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MONMOUTHSHIRE COUNTY COUNCIL.



PUBLIC HEALTH
REPORT
FOR THE YEAR 1930.



D. ROCYN JONES,

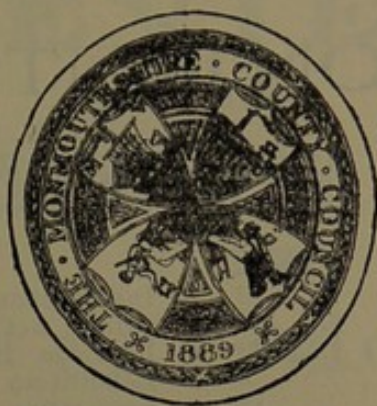
C.B.E., M.B., D.P.H., J.P.,

County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.

5th AUGUST, 1931.

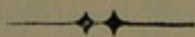




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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH

FOR THE YEAR 1930.

SCOPE OF THE REPORT.

Under Article 14 (3) of the Sanitary Officers Order 1926, and in accordance with Circular 1119 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1930 should be " Survey " Reports, and become the second of the series, the first " Survey " was published in 1926 and dealt with the five years ended 31st December, 1925.

Although the Annual Report for the year 1930 is to be a Report of a more simple character than the full " Survey " Report published in 1926, it should for the following reasons contain information on certain matters in more detail than has been given in the Reports for the last four years, *viz.* :—

- (a) The transfer of the Poor Law functions in pursuance of the Local Government Act, 1929, and the other changes effected by that Act having necessitated a careful survey by the Medical Officers of Health of Counties and County Boroughs, of the Hospital and other medical services available in their respective areas.
- (b) The proposals embodied in the Housing Act of 1930 will necessitate the early directing of special attention on the part of Medical Officers of Health to Housing defects and the compilation of accurate records regarding the housing position generally. For this reason, the section on Housing contained in the Annual Reports of District Medical Officers of Health for the year 1930 should be on a more extensive scale.
- (c) Information in regard to housing, water supply, sewerage, scavenging, refuse disposal, food inspection or other services affecting the environment of the inhabitants. The provision of Hospital services, both public and voluntary, which are used by the inhabitants of the area, schemes for the treatment of tuberculosis and venereal diseases, provision of isolation hospitals, or other services directed to the prevention or cure of disease in individuals.

- (d) A statement of any noteworthy conditions prejudicial to the health of the area which have not been adequately dealt with in special reports of the Medical Officer of Health.
- (e) A statement of any special action taken in the area to arouse public interest in the prevention of ill health.
- (f) A summary of important Special Reports made during the year including those which have been separately transmitted to the proper Authorities.

The Circular has been followed as far as possible in regard to the work for which the County Council is directly responsible, but as some of the reports of the districts do not contain all the information under the sections enumerated above, it is not possible to deal comprehensively with these subjects. In addition many of the Reports of the District Medical Officers of Health are not yet complete.

1.—STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 345,048.

Population (1921 Census), 358,436.

Do. (Estimated 1930), 359,640.

Number of inhabited houses (end of 1930) according to Rate Books, 95,924 (approximately).

Number of families or separate occupiers (1921 Census), 75,898.

Rateable value, £1,226,888.

Sum represented by a penny rate, £4,579.

SOCIAL CONDITIONS.—The County of Monmouth is partly industrial and partly agricultural. The Rhymney, Sirhowy, Western and Eastern Valleys are thickly populated coal mining districts, in which are also Iron, Steel and Tinplate works. In addition there are coal by-product plants in some of these districts. The Eastern and Southern portions of the County are practically agricultural communities.

The economic conditions of the County during the past five years have not been satisfactory, and have somewhat retarded the progressive steps which are expected in these enlightened days.

In the industrial portion of the County, a good deal of unemployment still exists. Some of the collieries have not been re-opened since the coalfield stoppages of 1921 and 1926, and others are working part time.

This also applies to other industrial concerns.

From investigations which have been made, the extent to which unemployment has affected the health of the County is not so detrimental as the circumstances would appear to imply. Unemployment benefit, Public Assistance, and the feeding of necessitous school children by the Education Authorities have provided for the primary needs of the unemployed and their dependants. The low money income of the unemployed has tended to increase the practice of "divided occupation" of dwelling houses. This is also applicable to many of the employed, whose reduced earnings through irregularity of employment and low wages leave them little, if any, better provided for than the totally unemployed.

The application of the Local Government Act, 1929, which came into operation on the 1st April, 1930, brought the administration of the Poor Law Relief, etc., for the whole County under the control of the County Council. The appropriate committees have been formed and the necessary Officers appointed.

The Collieries and Works have well organised medical arrangements. The District Hospitals and the Royal Gwent Hospital at Newport are well patronised by residents of the County, but do not meet the full need of general hospital facilities.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1930, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	Live Births	Still Births	Live Births	Still Births				
ENGLAND & WALES ...	1930 16.3	1930 .69	(1929) <i>(16.3)</i>	(1929) <i>(.68)</i>	1930 11.4	(1929) <i>(13.4)</i>	1930 60.0	(1929) <i>(74.0)</i>
107 County Boroughs and Great Towns, including London ...	16.6	.71	<i>(16.6)</i>	<i>(.69)</i>	11.5	<i>(13.7)</i>	64.0	<i>(79.0)</i>
159 Smaller Towns (1921 adjusted population, 20,000—50,000) ...	16.2	.69	<i>(16.0)</i>	<i>(.71)</i>	10.5	<i>(12.3)</i>	55.0	<i>(69.0)</i>
London ...	15.7	.56	<i>(15.7)</i>	<i>(.53)</i>	11.4	<i>(13.8)</i>	59.0	<i>(70.0)</i>
MONMOUTHSHIRE ...	17.6	1.05	<i>(17.8)</i>	<i>(.99)</i>	10.2	<i>(11.3)</i>	64.9	<i>(67.7)</i>

In all cases the estimated populations as supplied by the Registrar-General have been used for the purposes of this table.

BIRTHS.—The total number of births registered in the Administrative County during 1930 was 6,342, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
Urban Districts ...	2769	2554	109	86	2878	2640	5518
Rural Districts ...	396	405	11	12	407	417	824
Total	3165	2959	120	98	3285	3057	6342

In 1929 there were 6,419 births; in 1928, 6,612, in 1927, 6,522 births; in 1926, 7,575 births; in 1925, 8,100 births; in 1924, 8,368 births; in 1923, 8,737 births; in 1922, 8,805 births; in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births; in 1917, 8,402 births; in 1916, 8,848 births; in 1915, 10,194 births; and in 1914, 9,455 births. The birth rate for 1930 was 17·6 per 1,000 persons living. In 1929 the rate was 17·8; in 1928, 18·3; in 1927, 17·5; in 1926, 20·3; in 1925, 21·5; in 1924, 22·3; in 1923, 23·5; in 1922, 23·8; in 1921, 28·3; in 1920, 29·2; in 1919, 22·9; in 1918, 24·8; in 1917, 23·1; in 1916, 25·7; in 1915, 28·59; and in 1914, 30·2.

For the Urban Districts of the County the birth-rate was 17·9 per 1,000 for 1930, and for the Rural Districts, 15·6, as compared with 18·1 and 16·3 respectively for 1929 and 18·6 and 16·5 for 1928.

The birth-rate for 1930 shows a decrease of ·2 upon the rate for 1929, and an increase of ·1 upon the figure for 1927, which was the lowest rate ever recorded for the County.

The number of births of illegitimate children was 218, which gives a rate of 35·5 per 1,000 of the total births, and ·60 per 1,000 population. Last year the number was 230, equal to 35·8 per 1,000 births, and ·63 per 1,000 of population. For the year 1928, the figures were 246, equal to 37·2 per 1,000 births, and ·68 per 1,000 population.

The birth-rate for England and Wales was 16·3.

DEATHS.—The total number of deaths registered in the Administrative County, as shown in the Registrar General's table, was 3,688, as compared with 4,069 in 1929, 3,954 in 1928, 4,088 in 1927, 3,499 in 1926, 3,980 in 1925, 3,962 in 1924, 3,860 in 1923, 4,238 in 1922, 4,107 in 1921, 4,379 in 1920, 4,171 in 1919, 4,943 in 1918, 3,822 in 1917, 4,979 in 1916, 5,063 in 1915, and 4,356 in 1914.

The general death-rate, calculated upon the estimated population of 359,640, works out at 10·2 per 1,000 living. In 1929, the rate was 11·3, in 1928, 10·9, in 1927, 11·0; in 1926, 9·4; in 1925, 10·6; in 1924, 10·6; in 1923, 10·4; in 1922, 11·4; in 1921, 11·3; in 1920, 11·9; in 1919, 11·7; in 1918, 15·3; in 1917, 11·7; in 1916, 12·9; in 1915, 15·3; and in 1914, 12·8. For the Urban Districts the rate for 1930 was 10·1, and for the Rural Districts, 10·6.

The death-rate for England and Wales was 11·4.

The County death rate of 10·2 is a decrease upon the previous year's figure, which was 11·3.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY.

Causes of Death.	All Ages.	Under 1 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 upwards.
All Causes	3688	412	66	74	138	206	448	973	1371
Enteric Fever	2	...	...	...	...	2	...	...	...
Small Pox	2	...	...	...	1	...	...	...	1
Measles	12	1	7	2	2	...	...	...	...
Scarlet Fever	5	...	...	3	1	...	1	...	...
Whooping Cough	25	15	5	4	1	...	...	...	...
Diphtheria	29	...	1	10	16	1	...	1	...
Influenza	57	2	...	1	5	6	11	19	13
Encephalitis Lethargica	15	...	1	...	4	2	7	1	...
Meningococcal Meningitis ..	4	...	...	...	2	1	...	1	...
Tuberculosis of the Respiratory System	240	...	...	1	10	69	98	52	10
Other Tubercular Diseases ..	67	2	3	8	12	20	12	9	1
Cancer, Malignant Disease	374	...	...	1	1	1	36	171	164
Rheumatic Fever	15	...	...	2	4	2	2	2	3
Diabetes	36	...	...	...	...	2	6	14	14
Cerebral Haemorrhage, etc.	207	...	...	...	...	...	4	66	137
Heart Disease	711	...	...	1	14	23	66	209	398
Arterio-sclerosis	99	...	...	...	...	...	...	19	80
Bronchitis	206	24	5	1	2	1	13	44	116
Pneumonia (all forms)	200	51	25	14	5	6	22	37	40
Other Respiratory Diseases	78	2	3	3	1	2	12	31	24
Ulcer of Stomach or Duodenum	29	...	...	...	...	...	5	19	5
Diarrhoea, etc.	47	34	2	2	...	...	3	4	2
Appendicitis and Typhlitis ..	24	1	...	2	5	7	4	5	...
Cirrhosis of Liver	23	...	...	...	1	...	...	14	8
Acute and Chronic Nephritis	115	...	1	...	3	5	9	47	50
Puerperal Sepsis	14	...	...	...	...	3	10	1	...
Parturition, apart from Puerperal Fever	20	...	...	...	...	4	15	1	...
Congenital Debility, etc	207	204	1	...	1	...	1	...	...
Violence, apart from Suicide	187	5	4	11	22	21	44	49	31
Suicide	24	...	...	...	...	2	4	15	3
Other Defined Diseases	610	71	8	8	25	26	62	139	271
Causes ill-defined or unknown	4	...	...	...	...	...	1	3	...

WOMEN DYING IN, OR IN CONSEQUENCE OF, CHILD BIRTH.—

The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 34, 14 from Puerperal Fever and 20 from other causes associated with childbirth. This is equal to a rate of 5·36 per 1,000 live births. Although this rate is lower than that of last year, when it was 7·47, and also lower than it has been in the County for several years, it is still considerably higher than the figure for England and Wales, which in 1929, was 4·3 per 1,000 women giving birth to live children.

This matter has been fully commented upon in the County Maternity and Child Welfare Report which has already been published and presented to the Council.

INFANTILE MORTALITY.—The total number of deaths under one year of age throughout the Administrative County was 412—375 in the Urban Districts and 37 in the Rural Districts.

The rate per 1,000 births was 64·9, a decrease of 2·8 upon the figure for 1919, which was 67·7. The figure for the year 1930, is the lowest on record for the County, the previous lowest being 66·1 for the year 1926.

In the Urban Districts the rate was 67·9 per 1,000 births, and in the Rural Districts 44·9 per 1,000 births.

In 1929, the Infantile Mortality rate was 67·7; in 1928, 72·29; in 1927, 87·3; in 1926, 66·1; in 1925, 83·8; in 1924, 75·6; in 1923, 73·0; in 1922, 83·4; in 1921, 91·5; in 1920, 87·9; in 1919, 88·0; in 1918, 97·6; in 1917, 84·3; in 1916, 88·4; in 1915, 128·5; in 1914, 106; in 1913, 115; in 1912, 105; in 1911, 149; in 1910, 112; in 1909, 104; in 1908, 142; per 1,000 births.

The rate for England and Wales was 60.

The average Infantile Mortality rate for the 25 years, 1891—1915, was 137·4. The average rate for the fifteen years, 1916—1930, was 80·7.

The number of deaths of illegitimate children under one year of age was 19, or 2·9 per 1,000 of all births, and 87·1 per 1,000 of illegitimate births. Last year the number of deaths was 29, or 4·5 per 1,000 of all births, and 126·08 per 1,000 of illegitimate births.

The measures adopted by the County Council for the reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1930.

Number of deaths occurring during certain age periods in children under one year of age :—

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Urban Districts	130	26	19	15	190	61	37	49	38	375
Rural Districts	13	1	2	—	16	4	3	2	4	29
Totals	143	27	21	15	206	65	40	51	42	404

N.B.—The figures in the foregoing table were supplied by the District Medical Officers of Health.

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR OF AGE.

Causes of Death	No. of Deaths.			Rate per 1000 Births—Admini- strative County
	Urban Districts.	Rural Districts.	Administrative County.	
Infectious Diseases ...	16	2	18	2.84
Diarrhoeal Diseases ...	31	3	34	5.36
Wasting Diseases ...	188	16	204	32.17
Respiratory Diseases ...	74	3	77	12.14
Tubercular Diseases ...	2	—	2	.31
Other Causes ...	64	13	77	10.57
Totals ...	375	37	412	64.9

The number of deaths in the Administrative County from the following diseases was :—

Measles—all ages	...	...	...	...	12
Whooping Cough—all ages	...	...	...	...	25
Diarrhoea—under 2 years of age	...	...	...	...	36

The reports of the District Medical Officers of Health show that there has again been an increase in the number of deaths from Cancer, and the number of deaths from Tuberculosis is slightly above the figure for the previous year.

It is, however, gratifying to record that there has been a considerable decrease in the number of deaths from Whooping Cough, Measles, Influenza, Bronchitis and Pneumonia.

2.—GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

1.—PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

COUNTY MEDICAL OFFICER OF HEALTH.

D. Rocyn Jones, C.B.E., M.B., Ch.M., D.P.H., J.P.

COUNTY BACTERIOLOGIST AND PATHOLOGIST AND DEPUTY COUNTY MEDICAL OFFICER.

Henry W. Catto, M.B., B.S., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS.

Mary Scott, M.B., Ch.B.

Winifred Austin, B.A., M.B., B.S.

Philomene R. Whitaker, M.B., B.S., D.P.H.

Mary H. M. Gordon, M.B., Ch.B., D.P.H.

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Teresa M. O'Riordan, B.A., M.B., B.Ch., D.P.H.

William Bowen Owen, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Evelyn D. Owen, M.B., M.R.C.S., L.R.C.P., D.P.H.

William Panes, M.R.C.S., L.R.C.P., D.P.H.

William Rowland Nash, M.R.C.S., L.R.C.P., D.P.H.

Alice M. S. Dewar, M.B., Ch.B., D.P.H.

COUNTY TUBERCULOSIS OFFICERS.

J. L. Thomas, M.D., M.R.C.S., L.S.A. (West Monmouthshire Area)

assisted by

Frank Wells, M.R.C.S., L.R.C.P.

A. Carveth Johnson, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

(East Monmouthshire Area) assisted by

F. W. Godby, M.D., B.Ch., D.P.H.

The Tuberculosis Officers are engaged by the Welsh National Memorial Association, with whom the County Council has contracted for treatment of their Tuberculosis cases.

VENEREAL DISEASES OFFICERS (Part time).

P. C. P. Ingram, M.B., B.S., M.R.C.S., L.R.C.P. (Men's Clinic).

Mary H. M. Gordon, M.B., Ch.B., D.P.H. (Women's Clinic).

All cases of Venereal Diseases are treated at the Royal Gwent Hospital, Newport, with whom the County Council has an agreement therefor.

MEDICAL OFFICERS FOR MATERNITY AND CHILD WELFARE.

All the Assistant County Medical Officers devote a part of their time to the work of Maternity and Child Welfare. In addition the following part time Officers are engaged:—

E. M. Griffith, M.D., Abercarn, Mon.
 Guy W. Parry, M.R.C.S., L.R.C.P., Abergavenny.
 R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith.
 T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery.
 T. L. Drapes, B.A., M.B., B.Chir., M.R.C.S., L.R.C.P., Chepstow.
 J. Reynolds, M.B., B.Ch., B.A.O., Blaenavon.
 F. M. Fonseca, L.A.H., F.R.C.S.I., D.P.H., Ebbw Vale.
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth.
 R. V. de Acton Redwood, F.R.C.S., L.R.C.P., Rhymney.
 E. T. H. Davies, M.D., M.S., F.R.C.S., Tredegar.

MEDICAL SUPERINTENDENTS.

Poor Law Institutions.

(1) Whole time.

John G. Owen, B.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H., Ty Bryn Institution, Tredegar.

(2) Part time.

H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny Institution.
 J. P. Jenkins, M.R.C.S., L.R.C.P., Coed-y-gric Institution, Griffithstown.
 T. L. Drapes, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., Chepstow Institution.
 A. M.M. Roberts, M.B., B.S., Ch.B., Cambria House Institution, Caerleon.
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth Institution, Monmouth.

Mental Hospital, Abergavenny.

N. R. Phillips, M.D., M.R.C.S., L.R.C.P., Medical Superintendent.

CONSULTANTS.

Orthopædic Surgeon (Part Time):

A. Rocyn Jones, M.B., B.S. (Lond.), F.R.C.S. (Eng.).

Ophthalmic Surgeon (Part Time):

R. J. Coulter, M.B., F.R.C.S. (Irel.).

Ear, Nose and Throat Surgeon (Part Time):

J. A. Lee, M.B., F.R.C.S. (Edin.).

Radiologist (Part Time):

J. McGinn, F.R.C.S. (Irel.).

Obstetrician (Part Time):

G. I. Strachan, M.D., Ch.B., F.R.C.P., F.R.C.S. (Eng. and Edin.).

DENTAL SURGEONS.

C. J. Hurry Riches, L.D.S., R.C.S. (Part Time).

C. G. Saxon, L.D.S., R.C.S. (Whole Time).

Mair E. Minton, L.D.S., R.C.S. (Whole Time).

Eluned O. Jones, L.D.S. (Whole Time).

J. K. Noot, L.D.S., R.C.S. (Whole Time).

DISTRICT MEDICAL OFFICERS UNDER THE POOR LAW ACTS.

Name.	District.	Name.	District.
Dr. D. W. Fryer,	Abergavenny.	Dr. E. M. Griffith,	Abercarn (Lower)
„ W. H. Davies,	Llanarth.	„ E. G. MacKay,	Mynyddislwyn.
„ J. Reynolds,	Blaenavon.	„ G. R. Strong,	Magor.
„ J. H. Verwey,	Nantyglo.	„ Cecil E. P. Davies,	Bedwas.
„ M. F. Donovan,	Blaina.	„ G. E. Hull,	Graig & Rogerstone.
„ F. M. Fonseca,	Ebbw Vale.	„ D. Macaulay,	Maescywmmer.
„ J. McCaig,	Waunllwyd.	„ A. M. M. Roberts,	Caerleon.
„ D. McIntosh,	Cwm.	„ S. Hamilton,	Marshfield.
„ J. G. Owen,	Tredegar.	„ N. N. Wade,	Risca.
„ R. V. de Acton Redwood,	Rhymney.	„ F. Carlton Jones,	Llantarnam.
„ S. R. MacMillan,	New Tredegar.	„ H. C. Conwy Joyce,	St. Mellons.
„ L. C. Mascarenhas,	Abertysswg.	„ W. M. James,	St. Woolos.
„ S. Simons,	Abertillery.	„ A. M. M. Roberts,	Christchurch.
„ H. T. Evans,	Blackwood.	„ H. A. Keene,	Newport (County).
„ W. McKendrick,	Pengam.	„ J. P. J. Jenkins,	Griffithstown.
„ W. H. Reynolds,	Argoed.	„ R. J. S. Verity,	Abersychan (North).
„ T. L. Drapes,	Tintern and Chepstow.	„ J. D. MacQuillan,	Abersychan Central and South (Part).
„ W. Farquharson,	Shirenewton.	„ T. J. McAllen,	Abersychan South (Part).
„ G. Vaughan,	Caldicot.	„ E. L. M. Hackett,	Usk, etc.
„ W. M. Langden,	Raglan.	„ T. J. Frost,	Llanhilleth.
„ A. M. Humphry,	Skenfrith.	„ A. M. Brooks,	Beaufort and Rassau.
„ W. Farquharson,	Trelleck.	„ A. H. Musgrove,	Dukestown.
„ P. G. Harvey,	Monmouth.	„ R. V. de Acton Redwood,	Llechryd.
„ W. H. Williams,	Rockfield.		
„ M. J. Ryan,	Abercarn (Upper).		

PUBLIC VACCINATORS.

Name.	District.	Name.	District.
Dr. R. Glyn Morgan,	Christchurch.	Dr. W. H. Davies,	Llanarth.
„ C. E. P. Forsyth,	St. Woolos.	„ D. W. Fryer,	Abergavenny.
„ M. J. Ryan,	Abercarn (Upper).	„ H. L. S. Griffiths,	Abergavenny
„ E. M. Griffith,	Abercarn (Lower)		Poor Law Institution.
„ C. J. Mackay,	Mynyddislwyn	„ T. J. Frost,	Llanhilleth.
	(Part).	„ E. L. M. Hackett,	Usk.
„ G. R. Strong,	Magor.	„ J. P. J. Jenkins,	Coedygric Poor
„ C. P. Davies,	Bedwas.		Law Institution and Panteg.
„ G. E. Hull,	Graig & Rogerstone.	„ R. J. S. Verity,	Abersychan (N).
„ D. Macaulay,	Maesycwmmer.	„ J. G. MacQuillan,	Abersychan
„ A. M. M. Roberts,	Caerleon.		(Central).
„ S. Hamilton,	Marshfield.	„ T. J. McAllen,	Pontypool.
„ N. N. Wade,	Risca.	„ J. H. Verwey,	Aberystroth (part)
„ F. Carlton Jones,	Llantarnam.	„ M. F. Donovan,	Aberystroth
„ H. A. Keene,	Malpas.		(Part).
„ H. C. C. Joyce,	St. Mellons.	„ F. M. Fonseca,	Ebbw Vale
„ W. H. Williams,	Monmouth and		(Part).
	Rockfield.	„ J. McCaig,	Ebbw Vale (Part).
„ W. H. Williams,	Monmouth	„ D. McIntosh,	Ebbw Vale (Part).
	Poor Law Institution.	„ J. Owen,	Tredegar.
„ P. G. Harvey,	Trelleck.	„ R. V. de Acton	Redwood,
„ W. M. Langdon,	Raglan.		Rhymney.
„ A. M. Humphry,	Skenfrith.	„ S. R. Macmillan,	New Tredegar.
„ T. L. Drapes,	Chepstow, Shire-	„ L. C. Mascarenhas,	Abertysswg.
	newton and Tintern.	„ S. Simons,	Abertillery.
„ R. G. Vaughan,	Caldicot.	„ W. H. Reynolds,	Argoed and
„ A. Brook,	Beaufort.		Hollybush.
„ A. M. Musgrove,	Dukestown	„ S. R. Macmillan,	Aberbargoed.
	and Llechryd.	„ J. G. Owen,	Bedwellty Poor Law
„ A. M. Humphry,	Grosmont and		Institution, Tredegar.
	Llangua.	„ D. Macaulay,	Blackwood.
„ J. Reynolds,	Blaenavon.		

VETERINARY SURGEONS (Part Time).

- G. Digby Watkins, M.R.C.V.S., Tredegar.
W. H. Williams, M.R.C.V.S., Abergavenny.
E. Armstrong, M.R.C.V.S., Newport.

PUBLIC ANALYST.

- G. Rudd Thompson, F.I.C., F.C.S., Newport.

COUNTY SANITARY INSPECTOR.

J. Jenkin Evans, A.R.S.I., M.S.I.A., Inspector of Meat and other Foods.

INSPECTORS UNDER THE SALE OF FOOD AND DRUGS ACTS.

Gwyn C. Jenkins (Board of Trade Certificate).

T. R. Davies, ditto.

J. R. Gamble, ditto.

Each of the above Inspectors has an unqualified assistant.

VACCINATION OFFICERS.

Name.	District.	Name.	District.
R. H. Green,	Caerleon & Trelleck.	J. Jenkins,	Llanhilleth.
A. Evans,	Rogerstone and Llantarnam.	T. G. Green,	Abergavenny, Llanarth, Llanfihangel Crucorney.
E. Rowland,	Mynyddislwyn.	A. E. M. Spencer,	Pontypool, Panteg.
M. J. Farmer,	Monmouth.	H. C. Davies,	Usk.
D. Fraser,	Chepstow.		
J. Morgan,	Blaenavon.		
A. Phillips,	Abertillery, Ebbw Vale, Tredegar, Rhymney, Beaufort.		

INSPECTRESS OF MIDWIVES.

M. Doré, C.M.B.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS AND AFTER-CARE-SISTER
(Orthopædic Scheme).

Miss Olwen Griffiths, Special Training in After-Care Orthopædic Nursing and Mental Deficiency Work. Fever Hospital and General Training. C.M.B.

VENEREAL DISEASES INQUIRY OFFICER.

Miss E. M. Walters, Special Training in V.D. Work and General Hospital Training. C.M.B.

ORTHOPAEDIC CLINIC MASSEUSE AND SISTER-IN-CHARGE.

Miss Gwenyth Dudley Evans, Registered and Certificated in Massage and Medical Electricity, C.S.M.M.G.

MEDICAL OFFICERS IN CHARGE OF ANTE-NATAL CLINICS.

Mary Scott, M.B., Ch.B. (Part Time).

Philomene R. Whitaker, M.B., B.S., D.P.H. (Part Time).

SCHOOL MEDICAL OFFICERS.

All the Assistant County Medical Officers, with the exception of Dr. Mary Scott, devote a part of their time to the work of School Medical Inspection.

NURSING STAFF.

County Health Visitors :

T. M. Allan (Part time), Full Hospital Training. Sanitary Inspectors' Certificate.

D. L. Beacham, Full Hospital Training, C.M.B. Certificate.

O. Colman, ditto ditto

B. A. Cook, ditto ditto

C. Davies, ditto ditto

R. Davies, ditto ditto

G. I. Golding, ditto ditto

M. C. Golding, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

E. M. Harris, ditto ditto

A. W. Hopkins, Full Hospital Training and C.M.B. Certificate.

D. James, ditto ditto

M. B. James, ditto ditto

I. E. Jones, ditto ditto

K. H. Jones, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

H. M. Jones, ditto ditto

K. M. Jones, Full Hospital Training and C.M.B. Certificate.

W. Jones, ditto ditto

E. Lord, ditto ditto

E. L. Lowery, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

E. M. Mansell, ditto ditto

E. A. Morgan, Full Hospital Training and C.M.B. Certificate.

H. A. Morgan, ditto ditto

C. M. Phillips, ditto ditto

M. J. Phillips, Full Hospital Training.

I. Plummer (Temporary), Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

M. Redwood, Full Hospital Training and C.M.B. Certificate.

M. D. Richards, ditto ditto

H. B. Richards, ditto ditto

A. Roberts, Full Hospital Training.

M. Sainsbury, Full Hospital Training and C.M.B. Certificate.

D. E. Seale (Temporary), Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

C. Thomas, ditto ditto

L. Turner, Full Hospital Training and C.M.B. Certificate.

K. M. Walters, ditto ditto

M. Ware, ditto ditto

F. Williams, ditto ditto

E. G. Wilmot, ditto ditto

C. I. Hiley, ditto ditto

K. Webb, ditto ditto

2.—PROFESSIONAL NURSING IN THE HOME.

No arrangements for home nursing are made by the County Council.

There are Nursing Associations in the following districts, which maintain nurses by voluntary subscriptions :—

Newbridge	Devauden	Llantilio Pertholey
Tredegar.	Risca	Crosskeys
Panteg	Ebbw Vale	Cwm
Aberbargoed	Abersychan	Rhymney
Goytre	Abergavenny	Christchurch
Llanfrechfa Lower	Llanover	Usk
Llantilio Crossenny	Llangattock-vibon-avel	Blackwood
Pontypool	Abercarn	Caerleon
Monmouth	Trelleck	Tintern

General and tuberculosis nursing is undertaken, with the addition of midwifery in some districts.

The home nursing of infectious diseases is not carried out in any district of the County as a general practice, but has been resorted to in exceptional circumstances.

3.—MIDWIVES.

The number of Midwives upon the County Roll at the 31st December, 1930, was 241. Full particulars are given in the County Maternity and Child Welfare Report which has already been published and presented to the Council.

A grant to the maximum of £750 per annum is made to the Monmouthshire Nursing Association to subsidise the provision of trained midwives in the rural areas of the County, in accordance with the scheme of the County Medical Officer, which was approved by the Public Health Committee and the Local Government Board in October, 1917.

During the year 1930 midwives were subsidised in the following areas:—

Llantilio Crossenny	Raglan	Caldicot
Llantilio Pertholey	Itton	Monmouth
Goytre and Llanover	Llanfoist	Llanfrechfa Lower
Tintern and St. Arvans	Llandogo and Trelleck	Llanarth
Usk	Talywain	
Llangattock-vibon-avel	Penhow	

The Monmouthshire Nursing Association has not hitherto called for the maximum grant. The amount disbursed averages about £600 per annum.

4.—NATIONAL HEALTH INSURANCE.

There is nothing of importance calling for special comment.

5.—POOR LAW MEDICAL OUT-RELIEF.

The following table shows the various medical out-relief districts in the Administrative County of Monmouth:—

NORTH MONMOUTHSHIRE GUARDIANS COMMITTEE.			
Out-Relief Area.	Population	Out-Relief Area.	Population
Abergavenny ...	13,686	Llanarth ...	3,960
Blaenavon ...	12,470	Raglan ...	2,434
Skenfrith ...	1,565	Trelleck ...	1,443
Monmouth ...	5,748	Rockfield ...	1,805
Panteg ...	16,279	Usk ...	4,640
Abersychan (North) ...	6,256	Abersychan (Central and South, part) ...	14,598
Abersychan (South, part) ...	6,233		
		TOTAL ...	91,117
SOUTH MONMOUTHSHIRE GUARDIANS COMMITTEE.			
Tintern and Chepstow...	7,105	Abercarn (Upper) ...	15,000
Abercarn (Lower) ...	14,869	Shirenewton ...	1,742
Caldicot ...	4,381	Mynyddislwyn ...	18,300
Magor ...	2,064	Bedwas ...	7,234
Graig and Rogerstone ..	5,413	Maesycwmmmer ...	1,440
Caerleon ...	7,119	Marshfield ...	2,468
Risca ...	5,043	Llantarnam ...	9,100
St. Mellons ...	1,956	St. Woolos ...	3,000
Newport (County) ...	—		
		TOTAL ...	106,234
WEST MONMOUTHSHIRE GUARDIANS COMMITTEE.			
Nantyglo and Blaina ...	15,395	Beaufort and Rassau ...	4,757
Cwm ...	11,451	Ebbw Vale ...	14,122
Rhymney ...	9,147	Waunllwyd ...	9,808
Abertysswg ...	2,543	Tredeggar ...	24,280
Blackwood ...	9,694	New Tredeggar ...	6,204
Argoed ...	3,810	Abertillery ...	27,855
Dukestown ...	2,649	Pengam ...	3,728
		Llanhilleth ...	10,950
		Llechryd ...	3,084
		TOTAL ...	159,477
(Population) Administrative County ...			359,640
(Estimated 1930—Registrar-General).			

The population figures in the foregoing table are based chiefly upon the Census return of 1921, and also from information received from the Public Assistance Department of the County Council. It has been impossible to obtain or estimate the population of the Poor Law Medical Out-Relief District of Newport (County). The figures for the districts such as St. Woolos, Caerleon, Risca, etc., where extensive housing developments have taken place during recent years are only given approximately.

The administration of this service is supervised by the County Medical Officer and there is a close co-ordination between his Department and the Public Assistance Department. A re-arrangement of the districts of the Poor Law Medical Officers has been made to make them co-terminous with the Relieving Officers' Districts. A uniform scale of out-relief to cover the whole of the administrative County has been adopted. A scheme for the re-organisation of the out-relief districts has been prepared, but it has not yet been adopted by the Public Assistance Committee. All matters of a special medical character are referred by the Public Assistance Officer to the County Medical Officer in the first instance and considerable benefit has accrued from this system. Orthopædic cases are examined and supervised by the County Medical Officer and when necessary are referred for special treatment to the Prince of Wales' Hospital, Cardiff. The County Medical Officer also supervises the arrangements for the supply of spectacles, dentures, trusses, etc., etc. The first year's work has shown that considerable benefits have resulted from the change of administration, the chief being the prevention of overlapping. Blind persons who were previously assisted through the Public Assistance Department are now in receipt of grants from the County Council under the Blind Persons Act, 1920.

6.—LABORATORY FACILITIES.

