases			0.26	0.16	0.15	0.13	0.14	0.17	0.12	0.18	0.13	0.13	0.10
	England and Wales—													
	Phthisis	..	..	0.75	0.79	0.74	0.74	0.69	0.69	0.63	0.60	0.58	0.58	*
	Other Tuberculous diseases			0.17	0.16	0.16	0.15	0.15	0.13	0.13	0.11	0.11	0.11	*

\* Figures not available.

During the year considerable time was given to an enquiry into the work of the anti-tuberculosis service in Wales, in which evidence was given from all sides, medical, administrative, financial, and social. The Report has been recently published and is of interest in respect of the Association and its future development, as also the Public Health work of the Local Authorities, and in respect of our own, the general position is briefly reviewed.

The Public Health Services, environment and personnel, in Glamorgan do not meet with any unfavourable criticism calling for reply, but a report on these services is appended as a basis for considering the direction in which future progress is to be made. This may best be approached by a brief consideration of the industrial and social conditions which have led to our present state.

Until towards the end of the first half of the nineteenth century, the rapid growth of population was not well marked. At its commencement the whole geographical county contained little more than a hundred thousand people, Cardiff being a market town and port of coastal traffic, and Swansea similar but starting on its smelting of metals. Coal was worked from surface levels and carried on canals, ironstone quarried



locally and reduced in the iron works in Rhymney, Aberdare, and Maesteg. With the increasing use of steam for haulage and traction, the building of railways, the sinking of deep pits, and the larger capitalisation of undertakings, the coal and iron industries began to attract population into Glamorgan by the demand for labour and by better wages than could be obtained in the fields. As time went on the iron industry could no longer be served with local ore and moved towards the seaboard, where imported foreign ore was easily got and from where the finished products could be more easily transported to customers. From the forties to the end of the century more coal was continually produced and more labour and more capital employed. The inevitable result was that housing, education, and many social requirements could not keep pace with numbers increasing with a high birth rate and rapid immigration, as they were dependent on local resources and private enterprise.

It is an interesting matter to imagine the conditions of Local Government in a Glamorganshire mining village in 1860 before the Public Health Act and Elementary Education Acts were passed. There were no building regulations, no sanitary inspection, no elementary education, except a few denominational schools. Trade Unionism and Local Government as we now know them were in their early stages. Fortunately, religious organisations were everywhere purifying, steadying, and uplifting, and by their democratic organisation, preparing men and women in speech, counsel, and the acceptance of responsibility for action in wider spheres as the changes in social organisation brought further opportunities and duties of citizenship. Had there been no leaven of religion permeating that intemperate, free living, and harsh society, our social feeling at the present time would be less tolerant and less humane. In all social problems we must face the fact that we are inheritors of the past and also that we must realise that human groups are born, grow, and die, and if these groups are dependent on industrial organisation, which is also subject to change and decay, the society dependent on it must readjust itself as rapidly as it can and this is our present state and problem.

We inherit some very old, cramped, and unsatisfactory property, e.g., in the older parts of Aberdare, Cwmavon, Port Talbot, Neath, and elsewhere, where the misfortune is that the houses have lived too long, nor can they at a reasonable cost be reconstructed or rearranged. No Local Authority, unless it is supremely confident of its future, can be expected to close or demolish all its unsatisfactory property and re-house those in it. There is also an obvious difficulty with old property that is structurally sound and cannot be condemned but owing to small rooms, poor lighting, general inconvenience, and unsatisfactory surroundings, most people would wish to see them replaced. Where the population is declining and where the prospects of the local industry are dubious, the Local Authority may find difficulty in doing what it would wish.

In the recent national survey of housing to determine the amount of overcrowding, the general result for our County is that the percentage is low. This is to be expected in view of the activity and public spirit displayed by the district councils in operating the Housing Acts of the post-war period. We have lost nearly 100,000 of our population in addition, yet some overcrowding remains because two families in misfortune will naturally share insufficient space if one is to receive some rent for part of the house and the other pay less to obtain separate accommodation. Apparently, a social group must be both stable in population and enjoy fair prosperity if there is to be at all times general satisfactory housing. Rapid growth means overcrowding; decline, because of probable poverty, also causes it.

If slum conditions and the occupation of the least satisfactory houses were not usually by the poorest families in a district, there would not be the over-emphasis placed on the condition of the house in relation to the health of the family. In my personal opinion, if a family had to choose between being well fed in an unsatisfactory house and ill fed in a good house it would be well advised to choose for health reasons to be well fed. The misfortune is that poor feeding and poor housing through poverty go together and work together for ill, laying its members by reason of malnutrition and cramped space open to individual tuberculous and group infection.



The Rural Housing Acts, designed specially for agricultural workers, have been little used. The proportion of agricultural labourers is small and there are only parts of the Vale of Glamorgan and the Gower Rural District which are truly rural in character. These Acts have clauses which allow the owner to make a claim on public funds for the conversion and repair of old property to house labourers. This has aroused prejudice, also the differential grant for one class has acted similarly when a district has a mixture of better-paid wage earners.

In respect of water supplies there is now a piped, public supply everywhere, except the southern parts of the Gower Rural District. The recent Government grant under the Rural Water Supplies Act, 1934, of a million pounds for the improvement of rural water supplies, and the increasing practice of making the cost of such supply a district rather than a local liability, has allowed the filling of supply gaps. The Public Health Committee considered sympathetically and financially, aided all new rural supply schemes that were presented within the statutory limit of time but rightly refused aid for maintenance of existing schemes which are the ordinary liability of a district. I have pointed out on many occasions the need for treatment of supplies liable to risk of occasional pollution and the simplification of certain district schemes using multiple sources of supply in order to obtain a uniform standard of quality as far as possible.

The districts of the County, speaking generally, have adequate water carriage sewerage schemes for all the larger groups of population, and as time goes on smaller groups are provided with the service, e.g., when the extension of a neighbouring scheme allows a small group scheme to join it or where a small community is growing in association with colliery development. As the Committee is aware, the results of the working of sewage disposal plants are presented each quarter and it is for each sanitary district receiving the analysis of effluents to see that their plant is adequately maintained and supervised. Extensions and renewals are undertaken from time to time, e.g., at present Penybont is undertaking an extension and Maesteg a re-modelling of its old works.

The schools of the County—as buildings—are, in the main, excellent, those built since 1920 being spacious and well-planned in every detail. The small country schools built many years ago, have been either improved, replaced, or condemned—the policy in regard to them has been modified by the provision of central schools and the possibilities of local transport. It is unlikely that even the best and most progressive County Authorities have not some old country schools of an unsatisfactory character due to age, location, or the present law in relation to denominational schools. The possibilities of improvement mentioned in the Report as to drying of clothes, a mid-day school meal, better opportunities for washing, etc., are frequently under consideration by the Education Committee.

#### NUTRITION OF INFANTS, CHILDREN, AND ADOLESCENTS.

In any of these groups, however prosperous or well cared for, there will always be a small proportion noticeable who are under normal standard. There is the puny, delicate, or weedy child, difficult to feed, capricious in appetite, however prosperous the family and however solicitous the mother. The child does not thrive, being of poor stock or the subject of latent disease. Others have recently suffered from debilitating illness. The present problem is that so many otherwise healthy children, from poverty in the home—the chief cause—or less frequently from lack of care from a careless, ignorant, or even intemperate parent, do not maintain a normal thriving level which allows them to grow up into full activity and health, but owing to insufficiency or unsuitability of food, along with insufficient sleep and the lack of tendence, develop as ill-nourished, weedy individuals, lacking the full amount of the energy of normal health. This is the section of the new generation which in adolescence and particularly in early manhood and womanhood, is the suitable seed bed for tubercular infection.



Unemployment, irregular work, and low wages, by deprivation and by depression of the normal standard of living, presents not only a major risk to our present and future public health, but burdens and oppresses the hearts and hopes of our generation. The activities of a Maternity and Child Welfare Committee in providing additional nourishment for mother and child are valuable. So are the activities of an Education Committee in providing milk and school meals. So also is the work of the Public Assistance Committee and the Unemployment Assistance Board and other ameliorative efforts. They are only ameliorative and partial in their incidence, and occasional in time. The low level wage earner is in bad case and little touched by these agencies. Regular work at a reasonable wage would allow the average family to meet the family needs and remove all but the sick, the aged, and infirm from State assistance. That time, however, is not yet.

The Maternity and Child Welfare Committees in the County execute their duties in a sympathetic and as generous a manner as their resources allow. The County Education Committee also, in relation to the provision of milk, has recently taken further action about providing school meals. A recently completed Nutritional Survey of the Elementary Schools will assist them in further action. The Secondary Education Committee has gone a long way towards complete provision of mid-day meals in school. The Public Assistance Committee provides as liberal an assistance scale as it can.

#### THE SUPERVISION OF MILK SUPPLIES.

Many years before the Ministry of Health introduced regulations for grading milk supplies the Public Health Committee was examining milks for the tubercle bacillus and for its general bacterial content as a test for cleanliness of production. In close co-operation with the districts it proceeded further in bacteriological sampling when grading was introduced and when further regulation of production began in 1936. It was one of the few counties to insist on provision and use of steam for sterilisation of milking and storage vessels. In addition to carrying out all the necessary work for supervision of licensed milk producers, it offers each district the free analysis of a number of extra samples of milk varying with population. There is close district co-operation as regards dairy supervision.

This county was one of the first to appoint full-time Veterinary Officers under the Tuberculosis Regulations for the detection and destruction of tuberculous cattle and institute regular inspection of dairy herds. The meat inspection in slaughter houses is done by the districts all of whom have sanitary inspectors specially trained and holding approved certificates.

