

[Report 1925] / Medical Officer of Health, Merioneth County Council.

Contributors

Merionethshire (Wales). County Council.

Publication/Creation

1925

Persistent URL

<https://wellcomecollection.org/works/gq626c22>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Int Librarian

1925.



ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF THE

MERIONETH COUNTY COUNCIL.

E. LEWYS-LLOYD,
MEDICAL DEPARTMENT,
COUNTY OFFICES,
DOLGELLEY.



1925.



ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF THE

MERIONETH COUNTY COUNCIL.

E. LEWYS-LLOYD,
MEDICAL DEPARTMENT,
COUNTY OFFICES,
DOLGELLEY.

MEDICAL DEPARTMENT,
COUNTY OFFICES,
DOLGELLEY.

*To the Chairman, Aldermen, and Councillors of the
County Council of Merioneth.*

LADIES AND GENTLEMEN,

I beg to present to you my report on the Health Conditions
of the County in the year 1925.

The report is in four parts :

Part I.—General Public Health.

Part II.—Maternity and Child Welfare.

Part III.—Work under the Mental Deficiency Act.

Part IV.—Welfare of the Blind.

I wish to express my thanks to the Chairmen of the Committees,
my Colleagues in the County Office, and the District Medical
Officers of Health for help and co-operation.

I am,

Your obedient Servant,

E. LEWYS-LLOYD,

Medical Officer.

October, 1926.

Part I.

GENERAL PUBLIC HEALTH.

The Public Health and Housing Committee.

Chairman: Alderman John Jones.

The Chairman and Vice-Chairman of the Council *Ex-Officio*.

Alderman R. E. Roberts.

„ T. Lloyd Jones.

„ J. W. Roberts

Councillor Joseph Humphreys

„ John Evans (Dolaugwyn)

„ Mrs. Mary Morgan

„ John Evans (Harlech)

„ J. Pugh Jones

„ Joseph Williams

„ W. J. Williams

„ William Roberts (Llanfrothen)

„ John D. Jones (Isallt)

„ H. D. Jones

„ Gwilym Evans

„ E. P. Jones

„ Howell Evans

„ Capt. H. J. Collins

„ R. J. Meredith

NATURAL AND SOCIAL CONDITIONS.

1. *Area.*

The area of the administrative County in statute acres (Land and Inland water) is 422,372 acres.

2 *Population.*

The population of the County, as stated in the provisional count of the 1921 Census published the same year was 45,450, but the Census volume published in 1924 it is returned at 45,087.

The figures in Column 2 Table I are taken from this volume. The population in the remaining columns of this table are "the estimated mid-year population" made by the Registrar General and upon which the various "vital statistics" rates are calculated.

3 Table II. is of interest showing the population of the County from the Census of 1801 to the Census of 1921. (Table I. of the Census reports).

Note.—From 1801—1891 the figures relate to the Ancient County which was unaffected by the operation of the Act 7 and 8 Vict. chap. 61 (1844), and from 1891—1921 to the present administrative County. The relation between the two areas is indicated by the difference between the two populations shown for 1891.

Table I.

Showing the population of the County as enumerated at the Census of 1921, and the mid-year estimated population years 1921—1925.

Columns 1	Census 1921	Estimated Population				
	1921	1921	1922	1923	1924	1925
Columns 1	2	3	4	5	6	7
Whole County	45,087	41,783	41,951	42,320	B=43710 D=42930	B=42950 D=42850
Total <i>Urban</i> District	20,255	17,970	18,037	18,342	18750 B=24960	18720 B=24230
Total <i>Rural</i> District	24,832	23,813	23,914	23,978	D=24180	D=24130
Urban Districts :						
Bala ...	1405	1365	1397	1425	1459	1439
Barmouth ...	3553	2010	2024	2054	2113	2125
Dolgelley ...	2013	1951	1923	2019	2207	2182
Festiniog ...	8138	8180	8196	8350	8410	8426
Mallwyd ...	733	700	705	696	704	703
Towyn ...	4413	3764	3792	3798	3857	3845
Rural Districts :						
Deudraeth ...	7367	7170	7176	7209	B=8111 D=7331	B=7378 D=7278
Dolgelley ...	8365	7790	7841	7814	7786	7771
Edeirnion ...	4936	4773	4823	4875	4958	4965
Penllyn ...	3738	3673	3672	3674	3688	3703
Pennal C.P. ...	426	407	402	406	417	413

Table II.

giving the population of the County at the various Census enumeration from 1901—1921.

The difference between the “ancient” and present “administrative” County is shown in the enumeration for 1891.

Date of Census.	Population	Intercensal increase ÷ or decrease—	
		Amount	Per cent.
1801 March 9/10	29,506	—	—
1811 May 26/27	30,854	+ 1348	+ 4.6
1821 May 27/28	34,382	+ 3528	+ 11.4
1831 May 29/31	35,315	+ 933	+ 2.7
1841 June 6/7	39,332	+ 4017	+ 11.4
1851 March 30/31	38,843	— 489	— 1.2
1861 April 7/8	38,963	+ 120	+ 0.3
1871 April 2/3	46,598	+ 7635	+ 19.6
1881 April 3/4	52,038	+ 5440	+ 11.7
	{ 49,278	— 2760	— 5.3
1891 April 5/6	{ (Ancient) 48,859		
	{ (Administ		
1901 March 31/April 1	48,852	— 7	—
1911 April 2/3	45,565	— 3287	— 6.7
1921 June 19/20	45,087	— 478	— 1.0

During the years 1801—1841 the population steadily increased, and the total increase in the 40 years was 9,726. During the next 40 years the increase was 10,435, though there was in the period of—1881—1891 a decrease of 2,760.

From 1891 to 1921 there is a continuing decrease, the population in 1921 being 3,762 less than in 1891 and less than the estimated population in 1921 by 7,076.

5 PHYSICAL FEATURES AND GENERAL CHARACTER OF THE AREA.

Merioneth is a maritime County, its western side bounded by the Cardigan Bay, and on the North, East and South by the Counties of Carnarvon, Denbigh, Montgomery and Cardigan.

It is very mountainous with deep secluded valleys, the only lowland part, apart from these, is the narrow strip between the Ardudwy and the sea.

The nature of the rocks in some parts of the County gives employment to a large number in the production of slates probably the best roofing slate in the world, and of all the counties in Wales it is the most essentially Welsh.

It is somewhat triangular in shape, with the shorter side facing the Cardigan Bay.

The chief watershed of the County is the high ridge dividing the County into East and West. The fall of the East drains into the Dee, and that of the West into the Cardigan Bay.

The largest lake is Bala, "the largest sheet of natural fresh water in Wales" and is about 1084 acres in extent:

6 NUMBER OF INHABITED HOUSES AND FAMILIES.

Table III gives number of buildings and the numbers of structurally separate dwellings occupied by Private families. There were 1065 dwellings vacant on the night of the Census.

Dwellings Occupied by :—	1—3 Rooms.	4—5 Rooms.	6—8 Rooms.	9 or more Rooms.
1 Private Family ...	1847	4079	3300	1105
2 Private Families ...	1	28	93	60
3 Private Families ...	—	—	2	18

Table iv gives full statistics as to housing of private families 1921, and Table V gives information as to the population, numbers of private families and dwellings in the several Sanitary Districts in the County.

Table III. BUILDINGS AND DWELLINGS.

Buildings.			Structurally separate Dwellings Occupied by Private Families or Vacant.									
In course of Erection.	Completed.		Dwellings Occupied by Non-Private Families.	Vacant Census Night.	Occupied by Caretaker.	1—3 Rooms.	4—5 Rooms.	6—8 Rooms.	9 or more Rooms.	Total Dwell- ings	Total Rooms.	
	Not Con- taining Dwellings	Con- taining Dwellings										
Cols 1	2	3	4	5	6	7	8	9	10	11	12	13
22		11,093	Undivided Private Houses ...	93	1038	1	2105	4433	3352	1110	11,000	60,914
		5	Blocks of Flats Tenements ...	4	21		7	10	1		18	73
5	154	495	Shops				31	97	239	124	491	3552
	1084	122	Others	33	6		17	25	19	28	89	708
27	1238	11,715	Total	130	1065	1	2160	4565	3611	1262	11,598	65,247

Table IV.
HOUSING OF PRIVATE FAMILIES

	PERCENTAGE of Structurally separate dwellings returned as			Rooms per dwelling 1921	Families per dwelling 1921	Persons per family		Increase or Decrease — in Dwellings 1911—1921		Increase or Decrease — in private families 1911—1921		Surplus or Deficiency (— of rooms in 1921 on basis of England & Wales Stand- ard 1911		Population living more than 2 persons to a room					
	Private Houses	Flats	Attached to Shops, Warehouses.			1921	1911	1921	1911	No	Per cent.	No	Per cent.	No	Per cent tage of Stand- ard No	Population		Percentage of Total Private Family Popu- lation	
																1921	1911	1921	1911
Columns 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
Whole County ...	95	...	5	5.70	1.02	3.95	4.01	—349	—3.2	—292	— 2.6	6369	14.5	1260	1777	3.0	4.0		
Urban Districts :																			
Bala ...	86	...	14	5.58	1.10	3.35	3.53	—16	— 4.2	— 10	— 2.5	165	10.6	75	62	5.7	4.3		
Barmouth ...	90	2	8	7.33	1.02	4.66	3.80	36	6.9	8	1.6	298	18.3	54	34	2.3	1.8		
Dolgelley ...	87	...	13	5.34	1.03	3.44	3.50	—62	—10.2	— 53	— 8.7	270	12.3	40	74	2.1	3.5		
Festiniog ...	96	...	4	5.54	1.01	3.90	4.14	—213	— 9.3	—242	—10.4	1692	18.9	130	300	1.6	3.1		
Mallwyd ...	99	...	1	4.67	1.02	3.64	3.40	—18	— 8.4	— 15	— 7.0	1	0.1	25	...	3.5	...		
Towyn ...	95	...	5	6.51	1.04	3.94	3.91	44	4.5	79	8.2	824	21.1	105	138	2.6	3.7		
Rural Districts :																			
Deudraeth ...	95	...	5	5.63	1.01	4.00	4.21	—56	— 3.1	— 42	— 2.3	1144	15.6	222	409	3.1	5.4		
Dolgelley ...	97	...	3	5.77	1.01	4.03	3.99	35	1'8	48	2.5	1279	15.8	174	245	2.2	3.2		
Edeirnion ...	94	...	6	5.19	1.03	3.90	4.03	—39	— 3.2	— 11	— 0.9	270	5.2	214	307	4.5	6.1		
Penllyn ...	99	...	1	5.48	1.01	4.13	4.30	—54	— 5.7	— 48	— 5.1	399	10.7	188	201	5.1	5.0		
Pennal C.P. ...	99	...	1	5.16	1.00	3.77	3.61	— 6	— 5.0	— 6	— 5.0	27	5.9	33	7	7.7	1.6		

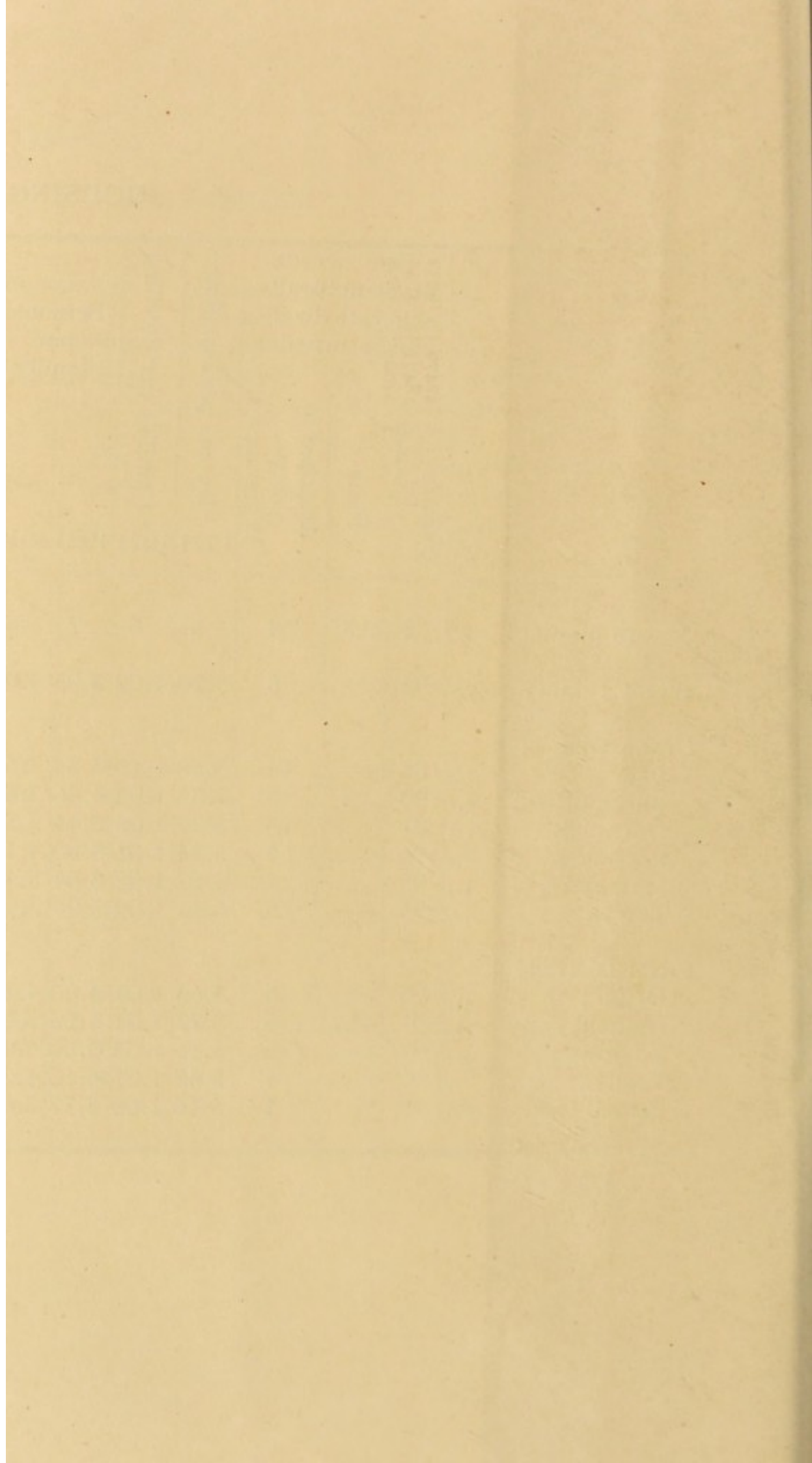


TABLE V. POPULATION AND PRIVATE FAMILIES IN THE SEVERAL SANITARY DISTRICTS.

Cols. 1	Area in statute acres (Land and Inland Water).	Total Population.					Private Families and Dwellings.				
		1911		1921			Private Families	Population in Private Families	Structurally Separate Dwell- ings Occupied	Occupied Rooms	Rooms Per Persons.
		Persons	Persons	Males	Females	Persons per Acre					
Whole County	2	3	4	5	6	7	8	9	10	11	12
Total Urban Districts	422372	45565	45087	21035	24052	0.1	10758	42476	10533	60003	1.41
Total Rural Districts	54727	20163	20225	9237	11018	0.4	4766	18471	4642	27292	1.48
	367645	25402	24832	11798	13034	0.1	5992	24005	5891	32711	1.36
Urban District :											
Bala	252	1537	1405	659	746	5.6	396	1327	360	2008	1.51
Barmouth	798	2106	3553	1385	2168	4.5	494	2301	486	3561	1.55
Dolgelley	174	2160	2013	897	1116	11.6	555	1911	539	2878	1.51
Festiniog	16323	9674	8138	4037	4101	0.5	2082	8110	2064	11435	1.41
Mallwyd	14221	757	733	355	378	0.1	198	720	195	910	1.26
Towyn	22959	3929	4413	1904	2509	0.2	1041	4120	998	6500	1.58
Rural District :											
Deudraeth	75915	7793	7367	3468	3899	0.1	1773	7099	1750	9848	1.39
Dolgelley	136987	7975	8365	3839	4526	0.1	1980	7985	1951	11253	1.41
Edeirnion	47460	5132	4936	2405	2531	0.1	1230	4797	1190	6162	1.28
Penllyn	98469	4072	3738	1890	1848	0.0	896	3698	887	4865	1.32
Pennal, C.P.	8814	430	426	196	230	0.0	113	426	113	583	1.37

- 7 The Rateable Value of the County is £279,784 0 0, and the product of a 1d. rate is £963 19 6.

8 SOCIAL CONDITIONS AND CHIEF OCCUPATIONS.

Table VI. shows the occupations by sex and persons aged 12 years and over, and Table VII. shows the numbers occupied at various ages.

9 OCCUPATIONS OF MALES IN THE COUNTY.

The total number of occupied males in the County is 14,266 equal to 857 per 1,000 of the population which is roughly the proportion found in other Welsh Counties.

Table VI.
OCCUPATIONS BY SEX OF PERSONS AGED 12 YEARS
AND OVER.

	Males	Females
Total population ...	21,035	24,052
Under 12 years of age ...	4386	4315
Aged 12 years and upwards ...	16,649	19,737
Total occupied aged 12 years and over ...	14,226	5230
Total unoccupied and retired, aged 12 years and over ...	2383	14507
II. Total Agricultural occupations ...	4659	458
Farmers ...	1868	232
Farmers' sons, daughters or other relatives assisting in the work ...	739	180
Gardeners ...	284	1
Shepherds ...	70	...
Agricultural Labourers ...	1511	45
Other workers ...	187	...
III. Total Mining and Quarrying occupations	2447	2
In Coal and Shale Mines ...	251	...
Stone Miners—Quarriers ...	246	...
Slate Miners—Quarriers ...	1829	...
Other workers ...	121	2

	Males	Females
VII. Total Metal workers ...	492	8
Smiths and Skilled Forge worker ...	131	...
Fitters and Millwrights ...	56	...
Mechanical Engineers (not engine drivers) ...	52	...
Motor Mechanics ...	57	...
Plumbers ...	28	...
Other workers ...	168	8
IX. Total Electrical Apparatus Makers, Fitters, Electricians ...	59	1
Engineers and Fitters ...	39	...
Other workers ...	20	1
XI. Total workers in Skins and Leather ...	81	2
Furriers, Skinners, Tanners, Leather Dressers ...	60	...
Makers of Leather, &c. ...	21	2
XIII. Total Makers of Textile Goods and Articles of Dress ...	211	344
Tailors ...	87	28
Dressmakers ...	1	231
Boot and Shoe Makers and Repairers ...	85	1
Other workers ...	38	85
XIV. Total Makers of Foods, Drinks, and Tobaccos ...	138	45
Grain Millers ...	18	1
Bakers and Pastry Cooks ...	75	35
Other workers ...	45	9
XV. Total workers in Wood and Furniture ...	349	2
Carpenters ...	232	...
Sawyers ...	23	...
Wheelwrights ...	13	...
Other workers ...	81	2
XVI. Total Printers, Bookbinders, Photo- graphers ...	86	11
Compositors, hand and machine ...	17	1
Printers ...	30	...
Other workers ...	39	10

	Males	Females
XVII. Total Builders, Bricklayers, &c.—Contractors	1105	4
Bricklayers	22	...
Builders	20	...
Plasterers	27	...
Masons	150	...
Slate Workers and Slate Masons	319	3
Navvies...	198	...
Platelayers	141	...
Other workers	228	1
XVII. Total Painters, Decorators	127	...
XXII. Total Persons employed in Transport and Communication	1072	80
Railway workers	364	10
Drivers of Lorries, Waggon, &c.	75	1
„ Motor Cars, Omnibuses, &c.	145	2
„ Steam Waggon	17	...
Other Road Transport Workers	124	2
Water Transport Workers	96	...
Other Workers in Transport	251	65
XXIII. Total Commercial, Finance and Insurance occupations, excluding clerks	1195	516
XXIV. Total persons employed in Public Administration and Defence	237	101
XXI. Total Professional occupations, excluding clerical staffs	552	483
Clergymen Anglican Church	73	...
Ministers of other religious bodies	100	...
Solicitors	21	...
Registered Medical Practitioners	50	...
Sick Nurses	—	114
Teachers	125	295
Other professional occupations	183	74
XXVII. Total persons engaged in Personal Service	290	2923
Domestic Servants, indoor	64	2125
Lodging-house Keepers	15	442
Other workers	211	356

	Males	Females
XXVIII. Total Clerks, Draughtsmen, Typists (not Civil Service) ...	377	209
XXXI. Total other and undefined workers ...	497	5
Unskilled workers ...	367	...
XXXII. Total Retired or not gainfully employed	2383	14507
Retired from previous gainful occupation	631	94

Table VII.

Total numbers occupied at various ages.

Age last Birthday	Males	Females
12—13	10	10
14—15	374	223
16—17	662	342
18—19	672	422
20—24	1512	923
25—34	2717	1108
35—44	2693	738
45—54	2601	631
55—59	999	285
60—64	872	235
65—69	627	143
70 and over	527	170
Total occupied ...	14,266	5230

11. THE CHIEF OCCUPATIONS.

12. "AGRICULTURAL WORKERS constitute the most important group in the County. They number 4659 and have a rate of 280 per 1000. Among the Urban Districts . . . the highest proportions are in MALLWYD 343 per 1000, and TOWYN 240 per 1000 . . . The proportions in Rural Districts are given in the following table, which shows also the proportions per 10,000 acres and the ratio of agricultural labourers per 100 farmers and relatives working on farms. The proportion of agriculturists per 1000 males aged 12 and over shows the position of agriculture relative to the total of all other industries. The proportion of workers per unit of area is an index of intensity of cultivation. The ratio of labourers to farmers, &c., supplies some information as to the character of operations carried on ; it tends to be high where farms are large and tillage prevails, and low in upland and grazing farms, and in districts where the numbers of allotments and small holdings are large.

Table VIII.

Rural District	Agricultural Workers		Agricult'ral Labourers
	Per 1000 Males of 12 and over	Per 10,000 acres	Per 100 farmers and relatives
Deudraeth . . .	303	108	54
Dolgelley . . .	436	97	48
Edeirnion . . .	386	154	72
Penllyn . . .	647	99	60
Pennal C.P. . .	419	70	75
All Rural Districts . . .	421	106	57

13. SLATE MINNERS AND QUARRIERS number 1829 and are 86 per cent of the total. Naturally the highest numbers are found in Festiniog Urban District where they number 1,236 with a rate of 391 per 1,000.