Facilities are offered to all medical practitioners in the County for bacteriological examinations at the County Laboratory, County Hall, Newport, and the services of the Pathologist and Bacteriologist are available for assistance which may be required in the diagnosis of disease. These facilities have been of great assistance to the practitioners of the County and the benefits offered have been made use of to the fullest extent. The following table shows the number of specimens examined at the Public Health Laboratory during the year 1930 and also in the year 1929. The majority of the sputum tests were conducted for the Welsh National Memorial Association, whilst Venereal Diseases specimens, for the most part, came through the Treatment Centre at the Royal Gwent Hospital, Newport.

Table showing nature of specimens submitted for examination and the results thereof:—

Nature of Specimen.	No. Examined.		No. Positive.		No. Negative.	
	1929	1930	1929	1930	1929	1930
Wassermann Test for Syphilis ...	1717	1665	601	751	1116	914
Smears and Urines for Gonococcus ...	2539	2228	436	444	2103	1784
Serum for Spironema Pallidum ...	85	52	14	13	71	39
Sputa for Tuberculosis, etc.—						
For Tuberculosis Physicians ...	1588	1705	351	404	1237	1301
County Cases ...	452	443	85	60	367	383
Concentration Methods ...	21	6	—	—	—	—
Mixed Infections ...	10	4	—	—	—	—
Throat and Nasal Swabs for Diphtheria ..	5720	5777	335	441	5385	5336
Widals ...	128	101	30	24	98	77
Hairs for Ringworm ...	62	66	37	21	25	45
Blood Films and Counts ...	52	66	—	—	—	—
Autopsies ...	8	8	—	—	—	—
Tissues for Section ...	108	90	—	—	—	—
Urines for Chemical Examination, etc. ..	469	447	—	—	—	—
Pus ...	92	95	—	—	—	—
Effusions ...	28	22	—	—	—	—
Vaccines ...	62	55	—	—	—	—
Waters ...	50	69	—	—	—	—
Milks ...	446	433	—	—	—	—
Cerebro-Spinal Fluids ...	44	47	—	—	—	—
Miscellaneous ...	803	664	—	—	—	—
Total ...	14484	14043	—	—	—	—

The County Pathologist reports that:—

“ The total number of specimens examined in the County Laboratory during the year 1930 shows a slight diminution of 441, as compared with the year 1929.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the Spironema Pallidum are practically the same as in 1929, the figure for the year under review being 13 as compared with 14 for 1929. Of these 13 cases, 9 were males, and 4 were females. The decline in the incidence of the disease in the County including the Borough of Newport is maintained. The reason for this decline has already been commented upon in previous reports.

The figures for gonorrhœal specimens do not show any improvement comparable to that noted in the case of syphilis. There was a smaller number of specimens examined it is true, but a higher number of positive findings than in the year 1929.

Pulmonary Tuberculosis, it is regrettable to note, continues its ravages, a higher number of specimens having been submitted for examination during the year 1930 than in 1929, with a proportionately larger number of positive results.

As regards Diphtheria, during 1930, the notifications were 531, as compared with 459 in 1929 and 269 in 1928, a continuous increase in the incidence of the disease. This is reflected in the large number of throat swabs examined.

MILK.—The milk examinations were continued during 1930, the object of the investigations being not so much as to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Food and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

The examinations undertaken in the case of each sample have been:—

1. The enumeration of the total number of bacteria.
2. The estimation of the B. Coli content.
3. The microscopical examination of the centrifugalised deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalised deposit for Tubercle Bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid, and Dysentery bacilli.
6. Guinea pig inoculations for the detection of B. Tuberculosis.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

Of the 433 samples of milk examined in the County Laboratory 230 belong to this research, a smaller number than in the year 1929, viz., 254. From the results obtained these 230 milks can be classified as follows:—

- | | | |
|--|--------|----|
| 1. Those which conform to the standard laid down by the Ministry of Health for " Certified Milks " | ... .. | 27 |
| 2. Those which conform to the standard laid down for Grade " A " Milks | ... .. | 83 |

- | | | |
|--|--------|----|
| 3. Those which conform to the standard laid down for " Grade A " milk as regards the total number of bacteria but contain B.Coli in 1/100cc though not in less | ... .. | 37 |
| (This group would constitute borderline cases). | | |
| 4. Those which are unsatisfactory in that they possess a high bacterial content (this in several cases numbering many millions), but are satisfactory in respect of their B.Coli content | ... .. | 14 |
| 5. Those which are unsatisfactory because of the high B.Coli content, though not containing more than 200,000 bacteria per cc | ... .. | 19 |
| 6. Those which are unsatisfactory on account of the high bacterial content as well as a high B. Coli content | ... .. | 50 |

Therefore, of the 230 samples of mixed milk as retailed to the consumer, 110, or approximately 48 per cent. were of a satisfactory standard of bacteriological purity; 37, or approximately 16 per cent. formed a borderline group, whilst 83, or approximately 36 per cent. were frankly unsatisfactory.

These figures continue to bear out the improvement commented upon in last year's report, and this is to be attributed to the causes already stated, *viz.*, the fact that the production of " Grade A " and " Grade A " (Tuberculin Tested) Milk by some of the vendors is setting up a competition which is all for the good of the public, and also to the wise policy which this Department has now been following for some years, *viz.*, of having periodical milk samples collected from certain districts in the County. However, there is still considerable room for further improvement.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the bacillus Tuberculosis, this was discovered on 7 occasions by means of the animal inoculation test. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Surgeon and officials of the Local Authority, and the animals in each instance identified, removed from the herd, and dealt with satisfactorily. There were in addition six positive results amongst milks submitted from other miscellaneous sources. The same method of procedure was adopted as mentioned above.

It will be observed that the number of milks for this research is smaller than the number for the year 1929, 230 as compared with 254, but this is accounted for by the fact that a larger number of farms had to be visited in connection with special investigations necessitated by the detection of Tubercle Bacilli in samples collected by outside authorities (*e.g.* Cardiff). This implied a comparatively larger number of animal inoculations for the purpose of identifying the offending cow in each particular instance.

In consequence of this, the accommodation for small animals at the County Laboratory was taxed to the utmost, and it will be necessary in the near future for the Council to seriously consider enlarging the existing accommodation, if this work is to be carried out efficiently, especially if, as is likely, there is to be an intensification of the administration of the Tuberculosis Order of 1925. It is becoming apparent that farmers as a whole are realising the advantages of keeping "Tubercle free" Herds while local Authorities are taking greater interest in the quality of the milk sold in their areas and in the question of ensuring that such milk shall be free from harmful bacteria.

The County Laboratory also undertakes on behalf of the Ministry of Health the monthly examination of samples sold under the designation of "Certified" and "Grade A" (Tuberculin Tested), for which the Ministry pay the Council the recognised statutory fee. In addition, the County Council itself has the control of the sale of "Grade A" milk, in connection with which samples are likewise examined every month.

Of the eight autopsies, six were performed on miners who had died directly as the result of Silicosis of the lungs and who had been employed for long periods on hard ground boring—three at Blackwood, one at Bedwas, one at Crumlin and one at Machen. The question of Silicosis is at present engaging the earnest attention of the Government Mines Department, the Colliery Owners, and the Miners' Organisations, who are doing their utmost to introduce safeguarding devices (such as special respirators, dust traps, etc.), with a view to protecting their workmen and so mitigating as far as possible the evil consequences of working on ground containing a high percentage of Silica.

Of the 90 tissues for section, 22 are grouped as malignant growths, 14 were cancers of various regions of the body, such as breast, uterus, ovary, intestine, skin, etc., and 3 were sarcomata, 2 Glio-Sarcomata, 2 Giant Cell Tumours and 1 Rodent Ulcer.

Under the heading "Miscellaneous" are included specimens of:—

Blood for Urea Estimations.

Faeces.

Secretions from eye.

Blood Cultures.

Blood for Sugar content.

Vomits and Gastric contents.

Cystic and other Fluids, etc.

Van den Bergh test.

Rideal Walker Tests.

Diastatic tests, etc., etc.

This group also includes experiments carried out on animals under 39 and 40 Vic. Cap. 77, Certificates A3 and B1, licence for which has been granted to me by the Home Secretary. The experiments consisted mostly of inoculations for the detection of B. Tuberculosis, Virulence Tests for Diphtheria, identification of organisms, etc., and were reported to the Home Secretary on the 31st December, 1930.

7.—LEGISLATION IN FORCE.

The only legal Public Health Powers not applicable generally which the County Council have acquired are those mentioned below:—

- (a) Prevention and Treatment of Small Pox Regulations of the Local Government Board under the Public Health Acts 1875 and 1896, dated the 24th August, 1916.
- (b) Bye-Laws of the Monmouthshire County Council dealing with Prevention and Suppression of Nuisances, Spitting, School Premises, Deposit of litter, etc.
- (c) Bye-Laws made under the Nursing Home Registration Act, 1927.

8.—HOSPITALS.

ISOLATION HOSPITALS.—Cases from Abercarn, Bedwas and Machen, Caerleon, Llanfrechfa Upper, Llantarnam, Panteg, Risca, Mynyddislwyn and Usk Urban Districts and Pontypool, Magor and St. Mellons Rural Districts are admitted to the Newport Borough Isolation Hospital, Alt-yr-yn, Newport, when accommodation is available. The charge in such instances to the Local Authority concerned is approximately £3 3s. 0d. per case per week.

In the Rhymney Urban District, an ordinary house is leased for the purpose of providing Isolation Hospital accommodation. It is situated in the centre of the District, being at least 100 yards from a street or other houses. The District Medical Officer reports that the hospital is quite unsatisfactory, but that it is the only one possible at the present. The premises have, however, been improved, but can only take at the most three cases of one sex at the same time.

The hospital is seldom used. Three cases of Scarlet Fever were isolated during the year 1930, and one case of Small Pox was temporarily isolated pending removal to the isolation hospital of the County Council at Abersychan.

The Newport Corporation and the Bedwellty Urban District Council are prepared to treat and isolate any infectious case at their Isolation Hospital providing accommodation is available.

ISOLATION HOSPITALS IN THE ADMINISTRATIVE COUNTY.

Name and Situation.	Infectious Diseases Treated.	No. of Beds Available.	Districts Served.	Management.	Staff.	
					Medical.	Nursing.
Rhymney Isolation Hospital, Rhymney	Scarlet Fever and Diphtheria.	2	Rhymney Urban District	Rhymney Urban District Council	Dr. R. V. de A. Redwood, District Medical Officer of Health, (Part time).	Nurses employed when required.
Bedwellty Isolation Hospital, Coedymoeth Aberbargoed	Scarlet Fever, Diphtheria, and Typhoid.	20	Bedwellty Urban District	Bedwellty Urban District Council.	Dr. S. R. MacMillan, District Medical Officer of Health, (Part time).	4
Ashvale Isolation Hospital, Tredegar	Enteric Fever and Diphtheria.	8	Tredegar Urban District	Tredegar Urban District Council	Dr. E. T. H. Davies, District Medical Officer of Health, (Part time).	2 to 3
Llanfoist Infectious Disease Hospital, Llanfoist.	Scarlet Fever and Diphtheria.	14	Abergavenny Urban and Rural Districts.	Joint Committee of the Abergavenny Urban and Rural District Councils	Dr. H. L. S. Griffiths, Medical Officer of Health, Abergavenny Urban District, (Part time).	3
Chepstow Isolation Hospital, Chepstow.	Scarlet Fever, Diphtheria, and Typhoid.	20	Chepstow Urban and Rural Districts.	Joint Committee of the Chepstow Urban and Rural District Councils	Dr. T. L. Drapes, Medical Officer of Health, Chepstow Urban and Rural Districts (Part time).	3
Monmouth Isolation Hospital, Monmouth.	All Infectious Diseases excepting Small-pox.	9	Monmouth Urban and Rural Districts and Whitechurch Rural District, Hereford.	Monmouth Urban District Council	Dr. W. H. Williams, District Medical Officer of Health, Monmouth. (Part time).	2
Abertillery Isolation Hospital, Abertillery	ditto.	16	Abertillery Urban District	Abertillery Urban District Council	Dr. T. B. Smith, District, Medical Officer of Health. (Part time).	1
"The Beeches" Isolation Hospital, Abersychan	Smallpox	66 beds and 3 Cots.	Administrative County of Monmouth.	Monmouthshire County Council	Dr. R. J. S. Verity, District Medical Officer of Health, (Part time).	2 to 5 according to number of patients for treatment.

The Medical Officer of Health for the Bedwellty Urban District reports that several improvements have been carried out at the Hospital which include the abandonment of the cess-pool and the connecting up of all the drains to the main sewer laid for the purpose. A new motor ambulance has been purchased, also certain new furniture. The subsidence in the grounds of the isolation hospital, it is stated, will probably at no distant date necessitate new buildings, and when that time comes he suggests that an observation block should be included in order that cases which are sometimes discovered to be of a different nature may be kept under observation and not allowed to come into contact with those suffering from infectious diseases in other wards. During the past five years 1,052 patients have been treated at the Hospital. From July, 1927, to July 1928, the hospital was taken over by the County Council for Small Pox purposes.

The Medical Officer of Health for the Blaenavon Urban District again draws attention to the fact that there is no isolation hospital accommodation provided in his district, and owing to the prevalence of overcrowding it is impossible to isolate infectious cases in the home.

The Ebbw Vale Isolation Hospital, on account of its unsatisfactory condition, has not been used since 1928 and other arrangements for the isolation of infectious cases have been made.

Owing to a continuation of the epidemic of Small Pox "The Beeches" Isolation Hospital, Abersychan, was occupied by cases during the first nine months of 1930. At certain periods, when the epidemic was at its height the accommodation at "The Beeches" was found to be inadequate and all the cases notified could not be accommodated, with the result that the County Council took over the control of the Bedwellty, Abertillery, Chepstow and Llanfoist Isolation Hospitals, and arrangements were also made with the Cardiff and Newport Corporations for the isolation of cases when this extra accommodation was required. The facilities were readily given and the arrangements thus made proved to be highly satisfactory, and with very few exceptions all the cases of Small Pox notified within the County were treated in a suitable isolation hospital. At the time of writing this Report the epidemic of Small Pox has abated, and it has been possible to close down temporarily "The Beeches" Hospital, the caretaker only being employed. The Hospital was purchased from the Abersychan Urban District Council in 1929. The Nurses' Chalet and the Ward Huts were erected by the County Council during their period of occupation commencing in 1927 and the whole of the equipment was provided out of County Funds.

GENERAL.—Monmouthshire is particularly poorly served with isolation hospitals, and the whole position is decidedly unsatisfactory. In 1919 the County Medical Officer of Health submitted to the County Public Health Committee a special report upon the provision of isolation hospital facilities and

certain recommendations were made. Under the Local Government Act, 1929, every County Council is required to make a survey of the hospital accommodation available in the County for the treatment of infectious disease (including Small Pox) and to prepare and submit for the Minister of Health's approval a scheme for the provision of adequate hospital accommodation for the treatment of such disease in the County. The purpose of the scheme is to determine in what manner the powers already possessed by the County Council and other authorities may best be utilised so as to secure the provision of adequate hospital accommodation without over-lapping. The work of preparing the survey of the hospital accommodation for the treatment of infectious disease provided by the County Council and the Local Authorities whose districts lie wholly or partly within the County is well in hand, and the County Medical Officer will present in the near future a Report to the County Public Health Committee with a view to the preparation of a scheme. The Report will review the existing accommodation and arrangements as disclosed in the survey, and make recommendations as to which hospitals should continue to be used with or without enlargement or alteration. what additional hospitals are required and what (if any) alterations should be made in the areas served by existing hospitals.

It is once again observed from the reports of the District Medical Officers that one of the greatest difficulties in dealing with infectious diseases is the isolation of the infected person, and owing to the prevalence of overcrowding it is impossible to isolate infectious cases in the home. The majority of these cases occur in small badly overcrowded houses with often only one, and sometimes two small bedrooms. This means that effectual isolation is impossible and other members of the household are constantly exposed to infection. This makes the effective control of an epidemic of infectious disease practically impossible, and naturally adds to the danger to life.

Adequate isolation hospital accommodation within the County would undoubtedly be an asset in controlling the spread of infectious disease. A patient could then be removed immediately upon receipt of a notification, and provision for the disinfection of clothing and premises made.

There are no facilities available at any of the Isolation Hospitals within the County for operative Surgery, etc.

INSTITUTIONS MAINTAINED BY THE COUNTY COUNCIL UNDER THE POOR LAW ACT, 1930.

	Hill House, Monmouth.			Coedygic Institution, Griffithstown.			Hatherleigh Place, Abergavenny.			Regent House Chepstow.			Cambria House, Caerleon.			Ty Bryn Institution Tredegar.		
	Beds Available			Beds Available			Beds Available			Beds Available			Beds Available			Beds Available		
	Male.	Fe- male.	Chil- dren	Male.	Fe- male.	Chil- dren	Male.	Fe- male.	Chil- dren	Male.	Fe- male.	Chil- dren	Male.	Fe- male.	Chil- dren	Male.	Fe- male.	Chil- dren
1. General Medical ...																		
2. General Surgical ...																		
3. Children ...																		
4. Maternity ...																		
5. Venereal Diseases																		
6. Tuberculosis ...																		
7. Chronic Sick ...																		
8. Mental ...																		
9. Mental Deficiency																		
10. Orthopaedic ...																		
11. Ear, Nose & Throat																		
12. Puerperal Fever & Pyrexia ...																		
13. Ophthalmia Neonatorum ...																		
14. Other ...																		
15. Total ...	23	23	4	28	28	4	34	33	1	38	28	8	52	69	18			
Staff {		One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Part time).	One Medical Officer. (Full Time).				
{ Nursing		6	13	14 Permanent 2 Temporary.	5	2												

Not Classified.

There are six general wards, and 1 Maternity ward.

There are very few surgical cases in the wards. As there are only 2 wards for male, and 2 for female together with a small 4 bedded ward for each side, Nos. 1, 7, 6, 8 and 9 are often in the same wards. No. 5 are put in the side ward where possible. 4 Maternity beds are provided.

No separate accommodation.

This Institution is used for Male Aged and Infirm Patients.

AREA SERVED BY THE ABOVE INSTITUTIONS, MANAGEMENT, ETC.

Hill House, Monmouth.—This Institution particularly serves that portion of the former Monmouth Union, of which the area was 6,195 acres, and the population 11,835. It is also available generally for the whole of the County. At present a certain number of cases chargeable to Herefordshire and Gloucestershire are accommodated. The Institution is managed by half of the members of the North Monmouth Guardians Committee.

Coedygric Institution, Griffithstown.—This Institution particularly serves the former Pontypool Union, of which the area was 50,856 acres, and the population 67,403. It is also available generally for the whole of the County. There are usually accommodated about 60 certified mentally defectives, including 10 belonging to other Counties. The Institution is managed by all the Members of the North Monmouth Guardians Committee.

Hatherleigh Place, Abergavenny.—This Institution particularly serves the former Union of Abergavenny, of which the area was 63,330 acres and the population 30,106. It is also available generally for the whole of the County. The Institution is managed by half of the Members of the North Monmouth Guardians Committee.

Regent House, Chepstow.—This Institution particularly serves that portion of the former Chepstow Union, of which the area was 43,821 acres, and the population 13,800. It is also available generally for the whole County. At present a number of cases chargeable to Gloucestershire are accommodated. The Institution is managed by a special House Committee chosen from members of the South Monmouth Guardians Committee.

Cambria House, Caerleon.—This Institution particularly serves that portion of the former Newport Union which was in the Administrative County of Monmouth. It is also available generally for the whole of the County. At present a number of boarders, chargeable to the City of Cardiff, are accommodated. The Institution is managed by a special House Committee chosen from members of the South Monmouth Guardians Committee.

Ty Bryn Institution, Tredegar.—This Institution particularly serves the former Bedwellty Union, of which the area was 27,436 acres, and the population 139,872. It is also available generally for the whole of the County. The Institution is managed by the Members of the West Monmouth Guardians Committee.

The duties of these Committees are as set out in Article 72 of the Poor Law Order, 1930. Their recommendations are subject to the approval of the Administrative Sub-Committee of the Public Assistance Committee as Management Committee.

There are no special departments at any of the Institutions such as X-Ray, Dental, Ophthalmic and Massage. Arrangements have been made for the services of dental surgeons at each of the Institutions. Facilities are available at Ty Bryn, Tredegar, and Coed-y-gric, Griffithstown, for operative surgery, and during the year 1930, 13 surgical operations under general anæsthetics (excluding dental operations) and two abdominal sections, were carried out. Beds for maternity cases are provided at each of the Institutions with the exception of Cambria House, Caerleon, and during the year 1930, 16 maternity cases were admitted.

Arrangements are being made by the County Medical Officer for the services of consultants for cases in institutions as well as for cases treated at home by Poor Law Medical Officers.

No outdoor patients' department is maintained officially at any of these Institutions, but occasionally out-relief cases are attended to. The scope of the work is chiefly consultation with the medical officer, but any dressing, etc., or massage, which may be necessary is also done.

MATERNITY HOMES AND HOSTELS.

Name and Situation.	Purpose.	Beds Available.	Area Served	Management.	Staff.	
					Medical.	Nursing.
Nantyderry House near Abergavenny	Maternity Home and Hostel for Unmarried Mothers.	12	The County of Monmouth (including Borough of Newport), and occasionally cases belonging to the Counties.	A general Committee of which Lady Mather-Jackson, O.B.E., St. Mary's Hill, Abergavenny is Honorary Secretary.	Medical Officer (Part time) Dr. E. L. M. Hackett, Usk.	2
Tredegar and District Maternity Home Market St., Tredegar.	Maternity Home and training Centre for Midwifery Pupils.	8	Administrative County of Monmouth.	The Monmouthshire Nursing Association of which Lady Mather-Jackson, O.B.E., St. Mary's Hill, Abergavenny, is the Hon. Secretary	Medical Officer (Part time) Dr. E. T. H. Davies, Tredegar.	8

With regard to the Tredegar Maternity and Nurses' Home, this is fully reported upon in the County Maternity and Child Welfare Report already issued for the year 1930.

Nantyderry House, near Abergavenny is commented upon under the Section headed " Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children," in this Report.

There is no Maternity Hospital in the County under the direct control of the County Council. The arrangements for the opening of " The Coldra," near Newport, which has been presented to the County Council by Sir John Beynon, Bart, C.B.E., for use as a Maternity Hospital, have again been held up owing to the economic conditions of the County. It was anticipated that this Hospital would have been opened during the year 1931, and a special Report was prepared by the County Medical Officer and presented to the House Committee. The question of opening has been deferred for six months, and will come up for consideration in November, 1931.

MONMOUTHSHIRE MENTAL HOSPITAL, ABERGAVENNY.

The above Hospital is situated on the outskirts of the town of Abergavenny, and serves the Administrative County of Monmouth. The Hospital is managed by a Committee of Visitors of the Mental Hospital, who are members of the Monmouthshire County Council. The Medical Staff consists of four Resident Medical Officers, one Visiting Surgeon and one Visiting Surgeon Dentist, and the Nursing Staff, one Housekeeper, one Head Male Nurse, one Head Female Nurse, 88 Male Nurses and 100 Female Nurses. There are 13 Wards and five outlying cottages, etc., at the Hospital for males, and 13 wards and two outlying cottages, etc., for females. The number of beds available is, for males, 621; and for females, 564. Facilities are available for Operative Surgery, and the Surgeon visits the Hospital as required. X-Ray apparatus has also been installed. The Dentist visits the Hospital weekly. There is a small Laboratory for the examination of Pathological specimens at the Hospital, and many specimens are sent to the Public Health Laboratory, County Hall, Newport. Dr. N. R. Phillips is the Medical Superintendent.

TUBERCULOSIS INSTITUTIONS OF THE WELSH NATIONAL MEMORIAL ASSOCIATION.

The Hospitals and Sanatoria available at March 31, 1931, for the treatment of patients suffering from tuberculosis are set out in the following table :—

Institutions.	No. of Beds.	Special Equipment.	Cases Treated.
The South Wales Sanatorium, Talgarth.	304	X-ray apparatus	Male patients.
The North Wales Sanatorium, Llangwyfan	245	X-ray apparatus and Light Department	Pulmonary Female Patients, Surgical Tuberculosis in Men, Women, and Children.
The West Wales Sanatorium, Llanybyther	47	Mobile X-ray apparatus and Ultra Violet Lamps	Women and Children Pulmonary cases.
The Penhesgyn Open-Air Home, Menai Bridge, Anglesey	16		Female Children Pulmonary cases.
Glan Ely Hospital, Fairwater, Cardiff.	184	X-ray apparatus and Light Department	Men, Women, and Children Pulmonary and Surgical cases.
Cefn Mably Hospital, near Cardiff.	112	X-ray apparatus	} Male and Female Pulmonary cases.
Pontsarn Hospital, Merthyr	38		
Cymla Hospital, Neath ...	46	X-ray apparatus and Light Department	
Tregaron Hospital, Tregaron	32	Mobile X-ray	
Meadowslea Hospital, Penyffordd	58	X-ray apparatus	
Brynseiont Hospital, Caernarvon	38	X-ray apparatus	
Llangefni Hospital, Llangefni	22	X-ray apparatus	
Adelina Patti Hospital, Craigy-nos	104	X-ray apparatus and Light Department	
Sealyham Hospital, Wolfs Castle	30	Mobile X-ray apparatus ...	
Machynlleth Hospital, Machynlleth	30	X-ray apparatus and Ultra Violet Lamps	
Kensington Hospital, St. Brides	104	X-ray apparatus and Light Department	Surgical cases in Children.
Total number of beds in Association's own Institutions	1,410		
Beds rented by Association at outside institutions	100		
	1,510		

Tuberculosis cases, both pulmonary and surgical, are treated at the Institutions of the Welsh National Memorial Association, the early cases for sanatoria being dealt with at the Llangwyfan Sanatorium, North Wales, and the Talgarth Sanatorium, South Wales, while surgical cases are dealt with at the Glan Ely Hospital, Cardiff, St. Brides Hospital, Pembrokeshire, and at the surgical block of the Llangwyfan Sanatorium, North Wales. The Hospital cases are treated in the first instance at the Cefn Mably Hospital and at other hospitals of the Memorial Association as occasion arises.

The Cefn Mably Hospital completes the number of Institutions which the Association planned to provide for persons suffering from tuberculosis in Wales and Monmouthshire. It consists of the old historic mansion of Cefn Mably—gifted by Lord Tredegar—and of a new pavilion erected near by.

CHILDREN.

The County has no Children's Hospital, but 24 beds have been reserved at the Royal National Orthopædic Hospital, London, for crippled children of Monmouthshire, and these beds are fully occupied by County patients. Cases are also admitted to the Prince of Wales' Hospital, Cardiff, by arrangement,

LIST OF VOLUNTARY HOSPITALS, ETC., IN THE COUNTY OF MONMOUTH.

Name and Situation.	Management.	Staff (Including Consultants, etc.).		Number of Wards.		Number of Beds.	
		Medical.	Nursing.	Male.	Female.	Male.	Female.
The Royal Gwent Hospital, Cardiff Road, Newport.	See Note Overleaf.	5 Resident Medical Officers in addition to the Honorary Staff, (see note overleaf).	76	4 One Children's Ward and one combined Women and Children's Ward	2 Children's Ward and combined Children's Ward	102 Children 24 and combined Women and Children 14	40 and combined 14
Rhymney Workmen's Cottage Hospital, Rhymney.	Committee representing contributors.	R. V. de Acton Redwood, F.R.C.S., L.R.C.P.	Matron, Sister and 3 Assistant Nurses	3 Ward for Isolation.	1 Isolation.	12 2 Cots 4 for emergency.	4
Monmouth Hospital, Hereford Road, Monmouth.	Committee of 20 Members	P. G. Harvey, M.D. W. H. Williams, M.R.C.S., L.R.C.P., N. S. B. Vinter, M.B. J. J. Law, Dental Surgeon.	Matron, 1 Trained Staff Nurse, 1 Nurse 3 years training and 4 Probationers, 1 to 3 years training.	1 One Isolation One Children One Private	1	6 3 Children.	6
Oakdale Cottage Hospital, Oakdale, Blackwood.	Representatives from each Colliery.	Each patient's Doctor has the privileges of the Hospital. 4 Consultants.	Matron, 2 Certificated Staff Nurses, 2 Assistant Nurses.	1 and 1-side Ward.	1	10 and 2 cots.	8
Abertillery and District Hospital, Christchurch, Aberbeeg.	A Committee representative of all organisations of the District, including Miners' Lodges, Nat. Un. Teachers, Women's Organisations, Colliery Officials and Employers of Labour, etc., etc.	J. Dunlop, F.R.C.S., Surgeon-in-charge. G. I. Strachan, F.R.C.S. R. J. Coulter, F.R.C.S. J. A. Lee, F.R.C.S., assisted by Local Doctors.	Matron, One Sister, 2 fully trained Staff Nurses, 8 Probationers.	1 Main Ward. 1 room for two special patients	1 Main Ward. 1 Room for two special patients	20	20
Victoria Cottage Hospital, Hereford Road, Abergavenny.	Committee.	7 Doctors.	Matron, 2 Sisters, 2 Staff Nurses, 3 Probationers.	2 Children's Ward.	6 Children's Ward.	8 and 7 cots.	13 cots.
Blaina and District Hospital, Nantyglo.	Committee representing groups of subscribers.	Four Consultants. One Dental Surgeon and the Local Medical Practitioners.	Matron, 3 Certificated Staff Nurses, 4 Probationers.	2 One Children's Ward 3 Single bedded Ward used as required for either sex.	2 Children's Ward	14 6 Children	14 Children

Name and Situation.	Management.	Staff. (Including Consultants, etc.).		Number of Wards.		Number of Beds.	
		Medical.	Nursing.	Male.	Female.	Male.	Female.
Ebbw Vale Workmen's Hospital, Hillside, Ebbw Vale.	A Committee of 24 representatives of the contributory members, selected from the wards of the area.	A Resident Consulting and Operating Surgeon. Two Assistant Surgeons and Anaesthetists. An Ophthalmic Surgeon.	Matron. Two Sisters. Three Staff Nurses, 4 Probationers.	3	1	16	6
Abertysswg Workmen's Hospital, Westville, Abertysswg.	Board of Governors.	Dr. Mascarenhas, Medical Officer. Mr. J. W. Geary Grant, Consulting Surgeon. Dr. Mitchell Stevens, Consulting Physician	Sister-in-charge. Staff Nurse, 2 Probationers.	1	1	6	4 and 2 Cots.
Pontypool and District Hospital, Pontnewynydd, Pontypool.	Executive Board appointed by the Annual Court of Governors.	Honorary Medical Staff 10 Honorary Consulting Staff—5.	25 Nurses including Matron.	3	3	26	17 Cots for Children
Chepstow and District Hospital, Chepstow.	Committee representing voluntary contributors.	3 Consultants, Dental Surgeon and Local Doctors.	Matron, 2 Staff Nurses, 2 Probationers.	1	2	18 beds used as required by Male and Female patients	
Ebbw Vale Voluntary Hospital, Eureka Place, Ebbw Vale.	Committee representing Voluntary Contributions assisted by the Hon. Medical attendants.	General Operative Surgeon. Ear, Nose and Throat Specialist. Ophthalmic Surgeon. Gynaecologist.	Matron, Staff Nurse, 2 Assistant Nurses.	3	1	7	3 and 1 Cot and 1 Cot
Powell Duffryn Workmen's Hospital, Aberbargoed.	Committee representing Powell Duffryn Company's Workmen	The Local Practitioners of the Valley attend their own patients in the Hospital.	Matron and 8 Nurses.	4	Nil.	40	Nil.
Blaenavon Workmen's Hospital, Blaenavon.	Committee representing Workmen.	A. H. James, M.D., Surgeon-in-charge. Dr. Sendak and Dr. W. Schnarr, Assistants.	Matron and 2 Assistant Nurses.	1	1	6	6

THE ROYAL GWENT HOSPITAL, CARDIFF ROAD, NEWPORT.

This Hospital serves the whole of the County of Monmouth (including Newport). The government of the Hospital is vested in the general meetings of the subscribers, but, subject to this, the management of the Hospital is vested in the Board of Directors, consisting of:—President, Vice-President, the Mayor of the County Borough of Newport, Chairman of the Monmouthshire County Council, Medical Officers of Health for the County Borough of Newport and the County of Monmouth, respectively, Treasurer, six members of the Honorary Medical and Surgical Staff, eighteen Directors to be elected from the subscribers, one representative from the Workmen's Hospital for every £200 annually contributed, and representatives from any other bodies of workmen contributing annually a like amount. A total of approximately 170 Directors. The Honorary Medical and Surgical Staff consists of such physicians and surgeons as the Directors may from time to time determine. At the present moment the Honorary Staff is as follows:—One Consulting Physician, two Consulting Surgeons, one Consulting Surgeon to Eye Department, one Physician, three Surgeons for In-patients, one Surgeon to Eye Department, one Surgeon to Ear, Nose and Throat Department, three Assistant Physicians, three Assistant Surgeons, one Physician to the Skin Department, one Physician to the Psychiatric Department, three Anæsthetists, one Pathologist, one Radiologist, one Dental Surgeon, two Medical Officers to the Venereal Diseases Department. In addition to the above there are five Resident Medical Officers. The Hospital is maintained for the purpose of gratuitously supplying to the necessitous poor of Newport and Monmouthshire, both as In-patients and as Out-patients, medical advice, attendance, medicine and nursing. During the year 1930, 2,511 In-patients, 11,454 Out-patients and 6,795 Casualties, making a total of 18,249, were treated at the Hospital. The above patients made the following attendances:—Out-patients, 22,764, Casualty patients, 23,975, Venereal Diseases patients, 21,257, Massage and Electrical patients, 12,424, making a total of 80,420 attendances. Facilities are available at the Hospital for Operative Surgery, X-Ray, Dental, Ophthalmic and Massage treatment. There are two operating theatres at the Hospital, sterilizing room, anaesthetists room, staff rooms. In addition one Out-patient theatre, and one Casualty Department theatre. The X-Ray Department is equipped with possibly one of the best, if not the best, X-Ray installations in Wales. The usual facilities of a general hospital are available in the Dental, Ophthalmic and Massage Departments. There is a well appointed laboratory at the Hospital under the control of an Honorary Pathologist, with the help of a Laboratory Assistant. The Directors of the Hospital have embarked upon a scheme of extensions at an estimated cost of £70,000. This scheme will include the provision of a Nurses Hostel and the completion of a ward to contain thirty-two beds.