The provision of pasteurising plants by the Co-operative Societies has made pasteurised milk available in most parts of the county. While these plants are by no means perfect in their operation, the increasing use of such milk is a step towards protection of the public from milk-borne disease as well as the increased production of graded milks, such as Tuberculin Tested and other varieties.

The importation of diseased cattle, the defects in milk production, distribution, and storage, and the limitations of present milk legislation will no doubt receive more attention in the near future.

In conclusion, such are the main considerations of the more obviously associated parts of public health administration in relation to tuberculosis as a social problem associated with poverty and bad social conditions. War, distress, and destitution will foster it. Peace and prosperity will diminish it. In the meantime our present duty is to use the existing public health powers as fully as possible, and as best we can with the resources at our command.



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 1938, 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- .. .. .	—	—	4	3	—	—	3	4
1- .. .. .	5	3	34	23	1	1	9	9
5- .. .. .	31	31	64	51	3	5	11	9
15- .. .. .	115	159	43	47	43	100	13	7
25- .. .. .	103	116	11	19	64	62	8	9
35- .. .. .	60	46	11	11	45	28	6	4
45- .. .. .	63	27	7	9	55	14	2	5
55- .. .. .	50	18	3	2	35	16	2	2
65 and upwards .. ..	12	3	2	1	15	4	2	—
Totals .. ..	439	403	179	166	261	230	56	49

According to the returns received from District Medical Officers of Health, 15 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 1938 there were 910 deaths due to diseases of the respiratory organs, 408 being ascribed to bronchitis, 384 to pneumonia (all forms), and 118 to other respiratory diseases. The death-rate was 1·28 per 1,000, as compared with 1·34 in 1937.

*Influenza.*—112 deaths occurred, giving a death-rate of 0·16 per 1,000.

*Cancer and Malignant Disease.*—During the year 1,000 deaths were recorded, giving a death-rate of 1·41 per 1,000.

#### MATERNITY AND CHILD WELFARE.

There has been an increase in the time and attention given to ante-natal work. There is also a growing number of women who return to the clinics for examination after their confinement, with a view to treatment if any remediable damage has been done in childbirth. New clinic premises have been built at Aberdare, Ynysboeth, Talbot Green, Gilfach Goch, Beddau, Grovesend, Ferndale, Ynyswen, Ystrad, Kenfig Hill, Aberkenfig, Skewen, and Seven Sisters, and premises adapted at Rhoose. Most of these have received grants from the Commissioner for Special Areas, and the change made possible by this aid from ill-lit and cramped accommodation in hired premises to a well-lit, commodious, and convenient clinic is an encouragement and stimulus in the work.

Some additional help has been obtained for ante-natal work by the engagement of medical women with appropriate special experience on a part-time basis.

The diminution in the number of infants allows more time and attention to be given to young children below school age.



Continued co-operation is maintained between the county services and district maternity and child welfare services. The county midwives attend the ante-natal clinics when possible, but in the morning, which is occupied in visiting recent confinements, there is less opportunity of being there with her expectant mothers. The county dental, ophthalmic, and other clinics do work for mothers and infants in districts where they are not otherwise available.

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.									No. of Cases admitted.
	1930*	1931	1932	1933	1934	1935	1936	1937	1938	
Bridgend .. ..	26	54	79	136	185	277	304	287	279	1,627
Llwynypia .. ..	71	107	177	228	282	317	265	312	418	2,177
Penmaen .. ..	—	—	—	—	—	—	—	—	—	—
Penrhiwtyn .. ..	39	61	40	66	119	187	352	432	536	1,832
Pontardawe .. ..	3	6	3	5	3	6	6	2	5	39
Pontypridd .. ..	26	33	36	39	65	38	22	24	33	316
Totals .. ..	165	261	335	474	654	825	949	1,057	1,271	5,991

\* From 1st April, 1930.

#### MIDWIVES ACTS, 1902-1936.

258 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) .. .. .	5
Examination of—	
Central Midwives Board .. .. .	248
Obstetrical Society, London .. .. .	4
Queen Charlotte's Hospital .. .. .	1
Percentage of trained midwives .. .. .	98.0

Since the commencement of the Midwives Act, 1936, 38 midwives have voluntarily surrendered their certificates under Section 5, and 39 have been directed to cease practise, and their certificates have been cancelled by the Central Midwives Board.



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

To midwives .. .. .	1,784
To nursing homes registered under the Public Health Act, 1936 .. .. .	20
To Municipal Maternity Hospitals .. .. .	8
To Public Assistance Hospitals .. .. .	25
Inspection of premises for registration under the Public Health Act, 1936 .. .. .	—
Total .. .. .	1,837

No. of Puerperal Pyrexia investigations made .. .. .	206
No. of other special investigations .. .. .	544
No. of claims investigated under the Midwives Act, 1918, Sec. 14.. .. .	1,017
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 .. .. .	3,536
Still-births .. .. .	195
Deaths { Maternal .. .. .	10
{ Infant .. .. .	146
Having laid out a dead body .. .. .	22
Liability to be a source of infection .. .. .	107
Artificial feeding .. .. .	312
Puerperal Pyrexia .. .. .	206
Septic Abortion .. .. .	—

The amount paid during the year for medical attendance was £1,498 17s. 6d., and to midwives, as compensation when suspended from work in case of infection, £7 2s. 0d.

All midwives on the register at the end of the year 1938 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.

#### MIDWIFERY SERVICE.

The following table shows the operation of the County Midwifery Service for the year ended 31st December, 1938.

TABLE XVIII.

Cases attended.			Fees.		
As midwife.	As maternity. Nurse.	Total.	Full fee paid to Midwife.	On investigation of family circumstances.	
				Whole or part fee charged.	No charge made.
5,350	*588	5,938	2,980 or 50·2%	857 or 14·4%	2,101 or 35·4%

\* Includes 268 abortion cases.



The staffing of this service in the next few years and the recruitment of midwives is a matter of some importance. The present midwifery service is made up of (a) whole-time midwives employed by the Local Authorities, (b) the nurses of voluntary associations doing district nursing and giving part of their time to midwifery, and (c) independent midwives in competitive practice.

The best and most experienced of those in independent practice were selected by the Local Authorities for the new service—of the remainder left in independent practice, some were compulsorily retired with compensation by the Supervising Authority on the grounds of advanced age or infirmity, thus removing the unsuitable. Of the remainder, many who realised that they would be unable to retain much practice under the new conditions took the option of voluntary retirement with compensation. In this way the number of midwives in independent practice has been rapidly reduced and the hope that sufficient independent midwives would remain available for part-time engagement as sickness and holiday reliefs until new recruits came into the field is likely to prove unrealised.

While these changes have been going on, the Central Midwives Board has been reconsidering the training of midwives and decided that those who, not being trained nurses, wish to be regarded as fully trained must have had two years' special training in the subject. Also, that a trained nurse wishing to practise midwifery must spend four years in the combined training. If she merely wishes to have a knowledge of midwifery to enable her to take a health visitor's certificate, she must spend six months in midwifery training.

This doubling of the time required for training makes it almost impossible for any married woman to leave home for such a period; for the unmarried woman how to pay her way is her difficulty. The result is that at the time of writing there are so few entries that the training schools and the examining body are in a dilemma. It would seem that there has been undue haste in the matter when rapid reduction in the number of practising midwives coincides with diminished entry to the profession.

The last Midwives Act requires that practising midwives must be given post-certificate instruction for one month in a post-graduate training school once every seven years. This means that a considerable proportion of the practising midwives each year will have to be provided with this training and substitutes engaged to do their work. There is no post-graduate school available in South Wales nor are there enough in the country to do such work. They will have to be created. The requirements of the Central Midwives Board as to the accommodation and the training staff are stringent and it will be a matter of difficulty to establish these schools.

To re-impress the importance of scrupulous antiseptic care, lectures and demonstrations on Asepsis were arranged for practising midwives at the County hospitals during the year.

In June, 1938, a circular (No. 1705 [Wales]), was received from the Welsh Board of Health relating to the calling in of medical practitioners by midwives, and the following are my observations on the points raised in the Circular :—

(1) *The formation of a Panel of Registered Medical Practitioners who are willing to take midwifery cases :*

At present in the County all medical practitioners are licensed by law to practice midwifery and, this being so, I do not see what useful purpose would be served by setting up a Panel, as it is at once known locally whether any doctor, owing to his increasing age, disinclination for night work, or for other reasons, is not taking midwifery cases. No difficulty now arises in any district in knowing what doctors are available.

The intention lying behind the suggestion is that discrimination should be exercised as to which doctors should be placed on the Panel, but no discrimination could be fairly exercised by a lay body as it would not have the information upon which to form an opinion, nor would any professional body take the liability for attempting to exclude any doctor licensed to practise midwifery from any Panel.

(2) *That the Authority should set up an Advisory Committee consisting of the Medical Officer of Health, two general practitioners, and two obstetric consultants to scrutinise the list and to make suggestions that a particular practitioner should be required to take a period of Post-graduate Midwifery Training as a condition of remaining on the list or that certain names should be removed from the list :*



Such a committee has no judicial authority, and if it were to recommend the removal of the name of a doctor from the list the practitioner aggrieved could at once sue such a body for damages.

This being so, such a committee would serve no purpose, as it could take no effective action.

(3) *That midwives should only send for doctors whose names are on an approved list :*

In my opinion the doctor chosen by the woman should always be at liberty to attend her and no powers should be given to a midwife to interfere with her choice.

#### 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 a certificate previously issued under the Nursing Homes Registration Act, 1927, in respect of one home was cancelled at the request of the proprietor.