14. SKINNERS AND TANNERS who number 60 are practically confined to DOLGELLEY URBAN DISTRICT.

15. BUILDERS' BRICKLAYERS have a rate of 66 persons and is the second highest rate returned in Wales.

16. Occupation of Females in the County.

17. PERSONS ENGAGED IN PERSONAL SERVICE form the most important group among the womens' occupations. Of the total 2,125 or 73 per cent are indoor domestic servants.

The Registrar General states "A knowledge of the proportion of these in a community is often of service as an indication of general Social conditions. For this reason the rates of servants per 1000 total population have been calculated for all the districts in the County. They are as follows:

Administrative County 47.

Aggregate of Urban Districts 44.

Aggregate of Rural Districts 50.

Urban Districts :

Bala	41
Barmouth	59
Dolgelley	46
Festiniog	25
Mallwyd	40
Towyn	68

Rural Districts :

Deudraeth	44
Dolgelley	57
Edeirnion	42
Penllyn	55
Pennal C.P.	47

18. "Lodging house keepers are 442 in number in the County a large number of these workers (152) with a very high rate (201 per 1000) is returned in BARMOUTH U.D. Other high rates are 142 in TOWYN U.D., 69 in DOLGELLEY U.D. 60 in BALA U.D. and 59 DOLGELLEY R.D."

19. Replies to a recent series of Questions to panel Practitioners in the County show that the diseases for which the doctors were most frequently consulted were :

Bronchial troubles.

Rheumatism and

Dyspepsia

and perusing the replies there did not appear to be any special local conditions to which these diseases could be attributed with the exception of Festiniog.

The Festiniog doctors—all of them—called attention to the very strenuous nature of the occupations in the slate industry and they attributed much of the illness of the district to this cause coupled with the prevailing damp climate.

The replies generally called attention to the deficiency of houses, errors of diet, faulty personal hygiene and the ignorance of the value of fresh moving air.

20.

VITAL STATISTICS.

21. BIRTHS.—The total number of births registered in the County in 1925 was 725 ; 309 in the Urban Areas and 416 in the Rural Areas ; of these 360 were boys and 365 girls.

ILLEGITIMATE BIRTHS.—57 were registered during the year, 28 in the Urban Areas and 29 in the Rural Areas equivalent to 9.0% of Urban Births and 6.9% of Rural births.

The Birth Rate for the whole County is 16.9 while the corresponding rate for England and Wales is 18.3.

Table viii. gives the number of births and the rate for 1925 and table ix. similar rates for the past 9 years.

22.

DEATHS.

The total number of deaths registered as belonging to the County in 1925 is 694 equivalent to a death rate of 16.2 per 1,000 of population.

This is considerably higher than the corresponding rate for England and Wales.

TABLE IX.

Showing the number Births with the Birth Rates in the County and in the Several Sanitary Districts.

	Number of Births.			Birth Rate per 1000 of Population	Illegitimate Births.	
	Male	Female	Total		No.	Per cent of Total Births.
Cols. 1	2	3	4	5	6	7
England & Wales				18.3		
Whole County	360	365	725	16.9	57	7.9
Total Urban Districts	159	150	309	16.5	28	9.0
Total Rural Districts	201	215	416	17.1	29	6.9
Urban District :						
Bala	13	6	19	13.9	1	5.2
Barmouth	14	21	35	16.5	3	8.5
Dolgelley	21	17	38	17.1	6	15.7
Festiniog	74	87	161	19.1	13	8.0
Mallwyd	10	4	14	19.9	3	21.4
Towyn	27	15	42	10.9	2	4.7
Rural District :						
Deudraeth	60	72	132	17.9	15	11.3
Dolgelley	56	58	114	14.6	4	3.5
Edeirnion	40	44	84	16.9	6	7.1
Penllyn	43	38	81	21.9	3	3.7
Pennal C.P.	2	3	5	12.1	1	20.0

23 The Principal Causes of Death in England and Wales are given in Table XIII. and the last column of this Table the figures for past 5 years.

Table XI gives the Cause of Death in the several Sanitary Districts and Table XII. at different age periods and Table XIV. the rates for the past few years.

TABLE X.

Giving the Birth Rates for the Years 1916—1924 in the County.

	1916	1917	1918	1919	1920	1921	1922	1923	1924
Cols. 1	2	3	4	5	6	7	8	9	10
England and Wales	20.9	17.8	17.7	18.5	25.4	22.4	20.6	19.7	18.8
Whole County ...	15.9	14.2	15.5	15.2	21.3	20.2	18.5	18.2	17.8
Total Urban District...	14.0	12.9	12.8	14.8	22.6	19.4	19.0	18.8	17.7
Total Rural District ...	17.2	15.2	17.4	16.9	20.5	20.9	18.0	17.8	17.9
Urban District :									
Bala ...	19.1	16.4	12.7	14.8	22.3	16.8	20.0	18.9	13.7
Barmouth ...	8.5	12.5	11.4	13.4	17.2	16.4	15.8	10.7	13.2
Dolgelley ...	20.0	13.4	14.6	18.9	28.9	19.5	17.9	20.8	16.3
Festiniog ...	14.0	12.7	12.6	15.4	23.4	21.8	23.6	21.7	20.5
Mallwyd ...	14.9	9.1	16.0	15.4	24.7	17.1	21.2	17.2	28.4
Towyn ...	12.4	12.6	12.4	11.8	19.9	16.7	10.9	16.0	14.5
Rural District :									
Deudraeth ...	20.6	17.9	18.7	16.9	21.6	19.5	18.4	19.4	16.5
Dolgelley ...	13.7	13.6	14.7	11.2	17.1	21.4	15.1	16.3	16.8
Edeirnion ...	18.3	15.2	18.2	19.1	20.0	24.7	18.0	17.4	20.6
Penllyn ...	17.9	13.2	20.1	16.2	25.6	17.1	23.1	19.6	21.9
Pennal C.P. ...	11.6	9.1	7.5	21.4	24.2	22.1	20.0	5.0	7.2

Table XI.
Causes of death in the several Sanitary Districts.

Causes	Urban Districts.						Total Urban Districts	Rural Districts					Total Rural Districts	Whole County
	Bala	Barmouth	Dolgellay	Festiniog	Mallwyd	Towyn		Deudraeth	Dolgellay	Edeirnion	Pentllyn	Pennal C.P.		
All Causes	32	32	38	140	18	68	328	110	111	86	49	10	366	694
Measles	...	...	...	3	...	...	3	1	...	...	...	...	1	4
Whooping Cough	2	...	...	2	...	...	4	1	...	1	...	...	2	6
Diphtheria	...	...	...	...	...	1	1	...	...	...	...	...	...	1
Influenza	...	1	...	9	...	1	11	2	3	1	3	...	9	20
Encephalitis Lethargica	...	1	...	...	...	...	1	...	...	...	...	...	...	1
Tuberculosis of Respiratory System	1	2	2	13	1	7	26	10	11	4	1	...	26	52
Other Tuberculous Diseases	...	1	...	1	...	5	7	1	1	...	...	...	2	9
Cancer, malignant disease	3	4	4	10	1	7	29	14	14	8	4	3	43	72
Rheumatic Fever	...	...	...	2	...	...	2	...	2	...	...	...	2	4
Diabetes	...	...	1	1	...	1	3	2	2	...	1	...	5	8
Cerebral Hæmorrhage, &c.	1	2	5	6	...	7	21	7	16	12	3	3	41	62
Heart Disease	9	3	15	16	6	7	56	14	24	17	9	...	64	120
Arterio-Sclerosis	4	1	...	9	...	7	21	10	2	4	2	...	18	39
Bronchitis	1	2	...	7	4	2	16	4	4	5	1	...	14	30
Pneumonia, all forms	2	1	2	12	1	3	21	9	7	4	1	1	22	43
Other Respiratory Diseases	...	1	1	9	...	1	12	1	...	1	...	...	2	14
Ulcer of Stomach or Duodenum	...	...	...	...	1	1	2	...	1	1	...	...	2	4
Diarrhoea, &c.	1	...	...	2	...	...	3	1	...	...	...	...	1	4
Appendicitis and Typhlitis	...	...	...	1	...	...	1	...	1	...	1	...	2	3
Cirrhosis of Liver	...	...	...	...	...	1	1	...	...	...	...	...	...	1
Acute and Chronic Nephritis	1	5	1	5	1	...	13	7	2	3	5	...	17	30
Puerperal Sepsis	1	...	...	...	...	1	2	...	...	...	...	...	...	2
Other accidents and diseases of Pregnancy and Parturition	...	1	...	...	...	...	1	1	1	1	...	...	3	4
Congenital Debility and Malformations, premature birth	2	1	...	2	...	1	6	3	3	5	5	...	14	20
Suicide	...	1	...	...	...	2	3	1	...	1	...	...	2	5
Other deaths from violence	...	2	...	4	...	1	7	4	3	4	3	...	14	21
Other defined diseases	4	3	6	26	3	11	53	16	3	16	10	3	58	111
Causes ill-defined or unknown	...	...	1	...	...	1	2	1	1	...	...	...	2	4

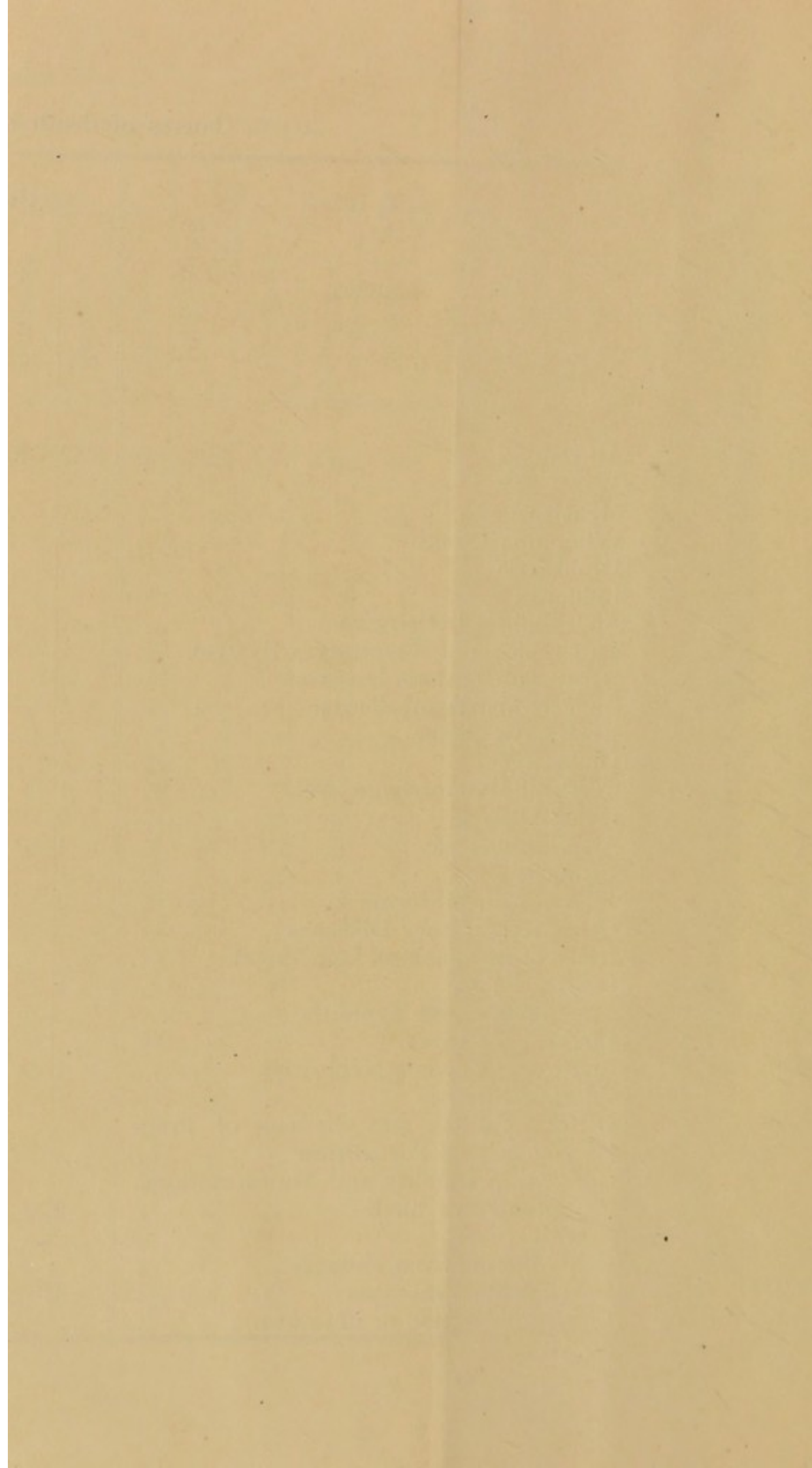


Table XII.
Causes of death at different periods of life

Causes.	All Ages		Under one year		1 and under 2 years		2 and under 5 years		5 and under 15 years		15 and under 25 years		25 and under 45 years		45 and under 65 years		65 and under 75 years		75 and upwards	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All Causes	348	346	30	22	7	3	7	6	5	6	16	16	26	36	83	83	86	76	88	98
Measles	1	3	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0
Whooping Cough	2	4	1	1	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0
Diphtheria	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Influenza	12	8	0	0	0	0	0	0	0	0	0	0	1	1	0	5	4	4	1	2
Encephalitis Lethargica	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Tuberculosis of Respiratory System	30	22	0	0	0	0	0	0	0	2	7	6	7	10	12	3	4	0	0	1
Other Tuberculous Diseases	5	4	0	0	0	0	0	0	0	0	3	2	1	0	1	1	0	0	0	1
Cancer, Malignant Disease	25	47	0	0	0	1	0	0	0	0	0	0	2	6	9	18	10	15	4	7
Rheumatic Fever	3	1	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	1	0	0
Diabetes	5	3	0	0	0	0	0	0	1	0	1	0	1	1	0	0	1	2	1	0
Cerebral Hæmorrhage, &c.	32	30	0	0	0	0	0	0	0	0	0	1	2	2	5	10	12	12	13	5
Heart Disease	55	65	0	0	0	0	0	0	0	0	0	1	5	9	11	15	16	13	23	27
Arterio-sclerosis	23	16	0	0	0	0	0	0	0	0	0	0	0	0	1	0	12	6	10	10
Bronchitis	15	15	2	1	0	0	0	0	0	0	0	0	0	0	2	1	5	4	6	9
Pneumonia, all forms	30	13	10	3	1	0	3	1	0	1	1	1	2	1	5	4	2	1	6	1
Other Respiratory Diseases	7	7	0	0	0	1	0	0	0	1	0	0	1	1	2	1	2	2	2	1
Ulcer of Stomach or Duodenum	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Diarrhoea, &c.	2	2	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appendicitis and Typhlitis	1	2	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0
Cirrhosis of Liver	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Acute and Chronic Nephritis	13	17	0	0	0	0	1	0	0	0	0	1	0	0	2	6	6	2	4	8
Puerperal Sepsis	0	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
Other Accidents and Diseases of Pregnancy and Parturition	0	4	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0
Congenital Debility and Malformation, Premature Birth	10	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide	3	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	1	0	0
Other deaths from violence	16	5	0	0	0	0	0	0	0	0	3	0	1	0	9	1	2	1	1	3
Other defined Disease	52	59	5	5	3	0	2	0	3	0	1	2	3	0	10	15	9	14	16	23
Causes ill-defined or unknown	1	3	1	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0

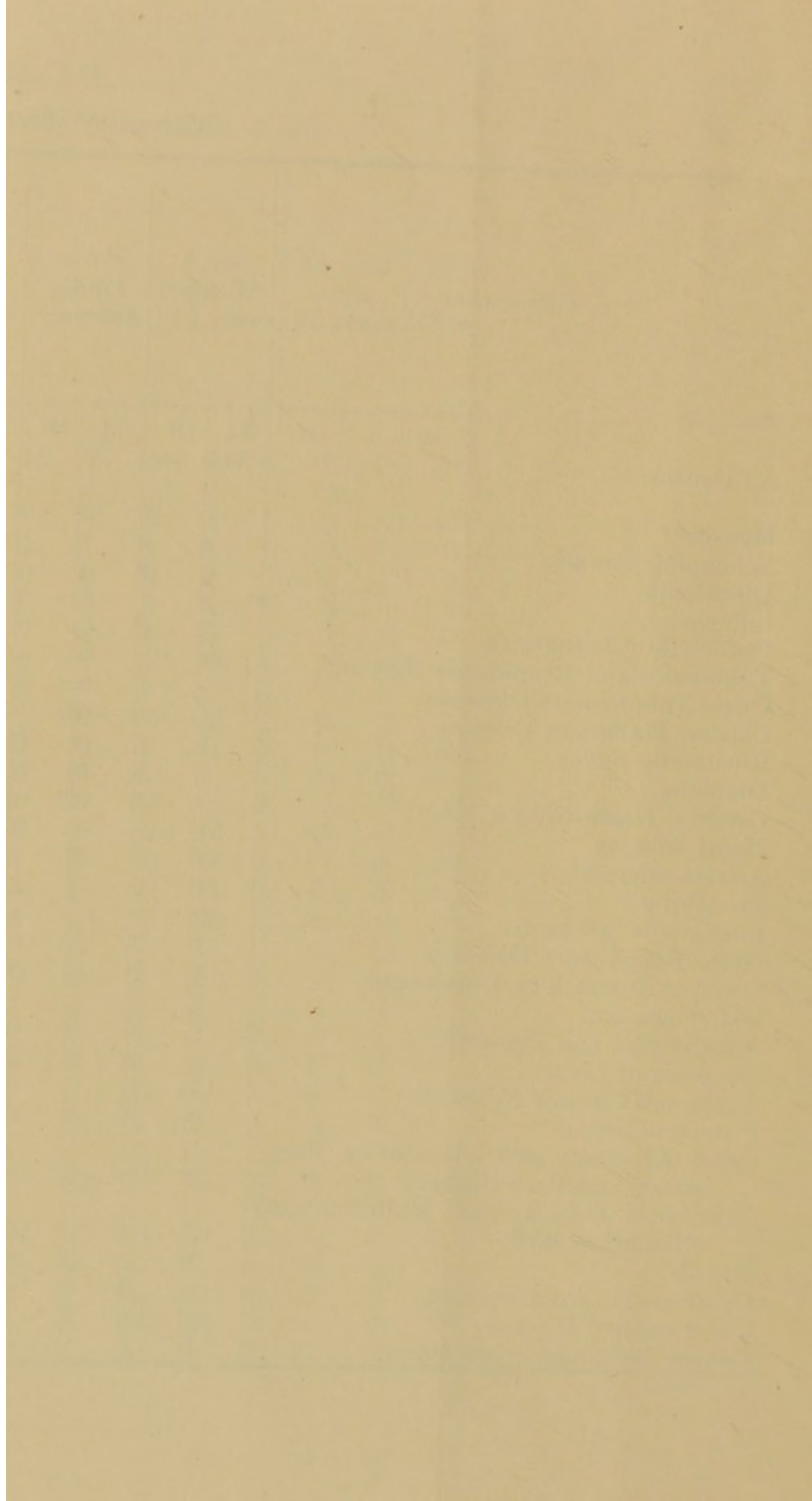


TABLE XIII.

Gives the Principal Causes of Death.

Causes.	1925		Per cent of Total Deaths years 1921—1925
	Number of Deaths	Per cent of Total Deaths	
Heart Disease ...	120	17.2	15.5
Cancer ...	72	10.4	11.6
Apoplexy ...	62	8.9	6.0
Tuberculosis (all forms) ...	61	8.8	10.4
Pulmonary Tuberculosis ...	52	7.5	8.6
Arterio Sclerosis ...	39	5.6	4.2
Bright's Disease ...	30	4.3	5.2

TABLE XIV.

Showing the number of Deaths, and Death Rates per 1000 of population for the year 1925, in the County and the several Sanitary Districts.

The Death Rates for the years 1918—1924 are also given.

	1925		Death Rates per 1000						
	No. of Deaths.	Rate per 1000 Persons Living	1918	1919	1920	1921	1922	1923	1924
Cols. 1	2	3	4	5	6	7	8	9	10
England and Wales	...	12.2	17.6	13.8	12.4	12.1	12.9	11.6	12.2
Whole County	... 694	16.2	17.2	18.0	16.7	16.1	18.2	15.8	15.8
Total Urban Districts	... 328	17.5	19.0	19.6	19.5	17.0	18.6	15.9	18.2
Total Rural Districts	... 366	15.2	15.8	16.9	14.9	15.4	17.8	15.8	14.1
Urban Districts :									
Bala	... 32	22.2	17.4	26.3	25.3	20.5	17.2	14.7	18.5
Barmouth	... 32	15.0	18.9	16.4	18.2	16.9	16.4	12.2	18.9
Dolgelley	... 38	17.4	17.5	20.2	17.9	16.9	21.3	18.3	12.7
Festiniog	.. 140	16.6	20.9	20.0	19.2	18.9	19.1	17.6	19.1
Mallwyd	... 18	25.6	25.4	14.4	15.4	17.1	17.0	24.4	27.0
Towyn	... 68	17.7	15.8	18.6	20.2	11.4	17.4	11.8	17.4
Rural Districts :									
Deudraeth	... 110	15.1	18.0	18.1	14.4	15.8	18.6	17.7	16.3
Dolgelley	.. 111	14.3	15.5	16.8	14.1	13.6	16.7	13.8	12.7
Edeirnion	... 86	17.3	15.2	16.4	14.3	17.4	18.4	16.4	14.3
Penllyn	... 49	13.2	13.1	14.2	17.9	16.1	18.2	15.8	13.8
Pennal C.P.	.. 10	24.2	14.1	27.9	18.8	12.3	14.9	12.3	2.4

25 DEATHS FROM INFECTIOUS DISEASES.

4 Deaths from Measles, 6 from Whooping Cough, 1 from Diphtheria and 4 from Diarrhoea (under 2 years) were registered during the year (see Table XXI). None of these cases were removed to Hospital.

26 INFANT MORTALITY AND MATERNAL DEATHS.

(See under Maternity and Child Welfare).

27 DEATHS FROM CANCER.

The total number of Deaths from Cancer (Malignant Disease) is 72, equivalent to a rate of 1.7 per 1,000 of population. Table XV gives the number in Sanitary Districts.

TABLE XV.
DEATHS FROM CANCER.

