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MONMOUTHSHIRE COUNTY COUNCIL.



PUBLIC HEALTH
REPORT
FOR THE YEAR 1931.

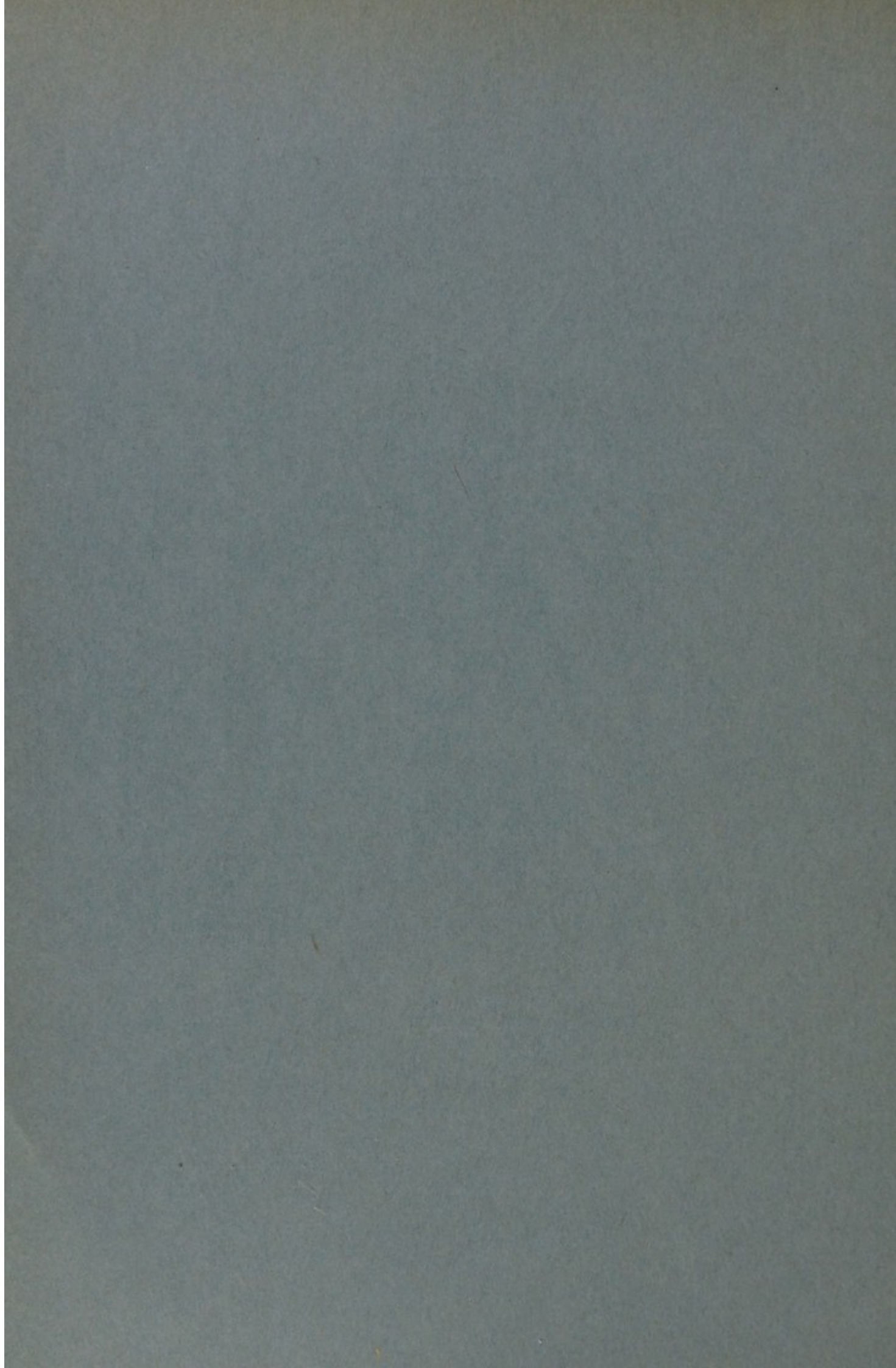


D. ROCYN JONES,

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

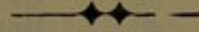
County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.
3rd AUGUST, 1932.

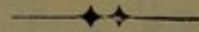




MONMOUTHSHIRE COUNTY COUNCIL.



PUBLIC HEALTH
REPORT
FOR THE YEAR 1931.



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County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.
3rd AUGUST. 1932.

CONTENTS.

	Page.		Page.
Adulteration, Etc.	53	Inspection and Supervision of Food ...	48
Ambulance Facilities	32	Institutional Provision for Unmarried Mothers, etc.	31
Anthrax	72	Institutions maintained under The Poor Law Act, 1930	8
Area, Population, etc.	1	Isolation Hospitals	24
Bacteriological Laboratory	19	Laboratory Facilities	19
Births	3	Legislation in Force	24
Blind Persons Act, 1920	112	Local Government Act, 1929	7
Cancer	72	Maternal Mortality	33
Chemical Analysis	53	Maternity and Child Welfare	112
Chemical and Bacteriological Examination of Food	58	Maternity Homes and Hostels	30
Children Act, 1908	34	Meat and Other Foods Inspection	51
Clinics and Treatment Centres	32	Mental Defectives, (Institutional Provision)	10
Closet Accommodation	40	Midwives	18
County Sanitary Inspector, work of ...	34	Milk Supply	48
Deaths	4	Natural and Social Conditions of the Area	1
Disinfection	72	Notifiable Diseases	60
Drainage and Sewerage	39	Nursing in the Home	18
Food Inspection and Supervision	48	Nutrition	58
General Provision of Health Services in the Area	7	Other Sanitary Conditions requiring Notice	42
General Statistics	1	Poor Law Medical Out-Relief	9
Health Visiting	34	Premises and Occupations which can be controlled by Bye-Laws	42
Hospitals	24	Prevention of Blindness	73
Housing	43	Public Health Laboratory	19
Infantile Mortality	5	Public Health Officers of the Authority ...	12
Infectious and Other Diseases prevalence of, and control over	58	Rag Flock Acts, 1911 and 1928	43
Anthrax	72	Rainfall	115
Cancer	72	Rats, etc.	72
Cerebro Spinal Fever and Acute Poliomyelitis	70	Registration of Nursing and Maternity Homes	30
Chicken Pox	71	Rivers and Streams	38
Diarrhoea and Enteritis	69	Sale of Food and Drugs Act	53
Diphtheria	67	Sanitary Circumstances of the Area ...	34
Enteric Fever	67	Sanitary Inspection of the Area	41
Encephalitis Lethargica	69	Scavenging	40
Erysipelas	68	Schools	42
Influenza	71	Scope of the Report	1
Measles	71	Smoke Abatement	42
Ophthalmia Neonatorum	70	Social Conditions	73
Pneumonia, Malaria, Dysentery, etc.	71	Tuberculosis	63
Puerperal Fever	68	Vaccination	105
Puerperal Pyrexia	69	Veneral Diseases	2 and 116
Scarlet Fever	66	Vital Statistics	34
Small Pox	63	Water Supply	5
Vaccination	63	Women dying in, or in consequence of, Childbirth	58
Whooping Cough	71	Zymotic Diseases	58
Rats, etc., (Destruction of)	72		
Disinfection of Schools, Rooms, Bedding, Clothes, etc.	72		

REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH,

For the Year ended December 31st, 1931.

SCOPE OF THE REPORT.

Under Article 14 (3) of the Sanitary Officers Order 1926, and in accordance with circular 1206 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1931 become the first of the third series of Ordinary Reports. Reports of a full and detailed character known as " Survey Reports " are required by the Ministry of Health at intervals of not less than five years. The Report for the year 1930 was a " Survey Report," and completed the second series of Annual Reports.

It was a comprehensive and detailed review and dealt, as far as possible, with the matters enumerated in the Circular 1119 (Wales) of the Ministry of Health (Welsh Board of Health).

The Circular was followed in regard to the work for which the County Council is directly responsible; but as some of the Reports of the districts did not contain all the information required, it was not possible to deal fully with the subjects. In addition many of the Reports of the District Medical Officers were not complete at the time of going to press.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 345,048.

Population (1931) Census, 345,623.

Do. (Estimated 1931), 347,570.

Number of inhabited houses (end of 1931), according to Rate Books, 87,810.

Rateable value, £1,215,548.

Sum represented by a penny rate, £4,423.

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 Social conditions generally remain much the same. Extensive unemployment still exists in the industrial parts of the County, and further Collieries were closed down during the year 1931.

As reported last year 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 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 1931, 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	1931	(1930)	1931	(1930)
ENGLAND & WALES ...	15.8	0.67	(16.3)	(0.69)	12.3	(11.4)	66.0	(60.0)
107 County Boroughs and Great Towns, including London	16.0	0.67	(16.6)	(0.71)	12.3	(11.5)	71.0	(64.0)
159 Smaller Towns (1921 ad- justed population, 20,000— 50,000)	15.6	0.73	(16.2)	(0.69)	11.3	(10.5)	62.0	(55.0)
London	15.0	0.50	(15.7)	(0.56)	12.4	(11.4)	65.0	(59.0)
MONMOUTHSHIRE ...	17.6	1.02	(17.6)	(1.05)	12.01	(10.2)	71.9	(64.9)

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 1931 was 6,146, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
Urban Districts ...	2621	2454	112	100	2733	2554	5287
Rural Districts ...	416	410	17	16	433	426	859
Total	3037	2864	129	116	3166	2980	6146

In 1930 there were 6,342 births; in 1929, 6,149 births; in 1928, 6,612 births; in 1927, 6,552 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 1931 was 17·6 per 1,000 persons living. In 1930 the rate was 17·6; in 1929, 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 18·0 per 1,000 for 1930, and for the Rural Districts, 15·7, as compared with 17·9 and 15·6 respectively for 1930 and 18·1 and 16·3 for 1929.

It would appear that the birth rate this year (17·6 per cent.) is the same as last year, but it must be pointed out that last year's figure was calculated upon the estimated population of 359,640. Since then the population as shown at the Census of 1931 (347,570) has been taken as the basis of the estimated population for that year. This is considerably lower than the estimate for 1930, and it undoubtedly shows that the estimate for 1930 was much too high. The rate of 17·6 for 1930 was, therefore, a false figure, and had this year's rate been calculated upon that figure, it would have shown a reduction. There were 196 fewer births during the year 1931 as compared with 1930.

The number of births of illegitimate children was 245 which gives a rate of 41·5 per 1,000 of the total births, and 70 per 1,000 population. Last year the number was 218, equal to 35·5 per 1,000 births, and 60 per 1,000 of population. For the year 1929, the figures were 230, equal to 35·8 per 1,000 births, and 63 per 1,000 population.

The birth-rate for England and Wales was 15·8.

DEATHS.—The total number of deaths registered in the Administrative County, as shown by the Registrar-General's table, was 4,175, as compared with 3,688 in 1930, 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 347,570, works out at 12·01 per 1,000 living. In 1930, the rate was 10·2; in 1929, 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 1931, was 11·9; and for the Rural Districts, 12·2.

The County death-rate of 12·01 per 1,000 of population is above the rate for 1930, which was 10·2. It is, however, still below that for England and Wales, 12·3. The remarks concerning population in the paragraph relating to the birth-rate also apply to the death rate, inasmuch as the rate for 1930 would have been higher if the reduced estimated population figure had been taken.