Seven homes were registered at the end of the year, viz., four 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
Briton Ferry .. .. .	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 .. .. .	—	—	1
Ferndale, Blaenllechau, and Mardy .. .. .	1	—	—
Gelligaer .. .. .	1	—	—
Gilfach Goch .. .. .	1	—	—
Glyn Neath .. .. .	1	—	—
Gorseinon .. .. .	1	—	—
Gower .. .. .	—	—	2
Gowerton .. .. .	1	—	—

Affiliated Association.	Number of Nurses employed on		
	General work.	Maternity work.	General and Maternity work.
Gwauncaegurwen .. .. .	1	—	—
Hirwaun .. .. .	1	—	—
Kenfig Hill .. .. .	1	—	—
Laleston .. .. .	—	—	1
Lisvane .. .. .	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	—	—
Morriston .. .. .	2	—	—
Mountain Ash .. .. .	1	—	—
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
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	—	—
Ynysir and Wattstown .. .. .	1	—	—
Ystrad Mynach and District .. .. .	1	—	—
Ynysybwl .. .. .	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 :—

“Courses of instruction in First Aid and Home Nursing were attended by 5,579 and 866 persons respectively, the total of 6,445 showing an increase of 421 on the number of students instructed in 1937. The total number of students who qualified for First Aid and Home Nursing awards was 5,596, being 268 more than the number of successful examinees in 1937.

The membership of the St. John Ambulance Brigade, as at 31st December, 1938, set out below, shows an increase of 269 on the total for the previous year :—

<i>Divisions.</i>				<i>Personnel.</i>
112 Ambulance (Men)	..	..	..	3,322
81 Cadet Ambulance (Boys)	..	..	..	1,857
47 Nursing (Women)	..	..	..	820
44 Cadet Nursing (Girls)	..	..	..	936
				—
				6,935
				==

Normal brigade duties have been maintained while qualification in A.R.P. has imposed a further claim upon the brigade member's obligations ; and a greatly increased contribution of service has been rendered through the medium of the Medical Comforts Depots. By means of a grant from the Commissioner for Special Areas negotiated by the South Wales and Monmouthshire Council of Social Service, 21 new depots were set up in the county, each equipped with stock averaging £30 in value, while the scheme comprised also an issue to every District Nurse of a variety of smaller comforts. Thus adequate provision has been made for sick room requisites and invalid comforts to be available on loan in all districts throughout the Special Areas. The number of articles issued in 1938 from the 53 depots in Glamorgan, which are open at regular hours daily, totalled 5,408, an increase of 788.

#### 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. B. A. Thomas, reporting on the work carried out at the Barry and Port Talbot clinics during 1938, says :—

“During the year changes have taken place in the construction, apparatus, personnel and times of sessions at the Barry and Port Talbot clinics. At Port Talbot the irrigation room is now a model one, having concrete floors, seven wall irrigators with drainage, and being completely redecorated. It is difficult to imagine that we once worked with wooden floors and portable irrigators.

The addition of new apparatus has made for smoother running of the clinics. The electric sterilizers are clean and pleasant to work with and are now functioning perfectly.

For the busy evening sessions at Port Talbot, extra assistance, in the form of a part-time attendant, has been forthcoming, and in consequence one is able to give more attention to individual patients.

Commencing on 1st October, 1938, the times of sessions at the two clinics have been completely revised, and instead of two consecutive days being spent at each clinic, an interval of three or four days has been introduced between the days, so that patients may be seen twice a week if necessary. New patients are seen twice weekly, as a routine. Practitioners in the County have been apprised of the new times but the old notices still appear in many public lavatories, and it is hoped that these will be altered in the near future.

From an examination of the figures in the annual returns and comparison with those of former years, the following facts emerge :—

#### *New Cases.*

The total admissions including non-venereal patients is the highest for some years. Excluding these *non-venereal cases*, the figures remain about the same. The large number of these cases (92—compared with 60 in 1937, and 19 in 1936) might be a useful result of the recent health campaign, indicating the individual's keener interest in his own health.

Of the syphilis cases, 21 primary chancres at Port Talbot is a high figure and signifies many untreated sources of the infection.

#### *Return Cases (Item 2 in Annual Report).*

The number of itinerant and relapsed cases and patients returning after ceasing to attend is indicated in this figure (47—compared with 75 in 1937, and 139 in 1936), and is probably a reflex of the greater certainty of cure in gonorrhoea, with the more recent treatments.

#### *Total Attendances.*

A considerable reduction is seen here, and the main reason is the abolition of 'ritual' irrigation. Irrigation is used in selected cases and the for minimal period. This is in keeping with modern practice in Sulphanilamide therapy for gonorrhoea. Early and complicated gonorrhoea cases are now seen twice a week, and more patients were actually seen by the Medical Officer in 1938 than in the previous year.



*Results of Treatment.*

Out of a total of 711 syphilis and gonorrhoea patients seen during the year at the two clinics, 160 cases of gonorrhoea were discharged cured after the routine and provocative tests of cure, and 29 syphilis cases were discharged cured, having completed the long period after treatment during which the Wassermann reaction must remain negative.

*Patients ceasing to attend.*

The high total of 131 patients ceased to attend during the year. Of these, some had barely commenced their treatment; others, having had Sulphanilamide for gonorrhoea, probably had their symptoms considerably masked and considered this temporary improvement a cure; while 25 had completed their treatment but failed to attend for the final tests of cure. It is probable that many of these patients will be seen during 1939.

*Treatment.*

*Syphilis.* The significance of the increase in new cases during the year presents a problem. Is it to be assumed that the patients, living in more enlightened times, are attending better, or is control of the disease eluding our grasp? The table appended herewith indicates the great increase in treatment during the last eight years, and although treatment is more intensive nowadays and the period considerably prolonged, it may be taken as definite that syphilis is not decreasing in the area served by these two clinics.

## PORT TALBOT.

<i>Year.</i>	<i>Arsenicals.</i>	<i>Bismuths.</i>	<i>Wassermanns.</i>	<i>Sera for Spirochaetes.</i>
1931 ..	674	245	128	—
1932 ..	719	319	136	—
1933 ..	711	395	133	2
1934 ..	784	375	130	1
1935 ..	785	289	150	2
1936 ..	872	383	149	1
1937 ..	965	577	179	9
1938 ..	1,521	1,063	241	27

*Gonorrhoea.* The results obtained with the new chemo-therapy are very gratifying, and it seems certain that these drugs are here to stay. A case apparently cured does relapse from time to time, but probably further evolution of the formulae of the drugs will improve on this. A trial with the drug M. & B. 693 is even now being undertaken at Port Talbot.

The number of patients remaining under treatment for gonorrhoea at the end of the year (87 at Port Talbot) is the lowest recorded since the early days of the clinics. Inasmuch as there is no reduction in new cases, this suggests a much shorter duration of treatment for each patient.

*Patients from outside Glamorgan.*

Again a fair proportion of seamen were treated at the clinics. Spaniards attended most often, owing to the fact that their ships have remained in port during the whole year in some cases. The figures relating to seamen are notified to the Port Medical Officers for Barry and Swansea at their request."



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
1938	174	7	535	276	992

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 XIX.  
PATIENTS TREATED AT CLINICS, 1938.

PONTYPRIDD.															
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.			Total.		
	M.	F.	Total	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.			
New cases .. .. .	28	15	43	—	—	—	153	30	183	111	31	142	368		
Patients discharged after completion of treatment	5	3	8	—	—	—	77	9	86	—	—	—	94		
Patients who ceased to attend Clinic before completion of treatment .. .. .	31	23	54	—	—	—	94	18	112	—	—	—	166		
Total number of attendances of patients at the Clinic	1,690	850	2,540	—	—	—	5,993	914	6,907	113	58	171	9,618		

PORT TALBOT.															
	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal.			Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.			
New cases .. .. .	48	14	62	5	—	5	148	23	171	38	9	47	285		
Patients discharged after completion of treatment	13	3	16	1	—	1	106	10	116	—	—	—	133		
Patients who ceased to attend Clinic before completion of treatment .. .. .	21	6	27	—	—	—	79	8	87	—	—	—	114		
Total number of attendances of patients at the Clinic ..	1,631	615	2,246	12	—	12	4,002	462	4,464	76	23	99	6,821		



TABLE XIX.—*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 .. ..	10	4	14	2	—	2	48	17	65	36	9	45	126		
Patients discharged after completion of treatment	4	9	13	1	—	1	33	11	44	—	—	—	58		
Patients who ceased to attend Clinic before completion of treatment .. ..	4	3	7	—	—	—	17	7	24	—	—	—	31		
Total number of attendances of patients at the Clinic..	528	415	943	21	—	21	1,001	499	1,500	77	12	89	2,553		

## 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 .. ..	21	9	30	—	—	—	40	5	45	18	3	21	96		
Patients discharged after completion of treatment	—	2	2	—	—	—	11	3	14	—	—	—	16		
Patients who ceased to attend Clinic before completion of treatment .. ..	10	17	27	—	—	—	23	8	31	—	—	—	58		
Total number of attendances of patients at the Clinic ..	484	526	1,010	—	—	—	544	199	743	37	2	39	1,792		
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 .. ..	17	8	25	—	—	—	55	16	71	18	3	21	117		
Patients discharged after completion of treatment	9	1	10	—	—	—	17	5	22	—	—	—	32		
Patients who ceased to attend Clinic before completion of treatment .. ..	14	5	19	—	—	—	51	9	60	—	—	—	79		
Total number of attendances of patients at the Clinic ..	423	287	710	—	—	—	1,178	592	1,770	32	6	38	2,518		
Aggregate number of "In-patient days" .. ..	32	—	32	—	—	—	17	40	57	—	—	—	89		



## Examinations of pathological material :—

	Pontypridd.	Port Talbot.	Barry.	Cardiff Royal Infirmary.	Swansea General and Eye Hospital.
For detection of Spirochaetes .. ..	5	27	1	—	—
For detection of Gonococci .. ..	338	172	67	67	197
For Wassermann reaction .. ..	243	241	120	58	97
Others .. ..	378	108	44	14	—

## 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 Manager and Clerk of the Mid-Glamorgan Water Board for the following information regarding the activities of the Board during the year :—

1. *Dymbath Sources.*

The work was completed last year. Nearly 400,000 gallons of water daily passed through these filters. This supply, taken over from the Garw Water Company in 1921, was the source of considerable complaints from the Aberkenfig, Brynmenyn-Bryncethin area owing to the discolouration of the water, particularly after storm periods.