RHYMNEY WORKMEN'S COTTAGE HOSPITAL, RHYMNEY.

Area Served:—Rhydney Urban District, including Llechryd and Princetown, part of Bedwellty and Gelligaer Urban Districts. Facilities are available for Operative Surgery, X-Ray and Ophthalmic work. There are no facilities available for Dental treatment or Massage. Pathological specimens are sent to Newport and Cardiff. The Hospital was used to its full capacity during the year 1930. There were 140 In-patients and 2,000 Out-patients. All difficult and operative Labour cases are admitted.

MONMOUTH HOSPITAL, HEREFORD ROAD, MONMOUTH.

Area Served:—Raglan, Monmouth, Skenfrith, Welsh Newton, Redbrook, Llangattock, Rockfield, Dixton and Wyesham. Facilities are available for Operative Surgery, X-Ray, Dental and Ophthalmic treatment. No facilities are available for Massage. Pathological specimens are sent to London. During the year 1930, 178 In-patients and 555 Out-patients were treated at the Hospital. 154 operations were performed.

OAKDALE COTTAGE HOSPITAL, OAKDALE, BLACKWOOD.

Workmen and dependants of workmen employed at Oakdale, Wyllie, Abernant, Rock, Gelli, Millbrook and Ty Brachty Collieries, are eligible for treatment at this Hospital. There are facilities available for Operative Surgery, X-Ray (Apparatus renewed last year), and Ophthalmic treatment. There are no facilities available for Dental treatment or Massage. Massage cases are referred to the local Masseur. Arrangements for the examination of pathological specimens are left to the Consultants. During the year 1930, 216 patients were admitted to this Hospital, 778 casualties were treated in the Out-patients' Department, 224 Ophthalmic cases and 159 Ear, Nose and Throat cases were treated. During the year 268 operations were performed and 247 X-Ray photographs were taken. The work at this Hospital has considerably increased during the past few years.

ABERTILLERY AND DISTRICT HOSPITAL, ABERBEEG.

Area Served:—Urban District of Abertillery covering the area from Crumlin to Cwmtillery, including Bourneville, near Blaina. Facilities are available for Operative Surgery, X-Ray, Dental, Ophthalmic and Massage treatment. Pathological specimens are sent to the Public Health Laboratory, County Hall, Newport. During the year 1930, 780 surgical and medical cases were treated, 107 Gynæcological cases, 508 Ear, Nose and Throat cases, 646 Ophthalmic cases, 1,882 Dental Cases, and 318 X-Ray cases. There were 589 In-Patients treated at the Hospital during the year.

VICTORIA COTTAGE HOSPITAL, HEREFORD ROAD, ABERGAVENNY.

This Hospital serves Abergavenny and District. Facilities are available for Operative Surgery and X-Ray. There are no facilities available for Dental,

Ophthalmic or Massage treatment. During the year 1930, additional wards have been built and Maternity Wards opened. There are no special arrangements at the Hospital for Pathological work.

BLAINA AND DISTRICT HOSPITAL, NANTYGLO.

Area Served:—Nantyglo and Blaina, Brynmawr, Clydach, Llanelly Hill, parts of Blaenau Gwent, Abertillery, Beaufort and Gilwern. Facilities are available for Operative Surgery, X-Ray, Dental and Ophthalmic treatment. An Ultra Violet Light Treatment Department has been installed at the Hospital. Massage work is not done at present owing to difficulty in obtaining staff. It is anticipated that during the year 1931, a special Maternity Ward will be opened containing 8 beds. The Ward will be self contained, having its own Theatre. Pathological specimens are sent to the Public Health Laboratory, County Hall, Newport.

EBBW VALE WORKMEN'S HOSPITAL, HILLSIDE, EBBW VALE.

This Hospital serves the Urban Areas of Ebbw Vale and Brynmawr. Facilities are available for Operative Surgery, X-Ray, Dental, Ophthalmic, Massage, Electrical and Sun Ray treatment, etc., etc. The Resident Surgeon at this Hospital does quite a lot of Pathological work. Specimens are also sent to the Clinical Research Association and other laboratories. In consequence of the loss of income through the stoppage of the Iron and Steel Works, one of the male wards was closed down during the year.

ABERTYSSWG WORKMEN'S HOSPITAL, WESTVILLE, ABERTYSSWG.

This Hospital serves Abertysswg and District. Facilities are available for Operative Surgery, X-Ray and Dental Treatment. There are no facilities for Ophthalmic and Massage work. Pathological specimens are sent to Messrs. Ferris and Co.'s Laboratory, Bristol, and also to Cardiff Infirmary.

PONTYPOOL AND DISTRICT HOSPITAL, PONTNEWYNYDD, PONTYPOOL.

This Hospital serves the area, Blaenavon to Cwmbran in the Eastern Valley and portions of the country district to Usk. Facilities are available for Operative Surgery, X-Ray, Dental, Ophthalmic and Massage treatment. Pathological specimens are sent to the County Pathologist, County Hall, Newport. The extension which was in course of erection during the year 1930, was completed in 1931, and was officially opened on the 20th June, 1931. This will provide for 22 additional beds.

CHEPSTOW AND DISTRICT HOSPITAL, CHEPSTOW.

This Hospital serves the area around Chepstow, which includes Chepstow Urban and Rural Districts and part of Magor and Monmouth Rural Districts.

Facilities are available at the Hospital for Operative Surgery, Dental Treatment and Massage work. There are no facilities for X-Ray or Ophthalmic work. Pathological specimens are sent to the County Laboratory, County Hall, Newport. The Hospital was in use to its fullest capacity during the year 1930.

EBBW VALE VOLUNTARY HOSPITAL, EUREKA PLACE, EBBW VALE.

This Hospital serves the Ebbw Vale Urban District, which includes Beaufort, Ebbw Vale, Waunllwyd, Victoria and Cwm. Facilities are available for Operative Surgery, X-Ray and Ophthalmic treatment. There are no facilities available for Dental Treatment. A Masseur attends when required. The Medical Attendants using the Hospital make their own arrangements for the examination of Pathological Specimens. It would appear that these are usually sent to the Public Health Laboratory, County Hall, Newport. All Departments at the Hospital were working during the year 1930, and the Hospital was in use to its full capacity during the whole year.

POWELL DUFFRYN WORKMEN'S HOSPITAL, ABERBARGOED.

This Hospital was erected and equipped by Messrs. The Powell Duffryn Company, and is maintained by their workmen in the form of weekly contributions. It is available for the employees of the Powell Duffryn Company only and used for the treatment of accident cases. The whole of the employees of the Powell Duffryn Company of the Rhymney Valley are eligible for treatment. Facilities are available for Operative Surgery, X-Ray and Massage treatment. There are no facilities available for Dental or Ophthalmic work. Arrangements are made by the various medical practitioners attending the Hospital for the examination of pathological specimens. The average number of beds occupied during 1930 was 31.

BLAENAVON WORKMEN'S HOSPITAL, BLAENAVON.

This Hospital serves the whole of the Blaenavon Urban District. Facilities are available for Operative Surgery, Dental, Ophthalmic and Massage treatment. There is no X-Ray apparatus installed at the Hospital. Pathological specimens are sent to the Public Health Laboratory, Newport, and are examined by Dr. Catto, County Pathologist. Extensive use was made of the Hospital during the year 1930, and the beds were fully occupied during the whole year.

9.—REGISTRATION OF NURSING AND MATERNITY HOMES.

The Nursing Homes Registration Act, 1927, came into operation on the 1st July, 1928. This Act repeals certain parts of the Midwives and Maternity Homes Act, 1926, which only came into operation on the 1st January, 1927. The new Act provides for the Registration and the inspection of Nursing Homes, and the making of Bye-Laws. The County Council is the supervising

Authority under the Act, and during the year 1930, five applications for registration were received. One application for registration was refused, as the person in charge was not a qualified midwife. In the remaining four cases, registration was granted after inspection of the premises.

The Homes are situate as follows:—one at Tredegar (Maternity and Nursing), one at Nantyderry (Maternity), one at Tref-ap-Gwilym, Cardiff Road, Newport (Maternity), and one at Highfield, Bassaleg (Nursing).

The Home previously registered at Rumney has been closed.

Bye-Laws have been made by the County Council in respect of Nursing Homes, and these were allowed by the Minister of Health in November, 1928. The Bye-Laws deal with the question of the keeping of Registers under the Act, the notification of infectious diseases, and the notification of births and deaths at the Institutions.

The Act provides for the exemption of certain Hospitals and Institutions, but this exemption shall only remain in force for one year from the date on which it was granted. One exemption was granted during the year 1930, this being in respect of the Monmouth Hospital, Monmouth.

Powers of inspection are granted to the County Medical Officer, and are carried out.

There were no applications made to the County Council for the delegation of their powers to a County District Council under Section 9 (2) of the Act of 1927.

10.—MATERNAL MORTALITY.

Special arrangements are made for the investigation of maternal deaths and cases of puerperal fever and puerperal pyrexia. A full and detailed report will be found in the County Maternity and Child Welfare Report for the year 1930.

11.—INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

The Maternity Home and Hostel for unmarried mothers which is situated at Nantyderry continued to do good work during the year 1930. A contribution is made annually by the County Council towards the upkeep of the Hostel.

There are 12 beds at the Institution, and the number of girls admitted there during the year was 14, the average duration of stay being 136·9 days. The

total number of inmates during the year (including those who were admitted in the previous year) was 22 girls and 17 babies.

Fourteen girls were discharged, of whom five were found situations, six went to relatives, two to Homes and one was married. Of the babies discharged, four were with their grandmothers, four went to Homes, and two to foster parents.

Of the 22 girls resident in the Hostel during the year, four were from the Borough of Newport, 16 from the County of Monmouth, and two from Gloucester.

Generally the girls are admitted one month before their confinement, and remain for six months after the birth of the child. As far as possible the mother and child are not separated for at least the first six months of the infant's life.

During their stay at the Hostel the mothers are trained to undertake some useful work when they leave, and arrangements are made when necessary for the boarding out of the baby.

The Hostel is a great boon to these unfortunate girls, who have not only to bear the criticism of the neighbours, but who have to look forward to their confinement in unsatisfactory rooms. They are generally of a neurotic state of mind. The Hostel gives them a chance of privacy, which they could not receive in a Public Institution, and enables them to preserve their self-respect.

The work is admirable both in scope and execution, and fully justifies the support given by the County Council. A stay of six months in such a Hostel makes all the difference to the after-life of these girls and their children, and the results fully justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

When infants are adopted, every care is exercised to see that the homes and their circumstances are in every way suitable.

12.—INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The question of providing accommodation for the mental defectives of the County has been under the consideration of the Mental Deficiency Committee for many years, and, after inspecting several sites they recommended to the County Council in June, 1927, the purchase of Llanfrechfa Grange, near Newport, which site was approved by the Inspectors of the Board of Control.

The matter has now assumed urgent importance from the fact that the Ministry of Health and the Board of Control have been requested by the Monmouthshire County Council to allow the user of the Monmouth Poor Law Institution for temporary accommodation for the unemployable and untrainable

mental defective cases, so as to release the Coedygric Institution for general hospital purposes.

The Board of Control have signified that they are prepared to grant the request, subject to the County Council deciding to go forward with the provision of a Colony for mental defectives with an accommodation for 500 beds.

This matter was considered recently at a meeting of the Public Assistance Committee for Monmouthshire, when a request was made for a report upon the financial conditions involved in the provision of the Colony suggested by the Board of Control, a similar request having been made also by the Committee for the care of the mentally defectives.

The following table shows the institutional accommodation available and in use at the end of the year for defectives from the Administrative County:—

Name of Institution.	Type of Defective.	No. of beds available.		No. of beds occupied on 31/12/30.		Total.	Pre- sent charge per head per week
		M.	F.	M.	F.		
Brentry, Bristol	All classes (males over 18).	46	...	47	...	47	21/-
Coedygric, Griffithstown	All classes (females over 16 years).	...	55	...	51	51	16/-
Etloe House, Leyton	F.M. Roman Catholic Girls (over 16 years).	as vacancies arise		...	2	2	17/-
House of Help, Bath.	Fallen F.M. Girls (Moral Defectives up to 26 years of age).	...	do.	...	2	2	16/6d.
Stoke Park Colony.	All classes under the Act (Under 16 years of age).	...	do.	5	14	19	23/2d. Low Grade. 18/8d. High Grade.
Girls' Village Home, Barkingside.	All classes (female), Dr. Barnardo's Homes' cases.	...	do.	...	1	1	14/-
Caersws Certified Institution, Montgomeryshire.	All classes (females), under 14 years.	...	do.	...	2	2	23/4d.
Ross Poor Law Institution.	Feeble-minded (over 18 years, M. and F.).	...	do.	...	1	1	21/-
Princess Christian Farm Colony, Hildenborough.	All classes (children).	...	do.	1	.	1	17/9d.
Besford Court, R.C.	Males 16-18 years.	...	do.	1	...	1	34/7d.
	Total	...	...	54	73	127	

13.—AMBULANCE FACILITIES.

(a) For infectious cases :—

The County Council has an ambulance for the removal of Small Pox cases to the Isolation Hospital.

The Newport Borough Ambulance is available for the County cases which are admitted to the Borough Isolation Hospital. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Abertillery, Tredegar, Monmouth, Abersychan and Ebbw Vale Urban District Councils. The two latter are horse-drawn vehicles.

(b) For non-infectious and accident cases :—

The Collieries at Ebbw Vale, Six Bells, Cwmtillery, Tredegar, Cwmbran, Oakdale and the Rhymney Valley have ambulances which are used for colliery accident cases and under certain arrangements for the transport to hospital of dependants of the workers.

Motor Ambulances are also available at the District General Hospitals, while at Monmouth there is a town ambulance available through the generosity of the local division of the British Red Cross Society.

There is a motor ambulance, the property of the Bedwas and Machen Urban District Council, which is kept for general use in that district.

The motor ambulance of the Joint Committee of the Order of St. John and the British Red Cross Society, which is kept at Crosskeys is available for use anywhere in the County for non-infectious and accident cases at rates which hitherto have been rather high. A reduction in these costs is contemplated.

14.—CLINICS AND TREATMENT CENTRES.

The County Council has established 43 Maternity and Child Welfare Centres in the County and 16 Ante-natal Clinics. Full details are given in the County Maternity and Child Welfare Report.

The County Education Committee has provided 10 School Clinics, details of which are set out in the School Medical Inspection Report.

There are no day nurseries in the County.

The Tuberculosis Visiting Stations are detailed later in this Report.

There is one Treatment Centre for Venereal Diseases—at the Royal Gwent Hospital, Newport, details of which will be found later in this Report.

The County Council has established three Clinics for the treatment of Orthopædic cases, one at Newport, one at Pengam, and one at Crumlin. The Central Orthopædic Clinic is at Newport, at which massage, electrical treatment, and remedial exercises are given.

15.—LOCAL GOVERNMENT ACT, 1929.

As already stated under the heading " Poor Law Medical Out-Relief," arrangements have been made for the discharge of the medical services transferred to the County Council under the Local Government Act, 1929, and the administration of this service is supervised by the County Medical Officer of Health. Where duplicate powers exist with regard to blind persons, these are now being assisted in the form of grants from the County Council under the Blind Persons Act of 1920, and not by the Public Assistance Committee as previously.

Up to the present no Poor Law Institution within the County has been appropriated for other purposes, but on the 1st November, 1930, a special Report was presented to the Public Assistance Committee by the County Medical Officer, and the Public Assistance Officer, dealing with the classification and a suggested user of the Public Institutions transferred to the County Council under the Local Government Act, 1929. The recommendations being as follows:—

1.—COEDYGRIC INSTITUTION, GRIFFITHSTOWN. (Formerly Pontypool Union).

This Institution is at present a general Poor Law Institution with a section approved and certified for mental defectives to the number of 75 beds.

We are of opinion that this Institution should be reserved wholly for general medical and surgical purposes to supplement the accommodation provided by and available through the Voluntary Hospitals of the County, provision to be made and preference given in the first instance for the acute medical and surgical cases arising amongst the poor law cases of the County, the remaining accommodation to be available for the general population upon terms.

At this Institution accommodation would be provided for acute medical cases, acute surgical cases, adults and school children, orthopædic cases, two small isolated wards for pregnant and non-pregnant women affected with venereal disease, and with provision for making the Institution a general clinic for school medical work in the Eastern Valleys area, with the allocation of certain beds for emergency work relating to that service.

The question of how far the various clinics and centres established by the County Council can be linked up with this Institution as one comprehensive unit throughout the County should be considered by the Committee in due course.

In the event of the Committee approving of the above suggestions, it would be necessary in accordance with Section 13 of the Local Government Act, 1929, to get into consultation with the representatives of the Voluntary Hospitals of the County to consider this proposition. It is understood that the Voluntary Hospitals have already nominated their representatives to meet the County Council in consultation thereon.

The general layout of the Institution and its buildings are comparatively modern, and lend themselves to the functioning of the above suggestions. There is ample room for extensions if found necessary, and other buildings on the general curtilage of the Institution are adaptable for user in accordance with the suggestions outlined, and that at a comparatively low cost.

It follows from the foregoing that :—

- (1) The children at present accommodated in the Children's Home should be transferred elsewhere.
- (2) The Casual Wards should be closed and, if necessary, alternative provision made elsewhere, and
- (3) The mentally defective inmates transferred to Monmouth as outlined in subsection 3.

It may be opportune to note that at this Institution there is an electric plant available for lighting purposes during the day time, while at night time the illumination is by gas, and this gas illumination is by no means satisfactory and has been known to have failed on more than one occasion when surgical and other operations have been performed. Why this dual installation should have functioned as above is difficult to understand.

2.—CAMBRIA HOUSE, CAERLEON. (Formerly Newport Union.)

This building, although not of recent construction, is in fairly good condition owing to the general care taken of the building and its having been improved from time to time.

The accommodation here is suitable for the chronic sick, both male and female, and for the aged and infirm, male and female, who require a certain amount of nursing.

In the event of any acute cases occurring at this Institution it would be an easy matter of administration to have them transferred to Coedygic where the

necessary medical, surgical and nursing facilities for acute cases would be provided.

There is a certain amount of land available for cultivation—approximately 4 acres—and it is contemplated that some of the inmates, supplemented by a certain number of able-bodied inmates, might cultivate the same and do the necessary manual labour for the Institution.

The Laundry at this Institution has been dismantled and the laundry work necessary could be done at Coedygric, unless it is proposed to re-establish the laundry. At present it is being done at Woolston House, Newport.

There are certain buildings at this Institution which can also be adapted for institutional purposes, if required, and the children at present accommodated at Vale View would have to be removed elsewhere.

3.—MONMOUTH INSTITUTION. (Formerly Monmouth Union).

This Institution is composed of old buildings in good condition and favourably situated.

It is suggested that this Institution be allocated for the older unemployable cases of mental defect, of both sexes, and children. This allocation of one of the Poor Law Institutions would be in accordance with the Circulars of the Board of Control, dated 10th May, and 14th August, 1930, where it is provided that approval will be given for such an allocation conditionally upon the County Council deciding upon the provision at an early date of a Colony for the young adult and child mental defectives who are trainable.

4.—CHEPSTOW INSTITUTION. (Formerly Chepstow Union).

This is an old Institution which is rather overcrowded by buildings.

It is suggested that this Institution be made available for males not needing medical, surgical or nursing services, and that its utilisation be reviewed within five years as to whether or not it is needed and can be closed down.

Monmouthshire is under an obligation to Gloucestershire to accommodate their Poor Law cases within the former union of Chepstow, either at Chepstow or Monmouth.

5.—ABERGAVENNY INSTITUTION. (Formerly Abergavenny Union.)

This Institution was at one time condemned. During the War and subsequently it has been considerably improved and is now in a fair state of preservation.

It is suggested that its casual quarters be utilised for vagrants and that the general institution be utilised for general poor law purposes and for elderly able-bodied men and women, with accommodation particularly for married couples.

6.—TY BRYN INSTITUTION. (Formerly Bedwellty Union).

Very careful thought has been given to the condition of this Institution and its future functioning, and we are of opinion that if one Institution should be scrapped in the County, this is the one.

The major portion of the permanent buildings, with the exception of the Infirmary Block and the Board Room Block, is in a dilapidated condition owing to subsidence, and there are a number of other temporary buildings within the curtilage which are not suitable for institutional purposes.

We are of opinion that in the event of the Institution being retained, it should be utilised for vagrant purposes and for the reception of cases sent in by the Relieving Officers for observation purposes pending their classification and transfer to the other Institutions.

Accommodation could also be provided for able-bodied men to do the necessary work on the farm and the garden.

We regret that we cannot recommend the functioning of this Institution as a first-class Hospital or for a Training School for nurses, Coedygric being pre-eminently suitable for these purposes.

SECTION 13, LOCAL GOVERNMENT ACT, 1929.

Up to the present no official consultation has taken place between the County Council and the representatives of Voluntary Hospitals providing services in the County, but as already mentioned in the scheme as outlined, it is understood that the Voluntary Hospitals have already nominated their representatives to meet the County Council in consultation. This conference will take place as soon as the question of Mental Deficients at Coedygric is settled.

3.—SANITARY CIRCUMSTANCES OF THE AREA.

1.—WATER.

The rainfall for the year 1930 was above the average for the year 1929, and with the exception of a few instances, it was unnecessary to curtail the water supply for domestic purposes in any of the districts. During the five years ended 31st December, 1930, great strides have been made in improving the supply of water for general use.

In the St. Mellons Rural District, owing to the great increase in the population in certain portions of the area, it was found necessary to increase the supply, also the storage capacity, and during the year 1930 the service reservoir (to receive the bulk supply from the Cardiff Corporation at Llanedarne Bridge) has been constructed near Michaelstone-y-vedw. The Reservoir has a capacity of 360,000 gallons, as compared with the maximum amount to be supplied by the Cardiff Corporation of 240,000 gallons per day. A new 9 inch main has been laid between the existing main and the service reservoir and will act as a supply main from the reservoir to St. Mellons and Rumney. A 6 inch main has been laid to Castleton reservoir, this will supply a supplementary supply to the Castleton waterworks, and will enable the Castleton supply of water to the parishes of Marshfield, Peterstone and St. Brides to be augmented when necessary. Branch mains have also been laid, chiefly for the supply of Dairy Farms, in the parish of Rumney and St. Mellons. With the completion of these works a constant supply of water has been provided for the whole of the Council's area now served by this extended water scheme and a more adequate supply of water is now available to meet the increased requirements arising from building developments, supplies to dairy farms, etc.

Generally speaking the water supply of the Magor Rural District can now be considered sufficient both as regards quality and quantity. The supplies are derived from:—(1) Public Companies, (2) Springs and deep wells, (3) shallow wells and rain water. The parishes of Magor and Redwick are supplied from the Severn Tunnel Waterworks. This water is derived from limestone strata, is very hard, and contains calcium and magnesium salts, but is free from contamination. During the past five years, frequent complaints have been received from residents regarding the insufficient quantity delivered from the service pipes. It was found upon investigation that the water pipes, which had been in use for a long period, were badly corroded internally by deposit. A new 4 inch main from the Sudbrook Pumping Station to Magor Village has been laid by the Great Western Railway Company. New supply pipes of greater calibre are also being laid and these measures have resulted in a more abundant supply. Llangattock, Llanhenock and Tredunnoch, are supplied from wells and springs. Parts of Llangattock also receive supplies from the Newport Corporation mains. The wells are generally near farm houses, and the Medical Officer of the District suggests that greater care should be exercised to prevent contamination from animal matter. He also calls attention to the water supply to the parishes of Nash, Goldcliffe, Whitson and Bishton, which have always had a bad water supply, derived from reens and water tanks. In dry summers these districts have suffered from a shortage of water, and at all times the supply has been open to contamination. Samples taken for analysis from time to time have shown contamination by animal matter. A scheme to supply these parishes with Newport Corporation water was carried out at considerable expense during the year 1930. The inhabitants of this area have now an excellent and never failing water supply.

Regarding the Chepstow Rural District Council's scheme for improving the supply of water for domestic purposes to Devauden and the adjoining districts, which was referred to in the report for the year 1929, this is now practically complete. Service pipes are now being laid from the new mains to the houses, and in several cases supplies to farms are now available. These districts are on a very high level and there has been a difficulty for a number of years in providing a suitable water supply. It is not yet known how far this scheme can be extended, but, if after a time it is found that there is sufficient water available, there can be no difficulty in extending the scheme to other small hamlets in the vicinity, such as Llanishen, where at present difficulty is experienced in providing suitable drinking water for the children attending the school. This would, of course, be a matter for arrangement between the Chepstow and Monmouth Rural District Councils.

The scheme which was under consideration by the Pontypool Rural District Council for improving the water supply in that portion of the district surrounding Croesyceilog has been put in hand. Mains have been laid and connections made to the houses and an adequate water supply provided which has now remedied the previous unsatisfactory position.

The question of the water supply to part of the village of Govilon and the surrounding districts, in the Rural District of Abergavenny, which has been the subject of comment in the Reports for the past few years, is still under consideration. Schemes have at various times been prepared, and samples of water taken from the various sources and analysed at the County Public Health Laboratory. An inquiry was held by the County Council at the Govilon School, which resulted in the County Council informing the Rural District Council that it was necessary to provide this area with a sufficient water supply for domestic and other purposes and that this could be obtained by putting into operation one of the schemes which had been placed before the members of the inquiry for consideration. So far nothing has been done, as no agreement has been reached upon which of the schemes shall be adopted. Further sources of supply have been investigated, and samples taken and analysed, and it is understood that these are being considered by the District Council.

It can be again recorded that the Rural District Councils are paying strict attention to the water supplies in their areas, and during the past few years much improvement has been made in the water supplies to dairy farms and cottages. Samples of water from local supplies are periodically taken for analysis, these in many instances being collected by the County Sanitary Inspector and examined at the County Laboratory. Where the water supply from which a sample is taken is found to be unsatisfactory, the cause of pollution as reported by the County Pathologist is removed, and very often a valuable supply of water is obtained.

The Urban District of Tredegar is very well supplied with water from the Shon Sheffrey spring, and every effort is made to maintain a high standard of purity. From the Council's Nantybwich works a bulk supply, amounting to 115,851,000 gallons was delivered during the year to the Bedwellty Urban District Council.

The Medical Officer for the Ebbw Vale Urban District again reports that the water supply is copious and constant. This is taken from two reservoirs situated on the Llangynidr Mountain, and conveyed to the town by cast iron gravitating mains. The water is of a soft character, and is therefore liable to plumbo solvent actions in contact with lead, but the use of the lead pipes to carry the water supply has been almost entirely superseded by galvanized iron, which obviates the risk of contamination from this cause. The filter beds have been improved. A new sand washer was installed, the whole of the filters cleansed and 600 tons of new sand used to accelerate the filtration. The water supply since has been analysed and found to be satisfactory.

During the past five years the Medical Officer of Health for the Blaenavon Urban District has continually commented upon the water supply in his area. The necessity of providing certain farms in the Garn-y-rerw area with an adequate supply of pure water has been brought to the notice of the Council. Filter beds should be provided at the Bunkers, and a larger filter bed near Edmund's Spring. The Council should also consider whether it is possible to add to the number of sources of supply and to further increase the storage capacity of certain of their reservoirs, so that it will not be necessary, even in the driest season, to give the inhabitants an intermittent supply of pure water. It is unfortunate that the Council has been unable to proceed with the erection of the unclimbable iron fence around reservoirs 3 and 4. The work upon No. 4 reservoir has to a large extent proved successful, the reservoir being now practically watertight, and the additional storage of water thus obtained was found very beneficial during dry periods. A new filter bed and storage tank have been erected near the No. 4 reservoir for the purpose of supplying the houses in a part of the Blaenavon area, which in the past were supplied with unfiltered water. Although much improvement has been made in the supply of water to the district, some parts of the town, particularly those of the higher zones are only able to obtain about one hour's supply of water each day. This is quite inadequate, as there are no facilities for storage in the houses in this part of the area. Serious complaints have been received from part of the district on account of the corrosion of the mains and service pipes, which seriously interfered with the water supply to the houses. This, as may be realised, unless remedied, will ultimately affect the health and habits of the people, who, unless they carry water over long distances, can neither keep themselves, their homes, nor sanitary conveniences in a healthy and wholesome condition. The Medical Officer suggests that the No. 1 Reservoir, owing to its close proximity to habitation, and certain structural defects, should be taken

out of commission as a public water supply at the earliest possible moment. Certain repairs are also necessary to the Forgeside Reservoir, which is leaking badly, and unless the repairs are effected to check the leakage there is a danger of this supply being lost.

It is understood that the Blaenavon Urban District Council is negotiating with the Abertillery and District Water Board with a view to obtaining a supply of water to the pit head baths now in course of erection at a colliery situated near Garn-y-rerw. This water, if obtained, will also be used to augment the supply to Garn-y-rerw. It is fortunate for the Blaenavon Council that the main leading from the Abertillery and District Water Board's Waterworks in the Black Mountains passes through the upper portion of their area. Should the necessity arise a greater quantity of water could be obtained from this source to serve other portions of the Blaenavon Council's area.

Samples of water from the Blaenavon Council's supplies have been taken on numerous occasions, which in the majority of cases have been unsatisfactory.

During the year 1930, the work of repairing the main conveying the water from the reservoir of the Usk Water Company to the town of Usk was repaired and the normal supply continued. Regarding the pumps and wells from which water is obtained in parts of the town and upon which a report was made by the Inspector of the Ministry of Health, the Deputy County Medical Officer of Health and the County Sanitary Inspector, the water from which, upon analysis was found to be unsuitable for drinking purposes, are in most cases still in use. The use of these pumps and wells should be discontinued and the supply of water taken from the service mains which pass at a reasonable distance from the houses which are now relying upon the supply of water from the contaminated sources already mentioned. The necessary steps should be taken by the Usk Council to remedy this matter.

The Rhymney Valley Water Board's Works chiefly consist of the Rhymney Bridge Reservoir, which has a capacity of 42 million gallons, and in addition the Board has reservoirs at Deri, Fochriw, Senghenydd, Caerphilly, Phillipstown and Cwmsifog, whilst local supplies are obtained at Deri Newydd, Llanbradach, Bedwas, Abertridwr, Nelson and Machen. During the period under review the Rhymney Bridge Reservoir has been cleansed and the Filtration Plant has been overhauled, whilst grazing on the gathering ground has been restricted to sheep grazing only. Numerous improvements have been carried out to other local supplies, including the erection of additional filters at Abertridwr and the construction of an additional storage tank at a higher level at Machen. The principal works carried out consisted in the laying of a 24 inch aqueduct from Trelewis to Gellygaer and a 15 inch aqueduct from Gellygear to Pengam. The constructional cost of these works was £26,222. A grant was received from the Unemployment Grants Committee towards the

cost, and the work was carried out by direct labour. Considerable extensions have been carried out to the service mains, and grants were received from the Unemployment Grants Committee towards the cost of two schemes which cost £10,092. In addition to its local supplies, the Board, being a Constituent Authority of the Taf Fechan Supply Board, has been entitled, since the 1st April, 1928, to receive from the Supply Board a minimum daily supply of 1,750,000 gallons and a maximum of 4,200,000 gallons per day. The reservoirs of the Supply Board principally consist of the Taf Fechan Reservoir which was completed in 1927, and which has a capacity of 3,400 million gallons, and a daily yield, after provision for compensation water, of 12 million gallons, and the Upper and Lower Neuadd Reservoirs. The total capacity of the Reservoirs is 3,714 million gallons, and the daily yield, after provision for compensation water, is 16 million gallons. The Rhymney Valley Water Board obtains its supply from the Taf Fechan Reservoirs at Trelewis, from which point the water is delivered through the 24 inch and 15 inch aqueducts referred to, into the existing trunk main through the valley at Pengam. This enables water to be delivered anywhere in the Rhymney Valley from Troedyrhiwfwuch to Machen, independently of the condition of the local supplies upon which part of the area usually depends. A supply from this reservoir is also obtained at Nelson. High Level water is obtained from the Neuadd Reservoirs at Rhymney Bridge which enables the supply in the reservoir to be supplemented when occasion requires. High level supplies are also obtained at Fochriw and Senghenydd. Arrangements are made with the Cardiff and County Public Health Laboratory for periodical analysis of the water supply and with the additional supply now available an adequate and wholesome supply is assured in the whole of the Rhymney Valley.

The Abertillery and District Water Board which was formed under an Act of Parliament in 1910, is responsible for the water supply of the districts of Abertillery, Abercarn, Risca and Mynyddislwyn with a total population of 100,000. The chief work carried out by the Board since its formation has been the construction of the Grwyne Fawr Reservoir in the Black Mountains of Breconshire. This reservoir is the highest above sea level in Great Britain, having a top water altitude of 1,790 feet, with a capacity of 340,000,000 gallons. The water is conveyed into the Board's district through a steel main 16 inches in diameter, having a total length of 22 miles. From Abertillery a further main 12 inches in diameter passes through the Board's district for a distance of 11½ miles. The above work which was completed in 1928 has already proved of inestimable value in averting what would undoubtedly have been a water famine in the summers of 1928 and 1929. Since the opening of the works, water amounting to about 1½ million gallons a day has been delivered into the Board's area, and with the construction of various colliery pit-head baths, the quantity used is likely to be substantially increased in the near future. The Board has also undertaken the laying of various new mains in the district to the

value of over £10,000, and this work has been assisted by contributions from the Unemployment Grants Committee in order to aid the Board in providing employment. The laying of further mains with a similar object will be undertaken in the near future.