DATE / EXTENSION	PROPERTY OF CURVE OR CURVES										PROPERTY OF CURVE OR CURVES									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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PROPERTY OF CURVE OR CURVES

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 33, 9 from Puerperal Fever and 24 from other causes associated with childbirth. This is equal to a rate of 5·36 per 1,000 live births, which is the same as last year. It shows that the reduction in the mortality rate which was apparent last year, is maintained, but the rate is still much higher than that of England and Wales, which for the year 1931, was 4·1 per 1,000 live births registered.

The question of maternal mortality and ante-natal care 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 442,402 in the Urban Districts and 40 in the Rural Districts.

The rate per 1,000 births was 71·9, an increase of 7·0 upon the figure for 1930 which was 64·9. 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 76·0 per 1,000 births, and in the Rural Districts 46·5 per 1,000 births.

In 1930 the Infantile Mortality rate was 64·9; in 1929, 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 66·0.

The average Infantile Mortality rate for the 25 years, 1891-1915, was 137·4. The average rate for the sixteen years, 1916-1931, was 80·2.

The increase in the rate for the Administrative County of Monmouth this year is specially due to bronchitis and pneumonia, probably the result of the exceptionally wet year.

The number of deaths of illegitimate children under one year of age was 24, or 3·9 per 1,000 of all births, and 97·9 per 1,000 of illegitimate births. Last year the number of deaths was 19, or 2·9 per 1,000 of all births, and 97·0 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 1931.

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	147	36	8	16	207	61	40	40	44	392
Rural Districts	13	6	4	1	24	6	6	3	3	42
Totals	160	42	12	17	231	67	46	43	47	434

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 ...	18	2	20	3.25
Diarrhoeal Diseases ...	26	3	29	4.71
Wasting Diseases ...	196	17	213	34.49
Respiratory Diseases ...	97	12	109	17.77
Tubercular Diseases ...	4	—	4	.65
Other Causes ...	61	6	67	10.90
Totals ...	402	40	442	71.9

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

Measles—all ages	...	...	...	...	55
Whooping Cough—all ages	...	...	...	...	4
Diarrhoea—under 2 years of age	...	...	...	...	35

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LOCAL GOVERNMENT ACT, 1929.—Detailed information regarding the transferred Poor Law Institutions arising from the Survey of the Institutions within the Administrative County of Monmouth, and dealing more especially with the Institutional accommodation available for the sick inhabitants of the area was included in the Annual Report for the year 1930. The administration of this service is supervised by the County Medical Officer of Health.

Several of the suggestions and recommendations contained under this Heading in the 1930 Report have now been put into operation.

In the case of the Monmouth Poor Law Institution, these premises, with the exception of the Casual Wards, have now been closed and the inmates transferred to other Institutions in the County. Plans, etc., have been prepared with a view to converting this Institution into an Institution suitable for the accommodation of the mentally defectives which will be transferred from other Institutions as outlined in the special Survey Report and the County Medical Officer's Annual Report for 1930.

As stated in the Annual Report for last year, no official consultation has as yet taken place between the County Council and the representatives of the Voluntary Hospitals providing services in the County. This conference will, as already stated, take place as soon as the question of the mental defectives at Coedygric Institution is settled, and now that the Monmouth Institution is being prepared for the reception of this type of inmate, it can be reasonably expected that this matter will be discussed at an early date.

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. Occupied.	Beds. Available.	Beds. Occupied.	Beds. Available.	Beds. Occupied.	Beds. Available.	Beds. Occupied.	Beds. Available.	Beds. Occupied.	Beds. Available.	Beds. Occupied.																	
	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.	M. F. Ch.																	
1 Medical ...	18	20	4	5	8	...	...	...	...	...	...	...										
2 Surgical																	
3 Chronic Sick																	
4 Children																	
5 Venereal																	
6 Tuberculosis																	
7 Isolation																	
8 Maternity																	
9 Mental																	
(a) Lunacy Act 1890																	
(i) Short Stay																	
(ii) Long Stay																	
(b) Mental Treatment Act, 1930																	
(i) Voluntary																	
(ii) Temporary																	
10 Mental Defectives																	
11 Other																	
Total ...	18	28	4	5	8	28	33	6	26	29	4	22	21	1	14	11	1	37	36	8	37	21	5	58	68	19	48	32	20

POOR LAW MEDICAL OUT RELIEF.

A table showing the medical out-relief districts in the Administrative County was included in last year's Report, and the districts remain unchanged. A decision has not yet been made in regard to the proposed re-organisation of out-relief districts.

The association of the Public Health Department with public assistance work continues to grow and much time is devoted to the provision of facilities for special medical out-relief.

The services of Mr. A. Rocyn Jones, F.R.C.S., Consultant Orthopædic Surgeon, have been retained for the examination of referred cases and in-patient treatment, when advised, is provided at the Prince of Wales Hospital, Cardiff.

Dental and defective vision cases are properly dealt with and examinations of patients for trusses, abdominal belts, etc., etc., are made by the County Medical Officer.

The County Ambulance is available for the transfer of medical and surgical cases to hospital, etc.

Consultations with Consultant Eye, Ear and Skin Specialists are arranged when necessary, also X-ray examinations of special cases.

The cases dealt with through the Health Department in the year 1931, were as follows:—

Nature of Case.	No. of cases dealt with.
Dental	32
Vision	70
Orthopædic	22
Trusses, Abdominal Belts	18
Miscellaneous Medical	12
Tuberculosis Cases	Nil.
Number of cases removed to Hospital and Institutions by the M.C.C. Ambulance	18

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

During the year a re-examination of the defectives upon the County Register has been conducted and it is still proceeding.

There has been no improvement during the year in the availability of institutional accommodation. The beds reserved for this Authority at Brentry Institution are filled and there was delay in obtaining vacancies for urgent cases of males over 18 years of age. Urgent cases of females over the age of 16 years are admitted to the Coedygric Institution, Griffithstown, but with the 10 cases maintained by other Local Authorities, the approved accommodation is exceeded.

Towards the end of the year Stoke Park Colony granted five vacancies to this Authority, but several cases were refused as unsuitable and no other institutional accommodation for these cases could be obtained. This type of case (boys and girls under 16 years of age) is the one which causes the greatest difficulty, and it is unfortunate that practically nothing can be done at the moment to provide institutional care and training for these defectives.

The scheme for the utilisation of the Poor Law Institutions of the County for the accommodation of mental defectives has not yet reached fruition. The Mental Deficiency Committee has considered the matter on several occasions and the preliminary approval of the Board of Control has been obtained. Plans have been prepared for the adaptation of Hill House Institution, Monmouth, for the reception of mental defectives and also for a partial use of premises at Ty Bryn Institution, Tredegar.

The total amount paid for institutional treatment of the mental defectives during the year 1931 was £6,391 19s. 5d.

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 31/12/31		Total.	Pre- sent charge per head per week
		M.	F.	M.	F.		
Brentry, Bristol	All classes (males over 18).	46	...	47	...	47	25/-
Coedygic, Griffithstown	All classes (females over 16 years).	...	55	...	50	50	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	15/-
Stoke Park Colony.	All classes under the Act (Under 16 years of age).	...	do.	7	16	23	22/2d. 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.
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.
Royal Fort Home, Bristol.	Females over 16 years of age.	...	do.	...	1	1	21/-
Barvin Park Institution	Males.	...	do.	1	...	1	
	Total	...	...	57	74	131	

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. (Resigned 30th June, 1932).

Gwyn Rocyn Jones, M.B., B.Ch., M.R.C.S., L.R.C.P. (Appointed 1st June, 1932).

ASSISTANT COUNTY MEDICAL OFFICERS.

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

Winifred Austin, B.A., M.B., B.S. (Resigned 31st December, 1931).

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).
(Resigned 31st December, 1931).

assisted by

Frank Wells, M.R.C.S., L.R.C.P. (Appointed Tuberculosis Officer 1st January, 1932).

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.	„ C. G. MacKay,	Mynyddislwyn.
„ J. Reynolds,	Blaenavon.	„ G. R. Strong,	Magor.
„ J. H. Verwey,	Nantyglo.	„ Cecil E. P. Davies,	Bedwas.
„ F. M. Fonseca,	Ebbw Vale.	„ G. E. Hull,	Graig & Rogerstone.
„ J. McCaig,	Waunllwyd.	„ D. Macaulay,	Maesycwmmmer.
„ D. McIntosh,	Cwm.	„ A. M. M. Roberts,	Caerleon.
„ J. G. Owen,	Tredegar.	„ S. Hamilton,	Marshfield.
„ R. V. de Acton	Redwood,	„ N. N. Wade,	Risca.
„ 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. Keane,	Newport (County).
„ W. McKendrick,	Pengam.	„ J. P. J. Jenkins,	Griffithstown.
„ W. H. Reynolds,	Argoed.	„ R. J. S. Verity,	Abersychan
„ T. L. Drapes,	Tintern and	„ (North).	
„ Chepstow.		„ J. D. MacQuillan,	Abersychan
„ W. Farquharson,	Shirenewton.	„ Central and South	(Part).
„ G. Vaughan,	Caldicot.	„ T. J. McAllen,	Abersychan
„ W. M. Langden,	Raglan.	„ South (Part).	
„ A. M. Humphry,	Skenfrith.	„ E. L. M. Hackett,	Usk, etc.
„ W. Farquharson,	Trelleck.	„ T. J. Frost,	Llanhilleth.
„ P. G. Harvey,	Monmouth.	„ A. M. Brooks,	Beaufort and
„ W. H. Williams,	Rockfield.	„ Rassau.	
„ M. J. Ryan,	Abercarn (Upper).	„ A. H. Musgrove,	Dukestown.
		„ R. V. de Acton	Redwood.
		„ Llechryd.	

PUBLIC VACCINATORS.

Name.	District.	Name.	District.
Dr. R. Glyn Morgan,	Christchurch.	Dr. W. T. E. Blackmore,	Llanarth.
„ C. E. P. Forsyth,	St. Woolos.	„ G. W. Parry,	Abergavenny.
„ M. J. Ryan,	Abercarn (Upper).	„ H. L. S. Griffiths,	Abergavenny
„ E. M. Griffith,	Abercarn (Lower)		Poor Law Institution.
„ C. G. 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,	Maesycwmmmer.	„ 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.	„ F. M. Wallen,	Aberystroth
„ H. A. Keane,	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	„ C. O'Connor,	Ebbw Vale (Part).
Poor Law Institution.		„ J. Owen,	Tredeggar.
„ P. G. Harvey,	Trelleck.	„ R. V. de Acton	Redwood,
„ W. M. Langden,	Raglan.		Rhymney.
„ A. M. Humphry,	Skenfrith.	„ S. R. Macmillan,	New Tredeggar.
„ 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. Brooks,	Beaufort.		Hollybush.
„ A. M. Musgrove,	Dukestown	„ S. R. Macmillan,	Aberbargoed.
and Llechryd.		„ J. G. Owen,	Bedwellty Poor Law
„ A. M. Humphry,	Grosmont and		Institution, Tredeggar.
Llangua.		„ D. Macaulay,	Blackwood.
„ J. Reynolds,	Blaenavon.		

VETERINARY SURGEONS (Part Time).