2. *Tondu to Brynmenyn Main Renewal.*

The six-inch main renewal referred to last year has been completed.

3. *Improvement of Water Supply at Evanstown, Gilfach Goch.*

New covered service reservoir, capacity 54,000 gallons, and the covering of the existing reservoir of the same capacity, have been completed, together with 400 yards of four-inch main and steel tank at Brynmawr, to ensure a constant supply to properties on high levels. The gathering ground has been drained and water conveyed by pipes to the service reservoirs.

4. *Flemingsdown Service Reservoir*, supplying Bridgend and *Southerndown Reservoir* have been covered with concrete roofs.5. *Aerodrome, St. Athan.*

The nine-inch main from Ewenny to Sigginstone, the erection of a covered service reservoir, capacity 580,000 gallons, at Sigginstone, and an eight-inch main from Sigginstone to the Aerodrome site have been completed.

6. *Garreg, Blaengarw.*

Three-inch main extension completed to provide twelve properties with a water supply.

7. *Abandoned Sources.*

The following small sources have been abandoned as being unsatisfactory and the properties served therefrom supplied from the more satisfactory main sources :—

Tonna source, and open service tank, Nantyffyllon.

Kildeudy and Shon Morgan sources, Coytrahen.

8. *Small Main Extensions.*

Various small main extensions to the existing mains have been made to meet building developments in Bridgend and District.

I am informed by the Clerk of the Taff Fechan Water Supply Board that there was no extension of the Board's service in the Administrative County during the year 1938.

At Porthcawl an additional filter has been installed and it is intended to increase supplies by constructing a new reservoir at Pant-y-Rhyll.



In the Eastern section of the Vale, i.e. in the area of the Cardiff Rural District, the provision of rural supplies is completed.

Mention has been made elsewhere of adopting a water policy :—

- (a) To dispense with unsatisfactory sources of supply.
- (b) To make the sources of supply as few as possible in order to simplify their control.
- (c) To ensure that supplies are ample, constant, and of good quality.
- (d) To make the water *safe*.

#### HOUSING.

In so far as growth of population promotes housing activity, there has been the stimulus in a few areas of new constructional work, which, with the exception of the Trading Estate at Treforest, is unlikely to be maintained for any long period by a continued demand for accommodation.

The replacement of unsatisfactory old property and the diminution of overcrowding required by the recent Housing Acts is the main reason for the activity shewn in providing new houses at Port Talbot (225), Neath (156), and Aberdare (291), though greater industrial activity is also concerned. In the Neath Rural District (164) colliery development is taking place, and in the Cardiff Rural District the addition of 122 houses is mainly residential. Other districts in the table shew smaller increases made for similar reasons.

The smaller family demands less room. There is some demand for the flat. This is a poor place in which to start a family. It has no room for children and no garden. For single persons and older people whose family has grown up and left home, these cheerless places may be convenient, but they do not make for mental health and are to some degree anti-social and inimical to the traditions of the family.

TABLE XX.

District.	By Local Authority.				By private enterprise, Building Societies, etc.		
	Number of houses completed and occupied during the year 1938.	Number partly completed during the year 1938.	Number sanctioned but not commenced.	Total number of houses completed and occupied since the war.	Number of houses completed and occupied during the year 1938.	Number partly completed during the year 1938.	Number for which plans were passed but not commenced during the year 1938.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare .. .. .	291	—	—	538	11	56	48
Barry .. .. .	—	—	—	808	44	31	50
Bridgend .. .. .	—	—	16	126	103	52	172
Caerphilly .. .. .	—	10	40	662	5	—	4
Cowbridge Borough .. .. .	12	—	—	12	3	—	—
Gelligaer .. .. .	—	—	—	468	5	—	—
Glyncorwg .. .. .	—	—	—	282	1	—	—
Llwchwr .. .. .	28	—	40	716	85	31	17
Maesteg .. .. .	60	—	—	178	2	1	—
Mountain Ash .. .. .	—	—	25	216	2	1	3
Neath Borough .. .. .	156*	28	—	787*	76	31	5
Ogmore and Garw .. .. .	—	—	—	210	1	—	—
Penarth .. .. .	—	—	—	129	10	7	3
Pontypridd .. .. .	52	—	76	588	27	27	—
Porthcawl .. .. .	—	—	—	—	77	16	17
Port Talbot Borough .. .. .	225	—	150	1,167	198	79	31
Rhondda .. .. .	—	—	—	285	3	2	1
Cardiff Rural .. .. .	122	5	—	318	256	122	130
Cowbridge Rural .. .. .	—	40	144	299	13	10	4
Gower .. .. .	—	—	—	64	55	6	29
Llantrisant & Llantwit Fardre .. .. .	58	—	22	814	30	4	26
Neath Rural .. .. .	164	34	102	672	125	55	117
Penybont .. .. .	50	—	—	716	99	32	161
Pontardawe .. .. .	52	47	—	970	90	32	23
TOTALS .. .. .	1,270	164	615	11,025	1,321	595	841

\* Including Flats.



## RIVER POLLUTION.

River sampling and inspection results are given by the County Sanitary Inspector in the quarterly reports. The question of discharge of acid wastes into streams was raised with the representatives of the tinplate industry in the Llwchwr area. With the consent of the Local Authority it would be permissible to release these effluents into the main sewers which discharge their crude sewage into estuarine waters.

## DRAINAGE.

There have not been any large schemes undertaken during the year. St. Athan village is being drained. Extensions are made as required by the extension of building areas, and repairs of sewers and disposal works as necessary, e.g. at Clydach. The remodelling of the outfall works at Maesteg is not yet in hand. The Rhondda Fach sewer was reconstructed, Oakwood and Ynysygwas (Port Talbot) resewered. The north sides of Llantrisant and Cwmllynfell were drained and improvements effected at Brynmenyn and Llanbradach.

Details for individual districts have been mentioned in the quarterly reports as occasion arises.

## MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The milk supply from a public health standpoint is unsatisfactory. What is needed is an abundant supply of milk at a moderate price and of a quality which (a) will not convey disease, (b) be reasonably clean, and (c) has not been fraudulently adulterated. The first necessity is safety, and at present this can only be given by heat treatment such as adequate pasteurisation. Though the amount of milk that is being pasteurised is increasing, it is not always done satisfactorily. The cleanliness of milk leaves much to be desired, and milk is still the article of food most subject to fraudulent treatment. It is also a relatively dear article in the household budget.

The creation of herds free from tuberculin reactors, the holding of clean milk competitions and the grading of milk have all been useful in a piece-meal fashion for educating the farmer and his consumers, but until milk is safe and cheap it will not take its due place in the nation's diet.

It is doubtful whether the amount spent to bonus Accredited Milk is giving an adequate return. The standard of cleanliness required from the producer is a very modest one, which is often not maintained during the warmer months of the year, and the milk has not been rendered safe by heat treatment.

The destruction of tuberculous cattle has been proceeding for many years, but there is no evidence that there is a substantial reduction in the amount of tuberculous milk offered for sale.

At the end of the year there were 124 licensed producers of "Accredited" Milk in the Administrative County and 41 producers of milk under the designation "Tuberculin Tested," and the following is a record of the results of samples collected throughout the year :—

"Accredited."				"Tuberculin Tested."		
	<i>No. of Samples Examined.</i>	<i>Satis- factory.</i>	<i>Unsatis- factory.</i>	<i>No. of Samples Examined.</i>	<i>Satis- factory.</i>	<i>Unsatis- factory.</i>
January ..	105	99	6	38	36	2
February ..	94	92	2	44	43	1
March ..	95	92	3	39	33	6
April ..	68	60	8	34	29	5
May ..	95	80	15	39	35	4
June ..	76	52	24	42	30	12
July ..	61	43	18	35	28	7
August ..	67	24	43	31	20	11
September ..	21	10	11	19	14	5
October ..	62	48	14	45	38	7
November ..	92	66	26	57	50	7
December ..	82	79	3	50	49	1
	918	745	173	473	405	68



The above results show that of the total number of samples examined at the laboratory, 18·8 per cent of the "Accredited" Milks and 14·4 per cent of the Tuberculin Tested Milks were unsatisfactory.

#### LOCAL GOVERNMENT ACT, 1929.

##### *Domiciliary Medical Service of the Poor Law.*

This continues to be extended by the policy of the Public Assistance Committee in replacement of the Poor Law Doctor of a district by a panel of doctors in that area, any of whom may be chosen by the patient to attend him, i.e. the patient has free choice as under the National Health Insurance system. Of the 81 Poor Law districts, 54 have now a panel. As vacancies are created by the death or removal of a Poor Law doctor, the panel replaces him.

The cost of the panel system is much more than the former service which was underpaid and unsatisfactory in many respects. Any authority instituting a domiciliary service for the poor which aims at the standard of the existing national service for insured persons, must expect to pay for it and organise it on similar lines. Suitable checks on careless or improper certification and on abuse in the ordering of medical extras need to be brought into operation.