Subsidence through colliery workings is a source of trouble in providing a constant supply of water throughout the area, the mains being frequently affected, and large quantities of water are sometimes lost through burst pipes and leakages, requiring constant watching and attention on the part of the Board's workmen and officials.

2.—RIVERS AND STREAMS.

The rivers in the agricultural portion of the County still remain free from serious pollution with the exception of the lower portion of the river Usk, and speaking generally, it may be said that so far as sewage pollution is concerned, there is not much to complain of above the point at which the Afon Lwyd enters the river Usk. There is very little change in the condition of the Afon Lwyd, which has always been considered as a sewer to serve the Eastern Valleys. Practically the whole of the sewage from the districts situated upon its banks is discharged direct into the river, and this state of affairs will not be remedied until a comprehensive scheme, such as the provision of a main trunk sewer to serve the whole of the valley is put into operation. There should, however, be a certain amount of improvement effected when the scheme of the joint Councils of Llanfrechfa and Llantarnam Urban Districts for the purification of the sewage from these areas is complete. There is no serious pollution by sewage matter of the rivers Ebbw, Rhymney and Sirhowy. These rivers for the greater part of their length pass through thickly populated industrial areas in which are coal mines, coal washeries, by-product plants, iron and steel works, etc. The construction of the Western and Sirhowy Valleys and the Rhymney Valley main trunk sewers has been the means of making the pollution of these rivers by sewage matter negligible. There is, however, serious pollution of all these rivers by coal dust, etc., from coal washeries and other industrial concerns situated upon their banks. The establishment of rubbish tips near collieries has had the effect of altering to a certain extent the courses of the rivers. The necessary steps should be taken by the Colliery Companies concerned to see that the refuse tipped does not enter the river and so interfere with its course. It is known also that not only is the course of the river altered, but that the flow has been affected.

The practice in some areas of dumping of refuse along the banks of rivers has been the subject of comment in these reports for a number of years. It is still necessary to call the attention of Local Authorities to this matter. Facilities are available for the collection of this refuse which should be taken advantage of, and Local Authorities should take the necessary steps to see that refuse is not dumped indiscriminately along the banks of the rivers.

It is interesting to note that a District Medical Officer has reported that streams in his area are becoming less owing to new colliery workings underground.

3.—DRAINAGE AND SEWERAGE.

During the five years under review great improvement has been made in the drainage and sewerage of districts in the County. The scheme which was prepared and received the approval of the Ministry of Health for the Llantarnam and Llanfrechfa Urban Areas for the construction of a trunk sewer main to serve practically the whole of these areas, also the construction of sedimentation tanks for the partial treatment of the sewage, is well on the way towards completion. The estimated cost of the scheme is given at £61,275 and grants have been obtained from the Unemployment Grants Committee. It was feared in the first instance that this scheme would have an adverse effect upon a larger scheme of a main trunk sewer to serve the whole of the Eastern Valley. A conference was held at the Ministry of Health at which representatives of the two authorities concerned, and the County Council were present. The objections made by the County Council, who favoured the scheme of a trunk sewer for the whole of the Valley, were met by an undertaking being given that should the main trunk scheme for the whole of the valley be proceeded with, the present works would not affect it, and could be effectively linked up. The Ministry of Health gave permission for the scheme to be proceeded with on this understanding, and that was the reason for accepting the partial treatment of the sewage at the sedimentation tanks proposed to be erected.

With the exception of the above scheme, no further improvement has taken place for dealing with the sewage disposal question in the Eastern Valley, and as has already been commented upon under the heading, " Rivers and Streams," the whole of the drains and sewers discharge directly into the Afon Lwyd, which to all intents and purposes acts as a main sewer. The nuisance created in the vicinity of some of the sewer outfalls during the drier periods of the year, when the flow of water in the river is not sufficient to carry off the whole of the sewage, is repulsive and a probable menace to health, and the cause of numerous complaints. The question of the provision of a main trunk sewer to serve the whole of the Eastern Valley is a matter that should again receive consideration.

No progress has been made for the provision of a sewer for the village of Hafodyrynys. This is a matter which could be easily overcome by making a connection to the subsidiary sewer already laid in that portion of the district within the Abercarn Urban Area, and which connects directly with the Western Valley main trunk sewer. There should be no difficulty in this matter if an agreement were reached upon a small scheme by the three Councils concerned, *viz.*, Abercarn, Abertillery and Abersychan. The Abertillery Council has prepared a scheme, but unfortunately this was not proceeded with for

certain reasons. If a sewer were laid to serve this district the Hafodyrynys Council School could be catered for with beneficial results as at present the position at this school is most unsatisfactory.

In the majority of the agricultural portions of the County, no drainage facilities are available, dry earth closets, privies and cesspools being chiefly in use. There are in a few isolated cases small private schemes.

The Medical Officer of Health for the St. Mellons Rural District, states that the populous parts of his area are served by efficient sewerage systems, all of which are connected to the Western Valley Main Trunk Sewer. A separate sewerage scheme to serve the Maesglas, Gaer and Cardiff Road area, where extensive housing developments have taken place during the last few years, was completed in 1929, the outfall for which is from an automatically discharged tidal storage tank, into the river Ebbw, on the southern side of the Great Western Railway line. Portions of the parishes of St. Woolos and Malpas are connected to the Newport Sewers. Sewers in the Rumney area are now all connected up to the Ystradfodwg Main Trunk Sewer. The sewerage scheme for the Parish of Malpas was completed and put into commission during the year 1929. It involved the construction of a storage tank near the bottom of Malpas hill, with sewers laid thereto from the more densely populated parts of the Parish to the North, an outlet sewer between the tank and the Newport Corporation's sewer at the Borough Boundary in the County road, also a storm water overflow drain with outlet into the Malpas Brook has been constructed. As it is only possible to discharge sewage into the Newport Corporation's sewer during low tide, an automatic electrically driven outlet valve to control the discharge has been fixed in the storage tank. Sewers have been laid in the Parish of St. Mellons during the year 1930, and connected to the Rhymney Valley trunk sewer. A sewer to serve the village of Machen Lower was connected to the Rhymney Valley main trunk sewer during the year 1930.

In the Rhymney Urban District, as a result of subsidence, the sewer serving Westville, Abertysswg, was not working properly, the houses being often troubled, during heavy rains, with a back flow of sewage. On account of this it was necessary to lay a new length of 9 inch sewer for a distance of about 230 yards. Apart from this the sewers have, on the whole, worked satisfactorily during the year.

In the Magor Rural District, the dry earth closet system is in use throughout the district, with the exception of parts of the parish of Christchurch. Here owing to heavy building activity in recent years along the Christchurch and Caerleon Roads, these parts are practically urban. The houses were provided originally with cesspools, but as a result of complaints of nuisances, the Council constructed two sewers during the past five years. The sewer on Christchurch

road connects with the Newport Borough sewer, and that on Caerleon road discharges into the River Usk. Some houses in Langstone are provided with cesspools. The septic tank system of sewerage has been installed to deal with the sewage from a number of new houses at Llanwern.

The Medical Officer of Health for Mynyddislwyn Urban District states that a number of extensions are necessary if all the premises in the outlying portions of the area are to be connected to the trunk sewer.

In the Rhymney Valley portion of the Bedwellty Urban District, the majority of the sewers are connected to the trunk sewer, and it is hoped to connect the remaining sewers in the near future. A scheme for the sewerage of the village of Manmoel is being prepared. This scheme will undoubtedly be very costly in proportion to the number of houses served, but it will have the effect of improving the sanitation of the village by doing away with the privies which exist at present.

In the year 1926, the Rhymney Valley Main Trunk Sewer, which extends from Rhymney to Peterstone Wentlooge, was completed at a cost of £660,299. Since the completion, the whole of the sewage from the Bedwas and Machen Urban District, the Mynyddislwyn Urban District, the Caerphilly Urban District and the Rhymney Urban District, enters the Trunk Sewer, whilst the sewers of the greater portions of Gellygaer and Bedwellty Urban Districts in the Rhymney Valley, are also connected to the Trunk Sewer. In addition, connections are also afforded to the St. Mellons Rural District Council for the drainage of Machen and St. Mellons. Under an agreement the sewage from the Parish of Van in the area of the Cardiff Rural District Council is also conveyed to the Trunk Sewer. The result of the connections referred to has been to considerably reduce the pollution of the Rhymney River into which most of the sewage from the districts referred to previously discharged.

The Western Valleys (Mon.) Sewerage Board was incorporated by Act of Parliament in 1903, and comprises eight urban districts, namely, Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Risca, Abercarn, Bedwellty, and Mynyddislwyn. A portion of the St. Mellons Rural District, including Rogerstone, Rhiwderin and Bassaleg are also dealt with on a contributory basis. Under the Act the above Urban Districts were regarded as one area for the purposes of the scheme, each district contributing to the cost in proportion to its rateable value. The sewers under the direct control of the Board are over 50 miles in length, and the various subsidiary sewers connected thereto total about 150 miles. The trunk sewers commence at Nantybwech at the head of the Sirhowy Valley, and Beaufort and Nantyglo in the Ebbw Valleys, and proceed downwards to a tank sewer near Tredegar Park with a capacity of about three million gallons. From the latter the sewage is conveyed through cast iron pipes 2½ feet in diameter through the Wentloog level into

the Outfall at the Bristol Channel. Construction of the works commenced in 1905 and was completed in 1910, the total cost being £350,000. The scheme has worked admirably, although repairs are necessary from time to time chiefly through subsidence from colliery workings. The benefit to the health of the districts through the scheme has been very great, the mortality rate showing a substantial fall since the completion of the scheme. The Board in recent years has devoted considerable attention to the question of taxation and rating of sewers, and largely through its efforts Income Tax on sewers was abolished by the Government a few years ago. Unfortunately, at the present time sewerage authorities are still penalised through sewers being assessed for rating purposes, and authorities such as the above Board, who have carried out expensive sanitary works are heavily mulcted through having to pay rates in respect of their sewers. The Board are still engaged in agitating for the removal of this injustice, and it is hoped that their efforts will shortly be successful.

4.—CLOSET ACCOMMODATION.

From the reports received from the District Medical Officers it is noted that further progress has been made in the work of converting into water closets many of the remaining privies and earth closets. Owing to the adequate provision in the industrial portion of the County by the construction of main trunk sewers and subsidiary sewers the greater proportion of closet accommodation is of the water carriage system, and where there are still in existence earth closets and privies, this is due to the fact that in the majority of cases it is either too costly or practically impossible to bring a sewer within a reasonable distance of the property. The improvement in the water supplies has facilitated the work of converting the bucket closets into water closets. In some areas, it is noted, that there is still a number of houses without a separate and sufficient closet accommodation, and at some places, one closet only is provided for the use of three families while there are numerous places where one closet serves the need of two houses. On account of this, trouble is generally experienced regarding the cleanliness of the convenience, which, although used in common by members of two or more houses, it appears to be no one's business to cleanse, with the result that dirty closets are not uncommon. Efforts have been made in these areas to enforce additional closet accommodation and to convert the privies and bucket closets into water closets, and notices have been served upon the various owners. Unfortunately, the desired effect has not been achieved in every instance, due, one can say, chiefly to the economic conditions prevailing. In the St. Mellons Rural District, with the completion of the sewerage scheme to serve the village of St. Mellons the provision of water closets with flush tanks and properly constructed house drains connected up to the new sewer, which work is now being proceeded with, the populous and closely built centres in this rural district will be provided with efficient water carriage systems for the disposal of sewage.

With the exception of portions of rural areas adjoining townships, and the few isolated cases where small private schemes are in operation, the closet accommodation is in the form of privies, dry earth and bucket closets. As stated in the report for the year 1929, a number of privy closets were found to be in existence in the town of Usk. These privies can easily be converted into water closets, as in most cases sewers and drains and a good water supply from the Council's mains are within a reasonable distance. As there are a number of shallow wells from which some of the inhabitants draw water for domestic purposes these privy closets are an undoubted source of danger, and immediate steps should be taken by the Usk Council to have these privies converted into water closets as there is no reason for their continuance.

5.—SCAVENGING.

The collection of house and trade refuse varies according to the circumstances prevailing in the various districts. In most of the districts collections are made two or three times in the week. In several of the industrial areas the work is directly carried out by the Council, but in some instances it is effected by contract. There are two refuse destructors in the County, one at Abertillery and one at Pontypool, but in each of these two areas the use of the destructor has been discontinued, the refuse now being tipped on suitable land. This method of refuse disposal is generally adopted by the districts of the County. Considerable improvement has been noted over a number of years in the method of collection where properly covered motor lorries have been substituted for the horse drawn vehicles previously used. This system speeds up the collection of the refuse and the local authorities are therefore able to establish their tipping grounds at a greater distance from the towns and villages. Several of the District Medical Officers comment upon the fact that dumping of refuse by house holders is still extensive in some parts of their districts, much of which is done late at night or in the early morning, this practice being more prevalent where the houses abut or adjoin waste or vacant land. In some of the districts notices have been issued and posted warning the inhabitants against this unsightly and insanitary practice. Ample facilities are provided in all the districts for the collection and disposal of house refuse, and there is no need for its continuation. The completion of the subsidiary sewer schemes in the Bedwas and Machen Urban Area has now made it possible to convert most of the bucket closets into water closets, thus reducing the work of the collection of night soil to a minimum. However, where the owners of property have not converted the pail closets into water closets the collection of the night soil is made at the expense of the owners. Improvement has taken place in the condition of some of the refuse tips in the districts, which are now periodically cleansed, but the attention of some of the local Councils is again drawn to the fact that it is not sufficient to tip the refuse from the carts and lorries, but that all inflammable material should be destroyed and all decomposing matter covered as far as possible. This would avoid the

common practice of children and adults visiting these tips for the purpose of collecting rags, coal, etc., and thereby possibly endangering the health of the community. Furthermore, where these tips are established close to the rivers and streams, control should be exercised so as to avoid the possibility of the rivers and streams becoming polluted.

6.—SANITARY INSPECTIONS OF THE AREA.

From the reports which have been received from the District Medical Officers of Health, it is observed that the District Sanitary Inspectors have displayed considerable activity in their respective areas.

Inspections of premises under the various Public Health and Housing Acts have been made, and where nuisances or defects are noted, informal and statutory notices have been served. In the majority of cases the notices were complied with, and in very few instances were legal proceedings necessary.

WORK OF THE COUNTY SANITARY INSPECTOR.

Mr. J. Jenkin Evans, A.R.S.I., M.S.I.A., the County Sanitary Inspector, assists the County Medical Officer in his sanitary investigations. Where the local Council is involved, he is accompanied by the Sanitary Inspector for the district concerned. Mr. Evans is also qualified as an Inspector of Meat and Other Foods.

His duties may be summarised as follows:—

Investigations of—

- Sanitary conditions of Schools.
- Pollution of Rivers and Streams.
- Causation of Outbreaks of Infectious Disease.
- Water Supplies of the County.
- Tuberculosis in Cattle.

Nuisances arising from—

- Drainage, Sewerage and Sewage Disposal.
- Refuse Collection and Disposal.
- The Keeping and Slaughtering of Animals, etc.
- Offensive Trades.

Inspections of—

- Dairies and Cowsheds.
- Diseased Foodstuffs (at the request of the District Sanitary Inspectors).
- Dwellings where insanitary conditions, overcrowding, etc., are reported.

Taking of samples of water, milk and sewage effluent for bacteriological and chemical examination at the County Laboratory; the disinfection of premises; attendance at Enquiries, etc.

During the year 1930, all schools closed on account of infectious disease were disinfected by the County Sanitary Inspector.

Under the County Medical Officer's Scheme for securing a clean and wholesome milk supply, the County Sanitary Inspector had much of his time taken up with milk investigations of various kinds, as well as with the collection of samples under the terms of the milk (Special Designations) Order, relating to "Grade A" and "Grade A" (Tuberculin Tested) Milk licences.

The County Council being the Authority concerned with the treatment and isolation of Small Pox patients, the County Sanitary Inspector has devoted much of his time to assisting in the work of the establishment and control of the various Small Pox Isolation Hospitals which were in use during the epidemic.

7.—SMOKE ABATEMENT.

From the reports which have been received from the District Medical Officers of Health, it would appear that the only action found necessary during the year has been in respect of dwelling houses. Domestic smoke is the cause of numerous complaints, and it is unfortunate that there is no legislation to deal with this nuisance.

8.—PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

As far as the County Council is directly concerned, the premises and occupations which are controlled by Bye-Laws and Regulations are those enumerated earlier in the Report. The Maternity and Nursing Homes are periodically visited by the Medical Staff for the purpose of ensuring that the Regulations are complied with, etc. From the reports of the District Medical Officers it is observed that where Bye-Laws or Regulations are in force dealing with lodging houses, tents, vans, sheds, etc., periodical visits are paid and records kept in order that a satisfactory standard might be maintained.

9.—OTHER SANITARY CONDITIONS REQUIRING NOTICE.

There is an increasing demand for new burial grounds in the thickly populated areas of the County, this lack of burial facilities being more pronounced in those districts where the increase of population has taken place on account of colliery developments. Difficulty is experienced in some parts of the County in obtaining suitable land for the purpose, and in some cases the valleys are so narrow that it is impossible to obtain land which can be laid out

as a burial ground and within reasonable distance. Many of the older Cemeteries which are attached to the Churches and Chapels have now been filled, and it has been impossible to extend the area. The ever increasing demand for new burial grounds and the heavy expenditure which their provision and upkeep demand are problems which could best be solved by the establishment of a crematoria in the large centres of population, and by the general adoption of cremation. Cremation is not a modern innovation, it has been used as a method of disposal of the dead since very early times, and whilst preserving the sanctity at present associated with earth burial, cremation fulfils nature's laws more quickly by reducing the body to its natural state in the space of a few hours, whereas in earth burial the process takes many years to accomplish. That cremation is steadily becoming more popular is shown by the fact that in 1885 there was one crematorium, whereas there are now 19 crematoria in this Country, the total number of cremations during 1929 being 4,353. As regards cost, cremation compares favourably with ordinary burial, and if it were more generally adopted the cost could be much reduced. Where burial grounds are in close proximity to water supplies there is also the danger of the water becoming polluted, when the strata becomes fissured and the precautionary measures for the protection of water supplies fail.

10.—SCHOOLS.

The sanitary condition of schools is subject to district sanitary inspections, while the School Medical Officers and the County Sanitary Inspector also deal with it at their periodical visits to the schools. The special survey by the School Medical Officers of school buildings which commenced in 1925, was continued, and during the year 1930, 56 school buildings were inspected and a summary of the reports is given in detail in the County Education Annual Report for the year 1930, which has already been published. The prevailing type of school building is stone built with slate roof. There are also in use buildings of brick with slate roof. In two or three districts pending the erection of new premises, some of the departments are accommodated in galvanised iron buildings. These schools are on the corridor and central hall system and are substantial, commodious, airy and well lighted. All the conditions found to be unsatisfactory at the schools were notified to the County Sites and Buildings Committee. Generally, the sanitary conditions of the schools can be termed satisfactory. The water supplies to the schools in the whole of the industrial portions of the County are taken from the mains of the local authorities. This also applies to portions of the rural areas adjoining the townships. In the rural areas, where an adequate water supply cannot be obtained from the Council's mains, the supply is obtained from wells and springs. Samples of water from these supplies are periodically taken, also under special circumstances, and are analysed at the County Laboratory. Should the water supply prove to be unsuitable, alternative supplies are examined, and in practically every instance a suitable supply of pure water has been obtained. It is

unfortunate, however, that in some cases this may be some distance away from the school premises. Disinfection of school premises following outbreaks of infectious disease is carried out by the County Sanitary Inspector. The whole of the interior and lavatory accommodation being thoroughly sprayed with a suitable disinfectant. With regard to the spread of infectious disease amongst school children, close co-operation exists between the District Medical Officers and the County Medical Officer. During the year the County Sanitary Inspector, in company with the District Sanitary Inspectors inspected all the schools at the time of their closure, on account of infectious disease, and any defects found were reported to the appropriate department.

11.—RAG FLOCK ACTS, 1911 AND 1928.

The premises at which Rag Flock is manufactured, used or sold in the County received the special attention of the District Inspectors with a view to keeping the premises in a satisfactory condition. It would appear, from the reports which have been received that the only premises where rag flock is used is in the area of the Bedwellty Council, where the conditions have been found to be satisfactory. Twelve visits during the year 1930 were paid by the District Sanitary Inspectors.

4.—HOUSING.

The Circular issued by the Ministry of Health which deals with the preparation of the Annual Report of the County Medical Officer, points out that the Section under the heading "Housing," which calls for detailed information does not apply to County Councils. It is, however, noticed that although building operations under the Housing Acts have not been so extensive, efforts have again been made during the year to improve the housing position. In the St. Mellons Rural District Council Area, extensive building developments have taken place during the past five years in the parishes of St. Woolos, Malpas, Rogerstone and Rumney. In these parishes, which are the populous centres of this rural area, the majority of the houses are of a modern good class urban type. In the Magor Rural District and particularly in the parish of Christchurch and that portion adjoining the Borough of Newport, many houses have been erected during the past five years. The majority of these houses are of a modern type and semi-detached, and have been erected with State assistance in the form of a subsidy to the private individual. The Medical Officer of this District states that the demand for houses is now satisfied and there is no shortage. However, there is a tendency for town dwellers to migrate to the country. A housing scheme is being planned on the Coldra Estate in the parish of Christchurch (near Newport), and it is anticipated there will be an increase of population here in the next few years. There are no special difficulties in providing suitable building sites. In the thickly populated areas of the County the housing question cannot be regarded as settled, as from the reports received from the District Medical Officers of Health and from other

observations there is still a shortage of houses for the working classes. In some of the areas serious overcrowding is still prevalent, and this becomes more acute each year. It must be realised that this shortage of houses is one of the chief causes of overcrowding, and it is evident that this state of affairs is not conducive to good health or decent morals. At many of the older houses where the accommodation is limited it is quite common to find two families living in the same house. Parents and children, some of whom have reached puberty, are compelled to sleep in the same bedroom, whilst it is not uncommon for members of both sexes of advanced ages to use a common sleeping room. The bedroom accommodation in some of these houses is always limited, and in quite a number of instances comprises of one room partitioned off by means of light flimsy partitions or curtains. These houses have in addition none of the advantages that tend to promote a healthy life, as most of the household washing, cooking, etc., have to be carried out in the one living room which is often the only room on the ground floor. Many of these older type of houses are in a condition only fit for demolition, but it is unfortunate that most of these houses are to be found in the areas where the industrial depression has been most keenly felt and the tenants, in most cases, are not in a position to avail themselves of better housing accommodation, even when provided. The houses erected by the Local Authority under the Housing Acts, have been designed for the occupation by one family only, and are not in any way suitable for dual occupation. It is regretted that a number of these houses are now occupied by more than one family, and the practice of allowing this double occupation should be discouraged as much as possible by the Local Authority, as there is the danger that the houses so occupied will soon become little more than slum property. It is noted that the Sanitary Inspectors in the districts paid considerable attention to the inspection of houses under the Public Health and Housing Acts, and notices are served for the abatement of nuisances and the repairs necessary. The general character of the defects found to exist in unfit houses dealt with were mainly defective roofs, damp walls and defective windows and floors, and in some of the older type of back to earth cottages inadequate lighting and ventilation, and insufficient height of bedrooms. Where unsatisfactory housing and overcrowding is prevalent there is the danger of disease flourishing, and there is also the evidence of lessened cleanliness, depression, lack of enthusiasm in the home, and the occupiers frequently complain of the conditions under which they are living. There is no doubt that density leads to a high death rate. This statement is confirmed by a study of vital statistics in respect of cities and large towns. The Housing Act, 1930, came into operation on the 15th August, 1930, and is to be construed with the Housing Act, 1925, and which is the principal Act. It is an Act to make further and better provision with respect to the clearance or improvements of unhealthy areas, the repair or demolition of insanitary houses and the housing of persons of the working classes. The Housing Act, 1930, materially alters the powers

of Local Authorities with respect to slum properties and re-housing, and contains provisions relative to the clearance or improvement of unhealthy areas, whilst imposing on the Local Authority definite obligations as to re-housing. Part IV of the Act of 1930 deals expressly with the housing conditions in rural districts and the duty of the Rural District Councils and the County Council. It is laid down that it shall be the duty of every County Council to have constant regard to the housing condition of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the Council of the Rural District have taken or are proposing to take to remedy those conditions and to provide further housing accommodation. The Council of every Rural District shall during 1930, and thereafter, at such intervals, not being less than one year, as the County Council may direct, furnish to the County Council such information with regard to the matters already mentioned for the purpose of enabling the County Council to carry out their duties under this part of the Act. A County Council may make agreements for assisting Rural District Councils. They may make supplementary contributions towards housing expenses in rural districts and they may also take over the duties imposed upon a Rural District Council in the event of default. A Conference of representatives of all the Rural District Councils in the County has already been held and a statement of the conditions of housing in the respective areas is being supplied by the rural areas.

With regard to the Housing (Rural Workers) Act, 1926, which is administered by the County Council, cases were submitted for consideration by the appropriate Committee, but in no case was assistance given as the Committee considered that the cases were not ones which could be treated under the provisions of this Act.

The following table shows the progress which has been made in the construction of new dwellings by the district councils, and also by private enterprise under the various Housing Acts:—

District.	Total Number of Houses completed during year ended 31st Dec., 1930.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	—	—
Abergavenny ...	—	12	12
Abersychan ...	—	6	6
Abertillery ...	—	—	—
Bedwas and Machen	—	1	1
Bedwellty ...	—	—	—
Blaenavon ...	—	—	—
Caerleon ...	12	5	17
Chepstow ...	—	9	9
Ebbw Vale ...	3	1	4
Llanfrechfa Upper	—	3	3
Llantarnam ...	—	4	4
*Monmouth ...	—	—	—
Mynyddislwyn ...	—	4	4
Nantyglo and Blaina	—	—	—
*Panteg ...	—	—	—
*Pontypool ..	—	—	—
Rhymney ..	—	—	—
Risca ...	—	2	2
Tredegarr ...	—	—	—
Usk ...	—	—	—
RURAL.			
Abergavenny ...	—	—	—
Chepstow ...	—	11	11
Magor ...	—	9	9
*Monmouth ...	—	—	—
Pontypool ...	—	12	12
St. Mellons ...	—	85	85
Totals	15	164	179

* No report received

The Medical Officer of Health for Abergavenny Borough states that 44 houses are being erected by the Local Authority and are nearing completion.

5.—INSPECTION AND SUPERVISION OF FOOD

(a).—MILK SUPPLY.

The scheme inaugurated by the County Medical Officer for the taking of "informal" samples of milk sold in the County is still being operated. In conjunction with the scheme, Part IV of the Milk and Dairies Order, 1926, which deals with the health and inspection of cattle, is carried out. During the year 230 "informal" samples of milk were taken which is a decrease of 24 when compared with the figure for the previous year, 254. As in previous years, it can again be said, that the working of the scheme has had far reaching effects upon the purity of the milk supply in the districts in which operations have so far been carried out. The scheme has been in operation for a number of years, and although at the outset difficulty was experienced in obtaining the co-operation of milk vendors and the producers, it can now be recorded that the difficulties have been overcome and that the scheme is appreciated by those concerned with the milk trade generally.

The scheme has been put into operation in every district of the County, and during 1930, the procedure adopted was to take a number of samples of milk from as many districts as possible in the year. By this method the benefits of the scheme are fully maintained. During the year samples were taken from the following districts:—St. Mellons and Chepstow Rural and Abergavenny, Abersychan, Panteg, Pontypool, Mynyddislwyn, Bedwas and Machen, Monmouth, Bedwellty, Blaenavon, Llantarnam, Ebbw Vale, Tredegar and Chepstow Urban Districts. The samples are collected by the County Sanitary Inspector, accompanied by the District Sanitary Inspector, and are examined at the County Laboratory by the County Bacteriologist. In addition to the bacteriological examination for evidence of tubercle, zymotic diseases and dirt contamination, animal inoculations are made for the purpose of definitely ensuring against any possible infection by Tuberculosis. Should this be found to be present, the farm producing the milk is visited and the herd submitted to veterinary examination, individual samples being taken from any cow regarded as suspicious. The milk from suspected cows is ordered to be excluded from that of the herd until the bacteriological examination has been made. In the event of an individual sample proving tuberculous, arrangements are made for the slaughtering of the animal under the Tuberculosis Order, 1925, in which case the district Sanitary Inspector in company with the County Sanitary Inspector is present at the slaughtering so that the carcass, or parts of the carcass, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Surgeon, or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin test is employed in cases where bacteriological examination of the sample has proved to be suspicious but has not shown definite evidence of Tubercu-

losis, also a close watch is kept upon the cow before its milk is again allowed to be mixed with that of the herd. With regard to the slaughter of infected animals, it has been found that action taken under the Tuberculosis Order by the Veterinary Inspectors appointed under the Diseases of Animals Acts is better than utilising the Milk and Dairies (Consolidation) Act, 1915; much overlapping is thus eliminated. Copies of all reports upon the bacteriological examination of "informal" samples are sent to the local Sanitary Inspectors, and where evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways is reported, a warning is sent to the offender by the Clerk to the Local Sanitary Authority, which, in practically every case has had the effect of an immediate improvement in the condition of the milk. Further details regarding the samples taken during the the year 1930, will be found in the report of the County Bacteriologist and Pathologist earlier in this Report. The reduction in the number of "informal" samples taken during the year is due to the fact that the results of the analysis of some milk samples necessitated the carrying out of special investigations at the farms at which the milk was produced. The dairy herds at 17 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, who examined 242 cows. The number of samples of milk taken from the cows examined was 97, and in each instance the Department was successful in locating the cow or cows affected with Tuberculosis, and which were giving milk containing tubercle bacilli. Notices were given under the Tuberculosis Order regarding these cows, and they were examined after slaughter by the District Sanitary Inspectors and the County Sanitary Inspector. The post mortem examination of the carcass proved in each instance the bacteriological examination of the milk at the County Laboratory by the County Bacteriologist. Every carcass examined was condemned as unfit for human consumption and destroyed. In some of the districts of the County, the District Sanitary Inspectors take "informal" samples and test the milk by means of a Minit Tester, for the purpose of demonstrating to the retailer and producer the presence or otherwise of dirt or other gross foreign matters. From the reports which have been received from the districts, the Dairies, Cowsheds and Milkshops have been periodically inspected, and there is further improvement to be noted in the general condition of these premises, but there is still room for further improvement. In some of the districts trouble is experienced in obtaining general improvements in the structural condition of Cowsheds on account of the owners who are not the tenants not being prepared to expend anything upon the work. However, although some progress has been made in reconstruction, every effort is still being made to instill into these cowkeepers the absolute necessity for scrupulous cleanliness, and education on this matter has been attempted rather than legislation, with beneficial results. Arrangements have been made with the Chief Constable for the notification of all animals intended to be slaughtered under the Tuberculosis Order, 1925. The date and time of slaughter is given,

and the County Sanitary Inspector has attended for the purpose of examining the carcase, so as to ensure that only meat fit for human consumption shall be placed upon the market.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of persons at present licensed by the County Council under this Order for the production of "Grade A" milk is as follows:—Producers and Retailers, 3; Producers only, 2. The five farms producing "Grade A" milk are regularly visited by the County Sanitary Inspector and a high standard of cleanliness is maintained as a result. The farms are situated, two at Chepstow, one at St. Mellons, one at Grosmont and one at Rogerstone. Samples are taken at various periods during the course of delivery for bacteriological examination. Where the report of the County Pathologist has proved unsatisfactory and not in accordance with the standard laid down for "Grade A" milk, a special visit is paid to the farm with a view to the necessary improvement. It is pleasing to note, however, that this has only been necessary on very few occasions. Samples are taken on behalf of the Ministry of Health from the retailers of Certified and Grade "A" (Tuberculin Tested) milk in the County. The samples are analysed at the County Laboratory and the cost is defrayed by the Ministry of Health. During the year 23 samples of "Grade A" (Tuberculin Tested) milk, and 12 samples of Certified milk were taken. The Ministry of Health are the Licensing Authority in regard to Certified and "Grade A" (Tuberculin Tested) milk, and arrangements have been made with the Welsh Board of Health that prior to granting a licence the cowsheds at the farm shall be approved by the County Medical Officer, acting in conjunction with the Ministry, so that an even standard for cowsheds shall obtain in the County.

(b).—MEAT AND OTHER FOODS.