G. Digby Watkins, M.R.C.V.S., Tredeggar.

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 assistant.

VACCINATION OFFICERS.

Name.	District.	Name.	District.
R. H. Green,	Caerleon & Trelleck.	J. Jenkins,	Llanhilleth.
A. Evans,	Rogerstone, Llantarnam, and St. Woolos.	G. E. Coombe,	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. (Rural Midwives are inspected by Nurse Olwen Griffiths).

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).

Mary H. M. Gordon, M.B., Ch.B., 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.
- M. Redwood, Full Hospital Training and C.M.B. Certificate.
- H. B. Richards, ditto ditto

A. Roberts,	Full Hospital Training.
M. Sainsbury,	Full Hospital Training and C.M.B. Certificate.
D. E. Seale,	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

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 mid-wifery 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.

MIDWIVES.

The number of Midwives upon the County Roll at the 31st December, 1931, 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 of approximately £600 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 1931 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	Abersychan	
Llangattock-vibon-avel	Penhow	

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 1931 and also in the year 1930. 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.	
	1930	1931	1930	1931	1930	1931
Wassermann Test for Syphilis ...	1665	1929	751	827	914	1102
Smears and Urines for Gonococcus ...	2228	2027	444	341	1784	1686
Serum for Spirochaeta Pallidum ...	52	61	13	25	39	36
Sputa for Tuberculosis, etc.—						
For Tuberculosis Physicians ...	1705	1865	404	390	1301	1475
County Cases ...	443	451	60	74	383	377
Concentration Methods ...	6	10	—	—	—	—
Mixed Infections ...	4	18	—	—	—	—
Throat and Nasal Swabs for Diphtheria ..	5777	4538	441	389	5336	4149
Widals ...	101	64	24	6	77	58
Hairs for Ringworm ...	66	49	21	21	45	28
Blood Films and Counts ...	66	87	—	—	—	—
Autopsies ...	8	16	—	—	—	—
Tissues for Section ...	90	105	—	—	—	—
Urines for Chemical Examination, etc. ..	447	429	—	—	—	—
Pus ...	95	91	—	—	—	—
Effusions ...	22	19	—	—	—	—
Vaccines ...	55	41	—	—	—	—
Waters ...	69	57	—	—	—	—
Milks ...	433	416	—	—	—	—
Cerebro-Spinal Fluids ...	47	77	—	—	—	—
Miscellaneous ...	664	541	—	—	—	—
Total ...	14484	12891	—	—	—	—

The County Pathologist reports that:—

“ The total number of specimens examined in the County Laboratory during the year 1931 shows a diminution of 1,593, as compared with the year 1930, this being mostly accounted for by the smaller number of swabs examined for Diphtheria.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the Spirochaeta Pallidum are 25, as compared with 13 for 1930. Of these 25 cases, 22 were males, and 3 were females. However, the decline in the incidence of the disease in the County including the Borough of Newport is maintained, in view of the fact that 9 of the males were seamen coming under the category of Port Examinations.

The figures for gonorrhœal specimens show a slight improvement on those of the year 1930. There was a smaller number of specimens examined and a corresponding decrease in the number of positive findings,

- | | | |
|--|--------|----|
| 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 | ... .. | 53 |
| (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 | ... .. | 8 |
| 5. Those which are unsatisfactory because of the high B.Coli content, though not containing more than 200,000 bacteria per cc | ... .. | 20 |
| 6. Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli content | ... .. | 33 |

Therefore, of the 217 samples of mixed milk as retailed to the consumer, 103, or approximately 48 per cent. were of a satisfactory standard of bacteriological purity; 53, or approximately 24 per cent. formed a borderline group, whilst 61, or approximately 28 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. It is probable that the improvement noted will be continued in further years.

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 1930, 217 as compared with 230, 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,

The need for increased accommodation for small animals at the County Laboratory, has already been commented upon in last year's report, and this matter may have to be taken up by the Council fairly soon, inasmuch as 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, seven were performed on miners who had died directly as the result of Silicosis of the lungs, including two who suffered from Tuberculosis as well, and who had been employed for long periods on hard ground boring—three at Blackwood, one at Argoed, one at Crumlin, one at Pengam, and one at Markham. The question of Silicosis continues to engage 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 105 tissues for section, 28 are grouped as malignant growths, 24 were cancers of various regions of the body, such as breast, ovary, intestine, skin, etc., and 1 was a sarcoma, 1 Giant Cell Tumour, and 2 Rodent Ulcers.

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, 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, 1931.

LEGISLATION IN FORCE.—There have been no new Local Acts or Special Orders having direct application to this County during the year 1931.

HOSPITALS.

ISOLATION HOSPITALS.—The position as regards Isolation Hospitals within the Administrative County of Monmouth has been commented upon in these Reports for a number of years. No additional facilities were available during the year 1931, the position remaining much the same as in the previous year. Under Section 63 of the Local Government Act, 1929, it is the duty of the County Council as soon as may be after the commencement of the Act, to make a survey of the hospital accommodation for the treatment of infectious diseases in the County. It is anticipated that this survey and scheme will be presented to the County Public Health Committee in the near future. However, a preliminary statement respecting the survey and scheme under Section 63 of the Local Government Act, 1929, for the provision of hospital facilities for persons suffering with, or from, infectious diseases has already been submitted to the County Public Health Committee, and a copy of that statement has been sent to the Ministry of Health (Welsh Board of Health). The following is a copy of the preliminary statement:—

“ In accordance with the request of the Ministry under Memorandum L.G.A. 40, issued under the Local Government Act, 1929, we submit herewith a short preliminary statement respecting the survey and scheme under Section 63 for the provision of hospital facilities for persons suffering with or from infectious disease.

Under Section 14 (1) of the Local Government Act, 1929, the powers possessed by local authorities under Section 131 of the Public Health Act, 1875, as amended by Section 64 of the Public Health Act, 1925, are conferred on County Councils. The effect of this provision is to give all County Councils power to provide Hospitals for the treatment of infectious disease.

The Ministry has communicated with us on several occasions, pressing the County Council to submit their scheme for isolation hospital provision, and the present memorandum is a short statement of the position as far as the Administrative County is concerned, with suggestions for procedure before the final scheme is drafted for approval by the County Council and submission to the Ministry.

A.—STATISTICS OF POPULATION, ACREAGE AND ASSESSABLE VALUE.

Administrative County of Monmouth.	Population Census, 1931.	Area in Acres.	Assessable Value for 1930-31.	Product of a Penny Rate.
		345,623	345,001	£ 1,226,888	£ 4,579

B.—STATISTICS OF THE NOTIFICATION OF INFECTIOUS DISEASE in the Administrative County for the past 10 years, and of the number of cases isolated in Hospital during that period.

Infectious Disease	Total No. of cases notified for the past 10 years, 1922-31.	Average yearly notifications.	Total No. of cases isolated in Hospital during period 1921-30.
1. Typhoid Fever ...	284	28.4	147
2. Scarlet Fever or Scarlatina ...	6693	669.3	877
3. Diphtheria ...	4073	407.3	1078

C.—FACILITIES NOW AVAILABLE.

There is not in existence at present a single hospital in the Administrative County which can be regarded from all standpoints as satisfying the requirements of the Ministry of Health in the matter of adequate facilities and arrangement for the isolation of the infectious sick.

The nearest approach to complete facilities is the hospital provided by the Bedwelty Urban Council at Cwmsyflog, but here again we have partially corrugated buildings crowded upon area, with other defects which prevent one giving it a bill of excellence; others offering facilities which are not adequate, but which under present circumstances could be made reasonable without a great outlay of capital expenditure, are the Hospitals at Llanfoist, Monmouth and Chepstow.

The arrangements now obtaining in the various districts are as follows:—

URBAN :		Population 1931	
Abercarn	...	20,554	Isolation Hospital at Goverra (for Smallpox). Situation has now become untenable.
Abergavenny	...	8,608	Isolation Hospital, Llanfoist.
Abersychan	...	25,627	No Isolation Hospital.
Abertillery	...	31,799	Isolation Hospital, accommodation inadequate.
Bedwas & Machen		9,190	No Isolation Hospital.
Bedwellty	...	30,069	Isolation Hospital, Coedymoeth.
Blaenavon	...	11,075	No Isolation Hospital.
Caerleon	...	2,326	No Isolation Hospital.
Chepstow	...	4,303	Joint Hospital at St. Arvans with Chepstow Rural District.
Ebbw Vale	...	31,695	Isolation Hospital, Beaufort.
Llanfrechfa Upper		4,482	No Isolation Hospital.
Llantarnam	...	7,284	No Isolation Hospital.
Monmouth	...	4,731	Isolation Hospital, Buckholt.
Mynyddislwyn	...	16,201	No Isolation Hospital.
Nantyglo & Blaina		13,190	Isolation Hospital, not convenient and not used.
Panteg	... ..	11,500	No Isolation Hospital.
Pontypool	...	6,788	No Isolation Hospital.
Rhymney	...	10,505	Small Hospital, six beds.
Risca	... ..	16,605	No Isolation Hospital.
Tredegar	...	23,195	Ash Vale Isolation Hospital, Tredegar.
Usk	... ..	1,315	No Isolation Hospital.
RURAL :		Population 1931.	
Abergavenny	...	8,789	Joint Hospital with Abergavenny Urban District at Llanfoist.
Chepstow	...	8,679	Joint Hospital at St. Arvans with Chepstow Urban District.
Magor	... ..	6,674	No Isolation Hospital.
Monmouth	...	6,447	No Isolation Hospital.
Pontypool	...	5,126	No Isolation Hospital.
St. Mellons	...	18,866	No Isolation Hospital.

The District Councils of Caerleon, Bedwas and Machen, Llanfrechfa Upper, Llantarnam, Magor, Mynyddislwyn, Panteg, Pontypool, Risca and St. Mellons, contract with the Corporation of Newport for the isolation of any special case at the Borough Isolation Hospital at Alteryon.

D.—PROVISION REQUIRED.

It can be definitely stated that the facilities for the isolation of the infectious sick in the Administrative County have never been adequate, and perhaps it would be truer to say that they have been woefully lacking, and this lack of provision in many instances has been responsible for the fatalities resulting from infectious disease.

Having regard to the economic condition of the Administrative County, one has to refrain from suggesting that the County should embark upon the provision of three new Isolation Hospitals complete with modern facilities, as this embarkation would involve a rather large capital expenditure.

It might be thought advisable to provide one central Isolation Hospital for the County, and rope in with it the remaining Isolation Hospitals which we shall cite later as offering facilities for the areas for which they now serve.

It is interesting here to note that in a special report provided to the County Council on Thursday, January 2nd, 1919, upon the provision of isolation hospital facilities, three new hospitals were recommended and the principle was approved.

Recently, Mr. Jenkin Evans, the County Sanitary Inspector, and myself paid visits of inspection to the Isolation Hospitals within the Administrative County that offered anything like suitable facilities, those which we did not visit having been condemned outright as unsuitable.

The results of our visits are that the only Hospitals that we could recommend the County Council to consider as being part of their scheme are those situated at Bedwelty, at Llanfoist, at Monmouth and at Chepstow, whilst the hospital at Abertillery may be considered for Smallpox purposes in the event of the user of "The Beeches" Isolation Hospital, Abersychan, being transferred for the Isolation of general infectious diseases.