#### HOSPITAL SERVICES.

##### *Penrhiwtyn Hospital (242 beds).*

The best and most modern infirmary building taken over from the former guardians has been converted into a modernised hospital with a fully trained Nursing Staff, Nurses Training School, Resident Medical Superintendent with three resident Assistant Medical Officers, and a Visiting Consultant Staff. An additional Theatre, a new X-ray and Physical Therapy Department, and a Lecture Room with Training Department for Nurses is in building and should be in use next year. A new Mortuary Block is nearing completion.

At the end of the year it was decided to transfer this infirmary by appropriation for use as a hospital under the Public Health Act. (This was effected on 1st April, 1939.) As the work of the hospital continues to increase further provision of beds, etc. is under consideration, viz. an up-to-date Maternity Block, suitable accommodation for out-patients, additional ward accommodation, and the necessary increase of hostel space for nurses, stores, laundry, and kitchen service.

The hospital, since its change of administration, is now designated the West Glamorgan County Hospital.

##### *Llwynypia Hospital (182 beds).*

The Out-patient Service—for further treatment of discharged patients and the selection of the most suitable cases for admission—proves increasingly useful.

A Blood Transfusion Service for the Rhondda area—centred on our hospital where the technical work is done—has been of value to the doctors in the area and especially to our own patients.

##### *Bridgend Hospital (134 beds).*

Further progress has been made in the training of nurses by the appointment of a Sister Tutor. It is an affiliated Training School. The new Maternity Block of 30 beds is well advanced in construction along with the new Theatre, X-ray, and Light Department. The nurses' hostel is also in course of erection. A lift and new sanitary annexes are being added to the main block of the original building.

It is proposed to remodel this hospital by providing a new entrance to a new administrative block, with central kitchen, out-patient rooms, and the addition of 60 beds to supplement the inadequate hospital provision for Mid-Glamorgan.

TABLE XXI.—POOR LAW INSTITUTIONS.

ACCOMMODATION AND RECORD OF CASES TREATED DURING THE YEAR 1938.

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, 1938.	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	1,677	1,571	116	99	625	14	279	263	19	2	17
Llwynypia Hospital ..	182	2,827	2,726	121	149	1,546	22	418	358	42	9	28
Penrhiwtyn Infirmary ..	242	2,817	2,611	216	203	1,121	28	536	444	50	8	32
Central Homes, Pontypridd	191	934	711	171	218	1	8	33	32	1	—	17
Penmaen Institution ..	23	7	4	8	3	—	—	—	—	—	—	—
Pontardawe Institution	44	111	99	39	14	—	1	5	5	—	—	—
Totals ..	816	8,373	7,722	671	686	3,293	73	1,271	1,102	112	19	94



### *The Supply and Recruitment of Nurses.*

The Hospitals Committee has devoted much time and thought to improvement of conditions in the Nursing Service. It has improved the salaries scale and adopted the policy of instituting the 48-hour week as soon as possible. For resident staff, the lack of accommodation for the extra staff necessary to effect it is the chief obstacle. In Bridgend a new nurses' hostel is in building ; at Church Village the original plans of the nurses' hostel have been reviewed and the necessary addition for the extra staff provided. At the West Glamorgan Hospital very considerable additions to hostel accommodation are to be made. At Llwynypia recently an extra dormitory building was provided.

Nursing Service conditions have been the subject of Government enquiry, and it is likely that in the immediate future considerable changes for the better will be effected, e.g. in pay, hours, and social life in hospital. There is a steadily increasing demand for nurses which will not be met if present unsatisfactory conditions continue. There should be much better pay for senior grades—staff nurse, sister, matron, and other administrative officers.

An experiment in bridging the gap between leaving school and entering hospital as a probationer has been made in our hospitals which have Training Schools, by offering part-time experience in hospital to girls of seventeen under certain conditions.

If these girls, who are graded as non-resident Nursing Students, like nursing and are satisfactory, they can adopt a nursing career. If not, they will have gained some useful general experience.

The training scheme for Nursing Students is as follows :—

#### *"Age Limit and Period of Training.*

Candidates must have reached their seventeenth birthday, and be resident in the Administrative County ; those selected will be engaged for a trial period of one month, and, if found to be satisfactory, will be afforded preliminary training at one of the County Hospitals until they attain the age of 18, when they will be drafted to fill vacancies for probationer nurses subject to their passing the Test Examination of the General Nursing Council, or being in possession of the appropriate educational qualification which gives exemption from the examination. The services of candidates found to be unsatisfactory after the trial period will not be retained, the vacancies being filled by the next suitable candidates on the waiting lists.

#### *Recruitment.*

The recruitment of Nursing Students to be made by the County Medical Officer.

#### *Conditions of Service.*

Nursing Students, who will be non-resident, will be engaged for five days weekly, from 9 a.m. to 3 p.m. (including meal times and teaching times). They will receive two lectures per week in the subjects necessary for the first professional examination.

#### *Duties, Allowances, etc.*

The duties of Nursing Students will be the easier duties of practical nursing.

The following allowances will be made to Nursing Students :—

A cash allowance of 2s. 6d. weekly.

Payment of travelling expenses.

Uniform, consisting of blue overall and suitable cap, black stockings, and ward shoes.

Morning coffee and a mid-day meal daily.

#### *Holiday.*

A holiday break of one month to be arranged during the year.



*Allocation.*

The allocation of Nursing Students is as follows :—

Penrhiwtyn Hospital	..	..	12
Llwynypia Hospital	..	..	12
Bridgend Hospital	..	..	6."

## CHURCH VILLAGE HOSPITAL.

This new hospital of 310 beds is now in building, and should be completed by the end of 1940. It will serve north-east Glamorgan and replace Llwynypia as a County Hospital under the Public Health Act.

## VOLUNTARY HOSPITALS.

The additions and improvements noted in last year's report made possible to certain of the voluntary hospitals by Government grant have been carried out. More recently small additions to the Bridgend and District Hospital have been approved for grant. The new children's ward at the Maesteg Hospital, with minor operating theatre and additional accommodation for nurses was opened by Sir George Gillett in the spring of 1938.

## ISOLATION HOSPITAL.

In last year's report it was mentioned that, with certain exceptions, most of the Fever Hospitals in the County have been greatly improved by the addition of cubicle wards and other improvements made possible by Government grant made available through the Commissioner for Special Areas.

The Neath Joint Hospital was recently opened and is an excellent modern building ; so also the new Llwchwr Hospital. Aberdare provided a new block of 24 cubicle beds with an Operating Theatre and some extra accommodation at the Mardy Hospital. The Ogmore and Garw Hospital completed the addition of side wards. The old Maesteg Hospital has been refloored and provided with more verandah shelter. It still needs a cubicle block for satisfactory working. The Cardiff Rural District Hospital is providing cubicle accommodation.

The use of Pontardawe, Mountain Ash, and Llantrisant and Llantwit Fardre Hospitals, which are the least satisfactory in the County, should be discontinued and Isolation Hospital provision be sought in combination with neighbouring districts for the purpose of reducing cost and increasing efficiency. The small Fever Hospital is costly to run, difficult to staff, often inefficient and unsatisfactory.

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	.. Ogmore and Garw U.D. ..	3	14*		30
			* includes 4 single bed wards.		
Bridgend Isolation Hospital, Cefn Hirgoed, near Bridgend	Bridgend U.D. .. .. Cowbridge Borough .. .. Porthcawl U.D. .. .. Cowbridge R.D. .. .. Penybont R.D. .. ..	3	8		38
Groeswen Isolation Hospital, Margam Road, Port Talbot	Port Talbot Borough .. .. Glyncorrwg U.D. .. ..	†4	8		44
			† includes 2 cubicle blocks.		



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

<i>Address of Isolation Hospital.</i>	<i>Districts served.</i>	<i>Accommodation.</i>		<i>Beds (at 144 sq. ft. per bed).</i>
		<i>Blocks.</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	Llwchwr 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.	

## 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
	Cardiff R.D. .. ..			
Bridgend Smallpox Hospital, Cefn Hirgoed, near Bridgend	Bridgend U.D. .. ..	1	2	8
	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.

Address of Isolation Hospital	Districts served.	Blocks.	Accommodation.		
			Wards.	Beds (at 144 sq. ft. per bed).	
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. .. ..	2	3	12	
	Pontypridd U.D. .. ..				
	Llantrisant and Llantwit Fardre R.D.				
Rhondda Smallpox Hospital, Penrhys, Tylorstown	Rhondda U.D. .. ..	2	4	14	

## 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.

A new Food and Drugs Act, 1938, consolidates and supplements previous legislation and will come into operation on 1st October, 1939.



The following table shows the number of samples of food submitted for analysis during the year 1938:—

TABLE XXII.