	1925			Rate per 1000 of Population.	Rate per 1000 of Population.				
	Males	Females	Total		1920	1921	1922	1923	1924
Cols. 1	2		4	5	6	7	8	9	10
Whole County	.. 25	47	72	1.7	2.1	1.8	2.3	1.6	1.9
Total Urban Districts	.. 12	17	29	1.5	2.3	1.8	2.1	1.6	2.3
Total Rural Districts	.. 13	30	43	1.8	2.0	1.9	2.5	1.7	1.5
Urban Districts:									
Bala	... 1	2	3	2.1	4.4	6.6	2.1	0.7	1.4
Barmouth	.. 2	2	4	1.8	1.4	1.5	1.9	2.4	2.4
Dolgelley	... 0	4	4	1.8	1.5	3.1	1.6	1.5	3.2
Festiniog	... 5	5	10	1.2	2.0	0.7	2.4	1.9	2.0
Mallwyd	... 0	1	1	1.4	3.0	1.4	2.8	...	4.3
Towyn	... 4	3	7	1.8	2.9	1.9	1.8	1.3	2.3
Rural Districts.									
Dendraeth	.. 5	9	14	1.9	1.7	2.0	2.8	1.8	1.8
Dolgelley	... 4	10	14	1.8	1.7	2.2	2.0	1.2	1.7
Edeirnion	.. 1	7	8	0.8	2.5	2.1	3.3	1.6	1.2
Penllyn	... 3	1	4	1.1	2.9	1.1	2.2	2.7	1.4
Pennal C.P.	... 0	3	3	7.3	..	...	...	..	...

TABLE XVI.

POOR LAW RELIEF,

The amounts paid in Poor Law Relief will be found in the following statement.

(The figures given to the nearest Pound).

	1921	1922	1923	1924	1925	Total for the Five Years.
Cols. 1	2	3	4	5	6	7
Whole County ...	9980	10029	10167	10267	10505	50948
Total Urban Districts ...	5625	4692	4593	4621	4646	23177
Tatal Urban Districts ...	5355	5337	5574	5546	5859	27771
Urban Districts :						
Bala ...	467	567	619	509	468	2630
Barmouth ...	648	629	596	592	602	3067
Dolgelley ..	813	845	779	891	903	4231
Festiniog ..	1689	1732	1823	1853	1871	8968
Mallwyd ...	150	138	132	125	126	671
Towyn ...	858	781	644	651	676	3610
Rural Districts :						
Deudraeth ...	1788	1819	2082	2094	2075	9858
Dolgelley ...	2481	2234	2236	2242	2514	11707
Edeirnion ..	707	799	680	665	645	3496
Penllyn ...	316	435	484	523	515	2273
Pennal P.C. ...	63	50	92	122	110	437

GENERAL PROVISION OF HEALTH SERVICES.

28

HOSPITALS PROVIDED OR SUBSIDISED.

TUBERCULOSIS.—Hospitals of the Welsh National Memorial Association.

Maternity	} No provision.
Children	
Fever	
Small pox	

As to the provision of a small Isolation Hospital for the County, many reports have been presented and two or three conferences held.

The District Medical Officer of Health of Dolgelley Urban reports as follows :

“ In the year 1888 Dr. Franklin Parsons terminated his report upon this district with the following recommendation :

It is desirable that the Authority should possess a place for the isolation of cases of infectious disease, and an apparatus for the disinfection of infected articles of clothing and bedding.”

I have been like a voice crying in the wilderness ever since, and after this length of time I am beginning to ask myself whether it is worth my while troubling this Council with this recommendation year after year. There is certainly the same need for this provision as there was nearly 40 years ago, when Dr. Parsons made the recommendation, but circumstances have changed and it is doubtful whether I would now be justified in asking a small district of this kind to saddle itself with this expense. Motor transport has now become so reliable and perfect that there would be no difficulty in removing patients and infected clothing to some central place in the County. It might be added that these infectious cases stand removal well. It is however almost incredible that there is no provision of this kind in any part of the County. It is surely not unreasonable to ask that there should be a place somewhere in the whole County to isolate these infectious cases and to disinfect clothing and bedding. It need not be a

large place, and now that all the District Councils throughout the County have failed to take action in this matter, I really would like to make an informal appeal to the County Council to take this matter up. Perhaps the Ministry of Health could also supply a little 'momentum'

and in the Report to the Dolgelley Rural Council the Medical Officer of Health writes :

I must once again report, after doing so every year in all my Annual Reports for nearly 30 years, that there is no place in this district for the isolation of cases of infectious diseases, and no apparatus for the disinfection of infected articles or clothing and bedding. It is still more incredible that there is no provision of this kind in any part of the County. This is surely not right at this time of day. I cannot help thinking that it is the duty of the County Council to make this provision in some central part of the County. I have given up hoping that the District Councils will ever tackle the matter successfully.

and the Medical Officer of Health of the Edeirnion Rural District writes with reference to an epidemic of Scarlet Fever.

"All precautions were taken, but isolation in the true sense of the word was in most instances impossible, and the need of an Isolation Hospital was again brought forcibly home to us."

I have reported on more than one occasion of the need for a small Central Hospital for the isolation of infectious cases.

MATERNITY CASES.—The Local Cottage Hospitals take in certain cases but a need remains for the provision of a bed in a recognised Hospital for the severe cases which should be under the care of a Specialist Surgeon.

COTTAGE HOSPITALS.—There are three in the County, Dolgelley, Blaenau Festiniog and Towyn for non-infectious cases, and there is an Ambulance in connection with each. At Bala (for Bala Urban and Penllyn Rural) an ambulance has been provided. The Medical Officer of Health writes :

In the Report for 1923 and 1924 it was pointed out that there was no proper means of conveying patients to Hospital, and it was suggested that Ambulance be provided. A joint meeting of the Bala Urban and Penllyn R. D. Councils was held, and it was

unanimously decided that an Ambulance Van be subscribed for publicly, and then, if the Ministry of Health sanctioned it, maintained out of the rates.

Owing to the great generosity of Dr. William Owen Jones, Bowden, Cheshire, subscriptions were not necessary, as he presented Bala and Penllyn Districts with an up-to-date 20 h.p. Austin Ambulance Van, capable of carrying two stretcher cases, and three or four sitting cases also if necessary. Since its arrival in August, the Van has been of great service and is being maintained by a penny rate. The Van is used for all cases as it can be efficiently disinfected.

There is no provision in the other areas for the transport of infectious cases.

29 CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare. See Page

Day Nurseries. Nil.

School Clinics.—For vision cases and for all operative treatment of Adenoids and Tonsils at *Bala, Corwen, Dolgelley, Festiniog, Harlech, and Towyn*.
Provided by the Education Committee.

Tuberculosis Dispensaries—See under Tuberculosis.

Venereal Diseases.—Centre at Bangor provided by the County Council.

PUBLIC HEALTH OFFICERS.

STAFF—

COUNTY COUNCIL—

County Medical Officer—E. LEWYS-LLOYD, M.R.C.S.,
L.R.C.P., D.P.H.

The County Medical Officer is also—

School Medical Officer,
Supervising Officer of Midwives,
Medical Officer to the Committee for the care of the
Mentally Defective.
Superintendent of the Part time Health Visitors.
Medical Officer Blind Persons Act.

THE EDUCATION COMMITTEE also appoint in addition to the
Medical Officer—

Whole-time School Dentist : MISS LLOYD JONES, L.D.S.

Whole-time School Nurse : MISS MARGARET EDWARDS.

DISTRICT MEDICAL OFFICERS OF HEALTH.

Urban Areas—

Bala	-	A. MADDOCK JONES, M.R.C.S., L.R.C.P.
Barmouth	-	J. O. WILLIAMS, M.R.C.S., L.R.C.P.
Dolgelley	-	HUGH JONES, M.B., D.P.H.
Festiniog	-	J. D. JONES, L.R.C.P & S., L.R.F.P. & S.
Mallwyd	-	JOHN JONES, L.R.C.P. & S.
Towyn	-	J. A. DAVIES, L.M.S.S.A.

Rural Areas—

Deudraeth	-	E. LLOYD OWEN, M.D. D.P.H.
Dolgelley	-	HUGH JONES, M.B., D.P.H.
Edeirnion	-	D. R. EDWARDS, M.R.C.S., L.R.C.P.
Penllyn	-	A. MADDOCK JONES, M.R.C.S., L.R.C.P.
Pennal	-	ALFRED O. DAVIES, M.R.C.S., L.R.C.P.

(This district is administered by the Machynlleth Rural District Council, in the County of Montgomery).

SANITARY INSPECTORS.

Bala	-	D. R. ROBERTS, Tremarran, Bala.
Barmouth	-	*†GRIFFITH EVANS, (left). *THOMAS ARTHUR NOBLE.
Dolgelley	-	*RICHARD EDWARDS, Springfield Street, Dolgelley.
Festiniog	-	*GEORGE DAVIES, 9, Bennar, Blaenau Festiniog. *Assistant : R. J. Owen.
Mallwyd	-	LEWIS THOMAS.
Towyn	-	EDWARD WILLIAMS, Sea View, Aberdovey.

Rural Areas :

Deudraeth	-	THOMAS JONES, Maentwrog.
Dolgelley	-	*RICHARD EDWARDS, Springfield Street, Dolgelley.
Edeirnion	-	*W. R. FOULKES, Corwen.
Penllyn	-	JOHN EDWARDS, Bala.
Pennal	-	R. WILLIAMS, Llanbrynmair, Montgomeryshire.

*Possess the Royal Sanitary Institute Certificate.

† " " " " " for meat and
Food Inspection.

The County Council pays the District Nursing Associations for the services of their Nurses as part-time health visitors. The Education Committee also pays a grant for services of the same Nurses as part time School Nurses.

The Medical Officer and Nurses attending the Infant Welfare Centres are paid by the County Council.

31 PROFESSIONAL NURSING IN THE HOMES.

General. There are 17 District Nursing Associations in the County who employ 20 Nurses, these are carried on by means of voluntary subscriptions and grants by the County Council for part time Health Visiting and School Work.

32

INFECTIOUS DISEASES.

No Nursing service is provided by the County Council or the Sanitary Authorities for cases of Infectious Diseases.

33

MIDWIVES.

The Midwives in the area are not subsidised by the Local Authority.

The number practising in the area in 1925 was 33, 31, trained and 2 not trained.

34

CHEMICAL WORK.

All the Sanitary Authorities have arrangements to have this done when required.

The Public Analysts' work for the County will be found under the section Sale of Food and Drugs Acts.

35

SANITARY CIRCUMSTANCES OF THE AREA.

36

WATER SUPPLIES.

BALA URBAN.—The district has an unlimited and constant supply from Llyn Arenig, 10 miles away. There is no contamination.

BARMOUTH.—The town has an ample supply free from contamination.

DOLGELLEY URBAN.—Public Service Supply, but owned by a private company. The supply is abundant in quantity and excellent in quality, and is not exposed to any risk of pollution.

FESTINIOG.—The supply is from Cwmorthin Lake, and is passed through Bells' filters. The supply is adequate and constant.

MALLWYD URBAN.—*Dinas Mawddwy*. Supplied from a reservoir above the village. Supply plentiful and constant.

Aberangell.—Supply by a storage cistern. A sufficient supply but not in very close proximity to the hamlet.

TOWYN URBAN DISTRICT.

Towyn.—Supply plentiful and good quality.

Aberdovey.—Supply of good quality and plentiful. Stored in large reservoir.

Bryncrug.—This village is supplied by pumps which need constant attention.

Cwrt.—This village is now supplied with a good supply.

DOLGELLEY RURAL DISTRICT.

Llwyngwrl.—Substantial Improvements made in the public supply already provided. The supply has thus been greatly improved and is now very satisfactory.

Llanegryn.—Public supply good in quality and quantity.

Abergynolwyn.—The Medical Officer of Health writes "I have drawn the attention of this Council to the unsatisfactory water supply of this village. I am aware that several attempts have been made to discover another source and I must add again that this is a really urgent matter, and should not be un-necessarily delayed."

Corris.—The supply of some parts of the village is good, but improvements are needed in other parts.

Llanelltyd.—Good public supply for this village provided by private enterprise.

Bontddu.—This village has a good supply recently improved.

Talybont.—No progress made to provide this village with supply, not liable to pollution.

Dyffryn.—A really excellent supply abundant and quite free from any risk of pollution.

Arthog.—Supply much improved and is now quite satisfactory.

Fairbourne.—The supply for this village is plentiful but I am not satisfied that it is entirely free from the risk of pollution at certain times.

EDEYRNION RURAL DISTRICT.

Corwen.—The supply is reliable in wet seasons but a short period of drought very readily curtails it.

Glyndyfyrdwy.—Supply always abundant.

Carrog.—Supply easily affected by a period of drought. Owing to difficulties in obtaining land the construction of a storage reservoir has had to be abandoned.

Llandrillo.—Good supply, service pipes are corroded. It is intended to extend the service reservoir.

Cynwyd.—An abundant supply. The service pipes are tin washed.

Gwyddelwern.—Supply by Public Well. A Stand Pump has recently been installed in a certain position.

Cynfal.—Supplied by pump.

Bettws.—Supply from a well, always plentiful, but well is dilapidated.

PENLLYN RURAL.—None of the villages have a service supply. They all obtain their water from Wells or Pumps. In a district where water is so plentiful it should not be a difficult or expensive item to lay water to villages such as *Llanuwchllyn* and *Llandderfel*.

37. RIVERS AND STREAMS.

No pollution of Rivers and Streams is recorded except in Dolgelley Urban where the Medical Officer states :

“There is a certain amount of pollution by sewage. I have for years condemned most emphatically the discharge of untreated sewage into fresh water.”

38. DRAINAGE AND SEWERAGE.

BALA URBAN :

All the drains and sewers are in good order and are adequately flushed.

There are a number of cesspools in the town which are cleaned and kept in good order.

DOLGELLEY URBAN :

The sewers and drains are frequently inspected.

FESTINIOG URBAN :

The greater portion of the district has been properly drained and sewered.

The contemplated scheme No. 4 is very essential as the population of this area has increased. The drainage of Rhiwbryfdir area is a source of danger during dry weather.

The Dolrhedyn sewer requires earnest attention.

MALLWYD URBAN :

The villages are provided with drainage and cesspools and these are cleaned out by the Local Authority.

TOWYN URBAN :

Towyn and *Aberdovey* water carriage systems both of which are efficient.

Bryncrug. No sewerage system. Pail type of closet is primitive and crude.

Cwrt :

The excreta from some of the Closets find their way into the brook adjoining.

DOLGELLEY RURAL :

A large portion of the District is naturally without Sewers, but *Llwyngwril*, *Corris*, *Bontddu*, *Llanbedr* have been provided with Sewers to a limited extent.

As a result of the action with regard to the Sewerage of *Fairbourne*, a Sanitary Engineer has been engaged to draw up an effective scheme.

EDEYRNION RURAL :

Drains and Sewers in a satisfactory condition.

PENNAL RURAL :

Throughout the District in the majority of the farms and houses, the Pail Closet or Privy Midden is used. There is no Sewerage system in the Village.

TABLE XVII.

39

CLOSET ACCOMMODATION.

	Water Closets.	Pail Closets.	Privy Midden.	New W.C.
Urban :				
Bala -	335	10	6	3
Barmouth -		7		
Dolgelley -	2115	148		24
Festiniog -	6	130	40	
Mallwyd -	740	230		5
Towyn -				
Rural :				
Deudraeth -	284	544	40	28
Dolgelley -	250	1820	100	
Edeyrnion -				
Penllyn -				
Pennal -				

40.

SCAVENGING.

BALA :

House refuse cleared twice a week. Incineration was recommended in 1920 but nothing has been done.

DOLGELLEY URBAN :

House refuse collected three times weekly.

FESTINIOG :

House refuse removed once a fortnight except certain streets which are cleared weekly. Every encouragement is given to extend the number of places cleared weekly.

MALLWYD :

House refuse cleared once a fortnight.

TOWYN :

The removal of house refuse at Towyn and Aberdovey is done by public scavenger twice a week.

DEUDRAETH :

Public scavenging—weekly removal in most cases—in *Minffordd Penrhyndeudraeth, Talsarnau, Harlech, Llanbedr, Llanfrothen, Garreg Rhyd, Maentwrog, Gellilydan, Trawsfynydd.*

DOLGELLEY RURAL :

Twice a week in *Dyffryn, Llanbedr, Arthog, Friog, Fairbourne, Llanegryn, Abergynolwyn, and Corris.*

EDEYRNION :

Corwen cleared twice a week. In most of the Villages the house refuse is cleared once a month. *Carrog* is still unprovided.

PENLLYN :

House refuse and ashes in the Villages are removed by the house occupiers themselves. There are no men employed by the Local Sanitary Authority on this work.

House refuse should be cleared in the Urban Areas *at least* twice a week. Daily removal is the ideal.

In the Rural Areas it should certainly not be left more than a week unremoved. Its removal and destruction is the best way to ensure that it does not become a breeding place for flies.

41. SANITARY INSPECTIONS.

All the reports received show a great deal of activity in the matter of Sanitary Inspection. A large number of notices were issued but there were no legal proceedings mentioned in any report.

42. SMOKE ABATEMENT.

The County is fortunately free from any nuisance from smoke from any factories, and the air is not polluted by this means. In the industrial area of Festiniog the power is electricity generated by water power either inside or outside the district.

43. OFFENSIVE TRADES.

The reports do not disclose the existence of any class of offensive trades.

SCHOOLS.

All the Elementary Schools buildings are inspected by the County Medical Officer and the attention of Local Managers is called to any small repairs that may be necessary. Repairs or alteration requiring the attention of the School Architect are reported to the Education Committee.

EPIDEMIC DISEASES (Memorandum on closure of and exclusion from School 1925).

This Memorandum has been prepared by the Ministry of Health and the Board of Education jointly and amending regulations of the Code have been issued which provide

"(a) When the average attendance of a School department *for any week* has fallen below 60% of the number of children on the Registers, and the Local Education Authority are satisfied by a certificate from the School Medical Officer that the fall in Attendance to so low a percentage may reasonably be attributed to the prevalence of Epidemic illness in the district, the meetings and attendances *for that week* need not be reckoned in calculating the average attendance for the purpose of the Board's grant. *The total numbers of meetings and attendances thus disregarded should be specially indicated in the Class Register by means of a note Rule 23—Exception 2, and appropriate entries should be made in the Summary Register to show any weeks omitted for the purpose of Schedule iv. 29. Particulars of the circumstances must also be entered in the Log Book.*"

This memorandum is of great importance to every one connected with the administration of Education and Public Health. In the Introductory note it is stated

"If there is one general principle more than another upon which this memorandum lays stress, it is that *if, during Epidemics of infectious disease, the power to Exclude individual children from School is used to the best advantage, it is only in Special and quite Exceptional circumstances that it will be necessary to close a school in the interests of public health.*

This principle was laid down as one of the fundamental ideas underlying the previous Edition of this Memorandum, and the experience of the last 15 years has only gone to strengthen it.

Hitherto, however it has been possible for Local Education Authorities to close schools during the prevalence of Epidemics of infectious disease not in the interests of public health, but on financial grounds, in order to prevent loss of grant owing to the lowered attendance of children at such time. In order that in future the diminished attendance during a period of Epidemic may not be considered in itself an adequate reason for closing a school, Article 45 (b) of the Code has been amended to secure that when Authorities close Schools on the advice or with the approval of their School Medical Officer, such advice or approval shall only be given *on the ground that such closure is necessary for medical reasons*, and a further amendment of the Code secures Authorities against financial loss when Schools are kept open with a greatly lowered attendance. So far as their own administration is concerned, both the Board and the Ministry propose to act on these principles, *and they*

will not in future accept the closure of Schools for medical reasons unless such Closure is in strict compliance with the principles laid down in this memorandum.

Powers of Local Sanitary Authorities in connection with the closure and the exclusion of individual children Article 57 of the Code for 1922 reads as follows :

" If the Sanitary Authority of the district in which the School is situated or any two members thereof acting on the advice of the Medical Officer of Health, require either the closure of the School or any Department thereof, or the exclusion of certain children for a specified time with a view to preventing the spread of disease or any danger to health likely to arise from the condition of the School, such requirements must at once be complied with."

The detailed steps to be followed to secure this are laid down at length in the memorandum but shortly are as follows :

" In any case in which the Sanitary Authority require the closure of a Public Elementary School, the notice should be addressed *in writing* to the Correspondent of the Managers and should state the grounds on which the closure is deemed necessary. It should be signed by an authorised Officer of the Sanitary Authority in pursuance of their resolution, or by two members of the Sanitary Authority. In the latter case the notice should make it plain that the two members are acting on the advice of the Medical Officer of Health, who should himself be guided in determining the need for closure by the principles laid down in paragraphs 43 to 47 of the Memorandum. A copy of the notice should be sent to the School Medical Officer. All such notices must specify a definite time during which the School is to remain closed."

" Whilst the power to close a school in the interests of public health must continue to rest both with the Sanitary Authority and with the Local Education Authority, acting on the advice of their expert officers, it is a power which should be used with scrupulous care and caution."

The memorandum further states :

" it may be safely down as a general principle that if the power to exclude individual children be used to the best advantage, it is only in special and quite exceptional cases that it will be necessary to close a school in the interest of public health. School closure may generally be regarded as an indication either of failure to make proper use of the more discriminating and scientific method of excluding individual children, or of inadequate co-operation between the Public Health and School Authorities. It interferes seriously and unjustifiably with the education of the scholars, and it deprives the Medical Officer of Health and the School Medical Officer of information respecting attacks in their early stage, or illness of a doubtful nature which would be obtainable if the schools were kept open."

The memorandum also gives general advice as to other means of combating infectious disease ; " the prevention of spitting on slates," " the use in common of penholders or pencils which are not to be put in the mouth."

“The frequent and thorough washing of class-rooms and cloak-rooms” is an efficient means of removing both dust and infection.

Dry sweeping is specially to be avoided as it tends to scatter the dust, and rarely thoroughly removes the dust from the rooms.

Due attention to ventilation of school rooms and cloakrooms, is a valuable aid, and tends to diminish the spread of infection.

It is well established that infection is much reduced in schools conducted on open air lines.

U: There are very full and precise directions for the guidance of Medical Officers under each disease with which the memorandum deals.

With reference to Tuberculosis the memorandum states: “Pulmonary Tuberculosis in a recognisable form is seldom a large factor in school life. Children known to be suffering from this disease should, at the discretion of the School Medical Officer be excluded from school.”