The details of these hospitals are tabulated as follows:—

	Abergavenny Joint Isolation Hospital, Llanfoist.	Abertillery U.D.C. Isolation Hospital, Coedcaedu, Aber- tillery.	Bedwellty U.D.C. Isolation Hospital, Coedymoeth, Aber- bargoed	"The Beeches" Isolation Hospital, Abersychan, (Mon). C.C.	Chepstow Joint Isolation Hospital, Usk Road, Chepstow	Monmouth U.D.C. Isolation Hospital, Mansons Cross, Monmouth
Area (in Acres) ...	1	1-1/4	2 1/2	—	1 1/2	1 1/2
Room for Extension	Yes	Yes	Yes	Yes	Yes	Yes
Water ...	Public	Local Springs	Public	Public	Public	Town
Light ...	Oil	Gas	Electricity	Gas	Electricity	Gas
Sewer ...	Cesspools	Septic Tanks	Sewer	Sewer	Cesspools	Septic Tank
Type and number of Separate Buildings	One Pavilion and Chalet. Pavilion of gal- vanized iron, wood lined. Chalet wood.	3 galvanized iron, wood lined. Kitchen brick.	7 galvanized iron, wood lined. Porter's Lodge, brick and stone	Administration Block, brick and stone. Chalet, wood. 4 Huts, wood. Laundry, etc., wood.	One general build- ing, galvanised iron, wood lined	One, stone and brick
Wards ...	2	2	6	5	5	3
Beds (at 144 square feet each) ..	14 (at present 20 beds).	16	20 (at present 55 beds).	66 beds 4 cots	20 (at present 36 beds and 4 cots).	9 (at present 12).
Discharge Block ...	No.	No	No	Yes	No	No
Laundry ...	Hand	No	Electric	Hand	Hand	Hand
Mortuary ...	No.	No	Yes	Yes	No	No
Disinfectant ...	No.	Yes	Yes	No	No	No
Ambulance ...	Horse	Horse. (dilapidated).	Motor	Motor	Horse	Motor
Kitchen arrange- ments ...	Suitable for pre- sent needs	Suitable for pre- sent needs	Suitable for pre- sent needs	Suitable	Not suitable— needs extension	Suitable for pre- sent needs
Staff (Nursing accommoda- tion	3 4	1 2	3 4	5 to 7 5	3 2	2 2
Remarks	Further staff accommodation needed	Further staff accommodation needed	Further staff accommodation needed	Accommodation sufficient	Improved staff quarters needed	Improved staff quarters needed

With regard to the following Hospitals it would be necessary to provide :

1. BEDWELLY : (a) A discharge block.
(b) New nursing and staff quarters.
(c) Increased laundry accommodation.
2. LLANFOIST : (a) A discharge block.
(b) A Chalet for nursing and staff accommodation.
(c) A Mortuary.
(d) A Laundry.
(e) Improved sanitary accommodation.
3. MONMOUTH : (a) A discharge block.
(b) A Mortuary.
(c) Nursing and staff accommodation.
(d) Increased laundry accommodation.
4. CHEPSTOW : (a) A discharge block.
(b) Nursing and domestic quarters.
(c) Disinfecting apparatus.
(d) Improved kitchen and laundry accommodation.

Having regard to the decline in the incidence of Smallpox, it is suggested that " The Beeches " Hospital might be used for general infectious disease work, and that the Abertillery Hospital might be reserved for any sporadic Smallpox or Enteric cases that might need isolation hospital facilities.

In the event of these suggestions materialising, it would be necessary to provide at the Abertillery Hospital a small discharge block and laundry accommodation, together with improved nursing and domestic staff accommodation.

At " The Beeches " Hospital, very little improvement will be necessary, excepting that a disinfecting apparatus would have to be provided, and which should have been provided in the first instance.

It is contemplated that the provision of these Hospitals and their co-ordination would provide reasonable facilities for the isolation of the infectious sick throughout the Administrative County, and that the Hospitals would be worked, as it were, in team work.

E.—PROCEDURE TO BE ADOPTED WHEN THIS REPORT IS APPROVED.

1. To instruct the County Medical Officer to prepare a draft scheme to submit to the Committee at a future date for their approval.

2. To consult all local authorities in the County in regard to the provision of the scheme and, if possible, to secure agreement to the provisions prior to the submission of the scheme for approval to the Minister; this suggestion to be acted upon only when the complete scheme has been approved by the Public Health Committee and the County Council.

It would be well to note here that the basis of the scheme will be the taking over by the County Council of the control of all the Hospitals reported favourably upon in this scheme. The question of alternative arrangements, if required, will arise after the report to the County Council of the conferences with the local authorities."

MATERNITY AND NURSING 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 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 1931, six applications for registration were received. One application was refused as the person in charge was not a qualified midwife.

The homes are situated as follows:—One at Tredegar (Maternity and Nursing), one at Nantyberry (Maternity), one at Tref-ap-Gwilym, Cardiff Road, Newport (Maternity), one at Abergavenny (Maternity), and one at Highfield, Bassaleg (Nursing).

The Home which was previously registered at Rumney, has now 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 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 the exemption shall only remain in force for one year from the date on which it is granted. One exemption was granted during the year 1931, 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.

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

The Maternity Home and Hostel at Nantyderry continues its good work. There are 12 beds at the Institution, and the number of girls admitted there during the year was 15, the average duration of stay being 151.5 days. Fourteen babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 23 girls and 13 babies.

Twenty-one girls were discharged, of whom five were found situations, 13 went to relatives and three to Homes. Of the babies discharged five were with their grandmothers, two went to Homes, two were adopted, and two went with mothers to situations.

Of the 23 girls resident in the Hostel during the year, four were from the Borough of Newport, 16 from the County of Monmouth, two from Gloucester, and one from Herefordshire.

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.

It is in this connection that the difficult work of the Hostel begins. Fortunately, the world is not so prejudiced against the unmarried mother as it was a few years ago. If a girl has profited by the training given at the Hostel it is easy to place her in a good situation. Then the problem of the disposal of the baby arises. The mothers are generally not willing to allow their child to be adopted nor to go to foster homes. They want to be able to reclaim them at the earliest possible moment.

It will, therefore, be readily understood what a splendid part the Hostel plays in the life of the community.

AMBULANCE FACILITIES.

(a) For infectious cases:—

The County Council has an Ambulance for the removal of Smallpox 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.

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,

MATERNAL MORTALITY.—Special arrangements are made for the investigation of maternal deaths and of 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 1931.

There are now 16 ante-natal Clinics open in the County. The number of women who attended as new cases during the year 1931 was 1,388, and they made 2,770 attendances, as compared with 1,074 new cases and 1,931 attendances in the year 1930. Many cases also attend the Maternity and Child Welfare Centres.

Difficult confinement cases have for some years, been referred to Dr. G. I. Strachan, F.R.C.S., Consultant Obstetric Surgeon to the Cardiff Royal Infirmary, and who is also the appointed Consultant Obstetric Surgeon to the Monmouthshire County Council, and an extended use of his services was made in 1931.

The Maternity Home of the Monmouthshire Nursing Association at Tredgar is available for women whose homes are unsuitable for confinement and for others who need hospital care.

Facilities for hospital treatment of severe complicated labour cases are still limited to the accommodation which can be obtained at the Maternity Department of the Cardiff Royal Infirmary, which Authority has been very obliging to the County Council in this matter.

It is unfortunate that up to the present the opening of the Lydia Beynon Maternity Hospital at "The Coldra," near Newport, has been delayed. There is no gainsaying the fact, what a blessing this Institution will be when the premises are ready, when they can be made available to meet all the emergencies which are likely to arise at confinements.

A summary of the Conclusions and Recommendations contained in the Interim Report of the Departmental Committee appointed by the Government to enquire into maternal mortality and morbidity was given in the County Maternity and Child Welfare Report for the year 1930, and it was made clear that two very necessary measures for obtaining a reduction in maternal mortality are :—

- (1) The enlightenment of women as to the importance of Ante-natal supervision, and
- (2) The extension and improvement of the maternity services of Local Authorities.

The work in Monmouthshire is proceeding steadily on these lines as far as the economic conditions permit. The final report of the Maternal Mortality Committee will very shortly be published.

HEALTH VISITING.

This matter is dealt with fully in the County Maternity and Child Welfare Report for the year 1931.

CHILDREN ACT, 1908.

Particulars regarding this work can also be found in the County Maternity and Child Welfare Report for 1931.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The rainfall for the year 1931 was below that for the year 1930, but at no period during the year was it necessary to curtail the water supply in any of the districts of the County. There were two periods when there was a marked heavy rainfall, when extensive damage was done in the County on account of floods and landslides.

The Medical Officer of Health for the St. Mellons Rural District reports that with the exception of some outlying farm houses and cottages (which are supplied from springs and wells) practically all the houses in the three Parishes now have a water supply within the houses. The water supplies of the district are obtained from the Newport Corporation Supply, The City of Cardiff Water Supply, from their own reservoir at Castleton, also from small reservoirs provided by the land owners, *e.g.*, Tredegar Estate, etc. In the Parishes of Henllys, Bettws, and Michaelstone-y-vedw, the principal supplies are from wells and springs in the vicinity of the houses, but in some instances a pipe supply is obtained from adjacent water mains. All the populous centres of the district are now provided with an adequate and satisfactory piped water supply since the completion of the water supply scheme (referred to in previous Annual Reports) to serve the Parishes of Rumney and St. Mellons and the provision of a supplementary supply for the service reservoir at Michaelstone-y-vedw for the Council's Reservoir at Castleton, which serves the Parishes of Marshfield, St. Brides and Peterstone. A constant supply is now provided for the whole of the Councils area served by this extended scheme and an adequate supply of water is now available to meet the increased requirements due to further building developments and supplies to dairy farms, etc.

Regarding the Magor Rural District Council, the Medical Officer reports that the water supply may now be regarded as satisfactory both as regards

quality and quantity. Some residents near the new water mains have failed to have the water on their premises. The Council continues to bring pressure to bear on these rate payers. Samples have been taken for analysis from obviously contaminated wells and the reports being unfavourable the users of these wells have connected up with the new main. The Bishton Village well was closed by order during the year. No analysis of water from the pipes has been made. During the year 2 inch water mains have been laid to Porton Village, Goldcliffe, and from the Church Farm, Llanmartin to the Vicarage. Other extensions are being considered to Picket Lane, Common House Road, Great House and Burnt House in the Parish of Nash, and to Henton Farm in the Parish of Goldcliffe. There are considerable milk producers and dairies on these extensions.

Regarding the Chepstow Rural District Council's area, the scheme for improving the supply of water for domestic purposes to Devauden and the adjoining districts, and which was referred to in the previous Report, has now been completed, and connections from the mains to the houses have been made in many instances. These districts are on a very high level and there has been difficulty for a number of years in providing a satisfactory water supply, and although at one time it was feared that an adequate supply would not have been available for extension it is now believed that with the experience gained it will be possible to extend the supply. It is understood that the Monmouth Rural District Council has approached the Chepstow Rural District Council regarding extension of the Devauden scheme so as to supply the village of Llanishen. As the water supply to the school at Llanishen, which is now obtained from a well, has been found on several occasions to be not quite satisfactory upon analysis, the extensions mentioned would be of extreme benefit as there does not seem to be any other source from which a satisfactory supply can be obtained for the use of the children at the school. This benefit would naturally be extended to any houses along the course of any main laid.