Description.	No.	Description.	No.	Description.	No.
Milk .. ..	1,344	Egg Powder .. ..	3	Portello .. ..	1
Almonds (Ground) ..	2	Egg Substitute .. ..	3	Quinine .. ..	1
Apricots (Dried) ..	2	Flour .. ..	4	Rice .. ..	9
Apples .. ..	2	Fruit, Mixed .. ..	1	Raisins .. ..	8
Boric Ointment .. ..	1	Fish Paste .. ..	3	Rum .. ..	2
Beef Suet .. ..	2	Fruit (Preserved) ..	2	Salad Cream .. ..	1
Bicarbonate of Soda ..	4	Fish (Canned) .. ..	2	Suet .. ..	7
Baking Powder .. ..	9	Glauber Salts .. ..	1	Self-raising Flour ..	5
Brawn .. ..	3	Gin .. ..	4	Sausage .. ..	17
Beer .. ..	9	Ginger (Ground) .. ..	2	Saveloys .. ..	1
Butter .. ..	112	Ginger (Preserved) ..	1	Sago .. ..	4
Biscuits .. ..	5	Herbs (Dried) .. ..	1	Sultanas .. ..	11
Brandy .. ..	2	Icing Sugar .. ..	5	Spice .. ..	4
Cream .. ..	22	Ice Cream .. ..	2	Sweets .. ..	23
Cheese .. ..	15	Jam .. ..	15	Soup .. ..	1
Corn Flour .. ..	2	Jelly .. ..	4	Sauce .. ..	19
Cake Mixture .. ..	2	Lard .. ..	72	Semolina .. ..	1
Cake—Sponge .. ..	7	Lard Substitute .. ..	3	Sugar .. ..	4
„ Fruit .. ..	5	Lemon Cheese .. ..	1	Tapioca .. ..	7
Custard Powder .. ..	2	Lemon Peel .. ..	4	Tomatoes (Canned) ..	1
Currants .. ..	8	Macaroni .. ..	1	Tomato Ketchup .. ..	1
Condensed Milk .. ..	7	Mustard .. ..	2	Tea .. ..	8
Cocoa .. ..	5	Malted Milk .. ..	1	Vinegar .. ..	24
Coffee .. ..	9	Margarine .. ..	87	Whisky .. ..	2
Coffee and Chicory ..	1	Mince Meat .. ..	5	Zinc Ointment .. ..	2
Cider .. ..	8	Marmalade .. ..	3	Vinegar Essence .. ..	1
Corned Beef .. ..	2	Mint (Dried) .. ..	2	Trifle Mixture .. ..	1
Coconut (Desiccated) ..	1	Peas (Dried) .. ..	4		
Cordial .. ..	16	Pearl Barley .. ..	4		
Camphorated Oil .. ..	1	Peas (Tinned) .. ..	8		
Dandelion and Burdock ..	1	Meat Paste .. ..	6		
Cream of Tartar .. ..	1	Mayonnaise .. ..	1		
Epsom Salts .. ..	1	Peel (Mixed) .. ..	1		
Faggots .. ..	1	Pears (Dried) .. ..	1		
Figs .. ..	1	Pepper .. ..	19		
Demerara Sugar .. ..	4	Pudding .. ..	2		
Dripping .. ..	7	Prunes .. ..	2		
				TOTAL .. ..	2,074

TABLE XXIII.

Samples of milk analysed and number adulterated :—

Samples Analysed.	Samples adulterated or not up to required standard.				
	Added Water.	Deficient Fat.	Added Water and Deficient Fat	Below Standard for Non-Fatty Solids	Total.
1344	11	47	—	—	58

*Milk.*—It will be seen from Table XXIII that of 1,344 samples of milk analysed during the year 1938 58, or 4·31 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 XXIV.

Cases in which Legal Proceedings were taken.	Convicted or Ordered to Pay Costs.	Dismissed.	Withdrawn.	Pending.	Fines and Costs.
58	47	11	—	—	£ s. d. 195 1 2



## 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 1938 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 XXV.

Description of Specimens or Samples.	Total No. examined	Results		Percentage of Positive Results
		Positive	Negative	
<i>Bacteriological Examinations :—</i>				
Water Supplies .. .. .	704	—	—	—
Milks for Tubercle Bacilli .. .. .	343	15	328	4·37
Milks for General Examination .. .. .	3007	—	—	—
Milk for Enteric, etc. .. .. .	5	—	—	—
Water for Enteric, etc. .. .. .	4	—	—	—
Ice Cream .. .. .	37	—	—	—
Sputa for Tubercle Bacilli .. .. .	406	56	350	13·79
Sputa for Tubercle Bacilli (Concentration) .. .. .	—	—	—	—
Urine for Tubercle Bacilli .. .. .	13	—	13	—
Faeces for Tubercle Bacilli .. .. .	2	—	2	—
Pus and Pleural Fluid ? T.B. .. .. .	10	2	8	20·00
Diphtheria .. .. .	16544	3250	13294	19·64
Haemolytic Streptococci .. .. .	223	—	—	—
Ringworm .. .. .	2	—	—	—
Sera for Enteric .. .. .	85	18	67	21·18
Faeces for Enteric .. .. .	169	12	157	7·10
Urine for Enteric .. .. .	47	7	40	14·90
Sera for Dysentery .. .. .	2	2	—	100·00
Faeces for Dysentery .. .. .	75	11	64	14·67
Faeces for Food Poisoning .. .. .	2	—	2	—
Food Poisoning Organisms .. .. .	2	—	—	—
Liquid Eggs .. .. .	—	—	—	—
Food for Enteric .. .. .	—	—	—	—
For Wassermann Reaction .. .. .	1461	338	1123	23·13
For Gonococcal Complement Fixation .. .. .	559	334	225	59·75
For Gonococci .. .. .	669	298	371	44·54
For Spirochaeta Pallida .. .. .	34	17	17	50·00
For Ducrey's Bacilli .. .. .	—	—	—	—
Cerebro Spinal Fluid .. .. .	28	—	—	—
Ophthalmia Neonatorum .. .. .	3	—	—	—
Rodents for Plague .. .. .	251	—	—	—
Other Examinations .. .. .	12	—	—	—
<i>Chemical Examinations. :—</i>				
Food and Drugs Acts Samples .. .. .	659	—	—	—
Water Supplies .. .. .	388	—	—	—
River Waters .. .. .	54	—	—	—
Sewage and Sewage Effluents .. .. .	504	—	—	—
Trade Effluents .. .. .	127	—	—	—
Milk and Milk Products .. .. .	810	—	—	—
Ice Cream .. .. .	—	—	—	—
Urine Analyses .. .. .	199	—	—	—
Atmospheric Pollution.. .. .	5	—	—	—
Ultra Violet Radiation .. .. .	—	—	—	—
Other Examinations .. .. .	14	—	—	—
Total .. .. .	27459	4360	16061	—



## SOCIAL AMENITIES.

There has been further provision of pit-head bath installations at Nantymoel, Duffryn Rhondda, Glynneath, and Cwmgwrach, playing fields at Beddau and Tonyrefail, and open-air swimming baths at Maesteg and Cymmer. These are most useful aids to the health and happiness of the people, and the work done by the Miners' Welfare Fund and the Playing Fields' Association since their foundation has been most valuable.

It is of interest that claims which had to be championed twenty-five years ago for better housing, for pit-head baths, for playing fields, and opportunities for the various forms of physical recreation are now no longer matters of debate but are unquestioned social needs.

## BLIND PERSONS ACTS, 1920 AND 1938.

In last year's report mention was made of the Blind Persons Bill, which was under the consideration of Parliament. The Bill became the Blind Persons Act of 1938, and came into operation on 1st April of the year under review.

Important changes have been made by the Act in the administration by County and County Borough Councils of work connected with the welfare of the blind, and its chief provisions are as follows :—

(1) The age at which a blind person may receive a non-contributory Old Age Pension is reduced from 50 to 40 years. This provision means a saving to the County Council of approximately £2,200 per annum.

(2) Each Authority providing domiciliary financial assistance for the blind must now do so under the Blind Persons Acts and not by way of Poor Relief. This provision has removed certain anomalies e.g. in the past when a Glamorgan blind person removed into an area where the blind were assisted by way of poor relief, the assisting Authority could reclaim the relief from the Glamorgan Public Assistance Committee. When, however, the position was reversed, this Authority, because it assisted blind persons under the Blind Persons Act, could not reclaim the amount from the Poor Law Authority of the area from which the blind person came.

(3) In assessing the amount of financial assistance to be given, not only the needs of the blind person must be taken into account, but also the needs of any members of his household who may be dependent on him. The Act does not define the word dependent, but generally speaking relationship is the main factor, e.g. the wife and children under sixteen years of age are dependents, and this can be extended to older children who are sick or incapacitated. Where there is no close relationship the deciding factor may be the method by which the person was supported in the immediate past.

(4) In ascertaining the needs of the blind persons and their dependents, the Act provides that certain assets are to be disregarded, e.g. :—

- (a) The first 5s. 0d. a week of Friendly Society Benefit.
- (b) The first 7s. 6d. a week of National Health Insurance Benefit.
- (c) Maternity Benefit (excluding additional benefits or second maternity benefit).
- (d) The first £1 a week of any wounds or disability pension.
- (e) One half of any weekly payment of compensation under the enactments relating to Workmen's Compensation, etc.

(5) *Funeral Expenses.* Councils are empowered to pay for or contribute towards the cost of the funeral expenses of a blind person or his dependents.



(6) Section 3 of the Act enables an Authority in certain circumstances to recover the cost of assistance given to a blind person who has become ordinarily resident in its area from the area in which the blind person was last ordinarily resident. This section was designed specially to meet the case of a blind person who changes his residence in order to take up employment but it is general in application. Under this section the life of a blind person is divided into five year periods beginning on the day on which he first receives assistance after the commencement of the new Act.

(7) The Act does not make provision for medical or institutional assistance to be given to blind persons, but the Authority has power under the Local Government Act, 1929, to make a declaration that it will make this provision under the Blind Persons Acts. This question is under consideration at the present time.

The changes mentioned above necessitated the introduction of new regulations laying down the amount of domiciliary financial assistance to be given. New regulations were drawn up and put into operation, and they will be reviewed later in the light of the experience gained as the result of their operation.

The saving to the Authority effected by the awarding of State Pensions at the age of 40 has been nullified by the new and increased allowances made to blind people who are in receipt of items of income which are disregarded.

The expenditure of the Blind Persons Act Sub-Committee has increased because it has had to accept financial responsibility for the dependents of the blind, but as this cost was formerly borne by the Public Assistance Committee, it does not represent an increased cost to the County rates.

The number of blind persons on the Register remains fairly stationary, the last ascertained figure being 1,541, but the expenditure on domiciliary assistance for the year has increased to £28,247 from £27,316 in the year 1937.