The following table shows the quantities of meat and other foods condemned in the various Urban and Rural Districts of the County during the year, and it will be noticed from the figures that great attention is being given to this important section of public health work:—

DISTRICT	Fish.	Meat.	Bottled and Tinned Goods	Bacon.	Offal, etc.	Cooked Meat.	Fruit.	Mis- cellaneous
URBAN.								
Abercarn ..	97 lbs.	530 lbs.	215 tins	113 lbs.	—	—	96 lbs.	—
Abergavenny ..	—	2 Sheep 2 Beasts	56 tins	—	3 lbs.	—	—	—
Abersychan ...	—	69 lbs.	103 tins	—	573 lbs.	—	—	—
Abertillery ...	9 tins	188 lbs.	94 tins	—	59 lbs.	3 tins	33 lbs.	—
Bedwas and Machen...	74 tins	160 lbs.	26 tins	28 lbs.	65 lbs.	53 tins	26 lbs.	108 lbs.
Bedwellty ...	19½ lbs.	404 lbs.	1,433 tins	127 lbs.	174 lbs.	252 lbs.	434 lbs.	694 lbs.
Blaenavon ...	660 lbs.	362 lbs.	175 tins	—	145 lbs.	—	—	—
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	78 tins	—	—	—	—	—
Ebbw Vale ...	115 lbs.	1,369 lbs.	721 tins	—	450 lbs.	—	119 lbs.	672 lbs.
Lianfrechfa Upper...	84 lbs.	—	48 tins	—	—	—	—	672 lbs. potatoes
Llantarnam ...	—	—	—	—	—	—	—	—
*Monmouth ...	—	—	—	—	—	—	—	—
Mynyddislwyn Nantyglo and Blaina...	—	12,522 lbs.	300 tins	—	7,878 lbs.	—	—	—
*Panteg ...	—	—	—	—	—	—	—	—
*Pontypool ...	—	—	—	—	—	—	—	—
Rhymney ...	—	16 lbs.	122 tins etc.	—	178 lbs.	—	—	3 heads
Risca ...	—	60 lbs.	98 tins	43 lbs.	58 lbs.	4 lbs.	90 lbs.	50 lbs.
Tredegar ...	105 lbs.	1940 lbs.	48 tins	38 lbs.	1646 lbs.	27 lbs.	157 lbs.	241 lbs.
Usk ...	—	—	—	—	—	—	—	—
RURAL.								
Abergavenny .	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Magor ...	—	108 lbs.	—	—	—	—	—	—
*Monmouth ...	—	—	—	—	—	—	—	—
Pontypool ...	—	—	—	—	—	—	—	—
St. Mellons ...	—	33½ cwt.	—	—	573 lbs.	—	—	—

* No report received.

Of the 31 Sanitary Inspectors in the Administrative County, 10 hold a special certificate, and are qualified Inspectors of meat and other foods. The Districts whose Sanitary Inspectors are in possession of the certificates for meat and food inspection are:—Bedwellty (2), Abertillery, Mynyddislwyn, Risca, Ebbw Vale, Blaenavon, Tredegar and Rhymney Urban and Chepstow Rural. The County Sanitary Inspector also holds the special certificate and is qualified as an Inspector of Meat and Other Foods. His services are available whenever called upon to assist the Inspectors in the various districts. This assistance has readily been accepted on numerous occasions.

Regarding the complaints which were referred to in the Report for the year 1929, in respect of meat brought into the County from areas outside, during the year 1930, the Inspectors concerned concentrated upon this matter, and this action has, to a certain extent, had the effect of improving the quality of the meat supplies from the sources complained of.

Owing to depression in trade in the industrial portions of the County, there is a danger that the meat supplies may fall below that of the normal standard. The Inspectors in the districts are aware of this fact, and special attention is being paid to this matter, more especially towards the end of each week, special attention being paid to the week-end open air markets.

A matter which has been commented upon for a number of years is the absence of a public abattoir in the County. In most districts there are numerous small slaughterhouses, very few of which can be said to be really suitable for the purpose. In several districts the Medical Officers of Health and the Sanitary Inspectors have recommended to their Councils the desirability of providing public slaughterhouses which would be under the direct control of the local authority. Difficulty is experienced by practically all the sanitary inspectors who are responsible for the inspection of meat in their areas, in carrying out in a satisfactory manner this important branch of their public health duties. Efficiency in meat inspection can only be obtained by the Inspector being present during the actual slaughter of the animal and the dressing of the carcass, when the organs, etc., can be examined. Owing to the number of slaughterhouses in the districts, and at which slaughtering is invariably carried out at the same time, it is impossible for an Inspector to be present at more than one, and therefore a proper and systematic inspection of the animals slaughtered in the district cannot be carried out. A difficulty also arises owing to the occasional slaughter of animals at places other than slaughterhouses. It is obvious that the provision of a public abattoir would tend greatly to eliminate the difficulties mentioned. All the slaughtering would be centralised, and systematic and proper supervision could then be obtained, the risk to the consumer lessened and the purity of the meat improved by being slaughtered, cooled and stored under hygienic and wholesome conditions.

The Sanitary Inspectors of the County are continually concentrating upon the provisions of the Public Health (Meat) Regulations, and these have been applied as far as possible in the County. All butchers' shops and meat stalls in the County are regularly inspected to ensure compliance with the Regulations. In some instances the undesirable practice continues of exposing meat for sale outside the shop on stallboards projecting beyond the building line. If all butchers selling from shops were required to discontinue the practice of exposing meat in front of their shops it is difficult to see that any hardship would be caused. It is noteworthy that during the hot weather, in the best shops, very little meat is displayed; it is in the cold storage plant, but no one contends that the sale of meat is thereby prejudiced. Any attempt to convert the benches into imitation stalls is not in accordance with hygienic ideals. The existence of stalls in market streets in the form allowed by the Regulations is countenanced because it is thought their existence enables meat to be sold at competitive prices, and so tends to bring down the prices generally at which meat is sold to the public. In all instances where meat is exposed for sale outside shops care is exercised in order that the meat will not become contaminated with dust, etc. Another matter which should receive attention is the handling of meat by the customers. In shops where pieces are sold a notice should be exhibited urging customers not to handle the meat before purchase. That the Regulations governing the sale of meat are reasonable is indicated by the very ready response on the part of the vendors to remedy any temporary omission, either on their part or on the part of their assistants. In very few instances has it been necessary to serve notices for breach of the Regulations.

(c).—ADULTERATION, ETC.

Samples of foodstuffs, including butter, milk, margarine, etc., are sent to Mr. G. Rudd Thompson, F.I.C., Dock Street, Newport, who is the Public Analyst appointed for the County. At a meeting of the Works and General Purposes Committee, held on the 13th July, 1920, it was decided that the County Medical Officer should exercise general supervision over the action to be taken in pursuance of the Acts and Regulations under the Sale of Food and Drugs Acts, and that he, the County Analyst, and, if necessary, the Clerk, should confer as to the details necessary to secure observance of the Acts and Regulations. The Administrative County is divided into three districts for the purposes of these Acts, as follow:—

District " A " under the supervision of Inspector J. C. Jenkins, with an Assistant, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, Llantarnam, Panteg, Pontypool and Usk and the Rural Districts of Abergavenny, Monmouth and Pontypool.

District " B," under the supervision of Inspector T. R. Davies, with two Assistants, and comprising the Urban Districts of Abercarn (part), Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (part), Nantyglo and Blaina, Rhymney and Tredegar.

District " C," under the supervision of Inspector J. R. Gamble, with an Assistant, and comprising the Urban Districts of Abercarn (part), Chepstow, Llantarnam, Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

During the year, 927 samples were examined by the County Analyst, Mr. G. Rudd Thompson, details of which are given in the report following:—

The following schedule gives details of the samples taken for analysis, and in which action was taken, arranged according to the respective districts:—

District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc., of sample.	Result of Police Court Proceedings, etc.
URBAN			
Abersychan ...	Milk	9.06% added water. ...	Ordered to pay £3. 0s. 0d. costs.
Abertillery ...	"	9.65% added water ...	Fined £2. 0s. 0d.
"	"	6.12% added water ...	Cautioned by Clerk.
"	"	11.53% added water ...	Fined £2. 0s. 0d. Bench recommend sealing of Churns.
"	"	2.71% added water ...	Cautioned by Clerk
"	"	18.82% added water ...	Fined £3. 3s. 0d.
Bedwas & Machen	"	16.67% deficient in fat ...	Dismissed. Sold as from Cow.
Bedwellty ...	"	15% deficient in fat ...	Dismissed. Sold as from Cow.
"	"	15% deficient in fat ...	Dismissed. Sold as from Cow.
"	"	11.77% added water ...	No conviction. Ordered to pay £2. 0s. 0d. costs.
"	"	12.67% deficient in fat ...	No conviction. Ordered to pay £2. 0s. 0d. costs.
Blaenavon ...	"	10.0% deficient in fat ...	Fined £2. 0s. 0d.
Ebbw Vale ...	"	8.67% deficient in fat ...	Cautioned by Clerk.
Llantarnam ...	"	14.0% deficient in fat ...	Cautioned by Clerk.
Panteg ...	"	13.0% deficient in fat ...	Dismissed.
"	"	7.0% deficient in fat ...	Cautioned by Clerk.
Rhymney ...	"	18.67% deficient in fat ...	No conviction. Ordered to pay £2. 0s. 0d. costs.

The report of the County Analyst for the year is as follows:—

“ During the period I have analysed 927 samples, submitted to me from the following sources:—

Division “ A,” 267; Division “ B,” 311; Division “ C,” 349.

Out of this total, 825 were official samples and 102 were informal or trial samples.

The samples of milk analysed numbered 602, of which 585 were genuine, but 17 samples failed to satisfy the requirements of the Sale of Milk Regulations, these constituting 2.82 per cent. of milk samples analysed.

Seven samples contained added water in amounts varying from 18.82 per cent. to 2.71 per cent. and ten samples were deficient in fat, the maximum deficiency being 18.67 per cent., and the minimum 7.00 per cent. In no case was any preservative or added colouring matter detected.

Classified in my usual manner, the details for the year are as under:—

According to content of fat:—

Under 3.00%	3.3.49%	3.5-3.99%	4.4.49%	4.5% & over.
15	198	238	114	37

According to content of solids not fat:—

Under 8.5%	8.5-8.69%	8.7-8.89%	8.9-9.09%	9.1% & over
7	116	205	192	82

The average composition of all milk samples analysed during the year is:
Fat, 3.65%; Solids not fat, 8.83%; Total solids, 12.48%

The average composition is quite satisfactory and compares well with that found during the previous years as will be seen from the following table:—

Year.	Fat.	Solids not Fat.	Per cent. of adulteration.
1921	3.52%	8.84%	5.20%
1922	3.67%	8.84%	4.60%
1923	3.66%	8.88%	4.08%
1924	3.59%	8.87%	4.81%
1925	3.57%	8.90%	4.26%
1926	3.63%	8.82%	5.97%
1927	3.62%	8.77%	3.81%
1928	3.52%	8.78%	4.41%
1929	3.55%	8.89%	4.05%

The condensed milk examined was in accordance with the Regulations and the samples of cream contained a high percentage of milk fat and no preservative was present.

The separated milk was also quite satisfactory in composition.

The butter samples throughout the year have been of uniformly good quality, being entirely free from admixture with foreign fats, and no preservative or excess of water was present in any instance. It is gratifying to note the practice of adulterating butter is becoming increasingly rare as the large manufacturers are jealous of their reputation and the instances of adulteration are now practically confined to small dealers.

The lard samples were also found to be entirely satisfactory in every way and no exception could be taken to the quality and general appearance of any of the specimens of margarine.

A considerable number of cereal products including flour, rice, tapioca and sago have been tested as to their freedom from deleterious ingredients and in no instance have I had occasion to issue an adverse report against any of these products, all being of a high degree of purity and free from any deleterious ingredient.

A number of different jams have been submitted to me during the year and all of these have proved satisfactory as regards fruit content and absence of undesirable ingredients. During the year, discussions have taken place between the Food Manufacturers' Federation and the Society of Public Analysts with the object of reaching an agreement as to the minimum fruit and sugar content of jams made from various fruits. Provisional standards have been adopted and it is hoped that standards will be ultimately fixed whereby the public will be assured of adequate protection in purchasing this article of food. Owing, however, to the wide variation in the composition of individual fruits it has been found very difficult to arrive at means for the precise determination of the proportion of fruit present, and some time must elapse before final standards can be laid down.

Until recently, imported tea has been examined by the Customs Authorities, but this task has now been handed over to the Local Authorities, and I am able to report that each of the specimens submitted to me during the year have consisted of genuine tea and in no case have I found any "sweepings" or exhausted leaves.

Of the baking powders analysed, one sample was found to be deficient in strength, but the analysis showed that the composition was satisfactory with the exception of the fact that deterioration had occurred on account of the preparation having been stored in a damp atmosphere.

A considerable number of foodstuffs have been examined from the point of view of their accordance with the Public Health (Preservatives, etc.) in Foods Regulations, and all have been entirely free from the prohibited preservatives and the proportion of permitted preservatives has not been exceeded in any case.

A varied assortment of pharmacopoeial preparations has been submitted, all of which have been found to conform to the standards laid down by the British Pharmacopoeia, and most of these consisted of articles commonly used as household remedies.

Of the remaining samples, all have been found quite above reproach, both as regards general quality and freedom from preservatives and contamination, and none of these samples call for special comment. Thus, the percentage of adulterated samples comprises 1·94% of the total number examined."

(d).—CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Full details in connection with the above will be found under the headings " Laboratory Facilities " and " Adulteration, etc. " in this Report.

(e).—NUTRITION.

A special enquiry into the nutritional state of the children in the County was instituted during 1928, and children found to be below normal were supplied with extra nourishment. During 1930, Dr. E. M. Underwood, Assistant Medical Officer of the Board of Education, visited several areas of the County to enquire into the nutritional condition of the children, and the children of about a dozen schools were seen. It was found that there was a high percentage of mal-nutrition of school children in areas in which there was much distress owing to the economic conditions prevailing. It appears that an improvement has taken place in the nutritional state of the children in the County, as this year again shows the percentages to be slightly better than those of the past few years. It must be remembered that there are a large number of children whose nutrition is slightly below normal. Full information will be obtained from the tables incorporated in the Education Annual Report for 1930. Facilities are also available at the Infant Welfare Centres of the County for the supply of infant foods, etc., and this continues to be of advantage to mothers attending the Centres. The wages earned by many of the men employed in the works and collieries in the County are still very low and unemployment is prevalent throughout the County. The service for the provision of infant foods at a little over cost price, therefore, meets a real necessity. In cases where the income to the home is below the scale fixed by the County Council, infants' foods can be obtained free of cost or at half cost.

6. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The seven principal Zymotic Diseases are Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (including Typhus, Enteric, and Continued Fevers), and Diarrhoea (under 2 years).

These diseases caused 111 deaths and gave a Zymotic death-rate of $\cdot 30$ for the County, as compared with a rate of $\cdot 51$ for the years 1929, $\cdot 451$ for 1928, $\cdot 377$ for 1927, $\cdot 30$ for 1926, $\cdot 73$ for 1925, $\cdot 38$ for 1924, $\cdot 85$ for 1923, $\cdot 46$ for 1922, $\cdot 94$ for 1921, $1\cdot 15$ for 1920, $\cdot 61$ for 1919, $1\cdot 26$ for 1918, $\cdot 96$ for 1917, $\cdot 72$ for 1916, $1\cdot 05$ for 1915, $1\cdot 73$ for 1914, $1\cdot 29$ for 1913, $1\cdot 86$ for 1912, $2\cdot 5$ for 1911, $1\cdot 22$ for 1910, $\cdot 87$ for 1909, $1\cdot 5$ for 1908, for the County.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1930.

Population for death rate and attack (notification) rate, 359,640.

Disease	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population	England & Wales death rate per 1,000 of population
Small Pox	2	$\cdot 005$	406	1.12	$\cdot 00$
Measles (including German Measles)	12	$\cdot 03$	Not notifiable	...	$\cdot 10$
Scarlet Fever	5	$\cdot 01$	949	2.63	$\cdot 02$
Diphtheria (including Membranous Croup)	29	$\cdot 08$	531	1.47	$\cdot 09$
Whooping Cough	25	$\cdot 07$	Not notifiable	...	$\cdot 05$
Fever (including Typhus, Enteric and Continued Fevers)	2	$\cdot 005$	19	$\cdot 05$	$\cdot 01$
Diarrhoea (under 2 yrs).	36	1.0	Not notifiable	...	6.0
Totals	111	$\cdot 30$	*1905	5.29	...

* Notifiable Diseases only.

COMPARISON OF INFECTIOUS DISEASES DEATH RATES IN MONMOUTHSHIRE.

	Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid	Small-pox
Average for years 1907- 1913 inclusive	·43	·07	·92	·13	·09	...
1914	·47	·13	·12	·17	·03	...
1915	·71	·09	·33	·19	·03	...
1916	·04	·06	·21	·12	·04	...
1917	·30	·02	·11	·06	·079	...
1918	·53	·03	·30	·08	·02	...
1919	·003	·06	·28	·07	·03	...
1920	·51	·06	·16	·18	·01	...
1921	·02	·03	·17	·12	·01	...
1922	·03	·02	·17	·11	·01	...
1923	·41	·01	·22	·09	·01	...
1924	·03	·03	·07	·1	·02	...
1925	·20	·02	·21	·1	·02	...
1926	·02	·008	·07	·06	·01	...
1927	·097	·005	·09	·035	·008	·008
1928	·11	·002	·11	·055	·013	...
1929	·10	·008	·20	·07	·016	·002
1930	·03	·01	·07	·08	·005	·005

The following is a summary of the weekly notifications of infectious diseases received during the year from the Local Medical Officers of Health:—

DISTRICTS	Estimated Population, 1930	Notification rate	Small-pox	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Pulmonary Tuberculosis	Other Tubercular Diseases.	Erysipelas.	Puerperal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Chicken Pox	Cerebro Spinal Fever	Puerperal Pyrexia	Anthrax	Acute Polio-myelitis	Dysentery	Malaria
URBAN.																				
Abercarn	20,960		2	45	10	...	...	...	...	6	...	...	...	11	...	...	...	...	...	...
Abergavenny (Borough)	8,647		1	7	2	1	...	...	...	1	...	...	...	82	...	...	...	...	...	...
Abersychan	28,490		15	38	25	...	4	24	18	5	...	...	...	137	...	1	...	...	...	...
Abertillery	32,840		6	268	116	...	5	24	12	5	2	...	2	...	...	...	...	...	...	...
Bedwas and Machen	9,574		10	15	30	2	25	22	8	3	1	...	2	...	...	...	...	...	...	...
Bedwellty	31,710		148	75	78	2	18	38	13	18	...	1	9	220	...	4	...	...	...	...
Blaenavon	11,950		8	5	6	...	16	18	6	...	...	1	1	16	...	1	...	...	...	...
Caerleon	2,581		...	1	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
Chepstow	4,263		...	6	1	...	2	4	1	...	...	...	...	...	...	...	...	...	...	...
Ebbw Vale	33,610		124	55	59	7	58	62	18	12	...	1	5	63	1	2	...	1	...	...
Llanfrechfa Upper	4,682		...	10	22	...	...	5	3	1	...	1	...	15	...	...	...	...	...	...
Llantarnam	7,923		...	27	3	...	2	5	7	3	...	...	...	94	...	...	...	...	...	...
Monmouth (Borough)	4,994		...	2	1	...	...	3	1	1	1	...	...	2	...	1	...	...	...	...
Mynyddislwyn	16,720		49	18	30	...	11	14	14	4	...	...	1	10	...	1	...	...	...	...
Nantyglo and Blaina	14,760		...	12	6	...	45	10	2	10	...	4	4	20	...	2	...	...	...	3
Panteg	11,730		8	5	17	3	...	9	3	...	...	...	1	35	...	2	...	...	...	...
Pontypool	7,200		16	19	2	...	4	11	3	4	1	...	1	44	...	...	...	...	...	...
Rhynney	11,240		6	94	21	1	3	7	1	6	3	...	...	60	1	1	...	...	...	...
Risca	17,270		...	15	12	...	16	14	12	7	...	...	...	18	...	...	...	...	...	...
Tredegarr	24,280		8	89	44	...	26	56	30	13	...	...	6	282	...	4	...	1	...	...
Usk	1,376		..	...	1	...	...	...	...	1	...	...	...	11	...	...	...	...	...	...
Totals Urban	306,900		401	806	487	16	235	326	152	101	10	9	32	1121	2	18	1	1	1	3
RURAL.																				
Abergavenny	9,208		...	10	3	2	...	2	1	1	...	...	...	26	...	...	...	...	...	...
Chepstow	8,877		...	8	3	...	4	2	1	1	...	...	...	...	...	...	...	...	...	...
Magor	6,579		...	20	8	...	1	4	5	...	1	...	...	...	...	1	...	...	...	...
Monmouth	6,562		...	4	8	...	...	8	...	...	2	...	...	3	...	...	...	...	...	...
Pontypool	5,184		...	7	2	...	1	4	2	4	...	...	...	26	...	...	...	...	...	...
St. Mellons	16,330		4	94	20	1	5	25	5	5	...	...	2	...	...	2	...	...	...	...
Totals Rural	52,740		4	143	44	3	11	45	14	11	3	...	2	56	...	3	...	...	...	...
Grand Totals	359,640		405	949	531	19	246	371	166	112	13	9	34	1176	2	21	1	1	1	3

The number of cases of infectious diseases removed to Hospitals during the year, was as follows:—

CASES REMOVED TO HOSPITAL														
DISTRICT	Small pox	Diphtheria	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica	Puerperal Pyrexia
Urban—														
Abercarn	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Abergavenny	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Abersychan	15	...	...	...	...	...	...	...	...	2	...	...	...	...
Abertillery	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	10	2	...	...	...	...	...	...	2	...	...	...	...	...
Bedwellty	145	68	...	64	...	...	...	...	...	...	...	...	...	...
Blaenavon	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Caerleon ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow ... ..	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Ebbw Vale	123	45	...	...	...	...	...	...	7	...	...	...	...	...
Llanfrechfa Upper	...	5	...	...	...	...	...	...	...	...	...	...	...	...
Llantarnam ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Monmouth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn ...	47	...	...	...	...	1	...	...	...	1	...	...	...	...
Nantyglo and Blaina	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Panteg	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Rhymney	5	1	...	3	...	...	...	...	...	2	...	...	...	...
Risca... ..	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Tredegar	8	...	...	...	...	...	...	...	...	...	...	...	...	2
Usk ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>See Table later in this Report.</i>														
Rural—														
Abergavenny ... ..	...	2	...	5	...	...	...	...	1	...	...	...	...	...
Chepstow ... ..	...	3	...	3	...	...	...	...	...	...	...	...	...	...
Magor ... ..	...	2	...	...	...	...	...	...	...	...	...	...	...	1
Monmouth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mellons	3	5	...	9	...	...	...	...	1	...	...	...	...	...
Totals	397	134	2	85	...	1	...	...	11	5	...	...	...	3

With the exception of the Small Pox figures, the above has been compiled from the returns submitted by the District Medical Officers of Health.

Analysis of the Total Cases and Deaths from Notifiable Diseases according to Age Groups.

Disease	CASES NOTIFIED.											DEATHS.														
	AGE GROUPS.											AGE GROUPS.														
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages
Diphtheria	3	12	15	32	43	195	103	48	48	16	14	2	531	...	2	1	3	7	10	...	1	...	1	...	1	25
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	7	5	4	11	8	75	56	63	76	36	58	6	405	...	6	...	...	...	...	...	...	1	...	...	1	2
Scarlet Fever	6	25	50	66	126	456	118	48	47	5	1	1	949	...	1	1	1	1	1	1	1	1	...	...	...	5
Euteric Fever	...	...	...	...	...	...	...	9	8	...	2	...	19	...	...	...	...	...	1	1	...	...	...	...	...	2
Pneumonia	20	20	18	16	18	38	10	12	28	26	27	13	246	37	19	6	4	1	2	4	3	16	25	27	13	157
Puerperal Fever...	...	...	...	...	...	...	...	...	9	4	...	...	13	...	...	...	...	...	...	...	9	4	...	...	...	13
Cerebro Spinal Fever	...	...	...	...	...	1	...	...	...	...	1	...	2	...	1	...	...	1	1	...	...	...	...	1	...	2
Acute Poliomyelitis	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	1	1	...	...	...	...	...	...	1
Polioencephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	1	...	...	...	1	1	1	1	1	3	...	9	...	1	...	...	1	1	1	1	1	1	3	...	9
Dysentery	...	...	...	...	...	...	...	...	...	3	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	34	...	...	...	...	...	...	...	...	...	...	...	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	2	11	8	...	...	...	21	...	...	...	...	...	...	...	3	3	...	...	...	6
Erysipelas	1	...	1	...	...	6	4	4	16	21	44	15	112	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis	1	5	6	9	9	46	57	74	204	69	52	5	537	2	3	1	...	5	10	4	34	77	30	31	19	216
Chicken Pox	38	54	89	156	154	530	143	8	2	1	1	...	1176	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	110	122	183	290	358	1349	492	270	450	190	203	42	4059	39	26	8	8	13	26	10	39	109	64	63	33	438

The above table has been compiled from returns submitted by the District Medical Officers of Health.

1.—SMALL-POX.

The epidemic of Small Pox in Monmouthshire which commenced in 1927, continued during the year under review. The number of cases notified to the County Medical Officer being 405. This figure is below the total for the year 1929, which was 494. The number of cases notified in 1928, was 1,244, and in 1927, 1,900. The notification rate per 1,000 of the estimated population for the year 1930, was 1·12, for the year 1929, 1·37, for 1928, 3·398, and for 1927, 5·116. There were two deaths recorded in 1930, giving a death rate of ·005. The death rate in 1929, was ·002, and in 1927, ·008. There were no deaths in 1928. The number of cases removed to Hospital for isolation and treatment was 397 in 1930, 489 in 1929, 1,192 in 1928, and 1,339 in 1927. All the cases removed to hospital in 1930 were isolated and treated at "The Beeches" Isolation Hospital, Abersychan, which is the property of the County Council. A summary of the cases notified, cases removed to Hospital, and deaths recorded during 1930, in the various districts of the County is given in the following table:—

District.	Cases Notified.	Cases Removed to Hospital.	Deaths.
URBAN.			
Abercarn	2	2	—
Abergavenny	1	1	—
Abersychan	15	15	—
Abertillery	6	6	—
Bedwas and Machen	10	10	—
Bedwellty	148	145	1
Blaenavon	8	8	—
Ebbw Vale	124	123	1
Mynyddislwyn	49	47	—
Panteg	8	8	—
Pontypool	16	16	—
Rhymney	6	5	—
Tredegar	8	8	—
RURAL.			
St. Mellons	4	3	—
Totals	405	397	2

On several occasions during the period of the epidemic, routine examinations of school children in the infected areas were carried out, which resulted in the discovery of children actually suffering from Small Pox attending school.

The accommodation provided for the isolation of Small Pox cases at "The Beeches" Isolation Hospital, Abersychan, was during the year, found to be adequate, and it was not necessary to utilise, as previously, any of the other Isolation Hospitals in the County. This was due to the fact that the number of beds at "The Beeches" was increased and that the cases were more evenly spread over the first 10 months of the year.

The Motor Ambulance which was purchased for the removal of cases of Small Pox proved to be satisfactory, and it was not necessary to call for assistance from outside authorities as in previous years.

The epidemic of Small Pox in Monmouthshire was fully dealt with in the Reports for the years 1927 and 1928, and the following reports were included:—

1. Interim Report upon the incidence of Small Pox, February to July, 1927, being the vaccinal condition of the first 1,230 cases with related data and activities by Dr. H. M. Ayres, one of the Assistant Medical Officers of Health.
2. The Vaccinal Condition of the school children of Monmouthshire, by Dr. Nathan Rocyn Jones, Assistant Medical Officer, September, 1927.
3. The Minutes of Proceedings of the Panel Committee of the Medical Practitioners in Monmouthshire, dated 22nd April, 1927.
4. The Report of the Committee appointed by the Minister of Health.

The campaign of the so-called anti-vaccinists has been continued during the year, and as before, has rendered the work of the Medical Department more difficult when dealing with this disease.

2.—VACCINATION.

Under the Local Government Act, 1929, the functions relating to Vaccination came under the control of the County Council as and from the 1st April, 1930, as one of the functions relating to infant life protection and public health and which were formerly discharged by the Poor Law Authorities. This has the effect of making it obligatory to discharge vaccination functions under Public Health and not Poor Law powers. Since the transfer of these functions the work has been administered by the County Medical Officer, and all reports relating to vaccination are submitted to him. According to the instructions of the Registrar-General the following is a summary of the returns made by the Vaccination Officers relating to children whose births were registered during the year 1929,

	Per cent.
Successfully Vaccinated	22.1
Insusceptible of Vaccination ... ..	.11
Had Small Pox ... ..	.03
Declarations of Conscientious Objection received	60.6
Died Unvaccinated	4.2
Postponement by Medical Certificate	1.3
Removal to districts the Vaccination Officers of which have been fully apprised	1.0
Removal to places unknown	3.0
Number of cases not included under any of the above named headings	7.3

The Registrar-General asks that the attention of the County Council be drawn to the number of children who have not been duly vaccinated or otherwise accounted for as regards vaccination, *viz.*, 462, or 7.3 per cent., and he desires action to be taken.

The following is a return showing the number of persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of Poor Law Institutions and the Public Vaccinators during the year ended 30th September, 1930. The figures for the Poor Law Institutions are given separately. From the Reports received from the District Medical Officers, it would appear that no primary vaccinations or re-vaccinations have been performed by the Medical Officers of Health under the Public Health (Small Pox) Regulations, 1917:—

Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator	Number of successful Primary Vaccinations of Persons :—			No. of successful Re-vaccinations i.e., successful Re-vaccinations of persons who had been successfully vaccinated at some previous time.
		Under one year of age.	One year and upwards.	Total.	
	Drs. :—				
Christchurch ...	Glyn Morgan ...	13	8	21	6
St. Woolos ...	C. E. P. Forsyth ...	24	—	24	5
Abercarn Upper ...	M. Ryan ...	42	10	52	—
Mynyddislwyn ...	C. G. Mackay ...	52	23	75	20
Magor ...	G. R. Strong ...	8	1	9	—
Rogerstone ...	G. E. Hull ...	38	2	40	2
Maesyewmmer ...	D. Macaulay ...	7	48	55	—
Blackwood ...	D. Macaulay ...	30	37	67	—
Caerleon ...	A. M. M. Roberts ...	25	4	29	4
Marshfield ...	S. Hamilton ...	5	—	5	—
Caldicot ...	R. G. Vaughan ...	17	13	30	1
Risca ...	N. N. Wade ...	44	8	52	6
Llantarnam ...	F. Carlton Jones ...	60	4	64	6
Malpas ...	H. A. Keene ...	13	3	16	6
St. Mellons ...	H. C. Connop Joyce ...	7	2	9	—
Trelleck ...	P. G. Harvey ...	2	1	3	—
Raglan ...	W. M. Langdon ...	8	6	14	1
Skenfrith ...	A. M. Humphry ...	4	2	6	—
Beaufort ...	A. Brooks ...	4	97	101	104
Dukestown ...	A. H. Musgrove ...	15	2	17	1
Blaenavon ...	J. Reynolds ...	8	1	9	3
Llanarth ...	W. Hadyn Davies ...	9	—	9	1
Abergavenny ...	D. W. Fryer ...	35	5	40	2
Llanhilleth ...	T. J. Frost ...	13	8	21	3
Panteg ...	J. Powell Jenkins ...	38	10	48	1
Abersychan (North) ...	R. J. S. Verity ...	2	4	6	3
Pontypool ...	T. J. McAllen ...	4	12	16	12
Nantyglo ...	J. H. Verwey ...	9	4	13	2
Blaina ...	M. F. Donovan ...	9	6	15	6
Ebbw Vale, No. 1. ...	F. M. Fonseca ...	89	268	357	401
Ebbw Vale, No. 2. ...	J. McCaig ...	30	22	52	30
Tredegar ...	J. G. Owen ...	140	14	154	26
Rhymney ...	R. V. de Acton-Redwood ...	87	—	87	3
New Tredegar ...	S. R. MacMillan ...	56	7	63	11
Aberbargoed & Pengam ...	S. R. MacMillan ...	61	38	99	27
Abertysswg ...	L. C. Mascarenhas ...	33	—	33	3
Abertillery ...	S. Simons ...	11	25	36	6
Argoed & Hollybush ...	J. R. Griffith ...	47	7	54	3
Bedwelty P.L.Inst. ...	J. G. Owen ...	19	6	25	—
Coedygric do. ...	J. Powell Jenkins ...	—	—	—	—
Cambria House do. ...	A. M. M. Roberts ...	—	—	—	—
Monmouth do. ...	W. H. Williams ...	—	—	—	—
Monmouth ...	W. H. Williams ...	17	9	26	2
Rockfield ...	W. H. Williams ...	4	—	4	—
Bedwas & Machen ...	C. P. Davies ...	36	4	40	9
Abercarn Lower ...	E. M. Griffith ...	23	15	38	4
Tintern ...	T. L. Drapes ...	6	15	21	—
Shirenewton ...	T. L. Drapes ...	10	6	16	—
Ebbw Vale, No. 3. ...	D. McIntosh ...	20	36	56	13
Abergavenny P.L.Inst. ...	H. L. S. Griffiths ...	2	—	2	—
Abersychan Central ...	J. B. McQuillan ...	—	2	2	—
	Totals ...	1236	795	2031	733

**SUMMARY OF RETURNS UNDER THE VACCINATION ACTS 1867 TO
1907, AND VACCINATION ORDER, 1930, FOR THE NINE MONTHS
ENDED 31st DECEMBER, 1930**

Vaccination Officer.	No. of cases on birth list.	No. of Certs. of Vaccination recd.	No. of Certs. of postponement.	No. of Conscientious objections.	No. of cases.	
					Parents removed out of district.	Otherwise not found.
R. H. Green	89	48	3	48	4	1
A. Evans.	565	175	15	335	13	5
E. Rowland	653	149	10	432	56	—
A. E. Spencer	668	46	1	362	3	—
A. Phillips	1979	617	16	1150	44	7
J. Morgan	155	4	—	116	—	—
J. Jenkins	123	3	—	43	—	—
T. G. Green	166	78	1	88	7	4 deaths 7
H. C. Davies	44	40	—	15	1	—
H. J. Farmer	89	18	—	30	—	1 death
D. Fraser	146	112	2	61	4	2 deaths 2
D. McIntosh	24	—	—	6	—	—
Totals ...	4706	1290	48	2686	132	7 deaths 22

D. McIntosh has relinquished his duties and the work of his district is at present in charge of A. Phillips.

3.—SCARLET FEVER.