The scheme of the Pontypool Rural District Council for improving the water supply in that portion of the district surrounding Croesyceilog has now been completed. The mains have been laid and connections made to the houses, and a suitable water supply is now provided, which has remedied the previous unsatisfactory position.

The question of the water supply to that part of the village of Govilon and the surrounding districts in the Rural District of Abergavenny is still under consideration, and this item has been a subject for comment in the Annual Reports for the past few years. Further schemes have been prepared and Enquiries held by the County Council which resulted in the County Council informing the Abergavenny Rural District Council that it was necessary to provide this portion of their area with an adequate water supply for domestic

and other purposes, and furthermore, that this supply could be obtained by putting into operation one of the numerous schemes prepared. During the year an Enquiry was held by an Inspector of the Ministry of Health and schemes were placed before him for his consideration and his report to the Ministry. The County Council was represented at this Enquiry. Up to the present nothing has been done, and it is understood that no report has, as yet, been received, favourable or otherwise, from the Minister of Health.

Numerous samples of water for analysis have been taken in the Monmouth Rural District during the year, and improvements have been effected in several instances. The village of Llanishen being in the Monmouth Rural District the question of the improvement of the water supply available to the school and the houses adjoining should receive immediate attention, and the suggested arrangement with the adjoining District Council of Chepstow should be gone into again, as it is understood that a supply of water can now be obtained from this source.

It can be again recorded that the Rural District Councils are alive to the necessity of providing their districts with a suitable water supply, both for domestic use and for use at the numerous dairy farms, which naturally is showing its effect upon the milk supply generally. There is still, however, room for improvement, more especially in the outlying portions of some of the rural districts. Samples of water from local supplies are periodically taken for analysis. These are generally collected by the County Sanitary Inspector and examined by the County Pathologist 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 very valuable supply of water is obtained.

The Medical Officer of Health for the Ebbw Vale Urban District reports that the water supply is copious and constant. This is taken from the 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 lead pipes to carry the water supply has been almost entirely superseded by galvanised iron pipes which obviates the risk from contamination by this cause. The condition of the water is satisfactory.

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. A supply of water from the Council's Nantybwhch works was again delivered during the year to the Bedwellty Urban District Council for a portion of their area.

The Abertillery and District Water Board, which supplies the Urban Districts of Abertillery, Abercarn, Risca, and Mynyddislwyn, had more than an adequate supply of water during the year 1931. The rainfall for the year was heavy, measuring no less than 64 inches at the Grwyne Fawr Reservoir, and the same was evenly distributed throughout the year, there being only two months, March and October, which can be designated as dry. The year was characterised by two exceptional floods, on May 27th, and November 3rd, and readings of over 4 inches of rain were registered on each occasion. The former was most severe as regards damage to roads and property in Monmouthshire, the damage done amounting to many thousands of pounds. The chief work carried out by the Board during 1931 was the laying of some three miles of mains to supply hillside properties between Cwmfelinfach and Mynyddislwyn Church. The Unemployment Grants Committee agreed to make a grant towards the cost of this work which was undertaken by unemployed labour recruited from the Board's area. Consumption of the Board's supply is increasing, mainly through the establishment of Pithead Baths in the district. An agreement has been entered into with the Blaenavon Urban District Council for a supply of 40,000 gallons of water per day to supply the northern part of the Blaenavon area.

The rainfall for the year, as recorded at the Rhymney Bridge Reservoir, was 65.24 inches, and was fairly evenly distributed, resulting in the local supplies being maintained above the average. These supplies, together with the minimum of 1,750,000 gallons a day available from the Taf Fechan Supply Board, were almost sufficient to maintain an ample supply of water for all purposes throughout the Board's area. To fully maintain the supply an excess quantity of 20,712,000 gallons was purchased from the Taf Fechan Supply Board. A new pressure filter was erected on the Bedwas Supply and improvements were carried out at the intake. The Board ceased to take water from the Llanbradach Local Supply during the year, in accordance with the provision of the Rhymney Valley Water Act, 1921. Notice was received from the Colliery Company that the water was required for Colliery purposes. The area previously supplied from this source is now supplied from the Rhymney Trunk Main. In the Area, a number of houses are supplied by iron joint communication pipes. These pipes have been in use for a considerable time and are badly corroded and result in complaints of intermittent supplies. This particularly applies to the districts of New Tredegar, Nelson and Senghenydd. In a number of cases separate lead communication pipes have been laid by the owners during the year, and where this has been done all complaints have ceased. Subsidence is still causing trouble, particularly at Abertysswg and Troedyrhiwfwch where constant repairs are necessary. Periodical samples of water have been taken from all sources of supply and submitted for analysis to the Cardiff and County Public Health Laboratories. The results of the analyses, both Chemical and Bacteriological, have all been most satisfactory.

The Medical Officer of Health to the Blaenavon Urban District Council reports that there have been no important extensions of the public water supplies during the year other than that brought about as a result of the installation of the new pit head baths at Kay's Slope Colliery, Garn-yr-erw. Owing to it having been found impossible to provide these baths with a sufficient supply of water from within the area, arrangements were made, through the Council, with the Abertillery Water Board, whose mains pass through this part of the district, for a daily supply. The daily requirements for the baths is 10,000 gallons, but the Abertillery Water Board would supply as a minimum, no less a quantity than 40,000 gallons per day. As the result of this stipulation, the Council decided to take the surplus of 30,000 gallons to augment the supply to certain parts of the district, and also to provide certain of the outlying houses in the Garn-yr-erw area, which previously had no water, with a piped supply. For this purpose 485 yards of 4 inch mains have been laid from the Abertillery Water Board's Main to the Council's existing main at Garn-ry-erw, while 400 yards of 1 inch service pipes have been laid from the mains to the various houses. The quantity of water supplied throughout the year was on the whole satisfactory, and it was not found necessary to curtail supplies to any appreciable extent, to any part of the district at any period of the year. As regards the quality of the water, little comment can be made, as only four samples were taken for analysis during the year, the results of which are as follows:—

Outlet from Springs to Edmunds' Tank (Unfiltered).	17/6/31	Polluted.
Outlet from Springs to No. 1 Reservoir (Unfiltered).	17/6/31	Polluted.
Bunker's Spring feeding Bunker's Tank (Unfiltered).	17/6/31	Polluted.
Inlet from Springs to Nos. 3 and 4 Reservoirs (Unfiltered).	17/6/31	Polluted.

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. Since the completion of the scheme for the treatment of the sewerage from the districts of Llantarnam and Llanfrechfa Upper, an improvement has been observed in the condition of the Avon Lwyd. The rivers passing through the industrial portion of the County are still heavily polluted by coal dust, etc., from coal washeries and other industrial concerns situated along their banks. In the Rhymney, Western and Sirhowy Valleys

the main trunk sewers have practically removed the whole of the river pollution by sewage. It is unfortunate that a similar scheme has not yet been put into operation in the Eastern Valley.

DRAINAGE AND SEWERAGE.

The scheme for the construction of a trunk sewer main to serve the Llantarnam and Llanfrechfa Upper Urban areas has now been completed and the sedimentation tanks for the partial treatment of the sewage are now in operation. New connections have been, and are still being, made, from the houses in the districts to link up with the new system. Owing to extensive building developments in the St. Mellons Rural District, extensions to existing sewers have been carried out, notably on the Gaer Estate and the Ebbw Bridge Building site, also at Rumney. In the Magor Rural District, owing to building activity in recent years along the Christchurch and Caerleon Road, where the houses were originally provided with cesspools, new sewers have been constructed. The sewer on Caerleon Road empties into the River Usk, and the Christchurch Road sewer connects with that of the Newport Borough. A septic tank system of sewerage has been installed to deal with the sewage from a number of new houses at the Llanwern Garden Suburb.

The Medical Officer of Health to the Blaenavon Urban District Council reports that the chief matter worthy of note respecting the improvement or extension of the drainage and sewerage systems of the district during the year, is the arching over of the Elgam Brook from the rear of King Street, to its source near Ball's Pond. This brook, which, in addition to being a natural water shed for the Bloreng mountain, is one of the main sewers of the district, and is now piped and arched from its starting point at the top of Elgam to the Avon Lwyd, which it joins near the rear of the Queen's Hotel at Prince Street. A new 9 inch stoneware sewer, with the necessary manholes was also constructed at the rear of Broad Street (Edwards and Fowler's), for the purpose of receiving the drainage of the block of buildings in Broad Street, between Old James Street and William Street. Whilst dealing with drainage and sewerage, it should be mentioned that as a result of the exceptionally severe thunderstorm (the worst within living memory), which visited the district on the night of May 27th, extensive damage was brought about to the sewers and drains in all parts of the district. Owing to the abnormal rainfall on this occasion the drains and sewers were hopelessly inadequate to deal with the quantity of water which rushed down from the mountain sides and streets, with the result that drains and sewers were burst and ripped up in many parts of the district. Extensive damage was also done to the floor and sides of one of the main sewers which passes under the main portion of the town.

During the year the Rhymney Valley Sewerage Board has made further connections to the Trunk Sewer from the Areas of the Constituent Authorities, and connections have also been afforded the St. Mellons Council. Owing to the River Rhymney becoming silted and diverting its course it was necessary to substitute a length of the 18in. stoneware sewer at Tirphil by Cast Iron pipes. As a result of the 5.99 inches of rainfall which fell on the 3rd November, 1931, a length of the 15in. stoneware pipe sewer, abutting the river at Pontlottyn, together with a manhole, were carried away. A length of concreted Cast Iron Sewer has been substituted. As a result of the River Rhymney diverting its course, protective works have had to be constructed in several places, particularly in the area of the Bedwas and Machen Council, where the flow of the river is badly affected by siltation.

The Western Valleys (Monmouthshire) Sewerage Board deals with the sewerage of eight urban districts, namely, Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Risca, Abercarn, Bedwellty, and Mynyddislwyn, together with a portion of the St. Mellons Rural District. The scheme includes trunk sewers over 50 miles in length with about 150 miles of subsidiary sewers, the sewage being conveyed from the head of the Sirhowy and Ebbw Valleys down to a storage sewer near Bassaleg, from whence the sewage is discharged into the Bristol Channel near St. Brides, Wentloog. The scheme which has been in operation about 23 years still works admirably, although considerable trouble is experienced through colliery subsidence. The Board shortly propose relaying a length of over 500 yards of sewer near Ebbw Vale which has been badly damaged in this way. The heavy floods of 1931 also caused considerable damage to the sewers where laid near the river banks, and repairs are necessary from time to time in order to prevent the undermining of the sewer through scouring from the flood water in the rivers.

CLOSET ACCOMMODATION.

Progress still continues to be made in the conversion of privies, pail closets, etc., into water closets, this being possible where subsidiary sewers have been provided by the various local authorities. This particularly applies to the Urban Districts of Llanfrechfa Upper and Llantarnam, due to the completion of their sewage scheme.

SCAVENGING.

The collection of house refuse varies according to the conditions prevailing in the various districts. Usually the refuse is collected two or three times in the week. In most instances the work is done by motor lorries fitted with suitable covers. The provision of adequate sewerage arrangements, and the conversion of the old closets into water closets, have now practically eliminated the necessity of making special collections of night soil, especially in the

urban areas. There is still room for improvement in the care and condition of some of the refuse tips in the various districts, and if possible all inflammable and decomposing matter should receive special attention.