The legislation mentioned above has thrown additional work on the Department as investigations into circumstances have to be even more detailed than before, and where there are dependents they must be made at shorter intervals. Various functions previously carried out by the Public Assistance Committee—such as the provision of burials where necessary, provision of clothing to enable a sighted dependent to commence work or enter hospital for treatment—are now carried out by the Blind Persons Act Sub-Committee.

The preventive and ameliorative treatment mentioned in last year's report has been continued, and the following tables give details of the active treatment carried out :—

<i>Llwynypia Hospital.</i>	1931	1932	1933	1934	1935	1936	1937	1938
Major operations (in-patients) ..	16	49	68	69	73	91	93	100
Minor operations (out-patients) ..	7	29	32	60	69	53	46	35
New cases seen .. .. .	87	165	233	341	540	469	456	362
Attendances of old cases and ward cases seen .. .. .	45	158	355	474	649	722	867	886
Major operations performed :—								
Cataract .. .. .	3	21	32	23	31	33	36	45
Needling .. .. .	3	7	6	14	4	19	17	17
Trephining .. .. .	2	3	5	—	—	8	3	5
Glaucoma .. .. .	—	1	1	5	11	3	2	2
Iridectomy .. .. .	—	—	1	1	3	2	2	3
Squint .. .. .	5	7	8	11	6	10	8	7
Various .. .. .	3	10	15	15	18	16	25	21

<i>Bridgend Infirmary.</i>	1931	1932	1933	1934	1935	1936	1937	1938
Major operations (in-patients) ..	7	20	16	18	31	20	18	16
Minor operations (out-patients) ..	1	2	5	9	5	6	2	2
New cases seen .. .. .	67	60	70	88	104	131	51	60
Attendances of old cases and ward cases seen .. .. .	—	92	84	104	111	117	111	83

## Major operations performed :—

Cataract .. .. .	2	8	7	7	6	8	7	9
Needling .. .. .	3	6	7	4	13	3	4	2
Trephining .. .. .	1	1	—	—	—	3	1	1
Glaucoma .. .. .	—	—	1	3	1	—	—	1
Iridectomy .. .. .	—	1	—	—	—	—	—	—
Squint .. .. .	—	3	—	—	5	—	3	—
Various .. .. .	1	1	1	4	6	6	3	3

<i>Penrhiwtyn Hospital.</i>	1931	1932	1933	1934	1935	1936	1937	1938
Major operations (in-patients) ..	—	—	—	—	3	6	8	19
Minor operations (out-patients) ..	—	—	—	—	1	—	—	—
New cases seen .. .. .	—	—	—	—	27	22	24	62
Attendances of old cases and ward cases seen .. .. .	—	—	—	—	5	4	15	36

## Major operations performed :—

Cataract .. .. .	—	—	—	—	2	3	2	6
Glaucoma .. .. .	—	—	—	—	1	—	—	—
Various .. .. .	—	—	—	—	—	3	6	13

The Home Visiting Service, consisting of one whole-time visitor and seven part-time visitors, all holding the certificate of the College of Teachers of the Blind, has continued its valuable work during the year.

*Training and Employment.*

The training of blind adolescents is carried out at the Education Committee's School for the Blind at Bridgend, whilst older blind persons are trained and subsequently employed in the workshops of the Rhondda, Pontypridd, Cardiff, Swansea, and Merthyr Institutions. The work of inspection of these institutions is carried out on behalf of the Blind Persons Act Committee by the Principal of the Bridgend Institution for the Blind.





TABLE XXVI.

TABLE SHOWING CLASSIFICATION OF PERSONS REGISTERED UNDER THE BLIND PERSONS ACT, 1920, ON 31st MARCH, 1938.

## (a) AGE GROUPS.

0-1	1-5	5-16	16-21	21-40	40-50	50-65	65-70	70 +	Unknown.	Total.
—	2	21	21	175	159	371	178	622	5	1,554

## (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.
144	22	29	63	77	126	157	241	321	305	69

## (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.				
135	Nil.	32	167	30	2	2	Nil.	7	1,323	1,531



# TABLE XXVI

PERCENTAGE OF THE POPULATION IN THE SEVERAL CLASSES OF INDIAN

IN 1900

CLASS	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE
1	12.5	10.0	15.0	1.0	1.0

PERCENTAGE OF THE POPULATION IN THE SEVERAL CLASSES OF INDIAN

CLASS	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE
2	10.0	10.0	10.0	10.0	10.0

PERCENTAGE OF THE POPULATION IN THE SEVERAL CLASSES OF INDIAN

PERCENTAGE OF THE POPULATION IN THE SEVERAL CLASSES OF INDIAN		PERCENTAGE OF THE POPULATION IN THE SEVERAL CLASSES OF INDIAN	
PERCENTAGE	PERCENTAGE	PERCENTAGE	PERCENTAGE
10.0	10.0	10.0	10.0

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

CLASSIFICATION OF BEDS.																							Treatment available for patients resident outside area ?	Special Departments.						
Hospital	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	10	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.
Prince of 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 XXVIII.  
NOTIFICATION OF INFECTIOUS DISEASES.

	Estimated Popula- tion, 1938.	SMALLPOX.			SCARLET FEVER.			DIPHTHERIA. (Includes Mem. Group.)			ENTERIC FEVER.			ERYSIPELAS.		PUERPERAL PYREXIA.		Phthisis and other Tuberculous Diseases	Ophthalmia Neonatorum	Pneumonia	Encephalitis Lethargica	Dysentery.	Cerebro-Spinal Fever	Malaria.	Acute Folomyelitis	Membranous Group.	
		Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Cases	Rate per 1,000 Births										
Administrative County	708,500	..	..	..	3629	5.12	2182	2017	2.85	1659	10	0.01	8	298	0.42	137	12.54	1187	55	910	8	27	25	7	30	2	
Urban Districts	529,600	..	..	..	2978	5.62	1813	1666	3.15	1451	6	0.01	6	255	0.48	121	14.70	902	47	764	6	21	23	3	13	1	
Rural Districts	178,900	..	..	..	651	3.64	369	351	1.96	208	4	0.02	2	43	0.24	16	5.95	285	8	146	2	6	2	4	17	1	
URBAN.																											
Aberdare	43,030	..	..	..	102	2.37	31	113	2.63	73	..	..	..	19	0.44	3	5.15	78	2	45	3	12	2	1	..	..	
Barry	35,810	..	..	..	129	3.60	98	299	8.35	276	..	..	..	16	0.45	8	14.52	67	1	23	1	..	..	..	..	..	
Bridgend	10,560	..	..	..	42	3.98	29	16	1.52	15	2	0.19	2	3	0.28	1	6.41	26	..	6	1	1	..	..	1	..	
Caerphilly	32,180	..	..	..	267	8.30	260	68	2.11	65	..	..	..	7	0.22	16	28.73	44	2	12	..	..	2	..	1	..	
Cowbridge Borough	1,036	..	..	..	11	10.62	7	1	0.97	1	..	..	..	..	..	2	142.86	..	..	2	..	4	..	..	..	..	
Gelligaer	36,660	..	..	..	117	3.19	117	102	2.78	101	..	..	..	14	0.38	6	8.76	80	5	8	..	..	4	..	..	..	
Glyncorrwg	9,562	..	..	..	17	1.78	..	1	0.10	..	..	..	..	..	..	..	..	17	..	23	..	..	..	..	..	..	
Llchwyr	25,720	..	..	..	27	1.05	3	7	0.27	3	..	..	..	6	0.23	4	10.36	50	4	19	..	..	..	..	..	..	
Maesteg	22,440	..	..	..	93	4.14	67	216	9.63	194	..	..	..	8	0.36	7	17.03	49	2	21	..	..	..	..	..	..	
Mountain Ash	33,700	..	..	..	199	5.91	111	161	4.78	134	1	0.03	1	24	0.71	18	31.69	70	3	76	..	..	1	..	..	..	
Neath Borough	31,480	..	..	..	66	2.10	..	109	3.46	..	..	..	..	9	0.29	4	8.55	43	1	7	..	..	..	..	1	..	
Ogmore and Garw	23,860	..	..	..	250	10.48	101	147	6.16	147	2	0.08	2	14	0.59	3	7.41	40	1	39	..	..	..	..	3	..	
Penarth	16,080	..	..	..	53	3.30	34	75	4.66	63	..	..	..	10	0.62	3	14.85	25	3	138	..	4	3	2	6	1	
Pontypridd	38,610	..	..	..	421	10.90	222	110	2.85	156	1	0.03	1	29	0.75	6	10.89	54	4	26	..	..	..	..	..	..	
Porthcawl	6,752	..	..	..	6	0.89	2	13	1.93	13	..	..	..	..	..	..	..	13	..	3	..	..	..	..	..	..	
Port Talbot Borough	40,180	..	..	..	300	7.47	263	72	1.79	70	..	..	..	9	0.22	7	9.89	65	1	12	1	..	1	..	1	..	
Rhondda	121,940	..	..	..	878	7.20	468	156	1.28	140	..	..	..	87	0.71	33	19.05	181	18	304	..	..	10	..	..	..	
RURAL.																											
Cardiff	31,900	..	..	..	103	3.23	81	30	0.94	30	1	0.03	1	6	0.19	2	4.80	36	2	14	..	4	..	..	..	..	
Cowbridge	10,450	..	..	..	33	3.16	26	30	2.87	30	..	..	..	5	0.48	..	..	17	1	16	..	..	1	..	1	..	
Gower	10,400	..	..	..	6	0.58	1	4	0.38	1	..	..	..	..	..	1	7.25	14	..	..	..	..	..	..	..	..	
Llantrisant and Llan- twit Fardre	24,230	..	..	..	170	7.02	122	45	1.86	41	1	0.04	1	13	0.54	4	9.76	37	3	12	..	1	..	..	..	1	
Neath	40,320	..	..	..	88	2.18	6	123	3.05	26	2	0.05	..	4	0.10	3	4.67	75	1	40	..	..	..	..	4	..	
Penybont	27,660	..	..	..	66	2.39	46	28	1.01	27	..	..	..	5	0.18	2	4.33	61	..	24	2	..	..	4	1	..	
Pontardawe	33,940	..	..	..	185	5.45	87	91	2.48	53	..	..	..	10	0.29	4	9.17	45	1	40	..	1	1	..	11	..	