During the year there was a large increase in the number of Scarlet Fever cases notified, the figures being 949 for 1930, as compared with 540 for the year 1929. In 1928, there were 368 notifications, in 1927, 353, and in 1926, 335 cases were notified. In 1930, there were 5 deaths, in 1929, 3 deaths, in 1928, 1 death, in 1927, 2 deaths, and in 1926, 3 deaths. The disease did not reach epidemic proportions generally. However, in the Abertillery Urban District, 268 cases were notified during the year. It appears that the disease was generally of a mild form, but the Medical Officer for Rhymney Urban District reports that in some cases the disease was complicated with Neph-

ritis. As the Isolation Hospital accommodation within the County is limited, very few cases are removed to the Hospitals for isolation and treatment. This applies more especially to those districts where Isolation Hospital accommodation has not been provided. In the Bedwellty Urban District, where adequate accommodation is provided, all cases of Scarlet Fever are removed to the Hospital at Coed-y-moeth, Aberbargoed. The general practice in the County immediately upon receipt of a notification, is for the Sanitary Inspector of the District to visit each case and instruct the person in charge regarding isolation and treatment. At the same time enquiries are made as to the possible source of infection, and the sanitary conditions of the houses are also investigated. At the termination of the case, the house and bedding is disinfected. Arrangements are made for the supply of disinfectants during the period of infection. As already remarked upon in the Section dealing with Isolation Hospital accommodation in this Report, extreme difficulty is found in dealing efficiently with cases of Scarlet Fever in the County generally. Had Isolation Hospital facilities been available in all the Districts the first cases notified could have been isolated immediately with the probable effect of checking the spread of the disease. The " Dick " Test does not appear to have been carried out in any of the Districts, nor do the recent methods of immunisation seem to be practised.

4.—DIPHThERIA.

The number of cases of Diphtheria notified during the year 1930, was 531, which is an increase upon the figure for the previous year, when the number was 459. During 1928, 269 cases were notified, in 1927, 254 cases, and in 1926, 355 cases. The number of deaths recorded in 1930, was 29, in 1929, 27, in 1928, 20, in 1927, 13, and in 1926, 24. It has been found that epidemics of Diphtheria are chiefly prolonged by the presence of " carriers " amongst school children, and the examination of swabs taken from the throats of children attending school frequently leads to the discovery of " carriers." Examination of swabs is conducted at the County Laboratory, Newport. All the " carriers " found are excluded from school.

All doubtful cases of Diphtheria are watched and injected with serum at the outset and notified to the District Medical Officer. In most of the districts provision is made for the free supply of anti-toxin, which is always available and can be obtained by the Medical Practitioners, either from the Local Medical Officer of Health or the Sanitary Inspector. Each house where a case of Diphtheria occurs is visited by the District Sanitary Inspector, and a thorough examination of the drains and sanitary arrangements is made. Disinfectants are supplied free of charge. At the termination of a case, or the removal of a patient to an isolation hospital, the premises are thoroughly fumigated and disinfected. Where the local Sanitary Authority has the necessary facilities, the bedding and clothing are removed for disinfection by means of a steam disinfecting apparatus. Unfortunately,

not many of the districts of the County are in possession of a steam disinfecter. The most effectual method of preventing mortality from Diphtheria in the past has been the removal of such cases to hospital, and undoubtedly the reduction in the fatality from the disease is due to the administration of anti-toxin promptly and in adequate amount. As in the case of Scarlet Fever, Isolation Hospital facilities are not adequate for the treatment, and isolation of Diphtheria cases within the County. The " Schick " test has not been used in any of the Districts.

5.—ENTERIC FEVER.

Nineteen cases of Enteric Fever were notified during the year 1930. In 1929, there were 27 cases, in 1928, 20 cases, in 1927, 16 cases, and in 1926, 10 cases. The number of deaths recorded during 1930, was 2. In 1929, there were 6 deaths, in 1928, 5 deaths, in 1927, 3 deaths, and in 1926, 5 deaths. The cases occurred in the following urban areas:—Abergavenny, 1, Bedwas and Machen, 2, Bedwelty, 2, Ebbw Vale, 7, Panteg, 3, Rhymney, 1, and 2 in Abergavenny, and 1 in St. Mellons Rural areas. All cases of Enteric Fever notified are visited by the Sanitary Inspectors immediately upon receipt of a notification, and instructions are given for their removal to an Isolation Hospital. In addition, every effort is made to trace the source of infection. No particulars as to the probable source of infection is given in the reports of the District Medical Officers, which have been received. Samples of water from domestic supplies are also taken and examined at the County Public Health Laboratory.

6.—ERYSIPELAS.

The number of cases of Erysipelas notified during the year 1930 was 112, as compared with 116 in 1929, 73 in 1928, 67 in 1927, and 66 in 1926. According to the notifications received it would appear that the disease was fairly evenly spread throughout the County. No special remarks are offered by the District Medical Officers with the exception that one Medical Officer states that the cases were of a mild nature and that they all made a good recovery and did not necessitate their removal to an Isolation Hospital.

7.—PUERPERAL FEVER.

During the year 1930 notifications of 13 cases of puerperal fever were received under the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, from the District Medical Officers of Health. The 13 notifications were received from the following urban districts:—Abersychan, 2, Abertillery, 2, Bedwas and Machen, 1, Monmouth, 1, Pontypool, 1, Rhymney, 3, and from the following rural districts:—Chepstow, 1, Magor, 1, and Monmouth, 1. Fourteen deaths were registered. The attack rate per 1,000 births

in 1930 was 1·9. The attack rate per 1,000 of population equalled ·036, and the death rate per 1,000 of population was ·0389. The death rate per 1,000 births was 2·08. Every precaution possible is taken to prevent the spread of infection. A visit of inspection is made immediately upon receipt of the notification, and the midwife is prohibited from attending other cases until she has left the infected case and has allowed 24 hours to elapse for thorough disinfection of herself, her instruments and her clothing. Further particulars in connection with this disease will be found in the County Maternity and Child Welfare Report for the year 1930.

8.—PUERPERAL PYREXIA.

On the 1st. October, 1926, Puerperal Pyrexia became a notifiable disease in addition to Puerperal Fever. Puerperal Pyrexia is defined as any febrile condition (apart from Puerperal Fever) occurring in a woman within 21 days after childbirth in which a temperature of 100·4 degrees Fahr. or more has been sustained during a period of 24 hours. Twenty-one cases of Puerperal Pyrexia were notified during the year 1930, and all were followed up by the Inspectress of Midwives. Nineteen cases cleared up satisfactorily, and two subsequently proved to be Puerperal Fever. A scheme for the provision of facilities for diagnosis and treatment is in operation. Under the scheme the services of Mr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as Consultant Obstetrician, and his services have been requisitioned frequently by the medical practitioner in attendance upon the case. Cases requiring hospital treatment are sent to the Royal Gwent Hospital, Newport, and any necessary bacteriological examination is made by Dr. H. W. Catto, County Bacteriologist, at the County Laboratory, Newport.

9.—INFANTILE DIARRHOEA.

Four cases of this disease were discovered during visits to homes by the Health Visitors, and eleven re-visits paid, as against 8 and 4 re-visits in the year 1929. Thirty-six deaths were registered from this disease in children under two years of age, giving a death rate of 5·67 per 1,000 births, as compared with 5·6 for the year 1929. All the cases of which the Health Visitor has knowledge are visited, but it is obvious that very many cases do not come to her notice. The disease is not notifiable. During the years preceding the introduction of the County Maternity and Child Welfare Scheme, the death rate averaged 11 per 1,000 births. The average rate for the past 13 years, which includes one very hot summer, when the rate was 17·2, has been 7 per 1,000 births. It will be observed that the rate for 1930 is considerably below that average. The infective type of the disease is essentially one of the summer months and it varies in intensity according to the type of summer, many more cases occurring in really warm weather. During these months the mothers attending the County Maternity and Child Welfare Centres are warned of the measures necessary to prevent the disease, and printed instructions to

mothers in regard to these diseases are distributed by the Health Visitors at homes when cases are discovered. It is also the custom in some districts for the Local Authority to distribute instructional leaflets on this subject during the summer months, and much benefit has derived from this source of instruction.

10.—ENCEPHALITIS LETHARGICA.

The number of cases of Encephalitis Lethargica notified during the year 1930, was 9, as compared with 6 in 1929, 13 in 1928, 21 in 1927, and 11 in 1926. The number of deaths recorded in 1930 was 15, as compared with 7 in 1929, 13 in 1928, 13 in 1927, and 10, in 1926. The following table shows the districts from which notifications were received and also where deaths were recorded:

District.	Cases Notified.	Deaths. Recorded.
URBAN.		
Abercarn	—	1
Abergavenny	1	—
Abertillery	—	3
Bedwellty	1	—
Blaenavon	1	1
Ebbw Vale	1	3
Llanfrechfa Upper	1	1
Nantyglo and Blaina	4	4
Panteg	—	1
RURAL.		
Abergavenny	—	1
	9	15

11.—OPHTHALMIA NEONATORUM.

Thirty-four cases of this disease were notified under the Public Health (Ophthalmia Neonatorum) Regulations, 1914, as compared with twenty-seven cases in the year 1929, and thirty in 1928. These cases, together with other cases of eye trouble reported by the midwives, making a total of 116 cases, were followed up by the Health Visitors, who paid 316 visits to them. In one case there was unsatisfactory conduct on the part of the midwife, and a warning letter was sent by the County Medical Officer. Since the beginning of January, 1921, the Midwives practising within the Administrative County have been supplied with bottles of Collosol Argentum, with which they are instructed to treat the eyes of all children at birth. The supply is renewed upon application to the County Maternity and Child Welfare Centres. It has been proved that this treatment prevents a large number of cases of Ophthalmia Neonatorum, and statistics show that it is now having a good effect, for rarely has it been found of recent years that blindness has followed upon Ophthalmia

Neonatorum in infants. Of the cases which were investigated during the year 1930, blindness resulted in one child, and there appeared to be some impairment of vision in two others. It is assumed that about 30 per cent. of all cases which are to be found in the Blind Institutions of England, owe their affliction to Ophthalmia Neonatorum. The County Health Visitors are assiduous in their following up of infected cases. Medical Treatment is immediately urged for the slightest case, and frequent visits are paid to see that mothers are properly attending to the eyes of the infants.

Notified	Cases		Vision Un- impaired	Vision Impaired	* Total Blindness	Deaths while under treatment from causes other than Ophthalmia Neonatorum
	Treated					
	at Home	in Hospital				
34	22	12	31	2	1	...

12.—CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.

Two cases of Cerebro Spinal Fever were notified during the year 1930, one case occurred at Ebbw Vale and one case at Rhymney. One case of Acute Poliomyelitis was notified during 1930, from Ebbw Vale Urban District.

13.—CHICKEN POX.

Chicken Pox was again made a notifiable disease in practically every Urban and Rural District in the County on account of the continued epidemic of Small Pox. 1,176 cases were notified during 1930, as compared with 1583 in 1929, 1727 in 1928, and 1,222 cases in 1927. 138 cases of Chicken Pox were notified during the year 1926, but as the disease was not compulsorily notifiable this figure is no indication as to the real extent of the disease during that year.

14.—MEASLES.

There was a large decrease in the number of deaths from Measles during the year 1930, 12, as compared with 39 in 1929, 43 in 1928, 36 in 1927, and 9 in 1926. The cases were evenly spread throughout the districts of the County. The disease did not at any time become epidemic. As Measles is not a notifiable disease, it is very difficult to obtain a satisfactory record of the number of cases, but a large proportion of the cases are brought to the notice of the Public Health Authorities by visits of health officials and attendance officers to the homes of the children. The following up of such cases by inspectors and health visitors brings to light many cases in children under the age of 5 years. In some of the districts, leaflets are given to the parents of children suffering from Measles, with instructions as regards treatment.

15.—WHOOPING COUGH.

The number of deaths recorded from Whooping Cough was 25, as compared with 75 in 1929, 41 in 1928, 35 in 1927, and 27 in 1926. This disease is not notifiable and it is very difficult to obtain satisfactory information regarding the number of persons affected, as in no instance has it been made compulsorily notifiable. Very little comment is made by the District Medical Officers of Health on this subject and it does not appear that the disease became epidemic at any particular period during the year 1930.

16.—INFLUENZA.

The number of deaths recorded from Influenza during 1930 was 57, which is the lowest figure recorded for a considerable number of years. The number of deaths in 1929 was 148, in 1928, 99, in 1927, 175, and in 1926, 96. Influenza is not notifiable and there is no way of obtaining the number of persons attacked. The disease did not reach epidemic proportions in any district during the year 1930.

17.—PUBLIC HEALTH (Pneumonia, Malaria, Dysentery, etc.) REGULATIONS.

246 cases of Pneumonia were notified during the year 1930, as compared with 440 in 1929, 383 in 1928, 306 in 1927, and 181 in 1926. The number of deaths recorded was 200 in 1930, as compared with 302 in 1929, 297 in 1928, 348 in 1927, and 246 in 1926. When comparing the number of notifications with the number of deaths, it will be observed that the notification of this disease is far from satisfactory. The figure of 246 for the year 1930 cannot be accepted as any indication of the number of persons who actually suffered from the disease. The medical practitioners of the County are being constantly reminded of their duties under the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations. Three cases of Malaria were notified by the Medical Officer for the Nantyglo and Blaina District, and one case of Dysentery by the Medical Officer for Tredegar Urban District, during the year 1930.

18.—ANTHRAX

One case of Anthrax was notified during the year 1930 by the Medical Officer of Health for the Blaenavon Urban District.

19.—CANCER.

The number of deaths registered from Cancer during the year 1930 was 374, which again shows an increase over the figure for the previous year, which was 360. In 1928, there were 345 deaths, in 1927, 317 deaths, and in 1926, 326 deaths. Practically the whole of the deaths occurred in persons between the ages of 45 and 65 years and upwards. Very little comment is offered in regard to this disease by the Local Medical Officers of Health

who have sent in their reports to the County Medical Officer, and it would appear that no local action has been taken for improving the facilities for diagnosis and treatment. In view of the great and increasing amount of suffering and deaths due to Cancer, the public concern evinced by its prevalence, the failure to find a preventative or cure for it, and the enquiries made by the Local Health Authorities as to steps they can usefully take to combat this disease, the Ministry of Health has prepared Memoranda on Cancer. During the year the British Medical Association has made an Enquiry into the incidence of certain types of Cancer. Special forms were issued upon which the necessary information could be given. The County Medical Officer informed the medical practitioners of the County of the Enquiry, supplied the forms and offered the assistance of the Health Visitors in obtaining family histories, etc. The Medical Department of the County Council through its Assistant Medical Officers of Health has investigated a number of cases of Cancer, and the results of these enquiries are being tabulated for the purpose of preparing a comprehensive report on the incidence of the disease. It is intended to continue this enquiry for a further period so as to obtain the fullest information possible after the examination of further cases and enquiry into the family history of the patients, etc.

20.—RATS, ETC.

Most of the districts have made arrangements for the destruction of rats, etc., upon their property. The refuse tips in some of the areas, it is reported, are infested with rats, and extensive baiting has been applied. As the condemned foodstuffs are usually buried at these tips, rats and other pests make the tips their breeding grounds. Until some other method for the disposal of refuse, condemned foodstuffs, etc., is adopted, in the form of refuse destructors, it is necessary that strict supervision shall be maintained and the destruction of rats, etc., continued. Several of the Local Authorities have made arrangements for their Sanitary Inspectors to work in co-operation with the County Rat Destruction Officer, to whom a grant is made by the Local Authority concerned.

21.—DISINFECTION.

SCHOOLS.—On the outbreak of an infectious disease in a district and the schools being closed in consequence, the County Sanitary Inspector disinfects all the departments in the schools. A suitable solution of disinfectant is used and the method adopted is that of spraying, a MacKenzie Spray being found to be the most suitable apparatus for this work. It has also been found necessary in some instances to fumigate parts of the school premises.

ROOMS, Etc.—Where a case of infectious disease has been isolated in, or removed from a home, the District Sanitary Inspector disinfects the premises. The methods generally adopted are by gaseous or liquid disinfectants, and sometimes both are used in conjunction.

BEDDING, CLOTHES, Etc.—As already stated, very few of the Councils in the County have the proper facilities for the disinfection of these articles. Owing to the epidemic of Small Pox some of the districts have made arrangements with an Authority which is in possession of a steam disinfectant. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing a steam disinfecting apparatus for their areas. As it is obvious that disinfection of bedding and clothes by steam is the most thorough, it is hoped that the Councils concerned will provide the necessary machines. Disinfectants, both liquid and powder are still available in the districts to the persons responsible for the care of patients suffering from infectious disease.

22.—PREVENTION OF BLINDNESS.

Arrangements are made under the Section of the Public Health (Amendment) Act, 1925, for the examination of persons with a view to the prevention of blindness, and assistance is granted by the appropriate Committee of the County Council. Spectacles are provided upon the recommendation of the Ophthalmic Surgeon, and arrangements are made, where necessary, for operations to be performed, also the treatment in hospital of persons ordinarily resident within the County and suffering from any disease of, or injury to the eyes.

7. TUBERCULOSIS.

The Public Health (Tuberculosis) Regulations, 1930, came into operation on the 1st January, 1931. The object of the Regulations is to consolidate and amend the Public Health (Tuberculosis) Regulations, 1912, 1921, and 1924. They deal with the system of notification of cases of Tuberculosis in all forms by medical practitioners in private practice, medical officers of health and school medical officers, the keeping of registers, the functions of the County Council and the Sanitary Authorities. Certain of the alterations under the new Order have been altered to correspond with the changes introduced by the Local Government Act of 1929.

When making up the quarterly statistics for presentation to the County Tuberculosis Committee, it is again noticed, in some instances, that the tuberculosis figures entered upon the notification of infectious disease cards, copies of which are sent to the Registrar-General, and the particulars given upon the weekly forms which are sent in by the District Medical Officers of Health to this Office do not agree. The County Sanitary Inspector visits the districts concerned for the purpose of rectifying the error and to impress upon the District Medical Officer of Health the necessity for the correct notification of the cases.

During the year, 371 cases of Pulmonary Tuberculosis were notified and 240 deaths were registered. Of other forms of Tuberculosis, 166 cases were notified and 67 deaths registered.

The following table giving the notification rates and death rates per 1,000 of the estimated population is submitted for the purpose of comparison :—

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1921 ...	.86	.21	.7	.2
1922 ...	1.05	.34	.69	.18
1923 ...	1.18	.51	.65	.21
1924 ...	.93	.29	.68	.2
1925 ...	.90	.35	.69	.18
1926 ...	1.07	.44	.57	.17
1927 ...	.93	.42	.61	.19
1928 ...	1.27	.49	.73	.179
1929 ...	1.22	.41	.65	.15
1930 ...	1.03	.46	.66	.18

It will be observed from the above table that there is a decrease in the notification rate for Pulmonary Tuberculosis and an increase in the rate for Non-Pulmonary Tuberculosis. With regard to the death rates there is an increase for Pulmonary and Non-Pulmonary Tuberculosis.

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1912, during the period 29th December, 1929, to the 27th December, 1930, with the number of Deaths notified by the Registrar General.

Age Periods.	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.		Total.		Pulmonary.		Non-Pulmonary		Total
	Males.	Females.	Males.	Females.			Males.	Females.	Males.	Females.	
0	...	1	...	...	1	0	...	...	1	1	2
1	3	1	14	11	29	1	...	...	3	...	3
5	11	8	22	5	46	2	1	...	4	4	9
10	12	14	16	15	57	5	3	7	5	7	22
15	26	30	12	6	74	15	25	44	10	10	89
20	27	45	13	14	99	25	33	65	5	7	110
25	32	51	9	13	105	45	35	17	4	5	61
35	33	27	3	6	69	65	7	1	1	...	9
45	25	9	4	1	39	75	1	1	...	...	2
55	10	1	1	1	13	...	...	...	...	...	...
65 and upwards	4	1	...	...	5	...	...	...	...	...	...
Totals	183	188	94	72	537		105	135	33	34	307

No. of Notifications on Form " B " (School Medical Inspectors)				
Age Periods.	Pulmonary.		Non-Pulmonary	
	Males.	Females.	Males.	Females.
Under 5	...	...	...	...
5-10	1	1	2	2
10-15	...	2	3	1
Totals	1	3	5	3

No. of Notifications on Form " C " Admissions to:—			
HOSPITALS AND SANATORIA.			
Males	Pulmonary.		Females
	Females	Non-Pulmonary.	
Males	Males	Females	Females
173	122	39	29

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period, 29th December, 1929, to the 27th December, 1930, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1912, or by notification in pursuance of 5 (b) of the Local Government (Emergency Provisions) Act, 1916.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	—	—	—	3	4	4	4	6	—	3	24
Pulmonary Females	—	—	1	—	1	5	9	6	3	3	—	28
Non-Pulmonary Males	—	—	1	1	2	2	3	—	1	—	—	10
Non-Pulmonary Females	—	2	1	—	2	3	—	1	1	—	—	10

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	33	8
Posthumous notifications { transferable deaths from Registrar-General	—	—
" Transfers " from other areas (other than transferable deaths)	8	3
Forms " C " and " D " (in respect of cases not previously known to M.O.H.)	7	5
Other Sources if any	4	4
	—	—

The following is a summary of the cases of Tuberculosis remaining on the Registers of Notifications, kept by the District Medical Officers of Health in the County, at the end of each year (1926—30), which has been compiled from the returns submitted by the District Medical Officers of Health in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1924:—

Year.	Pulmonary.			Non-Pulmonary.			Cases. Total.
	Males.	Females	Total.	Males.	Females	Total.	
1926	1101	999	2100	416	325	741	2841
1927	888	819	1707	488	338	826	2533
1928	932	964	1896	432	388	820	2716
1929	1030	1025	2055	459	407	866	2921
1930	1085	1080	2165	521	432	953	3118

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations 1912, during the year ended 31st December, 1930, with reports upon Examinations of Sputa, etc., at the County Laboratory, Newport.

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				OTHER T.B. DISEASES.			Total.	
	Cases Notified	Result of Lab. examination		Specimen not submitted	Cases Notified	Result of Lab. examination			Specimen not submitted
		Pos.	Neg.			Pos.	Neg.		
URBAN.									
Abercarn	...	...	...	...	...	...	...	...
Abergavenny	...	...	...	...	...	...	...	...
Abersychan									
Pontnewynydd	8	4	3	1	9	...	9	17	
Garndiffaith	5	3	1	1	2	...	2	7	
Pontypool	...	...	...	...	1	...	1	1
Penygarn	2	...	...	2	2	...	2	4
Abersychan	7	4	2	1	4	...	4	11	
Talywain	2	1	...	1	...	...	...	2
Abertillery									
Abertillery	9	5	4	...	5	2	3	14	
Six Bells	3	...	...	3	...	...	...	3
Aberbeeg	3	2	1	...	1	...	1	4	
Llanhilleth	4	4	...	...	1	...	1	5
Cwmtilbery	4	...	3	1	4	1	3	8	
Crumlin	1	1	...	...	1	...	1	2
Bedwas & Machen									
Machen	3	1	1	1	2	...	2	5	
Maesywmmmer	2	...	1	1	1	...	1	3	
Trethomas	12	3	6	3	3	...	3	15	
Bedwas	5	2	3	...	2	...	2	7	
Bedwellty									
Phillipstown	1	1	...	...	1	...	1	2
Argoed	6	1	1	4	...	...	...	6
Markham Village	4	...	2	2	3	1	2	7	
Blackwood	10	4	2	4	3	1	2	13	
Aberbargoed	7	2	2	3	3	1	2	10	
Cwmsyfiog	1	...	1	...	...	...	...	1
Cefn Forest	3	1	1	1	...	...	...	3
Bedwellty	1	...	...	1	...	...	...	1
Pengam	1	1	...	...	1	...	1	2
New Tredegar	3	1	...	2	2	1	1	5	
Hollybush	1	...	...	1	...	...	...	1
Blaenavon									
Blaenavon	18	5	6	7	6	1	5	24	
Caerleon.	...	...	...	...	...	...	...	...
Chepstow									
Chepstow	4	...	...	4	1	...	1	5

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				OTHER T.B. DISEASES.				Total.
	Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
		Pos.	Neg.			Pos.	Neg.		
RURAL.									
Abergavenny									
Llantilio Pertholey ...	1	1	...	...	...	...	...	...	1
Forest Coal Pit ...	...	...	...	...	1	...	...	1	1
Llandewi Rhydderch ...	1	...	...	1	...	...	...	...	1
Chepstow									
Caldicot ...	2	...	...	2	1	...	...	1	3
Magor.									
Caerleon Village ...	1	...	1	...	...	...	...	...	1
Bishpool ...	1	...	1	...	...	...	...	...	1
Christchurch Road, Newport ...	...	...	...	...	1	...	...	1	1
Christchurch ...	1	1	...	...	...	...	...	...	1
Nash ...	...	...	...	...	1	...	...	1	1
Magor ...	1	...	...	1	2	...	...	2	3
Redwick ...	...	...	...	...	1	...	...	1	1
Monmouth									
Tregare ...	2	...	...	2	...	...	...	...	2
Dingestowe ...	1	...	...	1	...	...	...	...	1
Newcastle ...	1	...	...	1	...	...	...	...	1
Maypole ...	1	...	...	1	...	...	...	...	1
Llandenny ...	1	...	...	1	...	...	...	...	1
Raglan ...	1	...	...	1	...	...	...	...	1
Crafty Air, Pontrilas ...	1	...	...	1	...	...	...	...	1
Pontypool.									
Glascoed ...	1	...	...	1	1	...	...	1	2
Croesyceiliog ...	2	1	...	1	1	...	...	1	3
Upper Goytre ...	1	1	...	...	...	...	...	...	1
St. Mellons.									
Newport ...	7	2	3	2	4	...	...	4	11
Rogerstone ...	6	3	2	1	...	...	...	...	6
Rhiwderin ...	2	2	...	...	...	...	...	...	2
Marshfield ...	1	...	...	1	...	...	...	...	1
Bassaleg ...	2	...	...	2	...	...	...	...	2
Rumney ...	2	1	...	1	1	...	1	...	3
Coedkernew ...	2	...	1	1	...	...	...	...	2
Castleton ...	2	...	2	...	...	...	...	...	2
Malpas ...	1	...	...	1	...	...	...	...	1
Totals ...	371	129	110	132	166	7	27	132	537

As the result of a discussion at a meeting of the County Tuberculosis Committee upon the incidence of Tuberculosis in the various districts, the County Medical Officer arranged for a general survey to be made of the incidence of Tuberculosis and the environmental conditions of each notified case during the six months ended 31st December, 1930. Each of the Local Authorities was circularised with a view to obtaining the necessary information for the completion of the Report. The following are the reports of the Tuberculosis Physicians upon the home conditions, etc., of these cases:—

1.—DR. J. L. THOMAS, West Monmouthshire Area.

In order to assist us in making a general survey of, and report on the incidence of Tuberculosis in the County of Monmouth, the County Medical Officer of Health arranged that Form T. 1. (Wales), which contains full information with regard to the home conditions, and financial circumstances of each notified case of Tuberculosis, should be filled in by each constituent local Health Authority and supplied to us. [We have received these forms for all the cases notified during the second half of the year 1930, and the facts obtained therefrom have been tabulated, and are herewith appended. In the ordinary course of our Area work, the contacts to all infected cases are examined in their homes, and we are thus able to judge of the home conditions, and the manner of living of patients and relatives.

The additional evidence contained in Form T.1. is most important, and it will be a great advantage if we are regularly supplied with it in every case in the future. Moreover, the authoritative visit of the Sanitary Inspector for the purpose of filling the form, cannot but be productive of good. We are thus able to judge to what extent poor or bad housing, overcrowding and financial privation contribute to the spread of Tuberculosis. While it is now generally admitted that more or less prolonged contact with infective cases is the chief cause of its incidence, we cannot leave out of consideration the lessened power of resistance to disease which generally results from an unfavourable environment.

During the year 1930, there has been a definite increase in the incidence of Tuberculosis in Ebbw Vale, Abertillery and Bedwas and Machen, but one must not forget that anxiety as to the economic conditions in these places must have had a definite effect in reducing the power of resistance to disease.

With regard to the general incidence of Tuberculosis, we are able to trace the cause of infection in most of the cases, and with increasing inter-communications between countries and counties this will become less difficult, but this progress is retarded by the unexpected occurrence of the disease in adult people, hitherto quite healthy, who have had their early infection,

—probably in infancy or childhood, and while possibly living in another county—suddenly reawakened by an attack of epidemic Influenza.

A recent instance will make this plain. That of a miner, 41 years of age who had always enjoyed good health until an attack of Influenza—during the recent epidemic—laid him by; and induced his doctor to send him to our clinic where he was found to be suffering from Pulmonary Tuberculosis. Close questioning elicited the fact that his mother, whom he did not remember, died of "galloping consumption."

And we are face to face with the problem of stemming the attack of the disease amongst young miners and domestic servants. Most of these have passed through school life without hindrance from disease, but the strain and stress of commencing wage-earning has found out their liability to Tuberculosis, and they have become early victims.

The appended table, which is drawn up from the information contained in the Forms T.1. (Wales), enables us to conclude:—

1. That a very large proportion of the areas of Tuberculosis occur in homes in which the conditions are good or fair, and this confirms our experience in our visits to examine the contacts of definite cases.
2. That overcrowding and privation have not had much influence on the incidence of Tuberculosis or the death rate from that disease.
3. That the incidence of the disease is gradually being checked and controlled.

District Council.	Population.	T.B. Death-rate.	Notified cases, 1929. 6 months	Notified cases, 1930. 6 months	Home Conditions.	Over-crowding	Habitual Privation
Abercarn ...	20,960	.62	0	10	Good 10	0	0
Abertillery ...	32,840	.70	22 P. N.P. 14 8	14 (11)	Good 9 Fair 3 Bad 2	1	1
Bedwas and Machen ...	9,674	1.13	38 P. N.P. 24 14	22 (19) 3 not seen by us, and left district.	Good 13 Fair 5 Bad 1	3	0
Bedwellty ...	31,710	.79	56 P. N.P. 50 6	21 (28)	Good 10 Fair 7 Bad 2	—	3
Ebbw Vale ..	33,610	.80	74 P. N.P. 53 21	21 (37)	Good 9 Fair 11 Bad —	7	5
		1 Case diagnosis changed to Non-T. B.					
Mynyddislwyn	16,720	1.01	34 P. N.P. 27 7	10 (17)	Good 4 Fair 6 Bad —	1	2
Nantyglo and Blaina ...	14,760	.61	17 P. N.P. 16 1	5 (8½)	Good 3 Fair 1 Bad 1	—	1
Rhymney ...	11,240	.88	15 P. N.P. 10 5	3 (7)	Good 2 Fair 1 Bad —	0	0
Risca ...	17,270	.98	58 P. N.P. 39 19	1 (29)	Good 1	0	0
Tredegar ...	24,280	.74	88 P. N.P. 69 19	31 (44)	Good 14 Fair 6 Bad 4	5	2
		7 patients in Ty Bryn Infirmary.					
		County. .80					

2.—DR. A. CARVETH JOHNSON, East Monmouthshire Area.

In order to investigate the relative incidence of Tuberculosis in the different districts it has been necessary to consider each Sanitary area separately and compare the number of cases of Tuberculosis notified with the population in each district. This, with many other details, has been given in tabular form.

It is seen that some districts appear to have more Tuberculosis than others, yet when the population is considered it is found that it is relatively less. The number of cases of Tuberculosis notified to the Medical Officer of Health for each district is the gross number and is found to include cases of already existing Tuberculosis previously notified in other districts who have moved into the particular district. A column is, therefore, included giving the number of new cases arising in each district. The rate of incidence of Tuberculosis in each district has been worked out per 1,000 population so that it can be compared with the death rate. It is usually considered that the incidence rate should be anything up to five times the death rate. Actually for the whole area it is only $1\frac{1}{4}$ times the death rate and only in one district is it more than twice the death rate. This certainly suggests that Tuberculosis is not increasing.

According to the Tuberculosis Regulations, the Medical Officer of Health for each District is obliged to have completed and transmitted to the Tuberculosis Officer, the form known as T.1. (Wales), which gives full particulars of housing conditions and general circumstances in each case. It is greatly regretted that in the past this form has not been supplied, but for this enquiry the County Medical Officer has obtained and sent to the Tuberculosis Officer the form in respect of every case notified during the period of the enquiry.

It is found that the housing conditions are far more favourable than was expected. Only in the Abersychan area is there an appreciable amount of bad housing while there is surprisingly little over-crowding. It has been very much more difficult to ascertain whether the economic conditions are satisfactory. The average weekly sum going into the house has been found where possible. In many cases, of course, relief is given by the Public Assistance Committee. It is only possible to judge from the Sanitary Inspector's and Tuberculosis Officer's observations as to whether there is any real privation. In only three cases was there any definite evidence of this, which, considering the present industrial condition, is remarkable. In these cases there is no evidence whatever that they developed Tuberculosis because they were suffering privation and in these and other cases where the income was hardly adequate, it was found that this was because the breadwinner was incapacitated by Tuberculosis. It is, of course, very well known that this disease is a potent factor for producing poverty.

In at least 9 cases in the area the onset of Tuberculosis took place while the patient was working away from home. Infection may have taken place in some other part of the country in some of these, but in most cases it seems clear that they were already infected and the disease developed when they started hard work away from their own homes. The Abersychan area is rather remarkable in that, in 13 out of the 20 cases, the source of infection seemed clear. They had all been in contact with a known case of Tuberculosis. Tuberculosis is undoubtedly an infectious disease, and as far as is known at present, infection generally takes place in childhood and the disease develops later. With prompt notification and careful supervision of every case of Tuberculosis it is hoped that the disease can be prevented from spreading.

Considering the general trade depression the position as regards Tuberculosis in the area is not as bad as might be expected.

URBAN AREAS.