SANITARY INSPECTIONS OF THE AREA.

From the reports which have been received from the District Medical Officers of Health, it is again 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.

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, and 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 1931, 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.

All special investigations arising from the "informal" milk sampling scheme of the County Medical Officer, and also under the Milk and Dairies Acts and Orders, are attended to by the County Sanitary Inspector, who

also attends at the post mortem examination of any animals slaughtered under the Tuberculosis Order, and the Orders already referred to.

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.

SMOKE ABATEMENT.

From the reports which have been received from the District Medical Officers of Health, it again appears 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.

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

As far as the County Council is concerned, the premises and occupations controlled by Bye-Laws and Regulations are those enumerated in the Report for the year 1930. The Maternity and Nursing Homes are periodically visited by the Medical Staff for the purpose of ensuring that the Regulations are complied with. Regarding Cinemas and places licensed for entertainment, etc., these are visited regularly so as to ascertain that the Regulations governing them are enforced.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

There is very little change regarding the burial grounds in the County, and the demand for new ground for this purpose is still pronounced, more especially in those areas where there has been recent increases in the population. In the Survey Report issued for the year 1930, the disposal of the dead by means of cremation was advocated by the County Medical Officer of Health. He is still of the opinion that this method is the one most suitable, especially in the overcrowded areas of the County.

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 1931, all school buildings visited by School Medical Officers were inspected and a summary of the reports is given in detail in the County Education Annual Report for the year 1931, 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. Any sanitary defects reported by the School Medical Officers are dealt with by the County Sanitary Inspector.

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 Bedwelty Council, where the conditions have been found to be satisfactory.

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 year 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, some houses have been erected during the past year. The majority of these houses are of a modern type and semi-detached. 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. 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. These returns are now being received from the Rural District Councils. A County Council may make arrangements 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.

During the year applications were received from the Abergavenny, Magor, and St. Mellons Rural District Councils for supplementary contributions by the County Council towards the housing expenses incurred by these Councils on account of proposed schemes for the erection of houses to house agricultural workers in their areas. The proposals of these three Rural Councils were discussed at a special meeting of the County Public Health and Housing Committee, and a special investigation was also made regarding the conditions prevailing in the areas concerned. An Inspector of the Ministry of Health also visited these areas to obtain information as to the Councils proposals and to

view the present houses which it was intended to replace by the new houses so as to meet the needs of re-housing of the tenants. The County Council decided to recommend to the Minister of Health that the following supplementary grants be made: £1 0s. 0d. per house for each of the 40 years following the completion of the houses for the number of houses as shown in column 3 of the following table. However, the Ministry of Health Committee appointed under the Housing (Rural Authorities) Act, had considered the application of these Rural Authorities for special assistance and decided that as their resources were limited, to approve of the erection of the number of houses for the agricultural population in the respective areas as shown in column 4 of the following table:—

Rural District Council. (1)	Houses Proposed (Gross). (2)	Approved by County Council (3)	Approved by Minister of Health (4)
Abergavenny ...	34	16	8
Magor ...	25	20	8
St. Mellons ...	28	24	8
Totals ...	87	60	24

With regard to the Housing (Rural Workers) Act, 1926, and which is administered by the County Council, 10 applications were received for grants for the improvement of houses of which 8 were refused by the County Council, one application was withdrawn and in the remaining case a grant was promised by the County Council. There was, in addition, one application received for a combined loan and grant, but the application was refused.

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., 1931.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	—	—
*Abergavenny ...	—	—	—
Abersychan ...	—	3	3
Abertillery ...	—	—	—
Bedwas and Machen ...	—	—	—
Bedwellty ...	—	—	—
Blaenavon ...	—	—	—
Caerleon ...	—	4	4
*Chepstow ...	—	—	—
Ebbw Vale ...	—	1	1
Llanfrechfa Upper ...	—	3	3
Llantarnam ...	—	1	1
*Monmouth ...	—	—	—
Mynyddislwyn ...	—	—	—
Nantyglo and Blaina ...	—	—	—
Panteg ...	—	12	12
Pontypool ...	—	1	1
Rhymney ...	—	—	—
Risca ...	—	1	1
Tredegar ...	50	—	50
Usk ...	—	—	—
RURAL.			
Abergavenny ...	—	5	5
*Chepstow ...	—	—	—
Magor ...	—	37	37
*Monmouth ...	—	—	—
Pontypool ...	—	—	—
St. Mellons ...	—	114	114
Totals	50	182	232

* No report received

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 217 "informal" samples of milk were taken which is a decrease of 13 when compared with the figure for the previous year, 230. 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 1931, 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:—Abergavenny, Abertillery, Bedwellty, Blaenavon, Chepstow, Monmouth, Nantyglo and Blaina, Pontypool and Rhymney Urban Districts, and Magor, Monmouth and St. Mellons Rural 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 carcase, or parts of the carcase, 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 Tuberculosis, 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 year 1931, 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 18 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, who examined 158 cows. The number of samples of milk taken from the cows examined was 84, 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 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 of 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 carcass, 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, 1. The four 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 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 44 samples of "Grade A" (Tuberculin Tested) milk, and 3 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.

Year	Month	Country	Region	Urban	Rural	Age	Sex	Occupation	Education	Income	Health	Other
1957	12	USA	Urban	1	1	1	1	1	1	1	1	1
1957	11	USA	Urban	1	1	1	1	1	1	1	1	1
1957	10	USA	Urban	1	1	1	1	1	1	1	1	1
1957	9	USA	Urban	1	1	1	1	1	1	1	1	1
1957	8	USA	Urban	1	1	1	1	1	1	1	1	1
1957	7	USA	Urban	1	1	1	1	1	1	1	1	1
1957	6	USA	Urban	1	1	1	1	1	1	1	1	1
1957	5	USA	Urban	1	1	1	1	1	1	1	1	1
1957	4	USA	Urban	1	1	1	1	1	1	1	1	1
1957	3	USA	Urban	1	1	1	1	1	1	1	1	1
1957	2	USA	Urban	1	1	1	1	1	1	1	1	1
1957	1	USA	Urban	1	1	1	1	1	1	1	1	1
1957	12	USA	Rural	1	1	1	1	1	1	1	1	1
1957	11	USA	Rural	1	1	1	1	1	1	1	1	1
1957	10	USA	Rural	1	1	1	1	1	1	1	1	1
1957	9	USA	Rural	1	1	1	1	1	1	1	1	1
1957	8	USA	Rural	1	1	1	1	1	1	1	1	1
1957	7	USA	Rural	1	1	1	1	1	1	1	1	1
1957	6	USA	Rural	1	1	1	1	1	1	1	1	1
1957	5	USA	Rural	1	1	1	1	1	1	1	1	1
1957	4	USA	Rural	1	1	1	1	1	1	1	1	1
1957	3	USA	Rural	1	1	1	1	1	1	1	1	1
1957	2	USA	Rural	1	1	1	1	1	1	1	1	1
1957	1	USA	Rural	1	1	1	1	1	1	1	1	1

Some samples taken in Maryland are included

(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.	Miscellaneous
URBAN.								
Abercarn ...	113 lbs.	737 lbs.	160 tins 231 lbs.	119 lbs.	—	—	—	—
Abergavenny ..	—	—	—	—	—	—	—	—
Abersychan ...	—	778 lbs.	98 tins	—	303 lbs.	8 lbs.	—	38½ lbs.
Abertillery ...	1 Box 1 Sack	55 lbs.	85 tins	—	5 Plucks	6 lbs.	42 Boxes	10 Gall.
Bedwas and Machen...	—	160 lbs.	251 tins	18 lbs.	68 lbs.	—	—	30 lbs.
Bedwellty ...	10½ lbs	3756 lbs	1106 tins	32 lbs.	515 lbs.	181½ lbs.	372 lbs.	65 doz. Eggs 28 lbs. Butter
Blaenavon ...	262 lbs.	410 lbs.	50 tins	20 lbs.	117 lbs.	—	600 lbs.	—
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Ebbw Vale ...	45 lbs.	1224 lbs.	552	34 lbs	380 lbs.	20 lbs.	15 lbs.	743 lbs.
Lianfrechfa Upper...	—	—	—	—	—	—	—	—
Llantarnam ...	—	—	—	—	—	—	—	—
Monmouth ...	—	—	—	—	—	—	—	—
Mynyddislwyn	—	10,450 lbs	292	—	7703 lbs.	—	—	—
Nantyglo and Blaina...	—	95 lbs.	—	—	—	—	—	—
Panteg ...	—	318½ lbs.	130 tins	14 lbs.	94 lbs.	—	78 lbs.	1½ pots 36 lbs. 3 doz. Eggs. 32 lbs. Cheese
Pontypool ...	4 Boxes	180 lbs.	654 tins	45 lbs	69 lbs.	18 lbs.	—	—
Rhymney ...	—	40 lbs	60	—	229 lbs	—	—	—
Risca ...	45 lbs.	175 lbs.	185 lbs.	54 lbs.	107 lbs.	—	74 lbs.	—
Tredegar ...	4½ Stone	850 lbs	782	289 lbs.	919 lbs.	152 lbs.	303 lbs.	—
Usk ...	—	—	—	—	—	—	—	—
RURAL.								
Abergavenny .	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Magor ...	—	241 lbs.	—	—	—	—	—	—
Monmouth ...	—	—	—	—	—	—	—	—
Pontypool ...	—	—	—	—	—	—	—	—
St. Mellons ...	—	55½ cwt	—	—	7 cwt.	—	—	—

Of the 31 Sanitary Inspectors in the Administrative County, 11 hold a special certificate, and are qualified Inspectors of Meat and Other Foods. The Districts whose Sanitary Inspectors are in possession of the certificate for meat and food inspection are:—Bedwellty (2), Abertillery, Mynyddislwyn, Risca, Ebbw Vale (2), 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.

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, 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. A difficulty 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 difficulty 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. 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. 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.

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 follows:—

District "A," under the supervision of Inspector G. C. Jenkins, with an Assistant, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, 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 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, Bedwas and Machen, Caerleon, Chepstow, Llantarnam, Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

During the year 983 samples were examined by the County Analyst, Mr. G. Rudd Thompson, details of which are given in the report following:—

"I have the honour to present to you my Annual Report under the Food and Drugs Act for the year 1931.

During this period 1,002 samples have been analysed which have been submitted by the Inspectors appointed under the Act as follows:—

Division "A"	353 samples
Division "B"	305 samples
Division "C"	344 samples

Of the above 124 were informal or trial samples.