TABLE XXIX.  
VITAL STATISTICS, ETC., 1938.

	POPULATION			BIRTHS			DEATHS			CAUSES OF DEATH AT ALL AGES																								
	1911	Estimated 1910	Males	Female	Total	Males	Female	Total	Under one year	CAUSES OF DEATH AT ALL AGES																								
										Typhoid and Paratyphoid	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Tetanus	Erysipelas	Enteric Fevers	Cerebro-spinal Fever	Tuberculosis of Larynx	Pneumonia	Other Tubercular Diseases	Syphilis	General Infection from Injuries, Burns, &c.	Cancer	Consumption	Diphtheria	Cerebral Hemorrhage, &c.	Heart Disease	Aneurysm	Other Tubercular Diseases	Bronchitis	Peritonitis (all forms)	Other Tubercular Diseases	Other Injuries
MEDICAL OFFICERS OF HEALTH																																		
England and Wales	766,323	708,560	3,579	5,948	10,521	5,544	3,895	9,439	111	1	22	11	3	21	112	12	13	481	183	18	28	1,636	142	576	2,311	15	420	458	354	118	79	26	41	14
Administrative County	585,659	529,660	4,739	6,917	8,233	3,868	2,588	6,486	111	1	12	10	1	1	80	93	13	385	87	15	24	1,038	108	460	1,844	13	303	307	286	88	69	28	30	8
Urban Districts	180,715	178,900	1,357	1,331	2,688	1,146	907	2,053	145	1	12	3	8	14	1	1	106	36	3	4	282	34	116	467	1	117	391	95	30	10	8	11	6	
Unsex.																																		
Aberdeen	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3		
Barnley	E. J. Davies, M.B., B.S., D.P.H.	28,861	50,610	261	280	541	261	211	447	17	1	1	1	1	1	1	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Belfast	J. S. Pugh, M.B., B.S., D.P.H.	10,729	10,729	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Birmingham	W. R. Nash, M.R.C.S., L.R.C.P., D.P.H.	35,768	32,180	360	297	657	228	160	417	37	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Cardiff	D. J. Evans, M.R.C.S., L.R.C.P., D.P.H.	5,118	5,118	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Coverdale Borough	D. J. Evans, M.R.C.S., L.R.C.P., D.P.H.	41,043	38,660	360	304	664	295	191	447	38	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Gloucester	R. J. Barker, M.B., B.S., D.P.H.	1,018	1,018	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Glyncorrwg	M. K. Taylor, M.B., B.S.	26,626	25,720	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Leeds	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Manchester	R. J. Barker, M.B., B.S., D.P.H.	35,768	32,180	360	297	657	228	160	417	37	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Northampton	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Nottingham	E. J. Davies, M.B., B.S., D.P.H.	28,861	50,610	261	280	541	261	211	447	17	1	1	1	1	1	1	1	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Oldham	W. R. Nash, M.R.C.S., L.R.C.P., D.P.H.	35,768	32,180	360	297	657	228	160	417	37	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sheffield	D. J. Evans, M.R.C.S., L.R.C.P., D.P.H.	5,118	5,118	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Southampton	R. J. Barker, M.B., B.S., D.P.H.	1,018	1,018	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Stoke Newington	M. K. Taylor, M.B., B.S.	26,626	25,720	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D.P.H.	25,520	25,520	192	194	386	168	124	290	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worcester	J. L. Pritchard, M.D., D.P.H.	48,746	43,630	244	288	582	337	262	629	30	1	1	1	1	3	1	1	28	11	1	1	10	10	44	131	1	22	19	9	9	1	2	3	
Wolverhampton	R. J. Barker, M.B., B.S., D																																	



Age	Sex	Cause of Death	Birth-rate	Crude Death-rate	Adjusted Death-rate	DEATH-RATE PER 1000 POPULATION												RATE PER 1000 LIVE BIRTHS				Place
						Typhoid and Paratyphoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis of Respiratory System	Tuberculosis, Other forms	Respiratory Diseases	Violence	Infantile Mortality	Diarrhoea, etc. (under 2 years)	Puerperal Sepais	Other Puerperal Causes		
1	1	1	15.1	11.6	14.62	0.00	—	0.04	0.01	0.03	0.07	0.11	—	—	—	—	53	5.50	0.89	2.19	England and Wales.	
2	2	2	15.4	12.6	14.62	0.00	—	0.02	0.02	0.04	0.09	0.16	0.69	0.15	1.28	0.61	60	3.30	1.37	4.58	Administrative County.	
3	3	3	15.5	13.0	15.21	0.00	—	0.02	0.02	0.03	0.09	0.18	0.73	0.16	1.29	0.56	62	3.40	1.09	4.49	Urban Districts.	
4	4	4	15.0	11.5	13.23	—	—	0.01	0.02	0.04	0.08	0.11	0.59	0.10	1.28	0.75	54	2.98	2.23	4.84	Rural Districts.	
URBAN.																						
1	1	1	13.5	14.6	16.64	—	—	0.02	0.02	0.07	0.14	0.46	0.60	0.26	1.32	0.93	51	1.72	—	12.03	Aberdare.	
2	2	2	13.4	13.0	13.91	—	—	—	—	0.03	0.14	0.08	0.95	0.20	0.75	0.67	31	1.81	—	1.81	Barry.	
3	3	3	14.8	14.2	13.92	0.09	—	0.09	0.19	0.09	0.16	0.09	0.95	0.09	1.42	0.47	45	—	—	6.41	Bridgend.	
4	4	4	17.3	13.0	15.73	—	—	0.03	—	0.03	0.16	0.59	0.19	1.55	0.45	0.66	5.39	1.80	1.80	Caerphilly.		
5	5	5	13.5	15.4	11.55	—	—	—	—	—	—	0.97	0.97	—	1.93	0.97	71	—	—	—	Cowbridge Borough.	
6	6	6	18.7	11.3	15.03	—	—	0.03	0.08	0.16	0.16	0.87	0.05	1.28	0.88	55	5.84	1.46	4.38	Gelligaer.		
7	7	7	18.3	12.4	13.38	—	—	—	—	—	0.10	0.21	0.84	0.21	1.46	0.84	0.7	5.59	—	5.59	Glyncorrwg.	
8	8	8	16.8	12.9	15.22	—	—	0.04	0.04	0.13	0.09	0.51	0.16	0.86	0.62	57	5.18	—	8.18	Llchwyr.		
9	9	9	14.5	12.0	13.56	—	—	0.04	0.04	0.13	0.09	0.53	0.13	1.78	0.49	88	2.43	2.43	12.17	Maesteg.		
10	10	10	12.6	11.8	12.15	—	—	0.03	0.03	0.06	0.06	0.42	0.18	1.36	0.45	46	—	1.76	3.52	Mountain Ash.		
11	11	11	17.0	11.6	14.38	—	—	0.04	0.04	0.06	0.06	0.73	0.16	1.14	0.54	60	8.55	—	4.27	Neath Borough.		
12	12	12	12.6	11.8	12.15	—	—	0.13	0.21	0.04	0.54	0.13	1.13	0.50	49	2.47	2.47	—	—	Ogmore and Garw.		
13	13	13	14.3	13.7	15.21	—	—	—	0.03	0.10	0.10	0.93	0.23	1.74	0.62	87	9.07	1.81	5.44	Pontypridd.		
14	14	14	11.5	12.7	11.30	—	—	—	—	0.30	0.30	0.15	0.30	0.39	0.15	38	—	—	—	Portcawl.		
15	15	15	17.6	12.8	15.62	—	—	0.05	—	0.02	—	0.15	0.80	0.05	1.37	0.32	76	1.41	1.41	5.65	Port Talbot Borough.	
16	16	16	14.2	13.8	16.70	—	—	0.02	0.03	0.03	0.04	0.25	0.75	0.19	1.30	0.43	70	2.31	1.15	2.31	Rhondda.	
RURAL.																						
1	1	1	13.1	10.3	10.71	—	—	—	—	0.03	0.03	0.03	0.56	0.06	0.60	0.56	36	2.40	2.40	4.80	Cardiff.	
2	2	2	17.4	14.4	15.41	—	—	—	—	0.10	0.38	0.38	0.38	1.72	0.96	49	—	—	—	4.80	Cowbridge.	
3	3	3	13.3	11.3	10.85	—	—	—	—	0.10	—	0.67	—	0.67	0.77	51	7.25	—	—	7.25	Gower.	
4	4	4	16.9	11.2	13.66	—	—	0.04	—	0.08	0.08	0.70	0.08	1.28	0.78	44	4.88	4.88	9.76	Llantrisant and Llantwit Fardre.		
5	5	5	15.9	11.2	14.00	—	—	0.02	0.02	0.07	0.07	0.60	0.12	1.36	1.04	70	1.56	1.56	3.11	Neath.		
6	6	6	16.7	11.6	12.88	—	—	0.02	0.04	0.11	0.43	0.07	1.66	0.76	58	4.33	2.16	4.33	Penybont.			
7	7	7	12.8	12.2	14.88	—	—	—	0.03	0.18	0.18	0.71	0.09	1.56	0.50	55	2.29	2.29	6.88	Pontardawe.		