Area.	Popu- lation.	Notifications.			T.B. Death Rate per 1,000, 1929.	Incidence Rate per 1,000, 1930.	Housing.			Overcrowding	Evidence of Privation.
		July-Dec., 1929.	July-Dec., 1930.	Excluding inward trans- fers and cases notified in error.			Good	Fair	Bad		
Abergavenny	8,647	—	3	3	1.40	.69	3	—	—	0	0
Abersychan ..	28,490	17	20	20	.66	1.40	12	3	5	4	1
Blaenavon ...	11,950	40	7	4	1.08	.68	5	1	1	2	0
Caerleon ...	2,581	—	—	—	.38	—	—	—	—	0	0
Chepstow ...	4,263	3	7	5	.93	2.34	6	1	—	0	0
Llanfrechfa Upper ...	4,682	7	4	3	1.71	1.28	3	1	—	0	0
Llantarnam ..	7,923	7	5	5	.88	.88	3	2	—	0	0
Monmouth ...	4,994	1	2	2	1.00	.80	2	—	—	0	0
Panteg ...	11,730	4	6	4	.68	.68	2	3	1	0	0
Pontypool ...	7,200	4	6	4	.41	1.11	4	—	2	1	0
Usk ...	1,376	2	—	—	1.45	—	—	—	—	0	0

RURAL AREAS.

Abergavenny	9,208	1	3	2	.32	.43	3	—	—	0	0
Chepstow ...	8,877	10	4	3	1.22	.67	2	2	—	1	0
Magor ...	6,579	2	6	2	.76	.60	6	—	—	0	0
Monmouth ...	6,562	2	3	2	.30	.69	2	1	—	0	0
Pontypool ...	5,184	2	4	4	.77	1.54	3	—	1	0	0
St. Mellons ..	16,330	9	15	11	.85	1.34	10	5	—	0	1
Total Rural Areas ...	52,740	26	35	24	—	.91	26	8	1	1	1
Total Urban Areas ...	93,836	99	60	50	—	1.06	40	11	9	7	2
Total, East Monmouth- shire Area ...	146,576	125	95	74	.80 for whole County.	1.00	66	19	10	8	3

The reports of the Tuberculosis Physicians for the year ended March 31st, 1931, are as follows:—

West Monmouthshire Area. (Dr. J. L. Thomas)

TIME TABLE.

Abertillery	...	85, Queen Street	...	Every Wednesday at 11 a.m.
Blaina	...	Council Buildings	...	1st and 3rd Wednesdays at 11 a.m.
Ebbw Vale	...	Central Surgery	...	Every Tuesday at 11 a.m.
Pengam	...	Post Office Chambers	...	1st and 3rd Mondays at 11 a.m.
Pontllanfraith	...	Tuberculosis Institute Llanarth Road	...	Every Monday at 10.30 a.m. Every Friday at 10.30 a.m. Orthopædic Clinic, 3rd Tuesday at 2.30 p.m.
Risca	...	6, Mary Street	...	2nd and 4th Fridays at 10 a.m.
Rhymney	...	Central Surgery	...	2nd Monday at 12.30 p.m.
Tredegar	...	Central Surgery	...	Every Thursday at 12 o'clock
Trethomas	...	Dr. Cecil Davies' Surgery	...	4th Monday at 12.30 p.m.

Return showing the work of the Area during the year 1930.

Diagnosis	Pulmonary				Non-Pulmonary				Totals				
	Adults		Children		Adults		Children		Adults.		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. New cases examined during the year (excluding contacts)—													
(a) Definitely tuberculous	90	82	6	2	26	23	27	14	116	105	33	16	
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	121	136	92	95	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	169	181	126	121	
B. Contacts examined during the year:—													
(a) Definitely tuberculous	2	5	—	1	—	1	1	1	2	6	1	2	
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	7	10	13	13	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	82	146	86	94	

Number of consultations with Medical Practitioners:—(a) at homes of applicants, 40; (b) otherwise, 584.

Number of other visits by Tuberculosis Officer to homes, 713.

Number of visits by Nurses or Health Visitors to homes for dispensary purposes, 1,841.

Number of (a) Specimens of sputum, etc., examined, 867; (b) X-ray examinations made in connection with dispensary work, 239.

Number of attendances at the dispensaries and visiting stations, 5,564.

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, i.e., over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	346	42	48	101	93	12	50
Women ...	351	40	42	119	103	21	26

Analysis of Column 7 (b), giving diagnosis arrived at:—

<i>Men.</i>			<i>Women.</i>		
Silicosis ...	...	15	C.V.D. ...	...	13
Gastritis ...	...	1	Bronchitis ...	...	11
Bronchiectasis ...	...	10	Rheumatism ...	...	1
C.V.D. ...	...	11	Nas. Ph. Catarrh ...	...	1
Ch. Bronchitis ...	...	12			
Neurosis ...	...	1			

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	60	5	21	15	17	—	2
Women ...	71	6	17	14	26	—	8
Boys ...	90	—	27	17	41	—	5
Girls ...	44	4	10	6	20	—	4

Analysis of Column 7 (b), giving diagnosis arrived at:—

Men.	Women.	Boys.	Girls.
Trauma 1	Sacro iliac	Perthe's disease 1	Tonsillitis ... 2
Carcinoma 1	disease 1	C.V.D. ... 3	Colic and
	Nephritis ... 3	Otitis media 1	Bronchitis 1
	Rheumatoid		Rheumatism... 1
	arthritis ... 1		
	Syphilis ... 3		

GENERAL OBSERVATIONS.—The total number of new cases examined during the year was 1,773, an increase of 24 over last year's total. The percentage of definite cases was 20.2 as compared with 15.5 in 1929, and more approximates to that of 19.6 in 1928.

Of the total number, 462 were those of Contacts to definite cases, a decrease of 138 from last year's total. The percentage of definite cases is 2.4, as compared with 5.15 in 1929, and 7.4 in 1928. This low percentage must be only understood as indicating the number requiring treatment, for a much larger number, definitely infected, are kept under observation. The general incidence of this disease will be referred to later.

There has been an increase of 55 in the number of attendances at our dispensaries. The Institute at Pontllanfraith has fairly justified its existence; for more than one third of the total of new cases has been seen there, and the same proportion will apply to the number of attendances.

The amount of work done at the Institute makes the installation of an X-ray plant very desirable in every way. 239 patients were sent to Newport Institute for X-ray examination of the chest, as compared with 155 in 1929.

As the weeks go by, this Institute is becoming more and more a centre for the diagnosis of dust disease in miners, and the relationship of this disability to tuberculosis bids fair to become of increasing interest.

During the year there has been a marked increase in the number of attendances at Dr. Brownlee's Orthopædic Clinic.

The number of sputum examinations has increased from 818 to 867.

As regards institutional treatment, there is not much delay in getting pulmonary cases into hospital or sanatorium, but the admission of patients for surgical tuberculosis is still marked by an unfortunately too long delay.

Occupations and Tuberculosis.

Population of West Monmouthshire Area	...	...	195,794
Miners and Underground Labourers	...	...	31,086
Surface Workers at the Mines	...	...	4,881
Steel and Tin Workers, and other mechanical trades	...	...	5,000
(approx.)	...	...	5,000

Various Occupations of "New Cases" examined in 1930.

Miners and Underground				Nurses	4
Labourers	329			Masons and Bricklayers ...	3
Housewives	205			Painters and French Polishers	3
Domestic Servants	92			Insurance Agents	3
Steel and Tin Workers, and other mechanical occupations	62			Milkmen	2
Single Females living and working at home	48			Postmen	2
Farm Labourers and other outdoor occupations	22			Dressmaker, Laundress, Railway Guard, Clergyman, Baker, Pianist, Mining Surveyor,	} 1 each
Shop-Assistants	18			Butcher, Boot-repairer,	
Clerks	8			Dentist, Soldier	
Teachers	5				
Carpenters	5				

The following is a table showing the number of definite cases of tuberculosis—pulmonary and non-pulmonary—which were diagnosed after examination of the new cases in 1930 which occurred in the five occupations providing the greatest numbers. For contrast, the numbers of certified deaths in 1930 in the same classes, and at the same ages, are also shown.

Age groups	15-20		20-25		25-35		35-45		45-	
	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.
Miners (329 examined)	10	6	13	1	10	5	7	1	13	3
	16		14		15		8		16	
Mortality, 1930 ...	3		5		13		6		14	
Age groups	15-20		20-25		25-35		35-45		45-	
	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.
Housewives (205 examined)	1	—	9	4	16	2	9	—	4	2
	1		13		18		9		6	
Mortality, 1930 ...	—		1		12		6		8	
Age groups	15-20		20-25		25-35		35-45		45-	
	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.
Domestics (92 examined)	9	1	10	4	5	1				
	10		14		6					
Mortality, 1930 ...	3		8		7					
Age groups	15-20		20-25		25-35		35-45		45-	
	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.
Females at home (48 examined)	2	2	5	—	2	1	—	1		
	4		5		3		1			
Mortality, 1930 ...	8		7		2		1			
Age groups	15-20		20-25		25-35		35-45		45-	
	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.	P.T.	N.-P.T.
Steelworkers and other mechanical trades (62 examined)					2	—	1	—	2	—
					2		1		2	
Mortality, 1930 ...					1		—		—	

It is notoriously unsafe to juggle with figures, and to generalise is often to walk on thin ice; but one can reasonably make the following inferences from the contents of the above table.

The dangerous occupations, as regards the incidence of tuberculosis, are those of Miners, Housewives, and Domestic Servants.

The years of greatest danger in the Housewives' class are those of the child-bearing period, and the risk diminishes in the later years.

The Miners and Domestic fall victims in the years of their "start in life," and the disability begins with the experience of "working for a living." If they survive, the Domestic become merged in the Housewife class, with little better prospect.

The lot of the Miners does not improve with the passing of years, and the incidence of tuberculosis comes up with a flourish in the later decades.

The occupation of coal-mining has, in the past, been considered to be one less liable to this disease, and the protective influence of coal dust has been urged. It is, however, difficult to entertain this opinion when we note how quickly the young miner develops his disease, and how closely it grips him in later years. Until recent years, the mining industry has been one of the steady and well-paid occupations, and this fact may account for the alleged lesser incidence in Miners than in other occupations.

In the case of young Domestic, the fact of going away from home, with all that that implies, must be remembered, and we must bear in mind that Domestic have no strong trade union to safeguard them, as, for example, the Shop Assistants and Teachers have. Whatever may be the cause, one finds that their resistance to disease breaks down after even a few months sojourn in London or other great centres.

Towards the end of the year we were asked by the County Tuberculosis Committee to report on the incidence of tuberculosis in the County of Monmouth. For our assistance, the County Medical Officer of Health obtained a copy of Form T.1. for each notified case in all the various urban and rural districts during the second half of the year 1930. From a sociological point of view, the information contained in these forms was very interesting—"Good" or "Fair" home conditions were said to prevail in the majority of the cases, and a very small proportion of the homes were said to be "Bad" in this respect.

In two only of the districts in my Area was there evidence of overcrowding as recorded by Form T.1. These were Tredegar and Ebbw Vale. Habit-

ual privation was very seldom mentioned, and here again the number, although very small, was greatest in Ebbw Vale. These facts are a confirmation of the information we have received by our examination of Contacts to definite cases when visited in their homes.

As regards the general incidence of tuberculosis, the figures relating to our work show a definite increase of the disease during the year 1930 in three of the districts, *viz.*, Ebbw Vale, Abertillery, and Bedwas and Machen. But no definite reasons have been forthcoming to account for the increase, and we can only mention economic unrest as a probable cause of lessened resistance to disease.

The number of War Pensioners is steadily decreasing, but one notes with interest that several old cases have become "definite" by showing a positive sputum after years of "negative" findings.

During the year, the District Nurses have paid 1,841 visits to patients whom we have called to their notice, and we are glad to find that arrangements are in train for a still better service. Quite recently, an After-care Committee has commenced to function at Blaina, and one hopes that this solitary example will be followed by others in the Area. Return to the old environment very soon, alas, brings recurrence of the disease, which has been quieted down in hospital or sanatorium, and any measures which will improve the home conditions will be welcomed. Money grants-in-aid must be forthcoming before an efficient After-care scheme can be brought into being. The building of new cottages is not likely to help if the tuberculosis patients are still confined to the old and infected one, and carefully kept out of the more modern and hygienic habitations.

Sincere thanks are due to P. T. Jenkins, Esq., H.M. Inspector of Mines, for providing us with the statistics relating to miners.

STAFF.—As in past years, Dr. Frank Wells as Assistant, and Miss Elizabeth Williams as Tuberculosis Sister, have given of their best, and the clerical work has been well done by Miss Joan Thomas in her first year of office.

It gives me great pleasure to acknowledge the cordial relationship which has without exception existed between the General Practitioners and ourselves, and also to be witness to the unfailing courtesy and help of the County and District Health Officers.

TIME TABLE.

East Monmouthshire Area. (Dr. A. Carveth Johnson).

Newport	...	4, Palmyra Place	...	Mondays, 10 a.m. and 2.30 p.m. Wednesdays, 10 a.m. and 2.30 p.m. Fridays, 10 a.m. 2nd Friday in each month, 10 a.m. Orthopædic Clinic Saturday, 10 a.m. to 1 p.m.
Pontypool	...	Park Buildings	...	Tuesdays, 10 a.m. and 2 p.m. Thursdays, 10 a.m.
Chepstow	...	Tycastroggy, Moor Street	...	Fridays, 2.30 p.m.
Abergavenny	...	Y.M.C.A. Buildings	...	2nd and 4th Thursdays at 2.30 p.m.
Monmouth	...	Out-Patients' Depart- ment, Cottage Hospital	...	1st and 3rd Fridays at 12 noon.

Return showing the work of the Area during the year 1930.

Diagnosis	Pulmonary				Non-Pulmonary				Totals				
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. New cases examined during the year (excluding contacts)—													
(a) Definitely tuberculous	96	108	10	8	18	32	26	23	114	140	36	31	
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	151	181	184	131	
B. Contacts examined during the year:—													
(a) Definitely tuberculous	1	3	—	1	—	1	—	1	1	4	—	2	
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	108	196	188	175	

Number of consultations with Medical Practitioners:—(a) at homes of applicants, 33; (b) otherwise, 827.

Number of other visits by Tuberculosis Officer to homes, 1,082.

Number of visits by Nurses or Health Visitors to homes for dispensary purposes, 3,209.

Number of (a) Specimens of sputum, etc., examined, 592; (b) X-ray examinations made in connection with dispensary work, 804.

Number of attendances at the dispensaries and visiting stations, 5,046.

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, *i.e.*, over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	231	51	45	11	86	5	33
Women ...	270	62	44	14	112	2	36

Analysis of Column 7 (b), giving diagnosis arrived at:—

Men.

Women.

Healthy ...	5	Pneumonia ...	1	Healthy ...	2	Bronchitis ...	4
Rheumatism	1	Gastric ulcer	1	Ch. constipation	1	Heart disease	8
Heart disease	6	Nasal		Empyema	1	Nasal	
Bronchitis ...	4	obstruction	3	Ch. appendix	1	obstruction	1
Adenoids and		Old empyema	3	Ch. pharyngitis	2	Asthma ...	1
pharyngitis	2	Aneurism	2	Anaemia ...	2	Ch. Nas. Ph.	
Laryngitis ...	1	Silicosis ...	3	Gastric ulcer	1	Cat. ...	1
Osteo arthritis of		Thyroid ...	2	Gastritis ...	4	Enlarged tonsils	1
spine ...	1	New growth	2	Laryngitis ...	1	Tonsillitis	2
		Emphysema	1	Neurasthenia	1	Adenoids ...	1
						New growth ...	1
						Bronchiectasis	1
						White leg ...	1

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	34	1	17	3	6	—	7
Women ...	51	2	30	2	5	—	12
Boys ...	54	5	20	4	12	—	13
Girls ...	46	2	21	—	9	—	14

Analysis of Column 7 (b), giving diagnosis arrived at:—

Men.	Women.	Boys.	Girls.
Trauma ... 2	Acute rheumatism 1	Tonsils and adenoids ... 3	Ganglion ... 1
Malignant disease ... 1	Appendicitis 1	Sepsis ... 1	Tonsils ... 4
Furunculosis 1	Syphilis ... 3	Enl. glands, non-T.B. ... 1	Worms ... 1
Abscess after trauma ... 1	Trauma ... 2	Birth palsy ... 1	Trauma ... 1
Osteomyelitis 1	Ch. constipation 1	Septic abscess 2	Osteomyelitis 1
Sarcoma ... 1	Septic abscess 2	Sarcoma ... 1	Septicaemia 1
	Osteomalacia 1	Enl. glands, post-diphtheric 1	Periostitis ... 1
	Tonsillar infection 1	Perthe's disease 1	Acute abscess 1
		Old fracture elbow ... 1	Glands, non-T.B. 1
		Septic glands 1	Cong. cerebral diplegia ... 1

In 1930 there was only a very slight increase in the number of new patients—1,641 having been examined, there being 967 new cases and 674 Contacts. This is 23 fewer cases, but an increase of 38 Contacts. The number of those found to be suffering from active tuberculosis has diminished by 28. 33 per cent. of ordinary new cases, and 1 per cent. of Contacts, were diagnosed as having active tuberculosis. As has been pointed out in previous years, the latter figure is somewhat misleading, as only those Contacts needing treatment have been diagnosed as tuberculous and notified. A very large percentage are undoubtedly tuberculous, giving positive reactions to tuberculin tests, etc., and are being kept under observation. Too much attention cannot be drawn to the importance of Contact examination. Although active tuberculosis is found in very few cases at the first examination, and it is not possible to have all Contacts up for re-examination at regular intervals, yet much can be done by giving advice about avoiding infection, and all Contacts are strongly advised to attend again or to see their own doctor at the slightest indication of ill health.

It is probable that casual infection is responsible for few cases of tuberculosis—home infection in infancy or childhood being responsible for the bulk of adult tuberculosis. As far as the ultimate abolition of tuberculosis is concerned, it seems more important to deal with the family than with the individual case of tuberculosis.

In the table relating to Contact examination, it will be noticed that 328 cases diagnosed as tuberculous during the year, no Contact was examined to 141 of them. This is not quite as bad as it seems, as many of these were already Contacts, and there were no more in the family to be examined. In every case, either the home was visited or the Contacts were invited to attend at the nearest visiting station. In a few cases there were no Contacts. In the others, examination was refused.

TABLE SHOWING THE AMOUNT OF WORK DONE IN THE LAST THREE YEARS AS COMPARED WITH TEN YEARS AGO.

Year.	Total No. of Cases.	Cases referred.	Contacts.	New Cases found T.B.	Contacts found T.B.	No. of Contacts per new case T.B.
1920-21 ...	800	525	231	250 47.6%	25 10.8%	.92
1928 ...	1,560	1,066	494	392 36.7%	18 3.6%	1.26
1929 ...	1,626	990	626	334 33.7%	25 3.9%	1.9
1930 ...	1,641	967	674	320 33.0%	7 1.0%	2.1

The increased number of patients seen recently, as compared with ten years ago, does not indicate that there are more cases of tuberculosis, but that a far greater proportion of the cases are now referred to the Tuberculosis Officer. It will be noted that the number of tuberculosis cases is now rapidly falling.

The number of new cases notified in Newport in 1930 was 193, while only 152—78 per cent. of the notified cases—were seen by the Tuberculosis Officer. In East Monmouthshire, 180 cases were notified to the County Medical Officer, and 169—94 per cent.—were seen by the Tuberculosis Officer.

While several cases died before or very soon after notification, and a few did not desire public medical treatment, the figure is much too low. There is no reason why at least 95 per cent. of notified cases should not be seen by the Tuberculosis Officer.

A very large number of cases of enlarged glands are referred to the Tuberculosis Clinic; in many cases they are due to enlarged tonsils, carious teeth, etc.; but a considerable number are undoubtedly tuberculous glands. Pus aspirated from the glands is sent, in every case, to the County Laboratory, and a surprisingly large number of the specimens are found to contain tubercle bacilli. The number of cases of tuberculous peritonitis referred seems rather high. Many have been referred from the Royal Gwent and Pontypool Hospitals after operation, at which undoubted evidence of tuberculosis has been found. Apart from this, there is no doubt that surgical tuberculosis is decreasing, particularly the bone and joint cases. The surgical clinics held by Dr. Brownlee once a month are well attended and greatly appreciated. The arrangements made for promptly admitting cases for minor operations to Glan Ely for a day or week-end have been of the greatest assistance—undoubtedly saving many weeks treatment at a later stage.

In the third quarter of the year the Medical Officer of Health for Newport reported that there were no deaths from non-pulmonary tuberculosis—" a unique experience for Newport."

From figures published in June, 1930, it appeared that only 66 per cent. of cases on the Medical Officer of Health's notification register were on the Tuberculosis Officer's register in Monmouthshire. During the year, the registers of the Medical Officers of Health for the seventeen districts in the East Monmouthshire Area were compared with the Tuberculosis Officer's register of patients for the districts, and in nearly all cases there was found close agreement. In two districts there was a large number of names of patients unknown to the Tuberculosis Officer on the register of the Medical Officer of Health, but on investigation, most of these were found to be dead or to have left the district. It is hoped to carry out this comparison at regular intervals.

The table relating to deaths suggests that patients are at last coming before the disease gets very advanced. In 1929, nearly 32 per cent. of patients who died from tuberculosis died within three months of being seen by the Tuberculosis Officer, while only 42 per cent. of those dying had been seen by the Tuberculosis Officer more than twelve months before death. In 1930, of those who died, 14½ per cent. died within three months of first being seen by the Tuberculosis Officer, while 51 per cent. had been seen more than twelve months before death.

The X-ray apparatus has now been working for over a year, and has been of the greatest assistance in diagnosis. Incidentally, it may be said that several patients, after a diagnostic examination, have stated that they " felt much better after having the X-rays " ! X-ray examination can never replace ordinary and sputum examinations, but it certainly enables a complete survey of the case to be made very much more quickly. For bone and joint cases, X-ray examination is essential.

All X-ray examinations for the West Monmouthshire Area are made at the Newport Institute.

Towards the end of the year, arrangements were made for artificial pneumothorax refills to be given at the Newport Institute. Formerly, patients had to go to Cefn Mably Hospital for this purpose, and the new arrangements are much appreciated. It is not intended that this form of treatment shall be begun except in hospital or sanatorium.

There are still no Care Committees in this Area, although there is a prospect of such committees being formed in the East Monmouthshire part of the Area in the near future.

The staff now consists of the Tuberculosis Officer, the Assistant Tuberculosis Officer, Dr. F. W. Godbey, and a part-time assistant, Dr. Iris Meacock. Sister M. L. Johnson, who acts as Surgical Sister for the whole Area and the ordinary Area work for East Monmouthshire only. Sister Oldfield, who is the Newport Corporation Health Visitor and who attends the Newport Institute. Miss C. Richards, now Clerk at Newport, after acting for many years in the West Monmouthshire Area.

The Institute and visiting stations remain the same. There appears to be no need for others, in fact, the attendance at the Chepstow Visiting Station hardly justifies its continuance. So far, however, it has not been possible to make other arrangements.

Thanks are due to the Medical Officers of Health of Newport and the County, to the School Medical Officers, and all the General Practitioners for their continued co-operation and assistance.

The following is the report of Dr. William Davies, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st December, 1930.

Return showing the extent of Residential Treatment during the year ended 31st December, 1930.

			In Institution on January 1.	Admitted during year.	Discharged during year.	Died in Institution.	In Institution on Dec. 31.
Number of Patients.	Adults.	M.	54	155	119	25	65
		F.	35	122	95	19	43
	Children.	M.	8	3	10	—	1
		F.	11	8	15	2	2
Number of Observation Cases.	Adults.	M.	2	6	8	—	—
		F.	1	3	4	—	—
	Children.	M.	—	—	—	—	—
		F.	—	1	1	—	—
TOTAL ...		111	298	252	46	111	

Table showing results of treatment of Patients and of Observation Cases discharged during the year 1930.

Classification on Admission to Institution.		Number Discharged.											TOTAL		
		Quiescent			Improved			No Material Improvement			Died				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.		Ch.	
Patients, i.e. Definitely T.B.	Pulmonary Cases.	T.B. Minus ...	—	—	—	30	23	14	8	7	1	1	4	—	88
		T.B. Plus :—													
		Group 1 ...	—	—	—	2	—	—	—	—	—	—	—	—	2
		Group 2 ...	—	—	—	29	17	—	3	6	—	—	—	—	55
	Group 3 ...	—	—	—	22	19	1	24	23	4	24	15	2	134	
	Non-Pulmonary Cases.	Bones & Joints ...	—	—	—	—	—	1	—	—	—	—	—	—	1
		Abdominal ...	—	—	—	—	—	1	—	—	1	—	—	—	2
		Other Organs ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Peripheral Glands ...		—	—	—	1	—	1	—	—	—	—	—	—	2	
TOTALS ...	—	—	—	84	59	18	35	36	7	25	19	2	285		
Observation Cases for Diagnosis.		Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous							
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.					
		3	3	1	3	1	—	2	—	—				13	
GRAND TOTAL ...												298			

NUMBER DISCHARGED.—Fit for light work, 1; fit for school, 10; left before, completion of treatment, *i.e.*, at own request with permission, left against advice, or discharged for disciplinary reasons, 81; number transferred to other institutions, 56.

ARTIFICIAL PNEUMOTHORAX.—Inductions, 3; refills, 105.

X-RAY DEPARTMENT.—In-patients: screenings, 359; radiographs taken, 254. Out-patients: screenings, 86; radiographs taken, 66.

DENTAL TREATMENT.—Extractions, 53.

SPECIAL EXAMINATIONS.—Wassermanns taken, 9.

GENERAL OBSERVATIONS.—From a study of the above table, it will be seen that the total number of cases treated during the year 1930 was 409, of whom 298 were discharged, leaving 111 under treatment on December 31st, 1930. Of the patients shown as admissions, 7 are included twice, owing to their admission in the first instance as observation cases, and, after completion of diagnosis, being entered as tuberculous patients. Six observation cases were discharged as showing no definite evidence of active disease.

The number of patients admitted is less than that in previous years, the average number of beds occupied throughout the year being 101.43. This is due to having to close down 22 beds in the women's ward for a period of nearly six months while the roof was being repaired.

The type of case admitted was, if anything, worse than that of previous years, and of the total number of pulmonary cases 11 per cent. were classified as early, 39.60 per cent. as intermediate, and 49.40 per cent. as advanced. The sputum contained tubercle bacilli in 68 per cent. of these cases, and the daily average of the number of patients confined to bed was 74.70 per cent., as against 64.70 per cent. for the previous year. In my report for 1926, it was pointed out that the largest number of cases admitted the previous year were between the ages of 15 years and 25 years. There has been no change during the subsequent five years. It is very significant that during the period of life when one would expect to find early cases of pulmonary tuberculosis, such a large number are found to be hospital type cases. For the majority of patients in this age group give a history of an acute onset, and have frequent extensive bilateral disease. There is no difference between the sexes in this respect; and this young adult type of case is the most serious problem with which the tuberculosis service has to deal. It appears to suggest that this is the grim harvest of an infection sown in childhood or adolescence, and its prevention is a problem which demands a concentrated research for its solution. With regard to the curve for women patients, no unmarried woman was admitted over the age of 35 years, hence the portion of the curve after the 30-35 age group represents married women only.

A further analysis of the 400 cases was made, and they were tabulated according to their occupations, and whether their sputum was positive or negative.

Occupation.	Total T.B. T.B.			Occupation.	Total T.B. T.B.		
	No.	Plus.	Neg.		No.	Plus.	Neg.
Miners ...	79	50	29	Brought forward ...	340	222	118
Married Women ...	72	54	18	Engineers and Firemen	12	11	1
Domestic Servants ...	38	24	14	Drivers ...	10	6	4
Metal Workers ...	34	24	10	Factory Workers ...	8	7	1
School Children ...	30	11	19	Young Men at home	7	3	4
Young Women at home	27	13	14	Hairdressers ...	6	4	2
Building Trade ...	16	10	6	School Teachers ...	5	3	2
Labourers ...	15	13	2	Seamen ...	5	4	1
Shop Assistants ...	15	13	2	Postmen ...	3	1	2
Clerks ...	14	10	4	Nurses ...	2	1	1
				Soldiers ...	2	2	—
Carried forward ...	340	222	118	Total ...	400	264	136

The miners were the largest number dealt with, and married women come next on the list. These two groups were further analysed and placed in their respective age groups (the graphs are not shown), and the curves were similar in this respect, that the peak occurred in the age group 20-25 years. Much has been written, and a large number of experiments have been carried out with varying results, to try and prove that the inhalation of coal dust protects the miner from tuberculosis, or at least modifies the character of the disease when contracted. The analysis made shows that there is no difference in the age incidence and the type and course of the disease between young adult miners and married women. There is a fall in the number of cases of miners between the ages of 25 and 35 years, and after this age the numbers increase. Among the older miners with tuberculosis, there is increasing evidence of fibrosis due to dust inhalation, as well as tuberculosis as shown in the radiographs of their chests. It is concluded from this analysis that the young miner is not protected from tuberculosis by the inhalation of coal dust, and that the older miner shows evidence of coniosis with tuberculosis. In so far as the miner is concerned there is reason to believe that he is quite as susceptible to contract tuberculosis as any other member of the community, when exposed to similar social hazards.

THERAPEUTIC.—During the year, treatment has continued on similar lines to those of previous years; the majority of patients having been kept at rest in bed. This is just what could be expected, when one considers the advanced type of case admitted for treatment. Only three cases were deemed suitable for treatment by Artificial Pneumothorax, and this in itself is a lucid comment on the type of case dealt with in the main in this Institution. The hopelessly advanced case has been segregated, and it is felt that some good has been

done in preventing the spread of tuberculosis in the community. One case of Tuberculous Pericarditis with effusion was admitted. This condition is sufficiently rare to merit separate comment. The effusion was aspirated, and air was introduced to replace the effusion in the pericardial sac. The result was satisfactory, and the patient was discharged with his symptoms much ameliorated.

MATERIEL.—The roof of the eastern portion of the south front of the main building has been repaired. The principal rafters and the beams, which were found to be badly affected by beetle, were replaced by steel girders.

It was found that the electrical batteries needed renewing, and it was decided to scrap the whole generating plant and to obtain electrical current from the South Wales Power Company's supply. This necessitated the rewiring of the whole Institution, as the original wiring was found to be in a bad state. Also all the direct current motors were replaced by alternating current motors.

The floor in two wards on the ground floor was badly affected by rot, and this was replaced by a new oak floor.

A steam pan has been added to the main kitchen equipment, and the original hot water urn has been replaced by a much larger one, more suitable to the requirements of an institution of this size.

The cottage at the entrance to the grounds has been taken over by the Association, and will serve as accommodation for one of the married employees.

PERSONNEL.—Dr. M. H. Mills terminated her appointment on June 30th, 1930, and Dr. Jean J. Smith was appointed to fill the vacancy.

AMENITIES.—We are again grateful to the members of the Ladies' Sewing Guild for the numerous articles of clothing they have provided for necessitous patients during the year. This is a most beneficent organisation, and during this time of severe economic depression the fruits of their labours have been more than welcome.

It is a pleasure to record the activities of our Newport friends, who have banded themselves together for the purpose of obtaining funds to provide a recreation room for the patients at this Hospital. During the year they have organised two dances at the Baths, Newport, and two tea dances at the Westgate Hotel, Newport; also in June, 1930, an American tea was held in the grounds of the Institution. Our congratulations are extended to their keen and untiring organiser, Mr. Fred Reed, for the splendid work they are doing;

and we are deeply grateful to them for the amount of labour and self-sacrifice they have exhibited in the interests of the patients.

Thanks are again due to the Merrymakers Concert Party who gave a concert at Castleton in the early part of the year in aid of the Patients' Comforts Fund.

We are again indebted to Mrs. Ormond Lewis, Llanishen, for organising a sale of work in aid of the Patients' Christmas Fund. The results of her efforts each year have contributed in large measure to the happiness of the patients at Christmas time.

On behalf of the patients, I express gratitude to Mr. Fred Reed, Newport, for the gifts he has been the means of obtaining for them each New Year. He has done this annually in times of prosperity and depression since the Hospital was opened.

A dancing display was held at the Lyceum Theatre, Newport, by the late Madame Ada Thomas, when a sum of £41 0s. 0d. was realised, which enabled us to complete the bringing up to date of the wireless apparatus. This was practically the last charitable act of one whose life was singularly rich in private and public benefactions; and we, at this Hospital, deeply regret the loss of a generous and warm-hearted friend, who endeared herself to all with whom she came in contact.

ACKNOWLEDGMENTS.—Many concert parties have entertained the patients during the year, and these concerts have been gratefully appreciated both by the patients and the staff.

Religious services have been held regularly at the Institution throughout the year, and our thanks are due to the chaplains who conducted them. We regret the loss of one of the chaplains—the Reverend Astley Richards, Rector of Michaelstone-y-Vedw, who died during the year.

To my House Committee and the Head Office Staff I am grateful for their continued support and encouragement. In conclusion, I express my appreciation of the loyal service rendered by my colleague, Dr. J. J. Smith; the Matron, Miss C. Forsdike; and the whole staff of the Institution.

TABLE 1 (Continued).