All cases of open Tuberculosis other than Pulmonary should of course be excluded.

“In the case of a Teacher found to be suffering from Pulmonary Tuberculosis the Board require that he should abstain from teaching and from employment in any capacity in an ordinary Public Elementary School until he can furnish two consecutive Medical certificates.

(1) One stating that the disease is quiescent

(2) The other, six months later, stating that the improvement in his general and local physical condition has continued.

Further medical certificates are also required after the lapse of one and two years respectively from the date of return to duty.

Local Education Authorities should take steps to ensure that the general conditions outlined above shall govern the Employment of Teachers, Caretakers, or other members of the staff of schools in their areas.”

Upon the invitation of the Education Committee the District Medical Officers of Health met the County Medical Officer to discuss procedure under the new memorandum.

45. CLOSURE OF ELEMENTARY SCHOOLS.

It was agreed :

- (1) that closure of Elementary Schools was a measure seldom required in the interests of public health, but when necessary, that the closure should be made by the School Medical Officer, as part of his routine machinery, and not by the Medical Officer of Health, and that the “Medical reasons” for closure should be submitted jointly by the Medical Officer of Health and the School Medical Officer.

- (2) that in the improbable event of the Medical Officer of Health and the School Medical Officer not agreeing upon the advisability of a closure, the Medical Officer of Health should be free to act in accordance with Art. 57 of the Code, but a *certifcate under this article must be formally made, and the procedure outlined in Memorandum carefully followed.*

EXCLUSION OF CHILDREN FROM ELEMENTARY SCHOOLS.

It was agreed :

- (1) that copies of all notifications of cases of infectious diseases occurring among school children should be sent promptly to the School Medical Officer ;
- (2) that the names of any children of the same household who are to be excluded from school be written on the back of the I.D. notification certificate, the School Medical Officer undertaking to send proper exclusion certificates to the Schools under Art 53 of the Code.
- (3) that the School Medical Officer should send any information of the existence of non-notifiable diseases in his possession to the Medical Officer of Health.

One School was closed in Towyn Urban District.

“The epidemic of Measles in this village spread until practically every child was affected. The same thing was observed in this village about 22 years ago.”

Not withstanding epidemics during the year it was found possible to carry on the Schools without closure.

The following Schools registered an attendance below 60% during the year 1925.

District	School.	Number Weeks.	Epidemic Disease Prevailing.
Bala	Bala N.P.	1	Whooping Cough
	Celyn	1	Influenza
	Llanuwchllyn	1	„
	Sarnau	2	Infectious Colds
Barmouth	Barmouth	2	Measles
	Cwmnantcol	2	Infectious Colds
	Llwyngwril	7	Whooping Cough
Corwen	Gwyddelwern	1	Scarlet Fever
Dolgelley	Dolgelley Infants	1	Mumps
	Ganllwyd	2	Infectious Colds
	Llanfachreth	2	Influenza
Festiniog Urban	Llan Infants	4	Infectious Colds
	Glanypwll Infants	14	Whooping Cough Measles
	Manod	4	Measles
	Slate Quarries Infants	17	Measles & Whooping Cough
	Tanygrisiau	2	Measles
Festiniog Rural	Llanfrothen	4	Whooping Cough
	Maentwrog	3	Influenza
	Talsarnau	2	Whooping Cough
	Trawsfynydd	4	Measles Whooping Cough
Towyn	Bryncrug	2	Measles
	Pennal	4	„
	Towyn Infants	1	„

I am personally convinced that closure of Elementary Schools very rarely, if ever, prevents the spread of epidemic disease among children.

The possible exception to this statement is in the case of one or two of our remote schools where by closure the children would not normally meet, but in the towns and villages closure is useless as the children come into contact with one another in the streets and in other meetings which were in my experience, never prohibited even when Elementary Schools were closed.

TABLE XVIII.

46

HOUSING FOR THE YEAR 1925.

Housing	Urban District					Rural District					
	Bala	Barmouth	Dolgelley	Festiniog	Mallwyd	Towyn	Deudraeth	Dolgelley	Edeirion	Penllyn	Pennal C.P.
Number of new houses erected during the year											
(a) Total (including numbers given separately under (b))	...	...	...	5	...	...	...	9	2	3	
(b) With State Assistance under the Housing Acts											
(1) By the Local Authority	...	...	...	...	...	...	...	...	...	...	
(2) By other Bodies or Persons	...	...	...	...	...	...	...	5	...	2	
1. UNFIT DWELLING HOUSES.											
Inspection—											
(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1	...	70	239	185	...	...	382	25	16	
(2) Number of dwelling houses which were inspected and recorded under the Housing (inspection of District) Regulations 1910 or other Housing Consolidated Regulations 1925	...	...	...	66	...	...	...	162	5	...	
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1	...	...	29	...	...	...	...	2	9	
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head found not to be in all respects reasonably fit for human habitation	...	2	...	25	48	12	...	...	65	12	12
2. REMEDY OF DEFECTS WITHOUT SERVICES OR FORMAL NOTICES.											
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or its Officers	...	2	...	3	53	14	...	...	42	12	12

[illegible]

47. INSPECTION AND SUPERVISION OF FOODS.

48. MILK SUPPLY.

Speaking generally there is an adequate supply of milk and the reports indicate that it is of good quality.

BALA URBAN :

There were 13 dealers in 1925 and 7 in 1920. The number who have Cowhouses in the area are 6, the other 7 are outside the area.

There is still room for improvement in the matter of keeping Cowhouses well ventilated and surrounding ground clean.

DOLGELLEY URBAN :

It is to be hoped that in time public opinion will become so educated as to refuse to consume anything except some form of graded milk.

DOLGELLEY RURAL :

"I must repeat that all the cows should be tested with tuberculin so as to guarantee as far as possible that the milk does not contain the germs of tuberculosis, which is responsible for so much of the surgical form of this disease in children. No action was taken during the past year as to tuberculous milk."

49. Action taken as to Tuberculous milk and cattle.

MILK. No action.

CATTLE :

- | | |
|--|----|
| 1. The number of cattle examined under the Tuberculosis order up to the 31st December 1925. | 18 |
| 2. The number found tubercular. | 8 |
| 3. The number destroyed. | 8 |
| 4. Amount of Compensation paid. None paid up to and including the 31st December 1925. The sum of £32 was paid in January 1926. | |

50. CLEAN MILK :

In conjunction with my colleague, Mr. Moses Griffith the Agricultural Organiser for the County, demonstrations on the pro-

duction of clean milk and public meetings in connection therewith were held during the winter months and it is proposed to carry them on again during the coming winter.

I am convinced that there is a great need of Education of the public—the consumers—of the value of clean milk as well as of the producers.

No licenses were granted for the sale of milk under special designations and no licence refused or revoked.

No milk—graded or other milk—has been bacteriologically analysed.

51. MEAT :

The reports from the districts do not indicate any inspection of meat at the time of slaughtering except “occasionally” in Dolgelley Urban and Rural Districts and the Medical Officer of Health Dolgelley states :

“ I would suggest that some arrangements should be made to provide some special training for these persons who are responsible for this work.”

The administration of the Public Health (Meat) Regulations 1924 are adequately carried out as regards stalls, shops, stores and vehicles.

There is no public slaughter house in the County.

Table XIX.

PRIVATE SLAUGHTER HOUSES.

52

	Registered			Licensed.			Not distinguish- ed 1925
	1920	January, 1925	December, 1925	1920	January, 1925	December, 1925	
Cols. 1	2	3	4	5	6	7	8
Urban Districts							
Bala ...	0	0	0	0	6	6	
Barmouth ...		no	state-	ment			
Dolgelley ...	2	2	2	0	0	0	
Festiniog ...	1	1	1	4	6	6	
Mallwyd ...	0	0	0	0	0	0	
Towyn ...		no	state-	ment			
Rural Districts :							
Deudraeth ...	0	0	0	0	0	0	13
Dolgelley ...	0	0	0	11	17	9	
Edeirnion ...	13	13	13	0	0	2	
Penllyn ...	0	0	0	0	7	7	
Pennal C.P.	0	no	state-	ment			

Note.—A REGISTERED slaughter house is one in use before or within three months after the passing of the Public Health Act 1875, which incorporated the Towns Improvement Clauses Act 1847. Licenses are granted to places established after the passing of this Act. If the Public Health Act (Amendment) 1890 is in force in the district the licences are for one year.

BALA URBAN :

125 visits were paid to Slaughter houses. 14 notices re-removal of offal and 18 notices requiring limewashing.

DOLGELLEY URBAN :

The slaughter houses are frequently inspected at irregular times and are on the whole kept clean, although the need for lime washing has been pointed out and the request has always been complied with.

FESTINIOG URBAN :

A circular letter was issued to all occupiers of slaughter houses and butchers shops &c., drawing attention to the 1924 Regulations and enclosing a copy of them. The occupiers were also interviewed.

The Medical Officer of Health calls attention to the need of a Public Slaughter House.

TOWYN :

Premises licensed for slaughter are visited by the Inspector.

DEUDRAETH :

Occasional inspections of slaughter houses were made.

DOLGELLEY RURAL :

All slaughter houses were periodically inspected and were found clean and satisfactory.

In one instance it was necessary to suspend the licence owing to structural defects and it was only restored after these had been remedied.

EDEYRNION :

Slaughter houses are periodically inspected.

PENLLYN :

There is no meat inspection in the district. There are no public slaughter houses.

53. BAKE HOUSES.

The district reports, on the whole, disclose very satisfactory conditions in the manufacture of bread.

54. FOOD POISONING.

No cases were notified during the year.

TABLE XX. ADMINISTRATION OF FOOD AND DRUGS ACTS.

The Chief Constable is the Chief Inspector under these Acts and the following Table is prepared from his quarterly reports to the County Council. The headings are taken from the Circular Memo 5/Foods (Ministry of Health).

Name of Article.	Number of Samples.	Results of Analysis.	Legal proceedings under Sale of Food and Drugs Acts. Fines and Costs.	Informations as to previous convictions	"If no legal proceedings, state the cause adopted."	Remarks.
Milk	40	Genuine 36	(a) Fined £3 3s and 15/- fee (c) Fined £2 2s.		(b) Milk had become Sour and the deficiency of the Non-Fatty Solids may have been due to this— (d) The Milk had become Sour. No proceedings taken in (b) or (d).	
Whiskey	2	2				
Butter	2	2				

56 MILK AND CREAM REGULATIONS, 1912 and 1917.

No action was taken under these regulations.

57 PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

Table XXI. gives the number of cases of Infectious Diseases notified during the year with the number of deaths.

All the Medical Officers call attention to the difficulty of proper isolation of cases in their own homes.

EDEIRNION RURAL DISTRICT.

Scarlet Fever.—5 cases were notified in the first quarter of the year from the Parish of Llandrillo. Investigation proved the infection to have been conveyed by visitors from one of the big cities of England. In the last quarter of the year, 23 notifications were received. The fever was prevalent in a village outside the district, and was in the first instance found in Gwyddelwern. Of a very mild type, the parents in many instances found the skin peeling, and they consulted their family doctor. Cases were notified also in Corwen and Carrog. All the precautions were taken, but isolation in the true sense of the word was in most instances impossible, and the need of an Isolation Hospital was again brought forcibly home to us.

58 No use has, apparently, being made of the Schick and Dick Tests in Diphtheria and Scarlet Fever respectively, and so far as is known no artificial methods of immunisation against these diseases have been adopted.

59 SMALLPOX.

In view of the prevalence of this disease in the Country I would impress upon the Sanitary Authorities of the need of some means of isolation.

The danger is greater than is generally believed. The "tramp" movement from casual ward to casual ward is a source of menace as has been recently proved.

No vaccination under the Smallpox Prevention Regulations 1917 are recorded.

The Medical Officer of Health of *Penllyn Rural* and *Bala Urban* states that only 50% of the children are efficiently vaccinated ; in

Edeirnion Rural this is stated to be 55% in a survey of all the school children in Elementary Schools some few years back the number of children with vaccination marks was found to be 80%.

60 INFLUENZA.

The number of deaths registered from this cause was 20 ; 11 in Urban Districts and 9 in the Rural Districts.

There was no epidemic of the disease as in some previous years.

61 VERMINOUS PERSONS.

There are no facilities for the cleansing and disinfection of verminous persons.

62 DISINFECTION OF PREMISES.

This is generally done by means of formalin or Sulphur Candles.

In Towyn Urban District the "Sack Disinfector" is used for clothing.

Table XXI.

Giving the number of cases notified suffering from Infectious Diseases. (Compiled from the Weekly Post Cards sent by the Medical Officers of Health).

	Scarlet Fever		Diphtheria		Puerperal Fever		Enteric Fever		No. of cases notified of		
	Cases notified	Deaths	Cases notified	Deaths	Cases notified	Deaths	Cases notified	Deaths	Pneumonia	Erysipelas	Ophthalmia Neonatorum
Cols. 1	2	3	4	5	6	7	8	9	10	11	12
Whole County ...	64	..	11	1	5	2	2	..	23	12	4
Total Urban Districts ...	25	...	9	1	2	2	1	...	21	10	2
Total Urban Districts ...	39	...	2	...	3	...	1	...	2	2	2
Urban Districts :											
Bala ...	...	...	2	...	1	1	1	..	...	2	...
Barmouth ...	1	...	...	...	...	...	...	...	1	..	..
Dolgelley ..	..	...	1	..	...	...	...	...	...	...	2
Festiniog ..	21	..	4	...	..	..	..	...	17	7	..
Mallwyd ...	...	...	...	...	..	..	...	...	..	...	...
Towyn ...	3	..	2	1	1	1	...	...	3	1	..
Rural Districts :											
Deudraeth ...	5	...	...	...	1	...	1	...	..	1	...
Dolgelley ...	4	..	2	...	1	..	...	...	2	1	2
Edeirnion ..	30	...	...	...	..	...	...	...	...	...	...
Penllyn ...	...	...	..	...	1	..	...	...	...	...	..
Pennal P.C. ...	...	...	...	...	...	...	...	..	...	...	..

63.

TUBERCULOSIS.

New Cases and Mortality during 1925.

Table XXII., XXIII. gives the summary of notifications under the Public Health Tuberculosis Regulations 1912 and Table XXIV gives the numbers of new cases coming to the knowledge of the County Medical Officer.

Table XXV. will give the deaths during 1925 (corrected for inward and outward transfers) at ages groups.

TABLE XXII. PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS 1912.

Summary of Notifications during the period 4th January, 1925. to 2nd January, 1926.

Age Groups	Number of Primary Notifications Form A by General Practitioners.											By School Medical Officer Form B				Total Prim-ary Notifi-cationForm
	—1	—5	—10	—15	—20	—25	—35	—45	—55	—65	65 and up-wards	Total Prim-ary Notifi-cationForm A	Under 5	5 to 10	10 to 15	
Pulmonary { Males ... Females ...	...	...	1	...	3	6	13	4	10	9	2	48	...	1	...	1
Total ...	...	2	...	1	...	11	6	6	1	1	1	29	...	...	...	...
Non-Pulmonary { Males ... Females ...	...	2	1	1	3	17	19	10	11	10	3	77	...	1	...	1
Total Non-Pulmonary...	...	1	3	3	3	7	4	1	1	...	...	23	1	3	2	6
Total Notifications ...	...	3	4	4	6	24	23	11	12	10	3	100	1	5	2	8

Table XXIII.

SUPPLEMENTAL RETURN of New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 4th January, 1924 to the 2nd January, 1926.

Age Periods	—1	—5	—10	—15	—20	—25	—35	—45	—55	—65	65 and upwards	Total Cases
Pulmonary { Males Females	...	...	1	1	...	...	1	1	1	...	...	5
Total Pulmonary Cases	...	...	1	1	...	1	1	1	2	1	...	8
Non-Pulmonary { Males Females	...	...	...	...	...	...	...	...	...	...	...	...
Total Non-Pulmonary Cases	...	...	...	...	...	...	...	...	...	...	...	...
Total Cases on Supplemental Return	...	...	1	1	...	1	1	1	2	1	...	8
Total Number of Notifications from all sources	0	3	5	5	6	25	24	12	14	11	3	108

64 Table XXIV is a new Table under the Public Health Tuberculosis Regulations 1924 and shows the number of cases of both forms of Tuberculosis (Pulmonary and Non-Pulmonary) known in the County during the year. From this Table it will be seen there was an increase in the number of cases at the end of the year.

TABLE XXIV. PUBLIC HEALTH TUBERCULOSIS REGULATIONS 1924.

Summary of Quarterly Returns furnished to the County Medical of Health under the above Regulations.

	On Register of Notifications on 1, January 1925						Cases Notified during the year						Cases Removed during the year						Remaining on Register 31, December 1925				Com- bined Total.		
	Pulmonary			Non-Pul- monary			Pul- monary			Non-Pul- monary			Pul- monary			Non-Pul- monary			Pulmonary		Non-Pul- monary				
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total				
Urban Districts:																									
Bala	3	9	12	...	3	3	5	2	7	...	1	1	2	1	3	...	...	...	6	10	...	4	4	20	
Barmouth	8	9	17	1	1	2	...	1	1	...	...	...	1	1	2	...	...	...	7	9	...	1	2	18	
Dolgelley	15	14	29	1	1	2	1	3	4	...	...	...	...	2	2	...	...	...	16	15	...	1	2	33	
Festiniog	24	16	40	13	12	25	11	5	16	5	2	7	10	2	12	...	...	...	25	19	44	18	32	76	
Mallwyd	3	2	5	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	3	3	6	...	1	7	
Towyn	17	12	29	3	1	4	2	2	4	1	2	3	2	3	5	1	...	...	17	11	28	3	6	34	
Rural District:																									
Deudraeth:	41	43	84	15	6	21	10	6	16	4	5	9	4	2	6	1	...	...	47	47	94	18	11	29	123
Dolgelley	16	9	25	1	2	3	17	7	24	...	3	3	8	1	9	...	...	...	25	15	40	1	5	6	46
Edeirion	15	18	33	4	4	8	3	5	8	...	...	...	2	2	4	...	...	...	16	21	37	4	4	8	45
Penllyn	19	15	34	7	10	17	...	2	2	1	...	1	1	...	1	...	...	...	18	17	35	8	10	18	53
Pennal C.P.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
At County Offices	...	...	...	...	...	...	5	3	8	...	...	...	...	...	...	...	...	...	5	3	8	...	...	...	8
Total	161	147	308	45	41	86	54	37	91	11	13	24	30	14	44	2	2	...	185	170	355	54	54	108	463

Table XXV.

65

DEATHS FROM TUBERCULOSIS.

Age Groups	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
0	...	...	...	...
1	...	...	...	...
5	...	...	...	...
10	...	2	...	...
15	3	1	1	1
20	2	5	2	1
25	4	5	...	1
35	5	4	1	...
45	7	4	1	...
55	5	...	...	1
65 and upwards	4	1	...	...
Totals ...	30	22	5	4

Of the above deaths 4 were "inward transfers" of the remaining 57 cases :

16 were notified by a General Practitioner.

21 were notified by a General Practitioner and the Tuberculosis Officer.

5 were notified by the Tuberculosis Officer only.

15 were not notified.

Table XXVI. gives the Phthisis death rate for 1925 and the previous years.

TABLE XXVI.

Giving the number of Deaths from Tuberculosis and the
 "Phthisis Death Rate" for the past years.

	Number of Deaths from Phthisis	Number of Deaths from all forms of Population	Phthisis Death Rate per 1000 Population	Phthisis Death Rate per 1000 of Population.								
				1916	1917	1918	1919	1920	1921	1922	1923	1924
Cols. 1	2	3	4	5	6	7	8	9	10	11	12	13
Whole County	52	61	1.2	1.5	1.9	1.7	1.0	1.9	1.4	1.3	1.3	1.4
Total Urban Districts	26	33	1.4	1.8	2.3	2.6	1.5	2.4	1.4	1.4	1.1	1.5
Total Rural Districts	26	28	1.1	1.3	1.5	1.1	1.5	1.5	1.3	1.3	1.4	1.3
Urban Districts:												
Bala	1	1	0.7	0.8	1.6	3.2	2.3	1.5	1.5	2.9	0.7	...
Barmouth	2	3	0.9	1.4	0.9	1.4	0.5	...	1.5	1.5	..	1.9
Dolgelley	2	2	0.9	2.7	3.3	4.5	..	2.0	..	2.1	0.5	1.8
Festiniog	13	14	1.5	2.4	2.5	2.6	1.5	3.3	1.7	1.6	1.7	1.4
Mallwyd	1	1	1.4	...	...	2.9	...	1.5	1.4	...	...	4.3
Towyn	7	12	1.8	1.0	3.1	1.9	3.0	2.6	1.3	0.5	1.0	1.5
Rural Districts.												
Deudraeth	10	11	1.4	0.7	2.1	0.7	2.0	1.8	2.1	1.4	1.7	1.5
Dolgelley	11	12	1.4	1.7	0.9	1.5	1.3	2.1	1.0	1.3	1.8	1.0
Edeirnion	4	4	0.8	1.3	1.2	0.7	1.1	0.9	1.5	1.2	0.8	1.2
Penllyn	1	1	0.3	1.3	1.4	1.4	1.4	0.8	0.5	1.1	0.5	1.9
Pennal C.P.	...	...	..	2.5	5.0	2.8	5.6	...	...	4.9	2.4	..

66.

TABLE XXVIII.

This table gives the death rates from pulmonary tuberculosis at various ages from 1851 to 1910.

These have been calculated as percentages of the death rate for 1851.

It is regretted that figures for the age groups for the years 1911—1920 are not available.

The question is often raised whether there is a decline in the death rate for tuberculosis. A study of these figures should answer this question.

While the total death rate from pulmonary Tuberculosis has been reduced it is of interest to note the changes in the death rates at the various age groups since 1851. The decrease has been marked in earlier age groups and it has been actually increased in the later age groups assuming more of the "middle age" type and less of the "young adult" type of death rate.

The figures in bold type are per cent death rates at the various age periods ; the figures in ordinary type are the male deaths and the figures in italics the female deaths.

The Chart No. 3 is a graph of the death rates at various ages for three of the decennia in the table.

Only three decennia have been inserted in the diagram for the sake of clearness.

Age Groups.