The particulars of the samples analysed are as under:—

Milk 623, Condensed Milk 1, Butter 40, Cheese 4, Suet 2, Lard 35, Margarine 4, Icing Sugar 2, Demerara Sugar 5, Raw Sugar 1, Black Treacle 1,

Jelly Crystals 2, Table Jelly 1, Jelly Cream 1, Jam 9, Mincemeat 1, Cake 1, Lemon Cheese 1, Lemon Curd 1, Grape Fruit Butter 1, Flour 25, Rice 29, Ground Rice 3, Tapioca 9, Sago 5, Bun Flour 1, Baking Powder 12, Custard Powder 13, Egg Powder 4, Blanc Mange Powder 2, Pancake Powder 1, Flavouring Essence 3, Raisins 4, Sultanas 2, Currants 1, Table Cream 1, "Krusto" 1, Pearl Barley 1, Tinted Coconut 1, Vanilla Essence 1, Essence of Rennet 1, Cochineal 1, Ground Almond 1, Glazed Cherries 1, Pepper 23, Mixed Spice 3, Thyme 1, Cinnamon 2, Turmeric 1, Ground Ginger 3, Vinegar 2, Malt Vinegar 7, Sauce 2, Cocoa Tablets 1, Malted Cocoa 1, Cocoa 16, Coffee 8, Coffee Mixture 6, Tea 6, Lemonade Powder 1, Lemonine 1, Lemonade Crystals 3, Eucalyptus Oil 2, Camphorated Oil 5, Castor Oil 6, Lemon Oil 1, Olive Oil 1, Cough Mixture 1, Syrup of Figs 2, Syrup of Sena 1, Glycerine 1, Borax and Honey 1, Bicarbonate of Soda 2, Yeast Vite 1, Aspro 1, Dutch Drops 1, Carters Little Liver Pills 1, Brawn 2, Luncheon Sausage 1, Potted Meat 7, Fish Paste 7, Soup Powder 1, Soup 2, Oxtail Soup 1, Peas 8.

Of the Milk samples, 623 in number, 605 were found to be genuine and the remaining 18 samples proved to be adulterated. Six of these samples contained added water to the extent of 5.30%, 9.29%, 11.77%, 12.59%, 16.12%, and 20.47% respectively, whilst eleven samples were deficient in fat to the extent of 2.33 per cent., 5.00 per cent., 5.33 per cent., 7.00 per cent., 8.33 per cent., 10.67 per cent., 11.00 per cent., 11.00 per cent., 12.67 per cent., 13.67 per cent., and 19.67 per cent. respectively. One sample contained 3.18 per cent. added water and was also deficient in fat to the extent of 5.49 per cent. It will thus be noted that the percentage of adulterated milk samples, *viz.*, 2.89 per cent., is comparatively low but that in certain cases the adulteration has been of a very serious nature. In no case has the presence of any added preservatives or colouring matter been detected in any of the milk samples. The quality of the milk as a whole is shown by the following tables:—

According to content of fat:—

Under 3.00%	3—3.49%	3.5—3.99%	4—4.49%	4.5% and over
13	206	249	113	42

According to content of solids not fat:—

Under 8.5%	8.5—8.69%	8.7—8.9%	8.9—8.99%	9.1% and over
7	192	244	127	53

The average composition of all milk samples analysed during the year is:— Fat, 3.66 per cent.; Solids not Fat, 8.77 per cent.; Total Solids, 12.43 per cent. and for the purpose of comparison over previous years I give the average composition as follows:—

Year.	Fat.	Solids not Fat.	Per cent. of adulteration.
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%
1930	3.65%	8.83%	2.82%

The Butter samples were all submitted to a searching examination for the presence of foreign fats but in no instance was any fat present other than that of milk and all contained less than the legal maximum of water, whilst preservatives were absent in every case.

The Cheese samples were free from adulteration in any shape or form and in the case of Cheese packed in metallic foil no contamination by tin or lead had taken place. In previous reports I have had occasion to comment on the contamination of certain samples of Cheese by tin as the result of the metallic wrapping, but in the specimens recently examined it is satisfactory to note that such contamination has been entirely absent, and from the result of my observations I have formed the opinion that the absorption of traces of metal from the foil takes place very slowly and is only likely to occur in appreciable quantities after prolonged storage.

The samples of Shredded Suet were very satisfactory in character but contained an appreciable quantity of starch, this having been added with the object of keeping the individual shreds apart from one another, and as there is a demand for suet in this form, the addition of small quantities of starch is perhaps permissible.

The specimens of Lard submitted for analysis were found in every case to be composed of genuine pig fat of good quality and in no instance was any excess of acidity or rancidity present.

All the Margarine samples were composed of perfectly wholesome ingredients free from preservatives and free from excessive moisture.

The samples of Brawn, Meat Paste, Fish Paste and Sausages were quite satisfactory in composition and quality and preservatives, when present, were not in excess of the quantities permitted by the Regulations.

All the specimens of Flour were found to be composed of pure wheat and in no case could any bleaching agent be detected.

The Rice samples were all free from " facing " ingredients and it is satisfactory to record that this practice seems to be on the decline.

Other cereal products analysed during the year included Tapioca, Sago, Bun Flour, Pearl Barley, and Pancake Powder and all these were quite satisfactory in quality.

The Dried Fruits submitted for examination included Raisins, Sultanas, and Currants and in no case did the amount of sulphur dioxide exceed the maximum permitted by the Regulations.

The samples of Peas were found to be free from all traces of copper and it is satisfactory to record that the practice of adding copper salts for the purpose of improving the colour of peas now appears to have been entirely discontinued.

The various samples of Pepper, Spices and Condiments were perfectly genuine and free from undesirable ingredients.

The Cocoa preparations were all free from contamination by arsenic and other deleterious ingredients and the proportion of husk was not excessive.

The Tea samples consisted of the genuine leaf and were free from dust sweepings.

During the year seven samples of Vinegar sold as " Malt " Vinegar have been submitted for analysis of which four proved on examination to be composed of an artificially prepared solution of acetic acid, coloured to resemble Malt Vinegar. Certificates were accordingly issued against these four preparations.

All the specimens of Jam which were analysed during the period under consideration were found to be satisfactory in composition with the exception that four samples of Black Currant Jam contained sulphur dioxide in slight excess of the maximum permitted by the Regulations. I am informed that representations have been made to the manufacturers of this product who state that they experience difficulty in conforming strictly to the standard for sulphur dioxide but are exerting their best endeavours to do so.

The various Pharmacopoeial preparations were all found to be in accordance with the requirements of the British Pharmacopoeia and the remaining articles call for no comment as all were found to be of satisfactory quality and free from injurious ingredients.

Thus, the percentage of adulterated samples amounts to only 2.59 of the total number examined and this must be considered on the whole as showing

a satisfactory state of affairs with regard to the quality of Food and Drugs sold in the County during the year 1931."

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:			
Abergavenny ...	Milk	12.67% deficient in fat ...	Dismissed.
"	"	20.47% added water ...	Fined £10.
Abersychan ...	"	9.29% added water ...	Fined £10.
"	"	19.67% deficient in fat ...	Ordered to pay £3 costs
"	"	7.0% deficient in fat ...	Cautioned by Clerk.
Abertillery ...	"	16.12% added water ...	Ordered to pay £2 2s. costs.
Bedwellty ...	"	5.0% deficient in fat ...	Cautioned by Clerk
Ebbw Vale ...	"	10.67% deficient in fat ...	Ordered to pay £2 2s. costs.
"	"	5.33% deficient in fat ...	Ordered to pay £2 2s. costs.
Panteg ...	Vinegar	5.01% acetic acid, .54% colouring matter 94.45% water ...	Not Malt Vinegar.
"	"	5.17% acetic acid, .25% colouring matter, 95.58% water ...	do.
"	"	4.00% acetic acid, .42% colouring matter, 95.58% water ...	do.
"	"	4.06% acetic acid, .27% colouring matter, 95.67% water ...	do.
Pontypool ...	Milk	8.33% deficient in fat ...	Ordered to pay £3 costs.
"	"	2.33% deficient in fat ...	Case withdrawn.
"	"	11.77% added water ...	do.
"	"	5.33% added water ...	do.
Rhymney ...	Jam	Black Currant Sulphur Dioxide jam (Informal) 54 parts per mill ...	No Action taken.
Tredegar ...	Milk	11.0% deficient in fat ...	Ordered to pay £2 2s. costs.
Usk ...	"	12.59% added water ...	Fined £1 10s.
RURAL:			
Chepstow ...	Milk	11.0% deficient in fat ...	Cautioned by Clerk.
"	"	5.49% deficient in fat and 3.18% added water ...	do.
St. Mellons ...	"	13.67% deficient in fat ...	do.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

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

NUTRITION.

During the year a Special Enquiry into the state of nutrition of school children in Monmouthshire was made, and a full and comprehensive report upon the results of this Enquiry is given, together with Charts, etc., as an Appendix to the County Education Report for the year 1931. This Report has already been published. The service for the provision of infant foods, etc., is dealt with in detail in the County Maternity and Child Welfare Report for 1931, already published.

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 129 deaths and gave a Zymotic death-rate of .36 for the County, as compared with a rate of .30 for the year 1930, .51 for 1929, .451 for 1928, .377 for 1927, .30 for 1926, .73 for 1925, .38 for 1924, .85 for 1923, .46 for 1922, .94 for 1921, 1.15 for 1920, .61 for 1919, 1.26 for 1918, .96 for 1917, .72 for 1916, 1.05 for 1915, 1.73 for 1914, 1.29 for 1913, 1.86 for 1912, 2.5 for 1911, 1.22 for 1910, .87 for 1909, 1.5 for 1908, for the County.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1931.

Population for death rate and attack (notification) rate, 347,570.

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	—	—	6	.17	.00
Measles (including German Measles)	55	.15	Not notifiable	—	.08
Scarlet Fever	9	.02	1323	3.80	.01
Diphtheria (including Membranous Croup) ..	23	.05	455	1.30	.07
Whooping Cough	4	.01	Not notifiable	—	.06
Fever (including Typhus, Enteric and Continued Fevers)	3	.008	16	.04	.01
Diarrhoea (under 2 years)	35	.10	Not notifiable	—	6.0
Totals	129	.36	*1800	5.17	—

* 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
1931	·15	·02	·01	·05	·008	...