1.—Number of persons on Dispensary Register on January 1st ...	1955	10.—Number of consultations with medical practitioners:—	
2.—Number of patients transferred from other areas and of "lost sight of" cases returned ...	105	(a) At homes of applicants ...	54
3.—Number of patients transferred to other areas and cases "lost sight of" ...	151	(b) Otherwise ...	988
4.—Died during the year ...	255	11.—Number of other visits by Tuberculosis Officers to Homes ..	1526
5.—Number of observation cases under A (b) and B (b) above in which period of observation exceeded two months ...	25	12.—Number of Visits by Nurses or Health Visitors to Homes for Dispensary purposes ...	2486
6.—Number of attendances at the Dispensary (including Contacts)	7462	13.—Number of:—	
7.—Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ...	230	(a) Specimens of sputum, etc., examined ...	1120
8.—Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for:—		(b) X-Ray examinations made in connection with Dispensary work ...	530
(a) "Light" treatment ...	528	14.—Number of Insured Persons on Dispensary Register on the 31st December ...	889
(b) Other special forms of treatment ...	23	15.—Number of Insured Persons under Domiciliary Treatment on the 31st December ...	99
9.—Number of patients to whom Dental treatment was given, at or in connection with the Dispensary ...	—	16.—Number of Reports received during the year in respect of Insured Persons:—	
		(a) Form G.P. 17 ...	1
		(b) Form G.P. 36 ...	28

TABLE 2 (b).

Return showing the Extent of Residential Treatment during the year ended 31-12-30.

			In Institutions on January 1, 1930.	Admitted during year.	Discharged during year.	Died in Institutions.	In Institutions on December 31st, 1930.
Number of Patients.	Adults.	M.	74	184	152	15	91
		F.	42	135	105	17	55
	Children.	M.	26	28	30	1	23
		F.	24	21	27	1	17
Number of Observation Cases.	Adults.	M.	4	10	13	—	1
		F.	3	8	10	—	1
	Children.	M.	—	4	3	—	1
		F.	1	5	3	—	3
TOTAL ...			174	395	343	34	192

Return showing the immediate results of treatment of Patients and of observation of doubtful cases discharged from Residential Institutions during the year ended December 31st, 1930.

SANATORIUM (PULMONARY CASES).

Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment.												Total
		Under 3 months			3—6 months			6—12 months			More than 12 months			
		M	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent	...	...	...	11	5	1	3	2	6	...	...	1	29
	Improved	2	...	...	1	...	...	1	...	1	1	...	...	6
	No material improvement	...	1	...	...	1	...	...	1	...	...	...	...	3
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	...	...	...	1	...	...	...	...	...	...	...	...	1
	No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	1	...	...	2	1	...	4	5	...	1	...	...	14
	No material improvement	2	...	...	...	1	...	...	1	...	2	...	...	6
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	...	...	...	1	...	...	...	...	...	...	...	...	1
	No material improvement	...	...	...	1	2	...	...	...	...	1	...	...	4
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Observation for purpose of diagnosis.		Under 1 week			1—2 weeks			2—4 weeks			More than 4 weeks			
	Tuberculous	...	...	...	...	...	...	...	...	1	...	...	...	1
	Non-Tuberculous	...	...	...	...	...	...	...	...	...	1	1	...	2
Doubtful	...	...	...	...	...	...	...	1	...	...	...	...	1	

Patients treated (Sanatorium and Hospital) during the year ended 31st
December, 1930, at:—

	Males	Female	Totals		Males	Female	Totals
Glan Ely Hospital	67	38	105	Cefn Mably Hospital	157	134	291
Talgarth Sanatorium	73	...	73	Alton Hospital	...	1	1
Kensington Hospital	11	14	25	North Wales Surgical			
Prince of Wales Hospital	5	4	9	Block	9	8	17
West Wales Sanatorium	...	5	5				
Mardy Hospital	2	7	9	Totals	324	240	564
North Wales Sanatorium	...	29	29				

Places of residence of the above patients.

	Males	Female	Totals		Males	Female	Totals
URBAN				Risca	13	10	23
Abercarn	24	10	34	Tredegar	42	27	69
Abergavenny	11	11	22	Usk	...	2	2
Abersychan	11	16	27				
Abertillery	31	26	57	Total Urban	304	220	524
Bedwas and Machen	11	12	23				
Bedwellty	34	14	48	RURAL			
Blaenavon	12	9	21	Abergavenny	2	2	4
Caerleon	1	...	1	Chepstow	3	3	6
Chepstow	5	2	7	Magor	1	6	7
Ebbw Vale	40	35	75	Monmouth	2	3	5
Llanfrecha Upper	7	7	14	Pontypool	1	2	3
Llantarnam	12	4	16	St. Mellons	11	4	15
Monmouth	5	1	6				
Mynyddislwyn	19	8	27	Total Rural	20	20	40
Nantyglo and Blaina	4	7	11				
Panteg	11	4	15	Grand Total	324	240	564
Pontypool	7	10	17				
Rhydney	4	5	9				

VENEREAL DISEASES.

The following is a summary of the scheme of the County Council for the prevention and treatment of these diseases:—

The Treatment Centre for the Administrative County is at the Royal Gwent Hospital, Newport. The days and hours of the sessions are:—

MALES.—Tuesdays at 4.30 p.m.
 Wednesdays at 2 p.m.
 Thursdays (old cases only) at 4 p.m.
 Fridays at 6 p.m.

FEMALES.—Mondays at 2 p.m.
 Thursdays at 2 p.m.

Facilities for the irrigation of cases of gonorrhœa are also available.

Dr. P. C. P. Ingram is the Medical Officer in charge of the Centre for men, and Dr. Mary Gordon, Assistant Medical Officer under the County Council, attends the women's sessions, and this arrangement came into force on the 28th September, 1925.

The bacteriological examinations in connection with the Centre are conducted at the County Laboratory by the County Pathologist and Bacteriologist. Laboratory facilities for private practitioners are also provided, and outfits from the Laboratory are sent to them when required.

The medical profession in the County has been circularised with the details of the scheme, and a propaganda campaign is periodically conducted by advertisements in the local newspapers, posters on public hoardings, in public and railway station urinals, and every winter by separate public lectures for men and for women.

In necessitous cases the County Council provides rail fares for patients attending the Treatment Centre, which average about £150 a year.

There is every indication that the scheme is sufficient to meet the needs of the County.

The reports of the Medical Officers in charge of the Treatment Centres are as follows:—

A.—DR. P. C. P. INGRAM.

“ The total number of patients attending for the first time during the year was 291, a decrease of 52 on the numbers of the previous year, bring-

ing the figures back to a little above what they were for the year 1928, but being still higher than those in any year since 1921. The figures for gonorrhœa are practically stationary, 170 as compared with 172, but there is a marked decline in the numbers of those who were found to be suffering from soft chancre and syphilis. As regards the former of these two diseases, the number for 1929 was exceptionally high and drop back to their usual figure. The decline in the number of new infections of syphilis continues and now averages little more than one a month.

As in previous years a number of removals, temporary or permanent, have helped to swell the number of those returned in the figures as ceased to attend before completing treatment and tests, but there is no doubt that the majority of the patients industriously follow out the treatment prescribed at home, attend regularly on the stated days for observation and special treatment and loyally co-operate with the Medical Officer in his efforts, and when treatment is finished make the further necessary visits to the Clinic to enable the tests for cure to be carried out.

As in previous recent years a proportion (82 out of 291) of the patients who attended were found not to be suffering from venereal disease. A considerable proportion of these admitted exposure to the risk of venereal infection. Of the others, some were patients previously discharged as cured who had developed some new complaint which they thought was due to their previous condition, but was found not to be so, the others were suffering from some obscure malady thought by their doctor to be one of the manifestations of syphilis or gonorrhœa and sent for examination but found not to be.

The total attendances continue satisfactory though with a decrease in the number of new patients they show a proportionate decline."

B.—DR. MARY H. M. GORDON.

" The total number of new cases attending for the first time showed a slight decrease when compared with last year's figures—212 compared with 218 in 1929. The decrease was due to a slight diminution in the number of non-venereal cases, and in the new cases of Syphilis. The increase in the new cases of Gonorrhœa was not sufficient to bring the total up to last year's figure. The percentage of non-venereal cases compared with the total number of new cases, was again about 50%, so that persons who suspect they may have contracted venereal disease are still taking advantage of the facilities provided for diagnosis.

The new cases of Syphilis were again chiefly composed of patients in the later stages of the disease. 16 cases of congenital syphilis attended for the first time. The County Maternity and Child Welfare Centres, including the Ante-natal Clinics, still continue to refer a large number of

cases to the Treatment Centre—the pity is that, on account of difficulty in travelling, pregnant women cannot get sufficient treatment in the later months.

Only about 12% of the new patients reporting were unmarried women.

There is a satisfactory increase in the number of patients discharged cured after completion of treatment. The increase in the number of patients cured of Syphilis—7 compared with 4 last year—is particularly satisfactory, as the long period of observation after cessation of treatment is very tedious, and it is difficult persuading patients to report at the necessary intervals till a cure is complete. There is also a satisfactory increase in the number of cured cases of Gonorrhœa—but one would like to see the figure still larger.

There is a very satisfactory decrease in the number of patients who ceased to attend before treatment was complete. This decrease is due largely to the untiring efforts of the Lady Inquiry Officer, who spares no pains to follow up cases to their homes and persuades them to attend the Treatment Centre.

Corresponding with the slight decrease in the number of new cases attending, there is a drop in the total attendances for the year.

The drugs used were much the same as last year—Salvarsan compounds with Bismuth and Mercury being employed in the treatment of Syphilis.”

Comparison with the reports of other counties proves that the proportion of attendances of women to men at the County Treatment Centre is greater in Monmouthshire than in most other counties.

This can be attributed to the work of the Inquiry Officer, Nurse E. M. Walters, who follows female patients (old and new) to their homes, and she invites them to undergo and persevere with treatment at the Centre. She also attends at the Treatment Centre on the days fixed for female patients, and this procedure has proved to be a great encouragement to the women to visit the Centre regularly. The work accomplished by her during the year was as follows:—

Number of visits paid in the Administrative County :

	1930.	1929.
To new cases which came to her knowledge and which had not undergone treatment	337	349
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1620	1649
To members of Voluntary Agencies, District Nurses, etc.	207	232
Total	2164	2230

Since her appointment in July, 1918, Nurse Walters has visited 4,547 new cases.

The medical practitioners of the County approve the scheme most cordially, and the majority of them send patients to the Centre for treatment. Advantage is also taken of the facilities for tests at the County Laboratory, and 520 specimens were examined for private practitioners during the year 1930.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1930, are as follows:—

1.—COUNTY LABORATORY, COUNTY HALL.
RETURN OF SPECIMENS EXAMINED.

	1930.								TOTAL.	Previous Year 1929.
	For detection of Spirochaetes.		For detection of Gonococci.		For Wassermann reaction (Syphilis).		Other Examinations.			
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males		
From County of Monmouth—										
Treatment Centre ...	14	4	480	939	367	286	9	5	2104	2281
Practitioners ...	—	—	97	84	199	122	16	2	520	541
From County Borough of Newport—										
Treatment Centre ...	29	2	351	133	270	124	8	—	917	1070
Practitioners ...	2	—	74	56	182	100	3	—	417	456
From Other Districts—										
Carmarthen ...	—	—	—	—	—	—	—	—	—	1
Glamorganshire ...	—	—	7	1	1	2	—	—	11	12
Brecon ...	1	—	2	—	5	—	—	—	8	5
East London ...	—	—	—	—	1	—	—	—	1	—
Swansea ...	—	—	—	—	4	—	—	—	4	—
Gloucestershire ...	—	—	2	2	—	2	—	—	6	—
Cardiff ...	—	—	—	—	—	—	—	—	—	4
Totals ...	46	6	1013	1215	1029	636	36	7	3988	4370

No. of doses of substitutes for Salvarsan supplied to Medical Practitioners:—

				1930.	1929.
Novarsenobillon	·6 grm. =	...	...	15	49
	·45 „ =	...	...	7	27
	·3 „ =	...	...	6	5
Totals		...	...	<u>28</u>	<u>81</u>
Stabilarson (Boots)	·6 grm. =	...	...	—	10
	·45 „ =	...	...	22	10
	·3 „ =	...	...	6	—
	·2 „ =	...	...	9	—
Totals		...	...	<u>37</u>	<u>20</u>
Sulphostab (Boots)	·2 grm. =	...	...	—	1
	·3 „ =	...	...	—	2
	·45 „ =	...	...	—	12
	·6 „ =	...	...	20	2
Totals		...	...	<u>20</u>	<u>17</u>
Neo-Salvarsan (Bayer)	·45 grm. =	...	...	2	—
	·6 „ =	...	...	2	—
	·75 „ =	...	...	2	—
	·9 „ =	...	...	2	—
Totals		...	...	<u>8</u>	<u>—</u>

The number of practitioners upon the register for the supply of salvarsan substitutes is twenty.

2.—TREATMENT CENTRE.

(ROYAL GWENT HOSPITAL, NEWPORT).

Returns of Dr. P. C. P. INGRAM, Medical Officer of Centre, to the Medical Officer of Health, relating to persons residing in the Administrative County of Monmouth.

	1930.			1929.		
	Males.	Females.	Total.	Males.	Females.	Total.
1.—Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be:—						
Suffering from Syphilis ...	30	39	69	46	41	87
" " Soft Chancre ...	9	—	9	31	—	31
" " Gonorrhœa ...	170	72	242	172	71	243
Not suffering from venereal disease ...	82	101	183	94	106	200
Total ...	291	212	503	343	218	561
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	5	7	12	4	4	8
Soft chancre ...	12	—	12	16	—	16
Gonorrhœa ...	74	32	106	78	26	104
Not suffering from venereal disease ...	77	91	168	86	115	201
Total ...	168	130	298	184	145	329
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	23	57	80	31	58	89
Soft chancre ...	6	—	6	11	—	11
Gonorrhœa ...	99	40	139	84	57	141
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	128	97	225	126	115	241
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	1701	1723	3424	1606	1741	3347
" " Soft Chancre ...	79	—	79	161	—	161
" " Gonorrhœa ...	2200	1040	3240	2509	1138	3647
Not suffering from venereal disease ...	196	276	472	261	321	582
Total ...	4176	3039	7215	4537	3200	7737

	1930.			1929		
	Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—						
Syphilis	78	142	220	105	81	186
Gonorrhoea	496	490	986	260	575	835
Soft Chancre	13	—	13	11	—	11
Not suffering from Venereal disease	—	—	—	—	—	—
Total	587	632	1219	376	656	1032
6.—Number of persons treated with Salvarsan substitutes	154	223	377	174	271	445
7.—Number of doses of Salvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Sulfarsenal						
dose .01		—			—	
dose .05		14			33	
dose .1		77			71	
dose .15		81			132	
dose .2		209			178	
dose .25		108			93	
dose .3		365			366	
dose .45		419			530	
dose .6		53			120	
Name of Drug—Bismuth dose .5cc		20			24	
dose 1cc		528			469	
Total		1874			2016	
8.—Examination of Pathological material:—						
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—						
For detection of spirochaetes	14	4	18	40	1	41
" " gonococci	480	939	1419	582	958	1540
For Wassermann reaction	367	286	653	416	273	689
Others	9	5	14	8	3	11
Totals	870	1234	2104	1046	1235	2281

No action has been taken under the Venereal Diseases Act, 1917, in the County, as no evidence has been available of breach of its provision.

Lectures upon the Prevention and Treatment of Venereal Diseases were delivered in various parts of the County during the winter by Dr. W. J. Roche, Newport, to men, and Dr. Laura G. Rees, Newport, to women.

Their reports are as follows:—

A.—DR. W. J. ROCHE.

“ Ten lectures were held at various centres in the County, the average attendances were better than on any previous year, and it was gratifying to note that most of the audience were young men.

The general interest in the lectures taken by the audiences was keen, which was demonstrated by the fact that the questions which were asked after the lectures were commonsense and they had a bearing upon the subject which would lead one to conclude that they had listened carefully to the lecture.

The reason why only 10 lectures were held was that it was impossible in many districts to get suitable people who would act as Secretaries and organisers of the lectures as it is a voluntary appointment. I would suggest that the Council should arrange with the local authorities to appoint one of their staff to undertake the organising of lectures.

It is always wise where possible to hold the lectures in Institutes as the attendance is much greater, the worst place to hold lectures is a school, the attendances are invariably poor.”

B.—DR. LAURA G. REES.

“ Eight lectures were given during the session. They were fairly well attended, particularly in those places where there had not been many lectures in previous years. Four of the lectures had an attendance of over 60. Very few ladies had courage to ask questions openly, but several made enquiries privately at the end of the meeting.

The organisers at Phillipstown suggested that the subject might be announced and treated in its association with diseases of children, and I promised to hand on this suggestion to the County Medical Officer.”

MATERNITY AND CHILD WELFARE.

This work has been fully dealt with in the special report published on the 7th May, 1930.

BLIND PERSONS ACT, 1920.

The scheme formulated by the County Council for the Welfare of the Blind remains in operation. Under its provisions a grant of £350 per annum is paid to the Newport and Monmouthshire Blind Aid Society towards the cost of maintaining Home Workers and Home Teachers in the County.

A register is kept of the blind persons in the Administrative County, and at the 31st March, 1931, there were 749 persons on the register, (366 males and 383 females), who were blind within the meaning of the Act. Details are given in the accompanying tables.

Cases of necessity amongst blind persons are considered by the Blind Persons Sub-Committee of the County Public Health Committee, and grants were made during the financial year 1930-1931 to 343 persons, the total amount of the grants being £6,384 14s. 10d.

Further discussions took place during the year with regard to the formation of the Monmouthshire County Association for the Blind, and the scheme of constitution was adopted by the County Council and the Newport and Monmouthshire Blind Aid Society in January, 1930. The scheme is as follows:—

CONSTITUTION.

NAME.

1. The Association shall be called "The Monmouthshire Association for the Blind."

AREA.

2. The area of the operations of the Association shall be the Administrative Area of the County of Monmouth.

OBJECTS.

3. The objects of the Association shall be:—
 (a) To co-operate with the Newport and Monmouthshire Blind Aid Society and any other organisation thought to be desirable, provided that in the carrying out of the work cited in the sub-clauses of this section, the

Blind Registrations as at 31st MARCH, 1931.

TABLE 1.—Age Periods.

0—5		5—16		16—21		21—30		30—40		40—50		50—60		60—70		70 and upwards		Totals.										
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.								
...	...	13	8	21	5	5	10	10	14	24	15	12	27	41	29	70	44	51	95	107	111	218	131	153	284	366	383	749

TABLE 2.—Ages at which Blindness occurred.

0—1		1—5		5—10		10—20		20—30		30—40		40—50		50—60		60—70		70 and upwards		Totals												
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.										
31	34	65	15	16	31	12	10	22	14	21	35	19	18	37	38	17	55	42	35	77	65	90	155	80	84	164	50	58	108	366	383	749

County Association shall avail itself of the facilities of the Newport and Monmouthshire Blind Aid Society.

- (b) To assist the County Council in regard to the registration of all blind persons residing in the area.
- (c) To notify removals to the appropriate authorities.
- (d) To co-operate with the Maternity and Child Welfare Local Committees in their respective areas, and to arrange for visits to the Blind in their own homes or elsewhere, including the sick, aged and helpless.
- (e) To encourage the Blind to read raised types.
- (f) To obtain for those in need such assistance as may be possible (e.g., State and other pensions, adequate relief from the County Public Assistance Committee for such persons as receive same, and other financial aid).
- (g) To promote the prevention of blindness by all possible means.
- (h) To co-operate with Local Education Authorities and the County Public Assistance Committee in seeing that all blind children of school age are being suitably educated and trained.
- (i) To suggest to parents and guardians how best to train and brighten the lives of blind children.
- (j) To form a pool of all monies collected by the Association and the Blind Aid Society in the Administrative County of Monmouth, from which shall be borne the cost of financing adequately the various County Services (*viz.*, home-workers, home-teaching, unemployables, social centres, homes, hostels, workshops and registration) before such services become a statutory charge.
- (k) To assist the County Council in every possible way to administer the Blind Persons Act, 1920.
- (l) To perform such other services as may be considered necessary from time to time by the County Council for the general welfare of the Blind in order that no Blind person shall be uncared for.

GENERAL COMMITTEE.

4. The work of the Association shall be controlled by a General Committee composed of the Honorary Officers of the Association and two representatives of every District Committee (Maternity and Child Welfare), the members of the Public Health Committee of the County Council, and the members of the Committee of the Newport and Monmouthshire Blind Aid Society.

OFFICERS.

5. The General Committee shall annually elect as Officers of the Association, a President, two Vice-Presidents (one from the County Council representatives and one from the representatives of the Newport and Monmouthshire Blind Aid Society), Hon. Treasurer and Hon. Secretary.

EXECUTIVE.

6. The General Committee shall annually elect an Executive Committee who shall be responsible for carrying out the work of the Association, the Committee to consist of:—

- (i) 6 representatives of the Public Health Committee of the Monmouthshire County Council;
- (ii) 6 representatives of the local district Committees (who shall not be members of the County Council nor members of the Newport and Monmouthshire Blind Aid Society); and
- (iii) 6 members of the Committee of the Newport and Monmouthshire Blind Aid Society who shall be approved and co-opted by the General Committee annually;
- (iv) The President, Hon. Treasurer and Hon. Secretary of this Association shall be *ex-officio* members of the Executive Committee, which shall elect its own Chairman.

ANNUAL MEETING.

7. The annual meeting shall be held in the month of May or on such date as may be decided upon by the Executive Committee at a place within the area.

MEETINGS OF GENERAL COMMITTEE.

8. The General Committee shall meet not less than twice yearly.

FINANCIAL YEAR.

9. The financial year shall end on 31st March, on which date all books shall be closed and the accounts forthwith prepared for audit.

ALTERATION OF RULES.

10. Any alteration to the existing rules or any new rule to be proposed shall be a recommendation by the Executive which shall submit the same to a meeting of the General Committee.

AS TO POWERS AND DUTIES OF STATUTORY AUTHORITY.

11. None of the foregoing clauses shall be interpreted as abrogating the powers and duties of the County Council as the statutory authority under the Blind Persons Act, 1920.

Under Section 3 (d) of the Constitution a Conference of the Representatives of the 24 District Maternity and Child Welfare Committees was held at the County Hall with a view to these Committees also undertaking the duties of Blind Welfare Committees.

The Conference was of opinion that the District Maternity and Child Welfare Committees would be prepared to carry out the duties, provided that the Monmouthshire Association for the Blind would arrange for the reimbursement of any financial commitments incurred.

Meetings of the General Committee and the Executive Committee of the County Association are being arranged and it is hoped that by the end of the year the Association will be in full work.

During the year under review several meetings of the Executive Committee have been held, during which discussions have taken place upon the best means of collecting monies voluntarily for blind welfare, and the appointment of a County Organiser for Blind Welfare. Action was taken in regard to the appointment of a County Organiser and which post was offered to the Organiser now employed by the Newport and Monmouthshire Blind Aid Society on the understanding that only one Organiser should be appointed for the Blind Aid Society and the County Society, and who should function under the terms of the approved scheme of the County Organisation.

CENSUS, 1931.

Since the tables and statistics included in this Report were prepared, the Preliminary Report of the Census of England and Wales, 1931, has been issued and which deals chiefly with the tables of population giving also the increase and decreases in the various districts as enumerated on the 26/27th April, 1931.

The population for the whole of the County of Monmouth, according to the Census of 1921, was 358,436, and for 1931, 345,623, which shows a decrease in the population of 12,813, which is equal to a decrease of 3.6 per cent. of the 1921 population.

Of the 21 Urban Districts in the County, the following 16, Abergavenny, Abersychan, Abertillery, Bedwellty, Blaenavon, Chepstow, Ebbw Vale, Llanfrechfa Upper, Llantarnam, Monmouth, Nantyglo and Blaina, Pontypool, Rhymney, Risca, Tredegar and Usk have shown a decrease, but the following 5 Districts, Abercarn, Bedwas and Machen, Caerleon, Mynyddislwyn and Panteg have shown increases in population.

The total population in the Urban Districts shows a decrease of 20,459 persons, which is equal to a decrease of 6·6 per cent. of the 1921 population, the largest falls in the population being recorded in the Urban Districts of Abertillery, Nantyglo and Blaina, Ebbw Vale, Tredegar, Blaenavon and Rhymney.

Of the 6 Rural Districts, decreases in population have occurred in Abertgavenny, Chepstow, Monmouth and Pontypool, but substantial increases have been recorded in the Magor and St. Mellons Districts, the population in the combined Rural Districts showing an increase of 7,646 persons, which is equal to an increase of 16·3 per cent. of the 1921 population.

It will be seen from the foregoing that decreases in population have been recorded chiefly in the industrial areas and more especially in those districts where the industrial depression in the coal, iron and steel industries has been most keenly felt. Where increases in population in the Urban Districts have been recorded, this may be attributed to the sinking of new coal pits and the establishment of bye-product plants at these collieries. Where increases in population have been recorded, more especially in the Rural Districts, this is mainly due to the large number of houses which have been erected near the large towns on the borders of the County, and which houses have been erected during the last few years.

RAINFALL.

Appended is a table giving the comparative rainfalls between various localities in the County during the year under review, and also for a series of past years.

Name of place at which records were taken.	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Abergavenny	51.39	45.56	47.03	43.42	37.92	33.35	37.28	31.04	47.87	23.79	33.19	40.37	49.17	41.50	35.22	43.48	43.09	46.47	46.07
Abersychan, Glansychan House	69.00	63.82	69.95	57.6	63.85	52.38	56.93	51.84	69.10	38.98	56.47	63.37	70.40	60.54	53.93	67.86	64.44	62.83	66.69
Abertillery	84.64	66.71	72.26	56.73	63.24	52.91	58.79	49.1	71.24	40.99	52.47	55.75	71.19	60.79	54.67	63.82	62.87	62.96	67.37
Chepstow, The Cedars	49.98	34.80	40.92	35.81	46.07	32.81	36.9	37.54	42.12	23.55	37.85	35.85	49.28	38.00	35.31	44.00	44.55	40.42	Not taken
Cwmearn (Twyncarn House)	—	—	—	—	—	—	—	47.4	64.15	33.91	49.16	51.83	67.58	52.39	45.30	56.99	56.99	58.92	62.13
Ebbw Vale	73.94	66.74	71.65	59.54	63.10	50.02	61.69	48.84	75.21	43.11	54.51	53.17	68.36	56.49	52.71	65.85	72.55	76.30	72.85
Henllys, Pantyreos Reservoir	70.68	60.05	62.41	52.62	59.85	46.59	59.74	50.02	63.93	37.57	55.64	58.26	74.91	55.56	51.20	63.07	69.42	65.10	64.46
Little Mill, nr. Ponty-pool	57.66	44.25	46.29	42.88	54.79	39.23	40.06	44.9	46.26	25.94	27.42	50.21	50.24	50.25	36.0	43.46	43.007	43.48	50.24
Ynysyfro	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.67	40.90	42.59
Nantyprydd	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51.70	48.04	46.63
Pontypool, Snatchwood Park	69.20	64.01	62.07	57.59	61.64	51.33	56.68	51.84	69.10	37.57	57.83	63.42	72.62	60.21	56.53	69.08	Not taken	Not taken	Not taken
Tredegar, Redesdale House	74.47	61.09	61.51	51.4	47.01	41.95	50.44	40.8	51.70	27.49	45.82	60.73	65.67	57.02	52.45	62.86	59.08	54.83	63.21
Wentwood, Newchurch Gathering Ground	56.17	45.43	48.64	42.37	47.38	40.07	47.6	43.26	49.85	29.33	47.22	45.04	62.26	47.34	44.29	53.83	54.04	50.03	49.41
Wentwood Reservoir	48.96	39.17	42.32	37.55	44.50	37.22	43.67	41.14	46.13	25.71	42.52	41.88	57.16	41.47	39.32	46.24	46.41	44.41	42.50

VITAL STATISTICS FOR THE YEAR 1930.

DISTRICT	ESTIMATED POPULATION.	BIRTHS						DEATHS				INFANTILE MORTALITY.				Medical Officer of Health						
		LEGITIMATE		ILLEGITIMATE		TOTAL		Male	Female	Total	Rate per 1000 of population	TOTAL DEATHS UNDER ONE YEAR			Rate per 1000 births.							
		Male	Female	Male	Female	Male	Female					Legitimate.	Illegitimate	Total.								
		Male	Female	Male	Female	Male	Female	Grand Total	Rate per 1000 of population	Legitimate.	Illegitimate	Total.	Rate per 1000 of estimated population.	Zygotic Deaths per 1000 of estimated population.	Neonatal Deaths per 1000 of estimated population.		Infantile Deaths per 1000 of estimated population.	Respiratory Diseases.	Death rate per 1000 of estimated population.			
URBAN.																						
Abercarn ...	20960	196	165	10	6	206	171	377	179	110	88	198	9.4	24	2	26	68.9	-23	-71	1.7	E. M. Griffith, M.D., Abercarn	
Abergavenny ...	8647	58	75	2	4	60	79	139	160	47	48	95	10.9	6	—	6	43.1	-1	-69	-59	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny	
Abersychan ...	28490	232	205	8	5	240	210	450	157	127	121	248	8.7	29	2	31	68.8	-21	-84	1.6	R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith	
Abertillery ...	32840	302	270	16	12	318	282	600	182	160	136	296	9.0	32	2	34	56.6	-3	-79	-7	T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery	
Bedwas and Machen ...	9674	107	94	3	3	110	97	207	213.9	73	42	115	11.8	14	—	14	67.7	-3	-8	1.9	Edith M. Davies, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.,	
Bedwellty ...	31710	359	338	15	14	374	352	726	22.89	168	150	318	10.0	54	3	57	78.5	6	-9	1.7	S. R. MacMillan, M.B., B.Ch., New Tredegar [Machen]	
Blaenavon ...	11950	102	88	1	3	103	91	194	16.2	69	80	149	12.4	13	—	13	67.0	—	1.08	1.5	J. Reynolds, M.B., Ch.B., B.A.O., Blaenavon	
Caerleon ...	2581	15	16	—	1	15	17	32	12.85	17	10	27	10.4	2	—	2	32.5	-3	-5	-0	A. M. M. Roberts, M.B., Ch.B., B.S., Caerleon	
Chepstow ...	4263	33	28	3	3	36	31	67	15.7	27	26	53	12.4	4	—	4	59.7	-4	-11	1.6	T. L. Drapes, M.B., B.Ch., M.R.C.S., L.R.C.P., B.A., Chep-	
Ebbw Vale ...	33610	337	318	7	9	344	327	671	19.9	223	158	381	11.3	52	2	54	80.4	-6	-13	-9	F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale [stow]	
Llantarnam ...	4682	33	40	1	1	34	41	75	16.0	22	17	39	8.3	3	—	3	40.0	-2	-6	-8	A. W. Hayles, M.R.C.S., L.S.A., Upper Pontnewydd	
Llantarnam ...	7923	82	58	6	2	88	60	148	18.6	42	34	76	9.59	8	1	9	60.8	-2	-7	-10	F. C. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., Cwmbran	
Monmouth ...	4994	37	37	5	1	42	38	80	16.0	32	31	63	12.6	3	—	3	37.5	—	-8	1.4	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth	
Mynyddislwyn ...	16720	168	140	6	5	174	145	319	19.0	92	58	150	8.9	31	—	31	97.1	-4	-10	-22	R. E. Roberts, M.B., B.Sc., L.S.A., Cwmelinfach	
Nantyglo and Blaina ...	14760	88	102	3	1	91	103	191	13.1	78	59	137	9.2	11	—	11	56.7	—	-9	1.0	F. M. Waller, M.R.C.S., L.R.C.P., Blaina	
Panteg ...	11730	79	69	2	1	81	70	151	12.8	77	55	132	11.2	12	1	13	86.0	-4	-79	1.3	T. J. McVicar, M.B., Ch.B., Pontypool	
Pontypool ...	7200	73	58	3	1	76	59	135	18.7	45	34	79	10.9	10	—	10	73.3	-4	-69	1.9	Do.	
Rhymney ...	11240	93	94	4	5	97	99	196	17.4	73	59	132	11.7	12	1	13	66.3	-3	-8	1.5	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney	
Risca ...	17270	147	142	6	4	153	146	299	17.3	92	78	170	9.8	11	—	11	36.7	-1	-8	1.8	N. N. Wade, M.D., Ch.B., Risca	
Tredegar ...	24280	219	205	8	5	227	210	437	17.9	134	118	252	10.3	26	2	28	64.0	-1	-7	1.3	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.,	
Usk ...	1376	9	12	—	—	9	12	21	15.2	9	8	17	12.3	2	—	2	95.2	—	-	-7	1.7	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar]
RURAL.																						
Abergavenny ...	9298	61	50	2	1	63	51	114	12.3	47	41	88	9.5	5	2	7	61.4	-2	-6	1.4	E. Y. Steele, L.R.C.P., L.R.C.S., Abergavenny [stow]	
Chepstow ...	8877	58	70	3	3	61	73	134	15.0	48	47	95	10.7	6	—	6	44.7	-3	-9	1.2	T. L. Drapes, M.B., B.Ch., M.R.C.S., L.R.C.P., B.A., Chep-	
Magor ...	6379	44	57	—	3	44	60	104	15.8	39	33	72	10.9	5	—	5	48.0	—	-4	1.3	S. Hamilton, M.D., B.Ch., B.A.O., D.P.H., Newport	
Monmouth ...	6862	30	52	1	2	31	54	85	12.9	47	41	88	13.4	2	—	2	23.5	-1	-7	-7	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth	
Pontypool ...	5184	31	26	1	1	32	27	59	11.3	31	30	61	11.7	3	—	3	50.8	-3	-3	-7	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk	
St. Mellons ...	16330	172	150	4	2	176	152	328	20.0	102	85	187	9.6	13	1	14	42.7	-18	-5	-0	N. N. Wade, M.D., Ch.B., Risca	
Grand Totals, 1930	359640	3165	2959	120	98	3285	3057	6342	17.6	2031	1657	3688	10.2	393	19	412	64.9	-3	-89	1.3		
Totals for Year 1930	359640	3205	2984	117	113	3332	3097	6419	17.8	2215	1834	4049	11.3	406	29	455	-67.7	-61	-80	1.70		