Chart 3

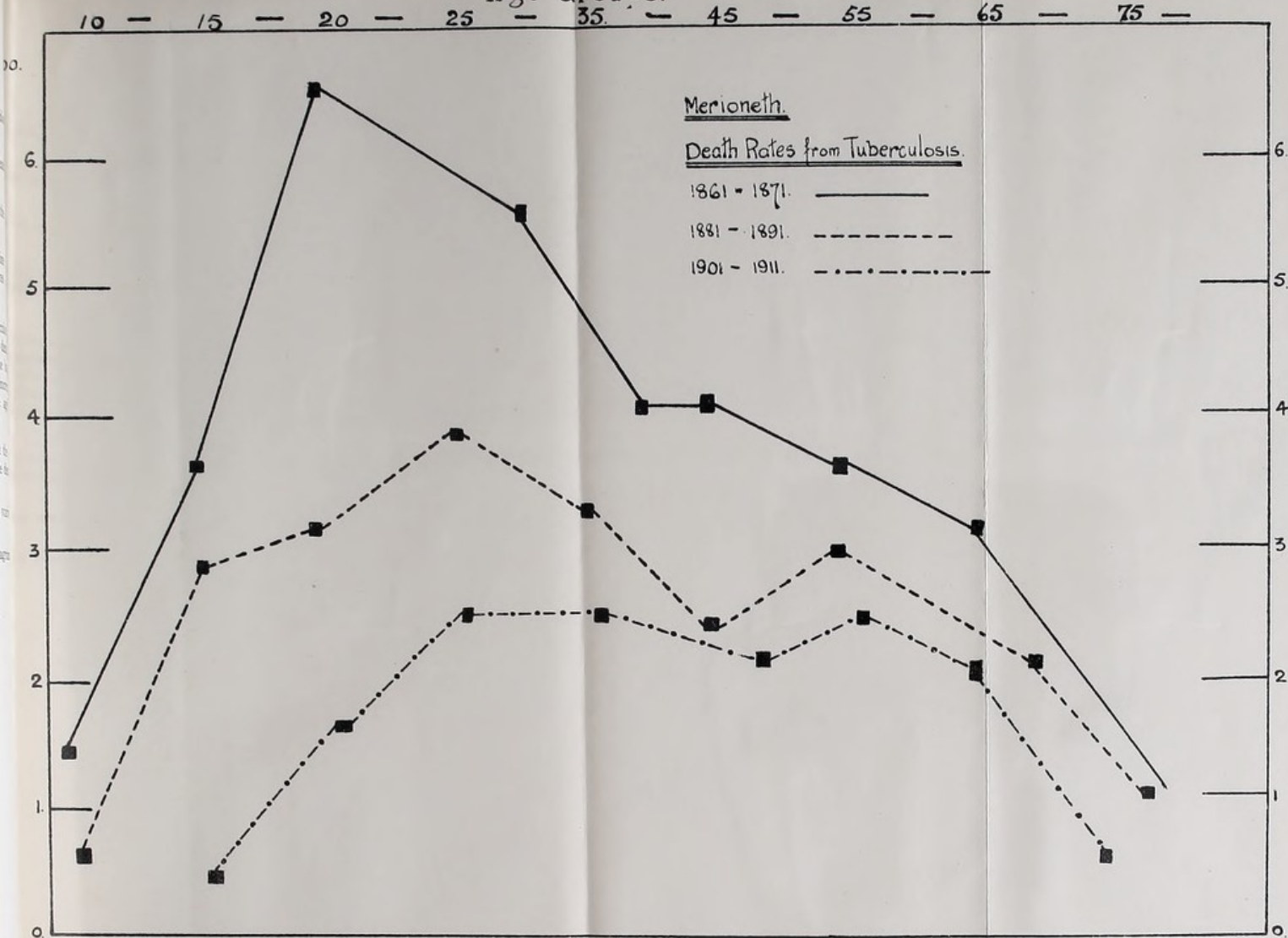
Merioneth.

Death Rates from Tuberculosis.

1861 - 1871. ———

1881 - 1891. - - - - -

1901 - 1911.



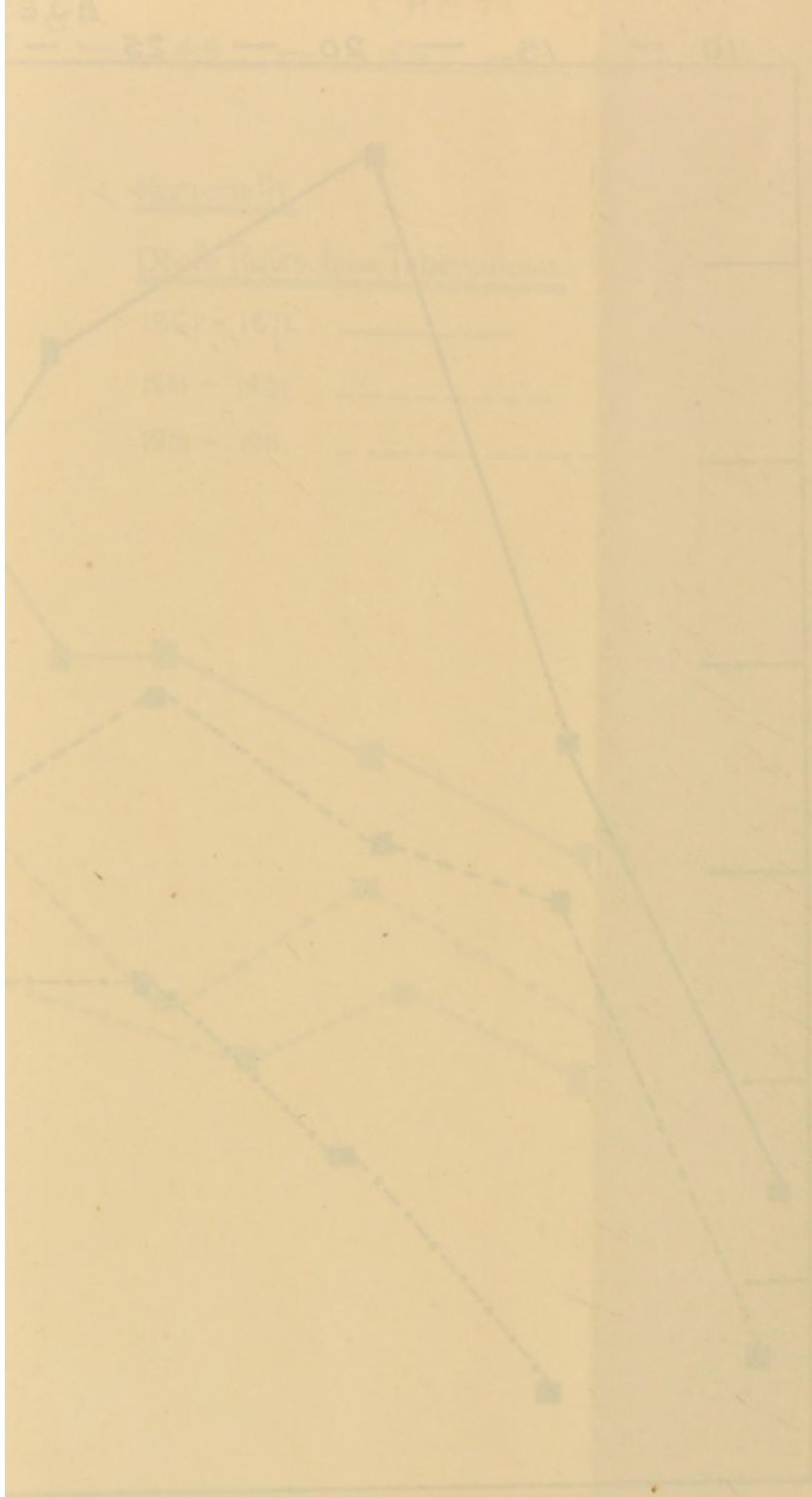


Table XXVII. Death rates from Phthisis 1851—1910 STATED AS PER CENTAGES of the Phthisis death rate for the decennium 1851—1860.

Age periods		10—	15—	20—	25—	33—	45—	55—	65—	75—	Mean death rate
1851—1860	Total	100	100	100	100	100	100	100	100	100	100
	Males	100	100	100	100	100	100	100	100	100	100
	Females	100	100	100	100	100	100	100	100	100	100
1861—1870	Total	119	114	128	118	102	133	135	150	171	131
	Males	81	107	120	121	117	145	139	154	298	
	Females	158	121	137	115	89	122	137	138	98	
*1871—1880 Total		100	89	95	106	85	89	109	133	160	100
*1881—1890 Total		54	90	61	86	83	77	118	105	274	78
*1891—1900 Total		42	61	62	66	65	74	90	101	280	73
1901—1910	Total	45	49	48	50	52	70	95	107	190	57
	Males	12	39	40	52	59	98	151	158	228	
	Females	81	57	60	53	46	48	61	54	162	
†1911—1920 Total		...	...	...	...	...	...	...	...	...	52
†1920—1925 Total		...	...	...	...	...	...	...	...	...	42

(The above table has been calculated from Statistics supplied by the Registrar General and Prof. Lyle Cummins)

*Figures not available for these years "males and females."

†Figures not available for the "age groups" for these years.

67. PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS 1925.

No action has apparently been taken under these Regulations.

68. PUBLIC HEALTH ACT 1925. Section 62.

No application was made for an order for the compulsory removal to hospital of cases under this section.

69. TUBERCULOSIS SCHEME.

(The paragraphs marked † have been supplied by the Welsh National Memorial Association ; those marked * by Dr. Hopkins Tuberculosis Officer.)

† (a) *Summary of arrangements entered into with the Welsh National Memorial Association for the treatment of Tuberculosis.*

(1) The Association provides dispensary treatment, including extra nourishment (where deemed necessary by the Association) at its Dispensaries and Visiting Stations which are available for all persons resident in the County who are suffering from Tuberculosis.

(2) The Association provides for all Tuberculous patients resident in the County recommended by the Association's Tuberculosis Physicians or Surgeons within the limits of the accommodation and facilities provided in one or other of its Sanatoria or Hospitals.

(5) The Association makes provision for the examination by one of its Physicians or Surgeons at the request of the Medical Officer of Health of the County or the Medical Officer of Health of any Local Authority within the County of any person submitting himself for examination who has been in contact with a person suffering from Tuberculosis or in whom there is reason to suspect the presence of that disease, and such Physician or Surgeon furnishes to the Medical Officer of Health a report of such examination.

* (b) There are Visiting Stations at the following places :

Barmouth 7, Aelfor Terrace Tuesday, 3 to 4.30 p.m.

Blaenau Festiniog, 1, Dorfil Road Monday 12 to 2.30 p.m.

Llan Festiniog, At the Surgery 1st Monday 3-15 to 4 p.m

Penrhyndeudraeth, Gest View 2nd & 4th Mondays, 3 to 4 p.m

Trawsfynydd By appointment.

Aberdovey Literary Institute 1st Tuesday, 12 noon to 1.30

Towyn Council Offices 2nd and 4th Tuesdays, 12 noon
to 1.30 p.m.

Abergynolwyn and Bryncrug By appointment.

Corwen Bradford House 1st and 3rd Wednesdays, 12.15
to 3 p.m.

Bala 48 Mount Street, 2nd and 4th Wednesdays, 11.30
a.m. to 2.30. p.m.

Dolgelley Cottage Hospital Thursday, 3 to 4.30 p.m.

The County is served by two Tuberculosis Physicians. The Officer for Montgomeryshire having charge of the Corris and Dinas Mawddwy districts, which border on Montgomeryshire, the remainder of the County is under the Charge of the Officer for the "Merioneth Area" which comprises a part of Carnarvonshire (Portmadoc).

(c) There is no Residential Institution in the Area exclusively available for Patients Resident in the County. The following is a list of Residential Institutions owned or controlled by the Welsh National Memorial Association, all of which are available for the Treatment of Patients from this Area :

Institution.	No. of Beds.			Cases Treated.
	Pulmonary.	Non-Pulmonary	Total	
Sanatoria :				
The South Wales Sanatorium Talgarth	304	...	304	Male Patients
The South Wales Sanatorium Llangwyfan	92	142	234	Pul. Fem. do Surg. T.B. in Men Women and Children.
The West Wales Sanatorium, Llanybyther	58	..	58	Pul. Cases Women & Children, Female Children, Pul.
The Penbesgyn Open-Air Home Menai Bridge	16	...	16	Cases.
Hospital :				
The Glan Ely Hospital, Fair- water Near Cardif ...	92	92	184	Men, Women & Child- ren, Pul. & Surgical Cases
Cefn Mably Hospital, Nr. Cardiff	110	...	110	
Pontsarn Hospital, Merthyr Tydfil	38	..	38	
Cymla Hospital, Neath ...	46	..	46	
Tregaron Hospital, Tregaron ...	32	...	32	
Meadowslea Hospital, Penyffordd	54	...	54	Male and Female Pul-
Brynseiont Hospital, Carnarvon	38	...	38	monary Cases.
Llangefni Hospital, Llangefni ...	22	...	22	
Adelina Patti Hospital, Craig-y-nos	104	...	104	
Sealyham Hospital, Wolfs Castle				
Machynlleth Hospital, Mach- ynlleth	30	...	30	
Kensington Hospital, St. Brides	...	100	100	Surgical Cases ie Child-
Mardy Hospital, Merthyr Tydfil	28	...	28	ren
	1094	334	1428	

(d) ARRANGEMENTS FOR CO-OPERATION.

A card Index Register of all known cases of Tuberculosis is maintained at the County Health Offices and every item of information in respect of each case reaching the County Health Offices is entered on the register card.

The following are the sources of information from which I am enabled to keep the County Tuberculosis Register.

1. The District Medical Officers of Health send weekly to the County Medical Officer a copy of every notification of cases of Tuberculosis received by them during the week.

2. The Tuberculosis Physicians of the Welsh National Memorial Association send weekly to the County Offices the names and addresses of the new cases of active tuberculosis seen by them during the week at the various Dispensaries in the County.

3. The Superintendents of Tuberculosis Hospitals and Sanatoria send a return of all cases admitted to or discharged from Institutions during the week.

4. The School Medical Officer notifies all cases diagnosed by him as tuberculous during the Medical Inspection of Schools.

5. The Registrars of deaths send weekly returns of all deaths in the County to the County Offices and the death of a tuberculous patient is recorded on the patients card.

Any case appearing on the return of a Medical Officer of Health which does *not* appear in the returns of the Tuberculous Physician is passed on to the latter officer "for information" and he, immediately gets into touch with the practitioner notifying the case so that the treatment appropriate to the case may be arranged.

Similarly, if a case appears on the list of the Tuberculosis Physician which is *not* on the list of the Medical Officer of Health, is passed on to him so that the register for the Sanitary district may be complete.

The notices of admission to and discharge from Institutions are sent immediately to the Medical Officer of Health of the Sanitary District concerned.

A subsidiary index register is kept of all School Children contacts and notified cases, and these are specially supervised during their school "life" and are referred, when necessary, for examination to the Tuberculosis Officer.

It is a matter of regret that the information about School contacts does not now appear on the Tuberculosis weekly sheet.

The County Health Office therefore, acts as a "clearing house," and the complementary information is sent to all officers concerned. In this way *so far as Tuberculosis records are concerned*, complete co-ordination is secured.

(e) FOLLOWING UP OF PATIENTS.

* Re examination at home or at visiting stations or admission to an institution for further investigation.

(f) EXAMINATION AND SUPERVISION OF "HOME CONTACTS."

* Domiciliary visit or examination at visiting stations.

(g) TUBERCULOSIS COMMITTEE.

No Committee has been appointed under Section 4 of the Public Health (Tuberculosis) Act 1921.

PROVISION OF EXTRA NOURISHMENT.]

(h) In addition to the Tuberculosis Sister, the Welsh National Memorial Association has entered into arrangement with Local Nursing Associations whereby the Nurses in those Associations are available under the direction of the Tuberculosis Physician for the home nursing of Tuberculosis patients.

Extra nourishment is provided when deemed necessary by the Association in accordance with the terms and conditions of the Parliamentary Grant available for this purpose

TREATMENT OF NON-PULMONARY TUBERCULOSIS.

(i) The Welsh National Memorial Association has three Institutions particularly for the treatment of Tuberculosis of bones and joints in adults and children, viz.: at the North Wales Sanatorium, near Denbigh; the Glan Ely Hospital, near Cardiff, and the Kensington Hospital, St. Brides, Pembrokeshire. Particulars of these Institutions are included in (iii) above.

In addition the Association has established a Surgical After-care Scheme whereby Wales and Monmouthshire is divided into three areas, viz.: North Wales Counties, in charge of Dr. V. Emrys Jones, Acting Medical Superintendent at the North Wales Sanatorium; South-East Wales in charge of Dr. A. Brownlee, Medical Superintendent of the Glan Ely Hospital; and South-West, in charge of Mr. S. G. Dunn, Medical Superintendent of the Kensington Hospital.

Visits are paid at fixed intervals to various centres in the different Areas, and in addition many patients receive treatment in their homes under the care and supervision of special Surgical Sisters.

(j) CARE AND AFTER-CARE.

*The Merionethshire Tuberculosis Voluntary Care Committee. Several local care Committees.

(k) FINDING EMPLOYMENT FOR PATIENTS.

*Cases are referred to Local Care Committees.

(l) SHELTERS.

† A certain number of shelters are available on the recommendation of the Tuberculosis Physician. The main principle governing their issue is that there must be evidence of overcrowding and that the patient for whom the shelter is recommended is not able to have a bedroom to himself.

(m) INCIDENCE OF TUBERCULOSIS.

There is no special occupation which has a definite bearing upon the incidence of Tuberculosis.

(n) SPECIAL METHODS.

The Welsh National Memorial Association has in existence an Educational Campaign which is conducted under the direction of Dr. R. Owen Morris, Superintendent of Education, assisted by two Lecturers. This Campaign is carried on chiefly by means of addresses to school children of higher standards, and also by means of a travelling exhibition. The services of this special staff are always available on request.

The segregation of advanced cases in the Hospitals of the Welsh National Memorial Association and the training in the precautions necessary with regard to sputum and other points of personal hygiene given in all Institutions, undoubtedly operates favourably in the prevention of this disease.

In addition, at the North Wales Sanatorium women patients, before discharge, are trained under the special "cottage scheme" to adapt themselves to the conditions of post-sanatorium life.

(o) SPECIAL DIFFICULTIES.

* The difficulty in seeing cases of Pulmonary Tuberculosis early enough.

Table XXVIII.

Showing the number of cases seen by the Tuberculosis
Officers in the County, 1925.

		Number of cases under observation Jan. 1, 1925	Number of cases examin- ed during the year 1925	Total	Number found to be suffer- ing from active Tubercul- osis		Number found not suffering from active Tuberculosis	Number of those who ceased attendance before comple- tion of diagnosis	Under observ'ion Dec. 31' 25
					Pulmon- ary	Non-Pul- monary			
Boys	...	1	36	37	3	3	28	...	3
Men	...	2	84	86	43	5	29	...	9
Total Males	...	3	120	123	46	8	57	...	12
Girls	...	...	32	82	4	6	26	...	0
Women	...	1	57	58	19	9	27	...	3
Total Females	...	1	89	90	23	11	53	...	3
Total	...	4	209	213	69	19	110	...	15

Table XXIX.

Showing the number of Pulmonary cases sent to Tuberculosis Hospitals during the year with the results of treatment.

		Number under treatment in hospitals Jan. 1, 1925	Number admitted during the year	Total	Discharged						Deaths in Institution	Under treatment Dec. 31, 1925
					Fit for work		To Sanatorium	Improved	Stationary	Worse		
					Full	Light						
Boys	...	...	2	2	1	...	...	...	...	...	1	
Men	...	7	17	24	2	2	1	7	...	3	6	
Total Males	...	7	19	26	3	2	1	7	...	3	6	
Girls	...	4	1	5	...	1	...	1	...	...	1	
Women	...	...	11	11	...	2	1	3	1	...	...	
Total Females	...	4	12	16	...	3	1	4	1	...	1	
Total	...	11	31	42	3	5	2	11	1	3	7	

Table XXX.

Showing the number of Non-Pulmonary cases sent to Tuberculosis Hospitals during the year with the results of the treatment

		Number under treatment January, 1925	Number admitted during the year	Total	Discharged				Deaths in Institution	Under treatment 31 Dec., 1925
					Fit for light work	Improved	Stationary	Work		
								Admitted for obser- vation and found Non-Tuberculosis		
Boys	...	3	5	8	...	2	...	...	3	3
Men	...	5	2	7	1	2	...	1	1	2
Total Males	...	8	7	15	1	4	...	1	4	5
Girls	...	2	6	8	...	2	...	1	2	3
Women	...	1	5	6	...	2	1	...	...	3
Total Females	...	3	11	14	...	4	1	1	2	6
Total	...	11	18	29	1	8	1	2	4	11

TABLE XXXI.

Showing the number of Pulmonary cases sent to Sanatoria during the year, with the result of treatment.

		Number under Treatment 1st Jan- uary, 1925	Number admitted during the year.	Total.	Discharged.					Under Treatment 31, Dec. 1925.
					Fit for Work	Improved (not fit for work)	Stationary	Worse		
					Full Work.	Light Work				
Boys	..	3	1	4	3					1
Men	...	3	2	5	3			1		1
Total Males	...	6	3	9	6			1		2
Girls	...	...	..	...	...					
Women	...	1	4	5	...	1	1		1	2
Total Females	...	1	4	5	...	1	1		1	2
		7	7	14	6	1	1	1	1	4

70. CASES DISCHARGED FROM SANATORIA.

Table XXXII shows the number of cases discharged from Sanatoria for the years 1913—1923 with the numbers “well and at work” on the 31st March 1926.

The numbers will compare favourably with any Sanatoria statistics with which I am acquainted.

The distinction between cases discharged from “Tuberculosis Hospitals” and those discharged from “Sanatoria” should be borne in mind when reading this table, which refers to the latter class only.

In the replies to the questionnaire sent to doctors previously referred to in this report, the majority of the replies indicated that good results accrued from this treatment, but also showed that a large number of cases were careless after their return home, but all strike a note of despair as to the value of “domiciliary” treatment as such, owing to unsatisfactory home surroundings, poor ventilation and the apparently inevitable diet of tea and bread and butter.

Table XXXII.

Return of cases discharged from Sanatorium.

Year	Number of cases discharged from Sanatoria	Number well and at work	Number not Well	Left the District and can not be traced.	Dead.
1913	33	12	3	2	16
1914	34	11	3	4	16
1915	28	11		2	15
1916	27	12	1	3	11
1917	18	9	1	2	6
1918	15	6		4	5
1919	11	6	1	1	3
1920	35	21	5	2	7
1921	39	23	4	2	10
1922	33	20	4	5	4
1923	22	14	3	1	4

VENEREAL DISEASES.

71 The Scheme of the County Council provides that the Treatment Centre is at Carnarvonshire and Anglesey Infirmary, Bangor and that two of the Honorary Medical Staff of the Institution act as Medical Officers of the Centre.

The Centre is now open on Thursdays 2---5 *male* patients and on Fridays from 2---5 for *female* patients.

The Pathologist under the Scheme is Prof. Ernest Glyn, of the Thompson Yates Laboratories, the University, Liverpool to whom specimens for examination should be sent.

According to the arrangements made, specimens for Wasserman Test should be POSTED ON WEDNESDAY to reach the Laboratory on THURSDAY in each week.

Outfits for the collection of the specimens can be obtained free of charge by any Medical Practitioner on application to the County Medical Officer Dolgelley marking the envelope PRIVATE.

72 On the 5th December, 1917 an order under the Venereal Diseases Act 1917 was made by the Local Government Board scheduling this County as one of the areas in which it is illegal and punishable by fine and imprisonment for any

person, other than a registered medical practitioner to treat or give advice in connection with the treatment of venereal diseases.

There has been no material development of the Scheme otherwise than opening the Centre twice weekly instead of once. The provision made is adequate taking into consideration that the Centre is situated at such a distance from the County, necessitating in many cases a stay in the Hospital, but the fact that the Council has a Bed at this Hospital is a great factor in this scheme, particularly in case of grave Ophthalmia Neonatorum, and I have on more than one occasion been thankful that this provision exists in the scheme.

EXTENSION OF THE SCHEME.

73 The only possible extension that might be considered is the formation of Subsidiary Centre within the County, for the administration of one of the Drugs used in the Treatment, when it is impossible to secure the attendance of a Patient at the Centre, and also possible to take samples for Wasserman reaction.

CO-OPERATION OF THE MEDICAL PROFESSION.

There has been since the establishment of the scheme very cordial co-operation of the profession with the County Officers.

There are no facilities for irrigation of cases during intervals between Clinics and the treatment of Gonorrhoea Cases in the Clinics has not been as satisfactory as the treatment of Syphilis owing to the reluctance of patients to attend at such distance from their homes, still some cases attend.

The details of the scheme have been issued three times and sent to all Medical Practitioners in the County, and also of the fact that arrangements have been made whereby Medical Practitioners can attend the practice of the Centre and consult with the Medical Officers of the Centre. In addition to this every Doctor in the County receives a copy of the Medical Officer's Annual Report each year.

Only one of the Practitioners in General Practice has furnished the County Medical Officer with the necessary Certificate whereby he can receive free supplies of Arsenoenol compounds. None were issued during 1925.

PATHOLOGICAL EXAMINATIONS.

75 In addition to the specimens sent from the Treatment Centre. 3 specimens were sent by General Practitioners in the County to the Pathologist

VENERIAL DISEASES ACT 1917.

76 No action was taken under this Act.

TABDE XXXII.

Return relating to the Persons who were Treated at the Council's Treatment Centre during the year ended 31 December, 1925.

	Syphilis.		Soft Chancre,		Gonorrhoea.		Con- ditions other than V.D.		Total	
	M	F	M	F	M	F	M	F	M	F
1 Number of Cases which were under Treatment or Observation at the beginning of the year ..	1	3			2				3	3
2 Number of Cases dealt with at the Treatment Centre during the year for the first time ...	1	2				3			1	5
Total	2	5			2	3			4	8
3 Number of Persons who ceased to attend ...										
(a) before completing the first course of Treatment for ...										
(b) after one or more courses but before completion of treatment for ..	1	2				3			1	5
(c) after completion of treatment, but before final tests as to cure of ...										
4 Number of Persons transferred to other Treatment Centres after Treatment for ...										
5 Number of Persons discharged after completion of Treatment and observation for ..										
6 Number of Cases which, at the end of the year under report were under Treatment or Observation for ...										
Total Items 3, 4, 5, 6 ...	1	2				3			1	5

	Syphilis.		Soft Chancre		Gonorrhoea.		Con- ditions other than V.D.		Total	
	M	F	M	F	M	F	M	F	M	F
7 Out-Patients Attendances										
(a) For Medical Attention by Medical Officer ...	20	34			11				31	34
(b) For Intermediate Treatment										
Total	20	34			11				31	34
8 Aggregate number of "In-Patient Days" of Treatment given to Patients who were suffering from		35			114					199

	For detection of			For Wassermann Reacton.
	Splro- chetes.	Gono- cocci.	Other Or- ganisms.	
9 Examination of Pathological material :				
(a) Specimens were examined at and by the Medical Officer of the Treatment Centre ...				
(b) Specimens from Persons attending at the Treatment Centre which were sent for examination to an approved Laboratory ...		1		10

Statement showing the service rendered at the Treatment Centre during the year.

A. Number of Persons from the Area dealt with during the year for the first time and found to be suffering from :			
Syphilis	...	...	3
Soft Chancre	...	...	
Gonorrhoea	...	...	3
Conditions other than venereal			---
Total	...	...	6
B. Total number of attendance of all patients residing in each Area			
	...	...	65
C. Aggregate number of "In-Patients Days" of all patients residing in each Area			
		...	199
D. Number of Doses of Arsenobenzol Compounds given to Patients residing in Area			
		...	33
E. Give the names of Arsenobenzol Compounds used in the Treatment			
	...	...	Neo-Kharsivan. First Dose 0.6 grms.
F. State the amount and kind of Treatment usually administered to Cases of Syphilis of each of the Types usually dealt with at the Treatment Centre			
	...		One weekly injection of 0.6 gr. Neo-Kharsivan and Tablets of Hyd. c. Cret. gr. 1 one thrice daily.
G. State the nature of Tests applied in deciding as to discharge of Patients referred to in item 5 previous page.			
			Wassermann Blood Test In Gonorrhoea, Cessation of discharge and smear negative also Bougie and Prostatic Massage.

77. INSPECTION OF MIDWIVES.

Number of Midwives :

Number who sent in notices at the commencement of the year	26
--	----

Number who sent in notices during the year	7
--	---

33

Number of Midwives who left the County during the year	4
--	---

Of the above 19 were employed by the several District Nursing Associations in the County.

The Midwives are inspected by the County Medical Officer who is the Inspector of Midwives. I do not think it can be questioned that inspection of Midwives by a Medical Officer in the Public Health Service is better than by a Certified Midwife.

I have always found each Midwife ready to co-operate in any recommendation made by me to her.

The equipment and records of all the trained Midwives are in order.

One can not reasonably expect the same high standard from untrained Midwives but the two still remaining on this register are clean and for the most part they only attend as Maternity Nurses:

The " Handy Woman " is still to be found, and in the absence of legislation forbidding this the practice will be found. They nursed 40% of the births in 1925.

The yearly return to the Central Midwives' Board was forwarded in January.

78. MEDICAL AID.

Medical aid was summoned by Certified Midwives in 34 cases.

To Mothers	27
------------	----

To Babies	7
-----------	---

Table XXXIV.

The causes for which Medical Aid was summoned :

For Ante-partum haemorrhage	3
„ Post-partum haemorrhage	1
„ Ruptured perineum	8
„ Prematurity	4
„ prolonged labour	6
„ uterine inertia	1
„ transverse presentation	1
„ breech	2
„ obstructed labour	1
„ swelling on child's head	1
„ talipes	1
„ discharge from child's eyes	2
„ "baby born apparently dead"	1
„ phimosis	1
„ "? apoplexy of mother "	1

79. ANTE-NATAL WORK OF MIDWIVES.

Midwives attended 192 cases of live births, and in respect of these Ante Natal records were received	109 cases
"Emergency Cases"	40
No statement	43
Ante Natal records in cases engaging a Midwife but attended by a doctor,	28
Ante Natal records in Stillbirths	7

From the records I find that the Midwives found Albuminuria in 4 cases, and the patients were referred to their doctor. They obtained treatment and the labours were normal.

In 7 other cases the expectant mothers were advised to see their own Medical Attendant.

80. NOTIFICATION OF BIRTH ACTS 1907—15.

These Acts provide that in the case of every child born in the area of the administrative County, it shall be the duty of the father of child, if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of or within six hours after the birth, to give notice in writing of the birth to the Medical Officer of Health for the County. This information to be given by posting prepaid post card within 36 hours after the birth.

A supply of these cards can be obtained by a Medical Practitioner or a Certified Midwife on application to the County Medical Officer.

Notification under these Acts is in addition to, not in substitution of, *registration* of birth.

Table XXXV.

Births.			
Registered Legitimate	...	668	
Illegitimate	...	57	
		—	725
Notified within 36 hours of birth :			
Live births	...	704	
Still births	...	38	
		—	742
Notified by Midwives :			
Live births	...	192	
Still births	...	3	
		—	195
Notified by Doctors :			
Live births	...	512	
Still births	...	35	
		—	547

When a notification of birth is received at the County Office, the Medical Officer makes an entry in the County Card Index Register, and from this the Health Visiting Card is made out and sent weekly to the Part-time Health Visitor. Similar entries on slips are made and sent to the Superintendent Registrar for each area.

The Health Visiting Cards are returned to the County Offices once a quarter, and are carefully examined.

The cards are also examined when the Part-time Health Visitors are inspected by the Medical Officer.

81

NOTIFICATION OF STILL BIRTHS.

This is also a requirement of the Notification of Births Act, 1907, and the ordinary birth card should be used, but it should be clearly marked "Still Birth."

Number of cases notified in 1925	...	38
By Doctors	...	35
By Midwives	...	3

Table XXXVI. gives the number of births registered and notified in the several Sanitary Areas.

TABLE XXXVI.

Notification of Births 1925.

	No of Births		Number of Births notified by				Number of cases attended by Doctor and Certified Midwife.
	Registered	Notified.	Doctor	Certified Midwife	Parent	Registrar (un-notified Births).	
Cols. 1	2	3	4	5	6	7	8
Whole County	725	711	512	192	...	7	256
Total Urban Districts	309	310	252	54	..	4	104
Total Rural Districts	416	401	260	138	...	3	152
Urban Districts :							
Bala	19	18	11	7	...	...	9
Barmouth	35	26	17	9	...	...	7
Dolgelley	38	39	39	...	...	...	30
Festiniog	161	169	150	15	...	4	45
Mallwyd	14	15	6	9	...	...	4
Towyn	42	43	29	14	..	..	9
Rural Districts .							
Deudraeth	132	123	95	25	..	3	38
Dolgelley	114	107	66	41	...	...	40
Edeirnion	84	90	29	61	...	...	25
Penllyn	81	78	67	11	..	...	49
Pennal C.P.	5	3	3	...	...	..	..

The Health Visiting Scheme in force in 1925 extended only to the visiting of Infants in their homes up to 1 year of age, and Infant Welfare Centres dealt with Children also to 1 year of age.

HEALTH VISITING.

82 Table XXXVII. shows the number of visits paid to Infants in their homes.

TABLE XXXVII.

Showing the number of visits paid by Part-Time Health Visitors to Babies under one year of age 1925.

Districts			Primary Visits.	Total Visits.
Aberdovey	...	...	9	53
Bala	...	...	95	344
Barmouth	...	...	23	165
Corris	...	...	21	90
Corwen	...	...	66	365
Dinas Mawddwy	...	...	16	123
Dinmael	...	...	14	73
Dolgelley	...	...	63	256
Dyffryn	...	...	14	94
Fairbourne	...	...	20	103
Festiniog	...	...	161	782
Harlech	...	...	34	139
Llanbedr	...	...	11	73
Penrhyndeudraeth	...	...	41	214
Towyn	...	...	38	146
Trawsfynydd	...	...	36	159
			662	3177

For years in my previous Annual Reports I have stressed the importance of the First Visit of the Health Visitor to the Home of the Child.

An increasing number are seen early and it is of the utmost importance that when a Midwife or Maternity Nurse leaves her Case on the 10th day that the Mother has been instructed in the importance of the Breast Feeding of Infants.

From an examination of a large number of record cards I find that 70% of the children born in this County are breast fed and the remaining 30% are Bottle Fed. Of the Breast Fed Children 15% change to Bottle Feeding within the first three months.

From my enquiries of Mothers and Health Visitors, I feel certain that the abandonment of breast feeding in this County is due to frequent and indiscriminate suckling.

There is a difficulty in persuading mothers to feed the baby "by the Clock" and not "when he cries."

Regularity in Breast Feeding should be preached in seasons and out of season by all engaged in Maternity and Child Welfare Work.

The matter is one of urgent National importance in view of the decreasing Birth Rate.

INFANT WELFARE CENTRES.

83 Table XXXVIII. shows the Centres held during the year with the number of meetings and average attendance.

TABLE XXXVIII.

Infant Welfare Centres.

Centre	Meet	Number of Meetings 1925	Average Attendance	Medical Officer.
Bala	... Monthly	... 11	7	Dr. A. L. Davies.
Barmouth	... Fortnightly	... 21	26	Dr. J. O. Williams.
Corwen	... Monthly	... 12	7	Dr. D. R. Edwards.
Dolgelley	.. Fortnightly	... 23	12	Dr. Hugh Jones.
Festiniog	... Fortnightly	... 20	30	Dr. J. W. Morris.
Harlech	.. Monthly	.. 12	6	Dr. R. Morris Williams
Penrhyndeudraeth	Fortnightly	... 24	21	Dr. M. W. Rees.

The following reports have been received from Medical Officers of Infant Welfare Centres.

BALA :

I beg to present my report for the year 1925.

There is no striking feature to be reported this year : several minor ailments were attended to, and the County Council has provided Virol, and the members of the Local Committee milk when necessary.

The attendances have not been up to expectations, and in

my opinion while the meetings are only held monthly, we cannot expect the attendances to increase. During the year, the ordinary meeting had to be postponed or not held, because of prevailing illnesses, e.g. Whooping Cough. Also on some occasions the weather has been so inclement, that we could not reasonably expect the mothers to bring their babies. I am certain that the Centre being only opened monthly, does not conduce to increase the mothers' interest in the Centre and its work.

Again, this year, I should like to express my appreciation of the splendid work performed by the Committee under the presidency of Lady Robertson.

ARTHUR L. DAVIES.

BARMOUTH :

During the year 1925 the Infant Welfare Centre has been well attended. The mothers are getting to appreciate the advice given them more and more, and the infants undoubtedly benefit. It has been noticed on more than one occasion that when the Centre has been closed for any reason, the infants either put on very little weight or not at all, but soon after starting they again resume the usual increase in weight.

J. O. WILLIAMS.

CORWEN :

The Welfare Centre in this district continues to do very good work. The meetings are held monthly. The Medical Officer and the Welfare Centre Nurse weigh the children and supervise them generally. Instructions and information are given in feeding and management of children.

D. R. EDWARDS.

DOLGELLEY :

I have pleasure in reporting that the condition of this Centre was decidedly flourishing during the year 1925.

The general appearance of the babies bears abundant testimony to the increasing interest taken by the mothers in the welfare of their children. There seems to be a healthy rivalry amongst the mothers to make their babies look clean, healthy and bonny. I have frequently complimented them upon the ruddy complexion of their bairns. If anything is found amiss with one of the youngsters the Nurse and I give them a thorough overhaul, and an attempt is thus made to get at the beginnings of disease at this plastic stage of their existence.

I have recently started a series of very short simple addresses upon infant feeding, and have already devoted several of these to the details of successful breast feeding. I have tried to explain

to them in the words of a recent writer that, however carefully we attempt to imitate human milk, the substitute is very far from perfect ; all the more care, therefore, should we take to preserve for the infant the only food that fulfills all its requirements.

I am specially gratified that Cod Liver Oil is now available for the infants attending the Centre. Here we have the important growth vitamin in its most concentrated form, and this is of enormous importance at this early period of life. The recent researches upon the vitamin content of foods generally must necessarily contribute very materially towards making those so-called deficiency diseases which loom so much in infancy and childhood. At these Centres we have a constantly recurring opportunity of dwelling continually upon the importance of diet, sunshine, fresh air and cleanliness.

HUGH JONES.

FESTINIOG :

This centre carried on its work enthusiastically during the year. The attendances were satisfactory in spite of epidemics of Whooping Cough and Measles. The mothers shewed keen interest in the welfare of their children, and all the children brought to the Welfare during the year thrived. The building however where the Clinic was held was not too satisfactory as privacy was not obtainable when the Medical Officer wanted to examine a child. We have however now removed to a very satisfactory building. Mothers were given advice individually, as each child brought to the Welfare came under the direct inspection of the Medical Officer. The general improvement in the condition of weak babies brought to the clinic was very satisfactory.

Signed, J. W. MORRIS.

HARLECH :

The Clinic is held once a month and considerable interest and faithfulness have been shown by many Nursing Mothers. The attendances during the last few months have improved and every effort is been made to extend the work.

Especial instruction is given concerning Infant Feeding, Regularity of feeds, Cleanliness, Clothing and the properties of fresh air and sunshine which appear to have been held at a discount by Nursing Mothers in this district. "Deficiency diseases" seem to be unduly common and Diet Charts are provided where required. Good results are already evident.

I should like to pay tribute to the work of the Ladies Committee and to the Welfare Centre Nurse.

R. MORRIS WILLIAMS.

PENRHYNDEUDRAETH :

The Clinic was well attended during the year. There is no doubt that it is increasing in usefulness, and being appreciated by mothers. It is of paramount importance for young mothers to be guided in proper dieting, clothing, attention to minor illnesses &c of infants during the first year at least.

The Clinic is becoming more popular every year in this district, and it is a pity that children from outlying districts cannot attend owing to the distance from the Centre.

I feel that some mothers have not the means to carry out the instructions, and in those cases it is in the interest of the community that some grant should be made to remove the taint of Parish Relief. Poverty breeds disease, and later on has a tendency to weaken the mind, and moral fibre.

MORRIS W. REES.

A study of these individual reports will show that consistently good work is being carried on at these Welfare Centres. At each of them a cup of tea, bread and butter is provided by the generosity of the Local Ladies Committees.

This in itself is a valuable and is welcome by the Mothers, and ene Speake. at the 1924 English Speaking Conference on Welfare Work stated that in her 14 years experience of the work she found "the cup of tea given to the Mothers did more than any amount of Propaganda."

I am convinced of the real value of Infant Welfare Centres in the Campaign for the improvement of Child Life.

INFANT DEATHS.

84 Table XXXIX. gives the mean Infant Mortality for the five year periods from 1921—1925 and separate years 1916—1925.

Table XL. gives the Deaths at age groups under one year in the several Sanitary Districts.

Table XLI. gives the causes of Deaths of Children at various ages under one year.

From this Table it will be seen that 40% of the Infant Deaths occurred in the *first week of life* and 58% in the *first month* of life, and this percentage is about the same in previous four years.

It must be evident that if the Council is really to tackle this aspect of the Infant Death Rate that it must be by Ante Natal Work, because death has occurred before these children can be expected to attend Post-Natal Infant Welfare Centres. The

Death Rate among Infants 2—12 months has dropped considerably during the last 10 years and since 1916 is about half of the rate for the preceding years. I report this year again that the cause of the relatively high *total* Infant Mortality Rate is the unduly high part of this rate which is known as the "Neo Natal Rate."

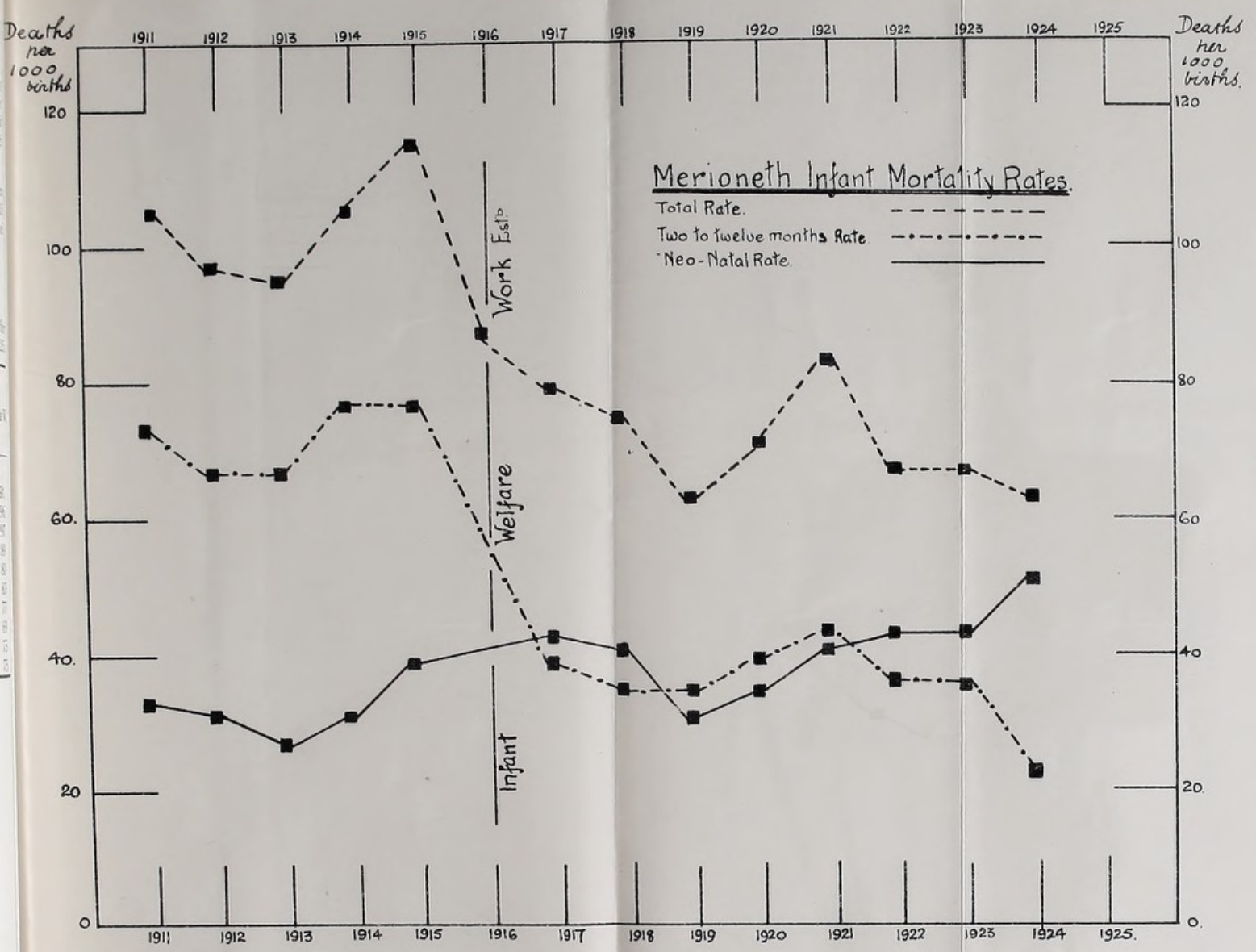
Char 1 shows this very clearly the death rate of children (2 months to 12 months) has dropped considerably in the last 15 years particularly in the last 10 years, while the Death Rates of babies dying under one month has actually increased.

TABLE XXXIX.

The following Table gives the mean Infant Mortality Rate for five year periods from 1891—1925 and separate years 1916—1925.

Five Years Periods.	Merion-eth.	England and Wales.	Years.	Merion-eth.	E. & W
1891—1895	136	151	1916	86	91
1896—1900	153	156	1917	70	96
1901—1905	132	138	1918	74	97
1906—1910	207	117	1919	62	89
1911—1915	102	109	1920	71	80
1916—1920	76	91	1921	83	83
1921—1925	76	76	1922	76	77
			1923	76	69
			1924	76	75
			1925	72	75

Chart I



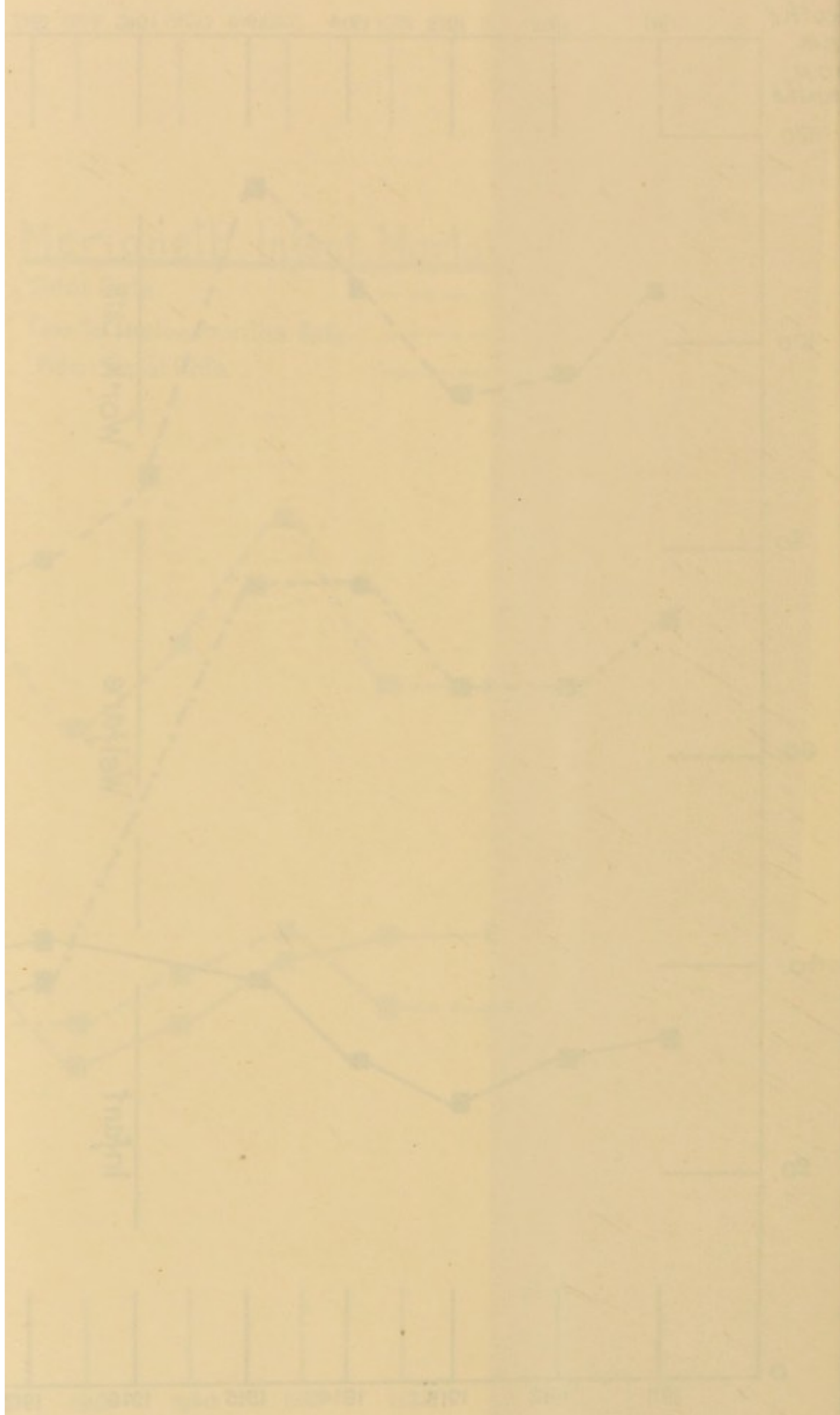


TABLE XL.

Showing the Ages at Death of Infants under One Year of Age in the Sanitary Districts.

		Under One Week.	1 to 2 Weeks.	2 to 3 Weeks.	3 to 4 Weeks.	Total Under One Month.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	Total 2 to 12 Months.	Total under 12 Months.
I		2	3	4	5	6	7	8	9	10	11	12
Whole County	...	21	1	1	7	30	10	7	4	1	22	52
Total Urban Districts	..	9	...	1	2	12	5	4	1	1	11	23
Total Rural Districts	..	12	1	...	5	18	5	3	3	...	11	29
Urban Districts :												
Bala	..	2	..	...	...	2	..	...	...	1	1	3
Barmouth	..	1	...	..	...	1	...	..	...	...	...	1
Dolgelley	...	..	...	...	...	...	1	...	...	...	1	1
Festiniog	...	4	..	1	1	6	2	2	1	...	5	11
Mallwyd	...	..	...	...	1	1	1	1	...	...	2	3
Towyn	..	2	...	..	...	2	1	1	...	...	2	4
Rural Districts :												
Deudraeth	...	2	...	..	2	4	1	..	1	...	2	6
Dolgelley	...	4	...	..	...	4	3	3	...	..	6	10
Edeinion	...	4	1	..	1	6	..	...	1	...	1	7
Penllyn	...	2	...	..	2	4	1	...	1	...	2	6
Pennal	...	...	...	..	..	..	...	...	...	...	..	...

TABLE XLI.

Showing the Causes of Deaths of Infants under One Year with the Age at Death.

	Under One Week.	1 to 2 Weeks.	2 to 3 Weeks	3 to 4 Weeks.	Total under One Month.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months	Total 2 to 12 Months	Total under 12 Months.
Cols. 1	2	3	4	5	6	7	8	9	10	11	12
Bronchitis ...	..	..	...	1	1	1	1	...	...	2	3
Broncho Pneumonia	..	1	...	..	1	2	4	3	...	9	10
Pneumonia ...	...	...	...	1	1	...	18	...	..	1	2
Gastritis, Enteritis	...	...	...	2	2	...	...	...	...	...	2
Marasmus	..	...	...	1	1	2	...	..	..	2	3
Premature Birth	11	...	...	1	12	...	..	..	..	...	12
Convulsions	3	...	...	...	3	...	...	1	..	1	4
"Natural Causes Probably Convulsions "	1	...	..	...	1	1	..	...	...	1	2
Congenital Malformation	5	...	..	...	5	..	...	..	...	...	5
Whooping Cough	...	...	...	..	..	1	...	...	1	2	2
Skin Diseases	...	..	1	...	1	1	...	..	..	1	2
Haemophilia	1	...	...	...	1	...	...	..	...	..	1
Spina Bifida	...	...	..	1	1	...	1	..	...	1	2
Strangulated Hernia	...	..	..	...	...	1	...	...	...	1	1
Pyloric Stenosis	...	...	...	...	...	1	...	...	...	1	1
	21	1	1	7	30	10	7	4	1	22	52
% of Infant Death	40				58						

Of the Infant deaths older than one month all were visited by Health Visitors except 3.

Uncertified deaths 2

One 4 days old "Natural cause"

One 5 weeks old "Capillary Bronchitis" both were reported to the Coroner.

STILL BIRTHS.

The causes ascertained were :

Prolonged and difficult labour	7
Contracted pelves	5
Placenta praevia	3
Ante partum haemorrhage	2
Premature birth	2
Abnormalities of cord	2
One of twins	1
Eclampsia	1
Debility of Mother	1
Accident to Mother	1

Ante Natal visits were paid by Midwives to seven of the above cases.

History of previous Still Births was obtained in 5 cases.

85. MATERNAL MORTALITY.

6 deaths of mothers in child birth were registered, two from puerperal sepsis and 4 from other causes.

2 contracted pelvis difficult instrumental labour.

1 Pulmonary embolism

1 Eclampsia.

1 case of "sepsis" was a case of postpartum haemorrhage with "sepsis," the other case of sepsis investigation revealed no apparent cause.

The Maternal death rate for 1925 is still high and Table XLII shows the rates for the years 1911—1925.

This is a subject that is engaging the attention of Doctors, Lay Persons and Public Health Officers at the present time.

The Ministry of Health has issued a valuable report by Dr. Jannet Campbell. The British Medical Association has a Committee at work under the Chairmanship of Sir Ewen Maclean, Cardiff and it has been discussed at several meetings of the Local Medical profession.

Table XLII.

Year	COUNTY OF MERIONETH					Infant Mortality England and Wales
	Total Maternal Mortality per 1000 births	Number of Still Births notified	Infant Mortality per 1000 births			
			Under One Month "neonat- al rate."	Two to Twelve Months	Total Infant Mortality Rate	
1911	7.9	...	33	71	104	130
1912	11.7	...	30	66	96	95
1913	12.3	...	27	66	93	108
1914	2.5	...	29	76	105	105
1915	5.3	...	39	75	114	110
1916	4.3	...	figures not available	37	86	91
1917	6.5	...	42	34	79	96
1918	6.2	16	40	32	74	97
1919	3.2	21	30	36	62	89
1920	7.9	21	35	43	71	80
1921	4.8	34	40	35	83	83
1922	6.5	39	41	35	76	77
1923	6.5	38	41	22	76	69
1924	7.7	43	50	31	72	75
1925	8.3	38	41	31	72	75

Chart No. 2 shows graphically the Maternal Death Rate of Merioneth compared with the same rate in England and Wales.

Chart 2

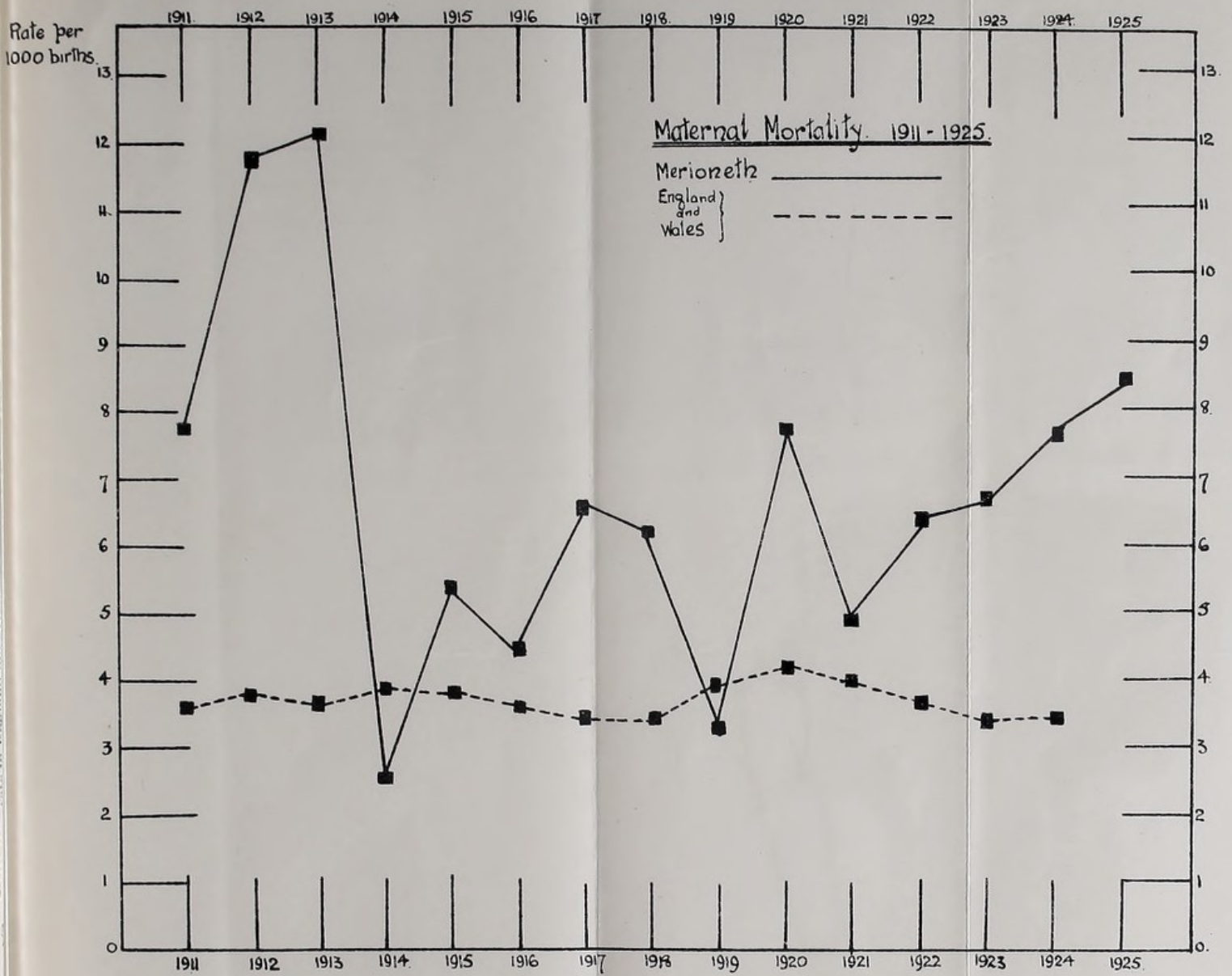




Table XLIII.

Showing the rate per 1000 births of the deaths of mothers in childbirth in the County, with similar rates for England and Wales

	Puerperal Fever.		Other ^m Accidents and Diseases of Pregnancy.		Total of Cols 1 and 2	
	Merioneth	England and Wales.	Merioneth	England and Wales.	Merioneth	England and Wales.
1911—1915	2.6	1.5	5.4	2.3	8.0	3.6
1916	...	1.5	4.3	2.4	4.3	3.9
1917	3.3	1.4	3.3	2.3	6.6	3.7
1918	...	1.4	6.2	2.2	6.2	3.6
1918	...	1.8	3.2	2.4	3.2	4.2
1920	3.4	1.9	4.5	2.3	7.9	4.2
1921	1.2	1.5	3.5	2.3	4.7	3.7
1922	1.3	1.5	5.2	2.2	6.4	3.6
1923	1.3	1.4	5.2	2.2	6.5	3.6
1924	2.6	1.5	5.1	2.2	7.7	3.7
1925	2.8		5.5		8.3	

There is a general consensus of opinion that for difficult cases provision should be made in a recognised Maternity Hospital, and for the attendance of a Specialist. With regard to the use of small Cottage Hospitals for Maternity cases, the Medical profession in Merioneth and South Carnarvon has unanimously adopted the following resolution :

“ That unless the wards or rooms in Cottage Hospitals used for Maternity cases were far removed from the other wards in which Surgical cases were nursed, it was not in the best interests of the patients and further these cases should be nursed by a Nurse who did not undertake Surgical nursing while acting as Maternity Nurse.”

Some two years ago a conference with the Medical Practitioners of the County was held by the Welsh Consultative Council at which the following resolutions were agreed upon :

- (a) That there was need for more efficient feeding of expectant mothers in the last three months of pregnancy.

- (b) That there should be more skilled nursing in the form of Ante-Natal care of expectant mothers.

In the report issued by the Ministry of Health.

Referring to the magnitude of this problem which shows no sign of substantial diminution Dr. Janet Campbell the Author of the report states.

“This is a situation which must necessarily cause grave concern to all interested in the well being of women and little children. It scarcely seems necessary to enlarge upon the serious effect of a high maternal mortality rate upon the health and welfare of many hundreds of families every year. With certain exceptions the women concerned are in the prime of life, and are actively concerned in fulfilling the most important duty of rearing children for the nation. Most of them might in the ordinary course of events look forward for many years of health and usefulness. The unexpected loss of the mother is a tragedy to the family. It is not infrequently associated with the death of the infant for whom the maternal life has been sacrificed, and is often followed by the impaired health and nutrition of the remaining children. Further, the fact that the mortality returns reveal only a part of the total damage and disability, and that an incalculable amount of unreported and often untreated injury and ill-health result from pregnancy and labour has many times been pointed out. It is this burden of avoidable suffering which we seek to relieve scarcely less than to save lives which need not be lost.”

Elsewhere in this report mention is made of the frequent employment of the “Handy Woman” in preference to a trained Midwife and in some district reports this is mentioned and the extent of this in the various districts of the County can be seen in Table

Percentage of births attended by “Handy Woman.”

Urban.		Rural	
Bala	11	Deudraeth	49
Barmouth	38	Dolgelley	24
Dolgelley	24	Edeirnion	5
Festiniog	65	Penllyn	23
Mallwyd	13	Pennal	100
Towyn	47		

With reference to this in Rural Counties Dr. Campbell states,

“Women in rural communities are somewhat out of touch with new ideas, and are apt in consequence to be more than usually prejudiced and conservative in their habits. At the time of confinement they often prefer the unqualified maternity “help” who

was "good enough" for their grandmothers, to a trained Midwife whose ideas and methods do not always accord conveniently with their domestic customs."

and again the report emphasises the need of Ante-Natal care

"Until ante-natal supervision is accepted by patients and their advisers as the invariable duty of the professional attendant engaged for the confinement, we shall never make substantial progress towards the reduction of maternal death and injury. It is the key to success in any scheme of prevention, and it must be insisted upon in season and out of season until it is no longer ignored or looked upon as a luxury for the well-to-do-woman. but is recognised as a necessary and integral part of the management of every confinement case."

The Report recommends as appropriate action through the Public Health Department of the Local Authority :

1. Ante-Natal and Post-Natal care of all Pregnant Women by their own Professional Attendant and by the establishment of Maternity Centres.
 2. The Provision of Maternity Beds in Hospitals.
 3. The Provision of sufficient service of Competent Midwives.
 4. Investigation into all Maternal Deaths due to Child Birth.
- Among the Social Measures advocated are :

The provision of Suitable Nourishment for necessitous expectant and Nursing Mothers.

Though not strictly falling under a review of 1925 yet it will be convenient here to discuss the Special Reports on extension of the Maternity and Child Welfare Schemes which were discussed in 1925 but presented to the Council in 1926.

In February 1925 the Maternity and Child Welfare Committee considered a letter from the Welsh Board of Health on the visit of one of their Inspectors to the County and the Department asked for the consideration of the following recommendations among others :

1. That the conference of the County Medical Officer with the Midwives and part time Health Visitors be resumed.
2. The Health Visiting should be extended so as to include the visiting of Infants between 1 and 6 years of age.
3. In regard to Ante-Natal Work most expectant Mothers should be encouraged to attend the Centres where an arrangement

might be made to see them at the beginning or preferably at the end of the session.

4. The Health Visitors should extend their visiting in this connection and a record of each visit kept.

The Council resolved to adopt 1, but recommendation 2 and 3 were referred to a Special Sub-Committee consisting of Dr. John Jones, Chairman of the Maternity and Child Welfare Committee, Dr. J. D. Jones and the Medical Officers of the Dolgelley and Barmouth Welfare Centres.

86 This Special Committee presented the following report :

TO THE MATERNITY AND CHILD WELFARE COMMITTEE.

SPECIAL REPORT OF EXTENSION OF HEALTH SERVICES

The Reference to us as a Committee was contained in a report of the Ministry of Health to the County Council, and we considered :

1. Whether the Health Visiting Scheme of the Council should be extended so as to include the visiting of Infants between 1 and 5 years of age.
2. Whether Ante-Natal Work should be carried on in connection with the Infant Welfare Centres and that the expectant Mothers might be seen at the end of the session.
3. Whether Health Visitors should extend their visiting in this connection, and that records of each visit should be kept on a separate Ante-Natal Card.

Dr. John Jones, Dolgelley, was appointed Chairman of the Committee.

We held two Meetings, and had before us all available statistical information as to Infant Mortality, Maternal Mortality, since 1893, and health visiting since its inception in the County.

To take Reference No. 1 first, we are unanimously of opinion that the present scheme of Health Visiting should be extended to Children up to 5 years of age.

It appears to us almost to nullify the good work done up to 1 year not to continue to 5 years. During the period 1—5 many defects would be noted, and remedial measures applied before the child attends school, which would be of inestimable benefit to the Child.

- " The great decline in infant mortality, which has resulted owing to the activities of Maternity and Child Welfare Schemes, leads us to hope that a similar reduction would be followed in the 1—5 mortality, if proper and efficient schemes of health visiting are brought into being ; more than this, a great mass of illness will be prevented, which, unchecked, leads to rickets and marasmus, and present difficult problems of remedial measures to the Education Authority.

" We had before us evidence of the need of education in the matter of children's dietary in the observations of the School Medical Officer made during the special inquiry carried out by him for the Board of Education, and the numbers of cases of slight rickets would undoubtedly have been diminished if there was an efficient system of visiting and of help for the mother in the proper infant and child feeding.

" Dr. Eric Pritchard, the authority on child feeding, states :

" the feeding of young children is comparatively simple so long as milk continues to be the basis of their diet . . . our difficulties immediately begin when we commence to substitute solid and other varieties of food for the fluid which nature has successfully devised for the nourishment of the nursling."

" We are convinced that there would be less talk of the ' under-nourished ' child in Rural Areas if an efficient scheme for the education of the young mothers in this matter were carried out.

STAFF.

" We considered for some time whether this work, which is of a highly specialised character, should not be carried out by a whole-time staff specially trained.

" At first the opinion was strongly in favour of a special staff, as we felt that the work of the District Nurses is already heavy, and that without increase of staff in many areas it could not be efficiently carried out ; further, the short training some of the district nurses receive does not appear to us to be such as to render them capable of undertaking this very important and special work.

" If expense were no object, or we had unlimited funds, we should unhesitatingly recommend the establishment of a staff of specially trained health visitors.

" At this part of our discussion we had the advantage of reading a special report by the Medical Officer of Denbighshire upon whole-time and part-time health visitors working simultaneously, and we desire to tender our thanks to the Medical Officer for his help,

" In this County the alternative is to subsidise the Nursing Associations for the part-time service of their nurses.

" We are unanimously of opinion that before public funds are used to pay for this work, the Maternity and Child Welfare Committee should insist that each Nurse has had the special training necessary, and we would emphasise that the training of a nurse in a hospital, however, prolonged and efficient, does not of itself qualify the nurse to undertake the duties now performed by Health Visitors of Local Authorities, and we recommend that Nurses now in the service of District Nursing Associations be compelled to attend special intensive training courses in Maternity and Child Welfare Work. There are a number of these ' courses ' arranged in large centres, and the Nurse should produce evidence of having attended such courses, and we recommend further, that in any future appointment no nurse be allowed to be employed in this work unless she has been specially trained in these duties as laid down by the Ministry of Health.

" We feel that unless this is done, the Committee had better abandon the extension of health visiting services ; it is too responsible a work to be done haphazardly.

NUMBER OF VISITS.

- " Assuming that the Nurses employed will receive this special training, we considered the number of visits to be paid. We found that to children under 1 year of age approximately 3,700 visits were paid each year during the last two years, though if each child had been visited in accordance with the scheme the number would have been more than 4,000.
- " The following table will give the number of visits suggested in each of the age groups :

Age Groups.		Estimated numbers in each group.		Proposed number of visits.
0—1	...	781	...	6
1—2	...	717	...	4
2—3	...	778	...	3
3—4	...	780	...	2
4—5	..	511	...	2

Total number of Visits—12,470.

- " Taking everything into consideration, removals from the County, infant deaths, possible refusals on the part of some parents (though refusals are under 20 in the group 0—1), and the children attending elementary schools in the part 3—5 of the groups, we estimate that about 10,000 visits should be paid to children in the 0—5 group. Of these, 3,700 are already made under your present scheme, and, therefore, some 6,300 additional visits would have to be provided for. This would mean an additional expenditure of about £280 above what is now being spent.

INFANT WELFARE CENTRES.

- " In addition to the home visits we recommend that the age of attendance at Welfare Centres be raised to 3. At present only children 0 to 1 are provided for in the Scheme. This will not involve additional expenditure.

Reference 2 and 3.

ANTE-NATAL WORK.

- " In this connection we had before us specially prepared tables and charts of maternal and infant mortality, and the need of the provision of ante-natal work was conclusively proved to us. The fact that Infant Mortality as a whole has been considerably reduced in recent years, but at the same time the neo-natal rate (death rate under one month has actually increased), seemed to us to point to the urgent need of a comprehensive scheme of ante-natal work, for post-natal infant welfare work can not possibly hope to remedy this part of the infant death rate.
- " We gave long and serious consideration to the suggestion of the Ministry Health (Welsh Board of Health) to establish Ante-Natal Clinics in connection with the present Infant Welfare Centres, but after mature reflection, we came to the conclusion that the present time is not opportune for this. Each of the Medical Officers of the Infant Welfare Centres is a part-time Officer, and it was felt that it would be difficult, if not impossible, to carry out the scheme effectively. With a whole-time staff with experience and properly equipped for this special work, the position would be completely altered, and we believe it would then be feasible.
- " Under the circumstances we advocate a system of Ante-Natal visits to the homes of expectant Mothers, and should any abnormality be discovered that the Medical attendant be advised. We feel, however,

that it is absolutely necessary that this part of the work should be closely co-ordinated with an efficient maternity hospital, say Liverpool where cases requiring obstetric operations can be admitted without delay for appropriate treatment, and we recommend—

that the Medical Officer of the Committee be asked to make enquiries as to the means of obtaining this Hospital Treatment for Patients from this County

- " We understand that the Rules of the Central Midwives Board require every Midwife to pay Ante-Natal visits to every case that she is engaged to attend as a Midwife. These visits being statutory, do not come within the terms of our reference. They are matters for the Inspecting Officer of Midwives.
- " But the Midwives also act as " Maternity Nurses," and we are of opinion that when so engaged arrangements should be made for all Midwives, who are registered in the County, whether in the employ of District Nursing Associations or not, to pay Ante-Natal visits in accordance with the suggestion of the Ministry, and that proper and correct records should be made on forms to be provided.
- " We found that in 1923 and 1924 about 50 per cent. of Midwifery Cases were attended by Trained Midwives, and about 21 per cent. attended by them as " Midwives." This would leave about 30 per cent. of the Births in which the Midwives act as " Maternity Nurses " only. We are of opinion that in these cases there should be no difficulty in securing the co-operation of all concerned in paying Ante-Natal visits. The problem is more difficult in the remaining 30% of the Births, where the " Handy Women " is still in attendance. We greatly deplore this high figure.
- " If Ante-Natal visiting as suggested is sanctioned, we estimate the cost at about £50, assuming the same rate of payment as for health visiting.
- " We are unable to suggest any sum as to the provision of Maternity Beds; this will depend upon the information gained by the Medical Officer.
- " It seems to us very necessary also that some provision should be made to help necessitous Mothers in the last few weeks of pregnancy by the grant of milk or other food. This should be distributed by the Health Visitor, who should be held responsible for its proper use, and should be ordered by the County Medical Officer.
- " We recommend that a sum not exceeding £30 to be available for this purpose.

SUPERVISION.

- " We are agreed that more supervision of the part-time health visitor is required than is now done, and we hesitated whether we should not recommend a special officer to be attached to the staff of the County Medical Officer for this purpose. Here, again, we were met with the question of expense, which we estimate would be about £250 per annum.
- " In order to carry out this essential duty more efficiently, we recommend that the County Medical Officer be relieved of all routine clerical work, and that a Clerk be appointed for this purpose.
- " We find that this would set free for the Medical Officer from 20 to 25 days per annum, and that, in our opinion, would give him the necessary extra time for supervision, and this will be less costly than appointing a special officer.

- " We would express our appreciation of the valuable help Dr. Llewellyn Williams, of the Welsh Board of Health, gave us in our deliberations.
- " Our thanks are also due to the County Medical Officer for the great trouble he took to prepare for us statistical information, charts and diagrams, and we urge that some of the charts be published in some Annual Report.

We are Ladies and Gentlemen.

Yours faithfully,

JOHN JONES, Chairman,

HUGH JONES.

J. D. JONES.

J. O. WILLIAMS."

September 11th, 1925.

87. This report was referred to a meeting of the Medical Practitioners in the County who met on the 7th of January 1926 and fourteen Medical Practitioners were present at the meeting.

The Special report was fully discussed and the meeting directed the following RECOMMENDATIONS to be submitted to the Maternity and Child Welfare Committee :

HEALTH VISITING :

1. That the present Health Visiting Scheme of the County Council be extended so as to include the visiting of children between 1 and 5 years of age.

INFANT WELFARE CENTRES :

2. That the age of attendance at Infant Welfare Centres be raised to 3.

ANTE-NATAL WORK. ANTE-NATAL CENTRES :

3. That this meeting concurs in the recommendations of the special Committee that Ante-natal Clinics should not be established in connection with the Infant Welfare Centres so long as they are staffed by part-time Medical Officers.

ANTE-NATAL WORK. ANTE-NATAL VISITING BY NURSES :

4. That ante-natal work be established in the County on the lines indicated in the Special Report (par. 3), due regard being given to the limitation of the work of nurses, and that they should work in close co-operation with the medical attendant of the patient.

BEDS IN OBSTETRIC HOSPITALS :

5. That beds be obtained in a recognised Hospital for difficult obstetric cases, this been regarded as an essential part of any scheme of ante-natal work.

HELP FOR EXPECTANT MOTHERS :

6. That some provision be made to help necessitous mothers in the last few weeks of pregnancy by the grant of milk or other food.

SUPERVISION :

7. That this meeting concurs that it is desirable that the County Medical Officer should give more time to the more frequent supervision of midwives and part-time health visitors, and that for this purpose he be freed from routine clerical work, and that a clerk be appointed for this purpose

88. The Report was also submitted to and considered by a Joint Committee of the Maternity and Child Welfare Committee and the Education Committee and they concurred in the recommendation of the Special Committee with the exception of the recommendation that Health Visiting be extended to children 1 to 5 years of age.

The Maternity and Child Welfare Committee submitted these Reports to the County Council in June 1926 and through the Finance Committee submitted the following estimates for the Year 1926—27, viz :

Provisional estimates in connection with the scheme already approved by the County Council	£560
Scheme in connection with the extension of Health services	£450

The Finance Committee however, recommended the County Council to limit the total estimate in respect of the two schemes to a sum not exceeding £500, which recommendation was approved by the Council.

RESOLVED :

That the recommendation of the Maternity and Child Welfare Committee in connection with the proposed extension of Health Services be approved, subject to the total expenditure to be incurred in respect of all services administered by the Committee in respect of the year 1926—27 not exceeding £500.

RESOLVED :

That subject to the above, the Report of the Maternity and Child Welfare Committee be approved.

89 B.I.E. 100

PUERPERAL FEVER.

Five Cases were notified of whom two proved fatal.

90

OPHTHALMIA NEONATORUM.

Cases.			Vision Un- impaired	Vision impaired	Total Blind- ness	Deaths.
Notified.	Treated.					
	At Home	In Hospital.				
4	2	2	4	...	...	...

There is no Scheme for the Orthopaedic Treatment of Children under 5, but the Education Committee has approved a Scheme for the treatment of Children of School Age.

91

VOLUNTARY WORK.

The Local Committees of Infant Welfare Centres have worked well, and deserve the thanks of the community for their share of these duties. In particular the work of the several Secretaries should be mentioned, and their help to me as Superintendent Medical Officer is gratefully acknowledged.

Part III.

92 THE COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE-

Chairman : Councillor J. D. JONES, Blaenau Festiniog.

Committee :

The members of the Public Health and Housing Committee with the following co-opted members :

Mr. Edward Williams, Ceylon House, Barmouth,

Mrs. Pierce Jones, Penlan, Festiniog.

Miss S. E. Applelon, Stockesley, Corwen.

Mr. David Jones, Chemist, Towyn.

Mrs. W. E. Jones, Tremlyn, Bala.

Clerk : The Clerk to the County Council.

Medical Officer : The County Medical Officer.

The County Council as the "Local Authority" under the Mental Deficiency Act 1913, and its duties are set out in Sect. 30 of the Act.

Sect. 31 of the Act provides that the Local Education Authority shall include among its duties :

- (a) to ascertain what children within their area are defective children within the meaning of the Act ;
- (b) to ascertain which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes.
- (c) to notify the Local Authority under this Act the names and addressess of defective children with respect to whom it is the duty of the L.E.A. to give notice under the provisions of the Act 1913.

Special cases may have to be reported to the Board of Education for decision.

Another duty imposed upon the County Council as the Local Authority, is to provide suitable and sufficient accommodation for defectives under "orders."

The County Council have, in co-operation with the County Council of Carnarvonshire, entered into agreement with the Guardians of Festiniog Union, to set apart a portion of Llys Ednyfed, Penrhyndeudraeth (under sect. 37 of the Act) for the reception of

certified mental defectives. Originally the premises were certified for the reception of 20 inmates, but now the maximum number is 27 males and 13 females. This is found not to be enough, and in the near future further provision will have to be made. In fact, the pressure is acute, and at the time of writing if the need arose for the detention under order of a new case accommodation would have to be found outside the County.

There is also a great need of an Institution for defectives under 16, both educable and ineducable cases.

The form of Institutional accommodation usually provided under Sect. 37 of the Act of 1913 is costly and totally unremunerative to the Local Authority.

The only economical and at the same time effective method of institutional treatment is to secure an institution large enough to deal with about 500 mental defectives of all grades, so that facilities are provided for their proper grading, treatment and amelioration.

The measure now before Parliament provides that the same Institution may be used for educable and ineducable defectives. Hitherto the want of this provision has proved a great hindrance to the provision of suitable accommodation.

There have been several conferences held by the County Councils of North Wales on this matter, it is to be hoped that a solution of the difficulty will soon be found, as this question is a real and an urgent one.

If one sufficiently large Institution were provided, it necessarily follows that there would only be one Administrative Staff, the proportion of Staff to Patients would be smaller, and the labour of the lower grades could be utilised to lessen the number of paid cleaners and maids, and a sufficient number of patients could be trained to produce all the garden produce that would be required in such an institution.

The principles underlying an effective scheme to deal with this problem are :

1. the training of such defectives as are educable.
- 2, the amelioration of their condition and to brighten their very drab lives.
3. the prevention of their propagation.

I have in previous Reports drawn attention to the dangers of only partially doing this work. In any serious Epidemic Disease

an attempt is strenuously made to isolate *all* contacts when dealing with this problem it is to be feared we leave some cases not efficiently isolated.

Last year I stated that I had reason to think that a grave misapprehension existed as to the nature of Mental Deficiency. It is an opinion largely held that "Mental Defectives" are a mild form of "Harmless Lunatics."

This is not so, there is a great and fundamental difference between Lunatics and Mental Defectives and if the following is borne in mind, I am certain that the question of the discharge of these cases would not be raised so often.

A Lunatic is a person born with a normal mind, but becomes later "of unsound mind," but with care and efficient treatment may, and very often, does, recover perfectly.

A Mental Defective, on the other hand, is one who is born deficient in some or in all the qualities which go to constitute the normal mind and seldom if ever recovers.

At the end of 1925 there were in Institutions :

		Males.	Females.
over 16	...	2	9
under 16	...	2	...

Part IV.

93. BLIND PERSONS ACT 1920. WELFARE OF THE BLIND.

Committee :

The Education Committee.

Chairman : Councillor A. E. Hughes.

Clerk : The Secretary Education Committee.

Medical Officer : The School Medical Officer.

Visitors : The Visitors Employd by the North Wales
Home Teaching Society.

94. Section 2 of the Blind Persons Act 1920 provides that it shall be the duty of the County Council to make arrangements to the satisfaction of the Minister of Health for promoting the Welfare of the Blind Persons ordinarily resident within the County, and the Council may for this purpose provide and maintain, or contribute towards the provision and maintenance of Workshops, Hostels, Homes or other places for the reception of Blind Persons whether within or without the area, and the expenses incurred shall be defrayed out of the County funds as expenses for general County purposes.

The Council may exercise any of its powers under this section (except raising a rate or borrowing money) through a committee of the Council, and the Council has resolved that the powers of the County Council under Section 2 of the Blind Persons Act 1920 (other than the power of raising a rate or borrowing money) shall be exercised through the Education Committee, and such Committee may appoint Sub-Committees for the periodical home visiting of the Blind Persons, and report thereon to the Education Committee,

EDUCATION AND TRAINING OF CHILDREN, YOUNG PERSONS AND ADULTS.

The Education Committee shall continue their services under the Elementry Education (Blind and Deaf Children) Act 1893 and the Education Acts 1870 to 1919, and also the Board of Education (Training of Blind Students Higher Education) Regulations 1920 with regard to the Education of Children and the Training of Young Persons and Adults.

CHILDREN UNDER SCHOOL AGE.

If the home conditions are not satisfactory it may be necessary to remove Blind Children. The National Institute for the Blind conduct a home for Blind Babies, and should a case occur, the Authority will, doubtless, find it desirable to make arrangements with the National Institute. The Board of Education have the power to pay grants to Local Education Authorities in respect of children 2 to 5 years of age educated in certified schools.

CHILDREN OF SCHOOL AGE 5 to 16.

Provision is already made for the compulsory Elementary Education of Blind Children under the Elementary Education (Blind and Deaf) Children's Act 1893 and under the Education Acts from the ages of 5 to 16, and grants are payable by the Board of Education in respect of such Children.

YOUNG PERSONS OVER 16 YEARS OF AGE.

Generally it will be found that further education beyond the age of 16, whether Secondary or Technical, is necessary if a Blind Person is to be adequately equipped for remunerative employment.

ADULTS.

Persons who become blind in adult life should be afforded an opportunity of receiving suitable training to enable them to meet their new conditions. It will be the duty of the Council as the L.E.A. to give consideration to this aspect of the problem. Under the Board of Education, "Training of the Blind" (Higher Education Regulations) 1920 Grants are payable by the Board of Education to the L.E.A. in respect of the Training of Blind Adults in preparation for a trade.

EMPLOYMENT.

It will be necessary for the Council to consider the needs of Blind Persons in their area as to Workshop Employment.

UNEMPLOYABLE BLIND.

The several Board of Guardians within the County shall be requested to continue their services with regard to Unemployable Blind in need of relief, to include additional benefits if, and when arranged.

UNEMPLOYABLE BLIND LIVING IN THEIR OWN HOMES.

This class of person represents a large proportion of the Blind Population, and it is necessary that suitable provision should be made for their Welfare.

In the case of the Blind Section 1 of the Act reduces the statutory age for the receipt of Old Age Pension from 70 to 50.

HOME TEACHING AND VISITING.

Arrangements have been made with the North Wales Home Teaching Society, to continue their services with regard to Home Teaching and visiting, and to make such adequate provision as may be necessary under the Act.

HOME WORKERS.

In all Rural Areas there will always be a number of home workers for whom suitable assistance will be required.

A "Scheme" comprising the above has been submitted to and approved by the Minister of Health, arrangements have been made with the North Wales Teaching Society for the Blind for the home visiting of all the Blind Persons in the County.

TABLE XXXV.
NUMBER OF BLIND PERSONS.

	Males.	Females.	Total.
In Special Institutions ...	5	1	6
In Poor Law Institutions ...	3	1	4
At Home ...	42	32	74
	—	—	—
	50	34	84

INDEX.

Page.

Agricultural Workers	...	...	...	16
Ante-natal work, Midwives	...	...	...	80
Bakehouses	...	...	...	50
Births	...	Table IX.	...	
Births, rates	...	Table X.	...	19
Blind Persons' Act	...	...	...	110—112
Buildings and Dwellings	...	...	...	8
Cancer, deaths from	...	Table XV.	...	27
Census	...	Table I.	...	
,, 1801—1921	...	Table II.	...	6
Chemical work	...	...	...	34
Clean Milk	...	...	...	
Clinics	...	...	...	31
Closet accommodation	...	Table XVII.	...	38
Closure of Schools	...	...	...	41, 42
Deaths, principle causes of	...	Table XI.	...	
Deaths, causes and numbers, Sanitary Districts,	...	Table XII	21, 22	
Deaths, ,, ,, Age periods,	...	Table XIII.	23, 24	
Deaths of Infants, Chart I., Tables XXXIX., XL., XLI.	...	...	88, 92, 93	
Deaths rates...	...	Table XIV.	...	26
Drainage and Sewerage	...	...	...	36, 37
Epidemic Diseases in Schools	...	...	...	41, 42, 44
Exclusion of children from Schools	...	...	...	43
Foods, Inspection and Supervision of	...	...	...	47
Foods and Drugs Act, Sale of	...	...	...	51
Food poisoning	...	...	...	50
Health Visiting	...	...	...	83
,, ,, extension of Special Report	...	...	...	100—104, 105
Hospitals	...	...	...	29
Housing of Private Families	...	Table IV.	...	9, 10
Housing Statistics	...	Table XVIII.	...	45, 46
Infant Deaths	...	...	...	88, 92, 93
Infant Welfare Centres	...	...	...	84, 85, 86, 87
Infectious Diseases, prevalence and control	27, 29, 30, 31, 34, 52	...	...	
Inhabited houses and families	...	...	...	7, 54

		<i>Page</i>
Maternal Mortality, Table XLII., Chart 2, Table XLIII.		2, 27
Meat	...	48, 97, 98, 99
Medical Aid, summoned by Midwives	Table XXXIV.	79, 80
Mental Deficiency	Part III.	107—109
Midwives, Inspection of	...	34, 79
Milk Supply	...	47
Milk, Tuberculosis	...	47
Milk, Clean	...	48
Milk and Cream Regulations	...	32
Natural and Social conditions	...	4
Notification of Births Act	Tables XXXV., XXXVI.	81
Occupations	...	12, 15
,, numbers in	...	15
,, chief	...	16
Offensive Trades	...	39
Ophthalmia Neonatorum	...	106
Poor Law Relief, Amount of	...	28
Population	Tables I., II., V.	5
Public Health Officers	...	32, 33
Puerperal Fever	...	97, 106
Rateable Value	...	12
Rivers and Streams	...	36
Sale of Foods and Drugs Act	Table XX.	51
Sanitary circumstances	...	34
Sanitary Inspections	...	39
Scavenging	...	38, 39
Schools	...	40
,, closure of	...	40
,, epidemic diseases in	...	40
,, exclusion of children from	...	40
Sewerage and Drainage	...	
Slaughter Houses	Table XIX.	49, 50
Smallpox	...	52
Smoke Abatement	...	39
Still Births, causes of	...	94
,, notifications of	...	81, 82

Tuberculosis :			
"	arrangements for co-operation	...	54
"	deaths from ...	Table XXV. ...	58, 59
"	employment of patients	...	58
"	extra nourishment	...	59
"	following up cases	...	59
"	hospitals	...	70
"	" cases treated, pulmonary, Table XXIX.		71
"	" " " non-pulmonary, Table XXX		72
"	incidence	Tables XXI., XXIII., XXIV.	55, 56, 57
"	number of cases notified		
		Tables XXII., XXIII,	
"	phthisis deaths rates	Table XXVI.	58
"	" " 1851—1910, Table XXVII.		63
"	Sanatoria	...	78
"	" cases discharged from Table XXXII		74
"	Scheme	...	64—68
"	Statistics	Table XXVII.	
"	Summary of Quarterly Tables, Table XXIV.		
"	Visiting Stations	...	67
Vital Statistics :			18
"	" Births	...	18
"	" Deaths	...	18
Venereal Diseases			74
"	" Scheme	...	74
"	" " extension of	...	75
"	" Pathological Examinations	...	75
"	" " Tables		76—78
Verminous Persons			53
Water Supplies			34, 35, 36

BARMOUTH :

WM. JONES & SONS, PRINTERS AND PUBLISHERS.