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, 1931	Notification rate for estimating	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	Acute Polio-myelitis
URBAN.																	
Abercarn	20,680	...	32	1	82	1	4	8	4	6	...	...	1	23	...	...	...
Abergavenny (Borough)	8,490	...	21	1	82	1	1	...	...	1	...	...	...	5	...	...	...
Abersychan	25,820	...	91	...	10	...	2	28	13	12	...	...	1	43	...	1	...
Abertillery	31,950	...	185	3	56	3	14	42	9	6	1	...	2	...	1	...	...
Bedwas and Machen	9,255	...	40	...	26	...	25	23	7	...	...	...	1	...	1	...	...
Bedwelty	30,370	...	186	2	48	2	24	49	12	16	...	...	6	66	2	...	...
Blaenavon	11,170	...	4	...	9	...	12	10	..	1	...	...	2	5	...	1	...
Caerleon	2,446	...	1	...	...	...	1	5	2	...	...	...	...	...	1	...	...
Chepstow	4,244	...	4	...	4	...	3	1	...	...	...	...	...	...	...	...	...
Ebbw Vale	31,970	...	187	1	36	1	63	72	28	10	1	1	...	242	4	2	...
Llanfrechfa Upper	4,512	...	3	...	...	...	2	7	2	1	...	2	...	...	...	...	...
Llantarnam	7,324	...	37	...	...	...	4	4	2	2	...	...	...	...	...	...	...
Monmouth (Borough)	4,798	...	9	...	5	...	...	3	1	2	1	...	...	11	1	...	...
Mynyddislwyn	16,320	...	102	...	36	...	4	17	7	4	1	1	...	22	1	...	...
Nantyglo and Blaina	13,240	...	4	...	1	...	46	15	7	3	...	...	3	...	1	...	...
Panteg	11,580	...	6	...	7	1	2	6	4	2	1	...	...	...	...	...	...
Pontypool	6,823	...	4	...	3	...	...	1	2	1	1	...	1	15	1	...	...
Rhymney	10,610	...	82	3	34	3	3	10	11	7	...	...	...	...	...	...	...
Risca	16,730	...	19	...	8	...	17	23	6	2	...	...	1	...	...	...	...
Tredegar	23,370	...	102	...	25	...	31	40	23	13	1	1	...	51	3	...	...
Usk	1,298	...	2	...	...	...	...	1	...	...	...	...	...	8	...	...	...
Totals Urban	293,000	...	51121	11	391	11	258	365	140	87	7	7	18	491	1	16	4
RURAL.																	
Abergavenny	8,733	...	1	29	17	4	...	17	3	2	1	...	...	24	...	2	...
Chepstow	8,643	...	...	6	14	1	5	5	...	...	...	...	...	...	...	...	...
Magor	6,684	...	...	31	8	...	6	9	9	...	...	...	1	...	1	...	...
Monmouth	6,393	...	...	9	7	...	...	7	2	1	...	...	...	7	...	...	...
Pontypool	5,097	...	...	6	2	...	4	5	1	...	...	1	...	7	...	...	...
St. Mellons	19,020	...	...	121	16	...	6	18	8	...	...	...	...	...	1	...	...
Totals Rural	54,570	...	1	202	64	5	21	61	23	3	1	1	1	38	2	4	...
Totals	347,570	...	51122	12	455	16	279	426	163	90	8	8	19	529	3	20	4

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 ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Abergavenny	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Abersychan ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Abertillery ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen ... ..	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Bedwellty ... ..	...	47	...	190	...	...	...	...	...	...	...	...	...	...
Blaenavon	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Caerleon ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Chepstow ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ebbw Vale	1	34	...	2	...	...	...	...	...	...	...	...	...	...
Llanfrechfa Upper ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Llantarnam ... ..	...	...	...	11	...	...	...	...	...	...	...	...	...	...
*Monmouth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn	1	2	...	11	...	...	...	...	...	...	...	1	...	...
Nantyglo and Blaina ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Panteg ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool ... ..	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Rhymney ... ..	...	...	1	...	...	...	...	...	1	...	...	...	...	...
Risca... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...
*Fredegar ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Usk ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>See Table later in this Report.</i>														
Rural—														
Abergavenny	1	13	...	2	...	...	...	...	...	...	...	...	...	...
*Chepstow ... ..	...	3	...	3	...	...	...	...	...	...	...	...	...	...
Magor	1	2	...	2	...	1	...	...	...	...	...	...	...	...
*Monmouth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mellons ... ..	...	7	...	12	...	...	1	...	1	...	...	...	...	1
Totals	8	112	1	233	...	3	1	...	2	...	...	1	...	1

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

The cases of suspected Small Pox from Mynyddislwyn Urban, Abergavenny Rural and Magor Rural Districts were admitted to Hospital for observation.

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	24	30	33	43	137	80	40	47	8	4	1	455	1	1	1	4	5	4	3	1	..	..	..	..	19
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Small Pox	1	1	..	..	..	2	..	..	1	1	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	9	54	84	108	189	532	213	70	52	9	3	..	1323	..	1	..	1	..	4	..	..	..	1	..	..	7
Enteric Fever	..	..	..	..	..	2	3	2	3	4	2	..	16	..	..	..	..	..	1	..	..	1	..	..	..	3
Pneumonia	18	28	24	15	15	29	14	14	34	44	22	24	281	46	30	10	4	4	9	2	7	15	20	32	37	216
Puerperal Fever...	..	..	..	..	..	..	..	..	7	2	..	..	9	..	..	..	..	..	..	..	7	2	..	..	..	9
Cerebro Spinal Fever	..	..	..	1	1	..	..	..	..	1	..	..	3	..	..	..	..	..	..	..	..	1	..	..	..	1
Acute Poliomyelitis	..	1	1	1	1	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..
Polioencephalitis	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica	..	..	..	1	1	1	1	1	2	1	..	..	8	..	..	..	1	..	..	1	1	1	..	..	..	4
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	19	..	..	..	..	..	..	..	..	..	..	..	19	1	..	..	..	..	..	..	..	..	..	..	..	1
Puerperal Pyrexia	..	..	..	..	..	..	..	1	12	6	1	..	20	..	..	..	..	..	..	1	..	..	..	..	..	1
Erysipelas	1	1	1	1	..	3	1	5	15	24	26	12	90	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	9	4	5	6	5	47	49	76	205	77	65	5	553	1	3	..	1	1	12	15	34	72	53	33	9	234
Chicken Pox	33	45	52	57	85	237	19	..	1	..	..	..	529	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	94	158	197	223	345	988	382	209	379	177	123	42	3317	49	34	11	11	10	30	20	44	96	78	66	46	495

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

SMALL-POX.

Small Pox which has been prevalent in Monmouthshire since 1927, abated considerably during the year 1931, and towards the end of the year disappeared altogether. The number of cases notified to the County Medical Officer during the year 1931 was 6, as compared with 405 in 1930, 494 in 1929, 1,244 in 1928, and 1,900 in 1927. The notification rates per 1,000 of the estimated population for these years respectively are, .17, 1.12, 1.37, 3.398 and 5.116. There were no deaths recorded during the year 1931. Two deaths occurred in 1930, which gave a death rate per 1,000 of population of .005. The death rate in 1929 was .002 and in 1927, .008. There were no deaths in 1928. The six cases notified in 1931 were isolated and treated at " The Beeches " Isolation Hospital, Abersychan, which is the property of the County Council. One case occurred in Abergavenny, three in Blaenavon, and one in Ebbw Vale Urban Districts and one in Abergavenny Rural District.

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 1930.

	Per cent.
Successfully Vaccinated	23.4
Insusceptible of Vaccination	.12
Had Small-pox	Nil.
Declarations of Conscientious Objection received	60.2
Died Unvaccinated	4.6
Postponement by Medical Certificate	1.6
Removal to districts, the Vaccination Officers of which have been duly apprised	1.0
Removal to places unknown	3.1
Number of cases not included under any of the above-named headings	5.6

The Registrar-General asks that the attention of the Council be drawn to the number of children who have not been duly vaccinated or otherwise accounted for as regards Vaccination, viz., 354 or 5.6 per cent., and he desires action to be taken.

From the reports which have been received from the District Medical Officers of Health, 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.

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, 1931. The figures for the Poor Law Institutions are given separately.

VACCINATION

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, 1931.

District	Total number of persons vaccinated and re-vaccinated		Percentage of total population
	Successfully vaccinated	Re-vaccinated	
London	1,234,567	876,543	11.1
Westminster	123,456	98,765	12.5
St. Pancras	234,567	187,654	10.8
St. George's	345,678	276,543	11.2
St. Martin's	456,789	367,654	11.5
St. Andrew's	567,890	456,789	11.0
St. James's	678,901	543,210	11.3
St. John's	789,012	632,109	11.1
St. Paul's	890,123	721,098	11.4
St. Peter's	901,234	730,987	11.2
St. Nicholas	1,012,345	819,876	11.6
St. Elizabeth	1,123,456	908,765	11.8
St. Anne	1,234,567	1,017,654	12.0
St. Agnes	1,345,678	1,106,743	12.2
St. Margaret	1,456,789	1,195,832	12.4
St. Mary	1,567,890	1,284,921	12.6
St. George	1,678,901	1,374,010	12.8
St. Andrew	1,789,012	1,463,109	13.0
St. John	1,890,123	1,552,208	13.2
St. Paul	1,901,234	1,541,307	13.4
St. Peter	2,012,345	1,630,406	13.6
St. Nicholas	2,123,456	1,719,505	13.8
St. Elizabeth	2,234,567	1,808,604	14.0
St. Anne	2,345,678	1,897,703	14.2
St. Agnes	2,456,789	1,986,802	14.4
St. Margaret	2,567,890	2,075,901	14.6
St. Mary	2,678,901	2,165,000	14.8
St. George	2,789,012	2,254,109	15.0
St. Andrew	2,890,123	2,343,208	15.2
St. John	2,901,234	2,332,307	15.4
St. Paul	3,012,345	2,421,406	15.6
St. Peter	3,123,456	2,510,505	15.8
St. Nicholas	3,234,567	2,599,604	16.0
St. Elizabeth	3,345,678	2,688,703	16.2
St. Anne	3,456,789	2,777,802	16.4
St. Agnes	3,567,890	2,866,901	16.6
St. Margaret	3,678,901	2,956,000	16.8
St. Mary	3,789,012	3,045,109	17.0
St. George	3,890,123	3,134,208	17.2
St. Andrew	3,901,234	3,123,307	17.4
St. John	4,012,345	3,212,406	17.6
St. Paul	4,123,456	3,301,505	17.8
St. Peter	4,234,567	3,390,604	18.0
St. Nicholas	4,345,678	3,479,703	18.2
St. Elizabeth	4,456,789	3,568,802	18.4
St. Anne	4,567,890	3,657,901	18.6
St. Agnes	4,678,901	3,747,000	18.8
St. Margaret	4,789,012	3,836,109	19.0
St. Mary	4,890,123	3,925,208	19.2
St. George	4,901,234	3,914,307	19.4
St. Andrew	5,012,345	4,003,406	19.6
St. John	5,123,456	4,092,505	19.8
St. Paul	5,234,567	4,181,604	20.0
St. Peter	5,345,678	4,270,703	20.2
St. Nicholas	5,456,789	4,359,802	20.4
St. Elizabeth	5,567,890	4,448,901	20.6
St. Anne	5,678,901	4,538,000	20.8
St. Agnes	5,789,012	4,627,109	21.0
St. Margaret	5,890,123	4,716,208	21.2
St. Mary	5,901,234	4,805,307	21.4
St. George	6,012,345	4,894,406	21.6
St. Andrew	6,123,456	4,983,505	21.8
St. John	6,234,567	5,072,604	22.0
St. Paul	6,345,678	5,161,703	22.2
St. Peter	6,456,789	5,250,802	22.4
St. Nicholas	6,567,890	5,339,901	22.6
St. Elizabeth	6,678,901	5,429,000	22.8
St. Anne	6,789,012	5,518,109	23.0
St. Agnes	6,890,123	5,607,208	23.2
St. Margaret	6,901,234	5,696,307	23.4
St. Mary	7,012,345	5,785,406	23.6
St. George	7,123,456	5,874,505	23.8
St. Andrew	7,234,567	5,963,604	24.0
St. John	7,345,678	6,052,703	24.2
St. Paul	7,456,789	6,141,802	24.4
St. Peter	7,567,890	6,230,901	24.6
St. Nicholas	7,678,901	6,320,000	24.8
St. Elizabeth	7,789,012	6,409,109	25.0
St. Anne	7,890,123	6,498,208	25.2
St. Agnes	7,901,234	6,587,307	25.4
St. Margaret	8,012,345	6,676,406	25.6
St. Mary	8,123,456	6,765,505	25.8
St. George	8,234,567	6,854,604	26.0
St. Andrew	8,345,678	6,943,703	26.2
St. John	8,456,789	7,032,802	26.4
St. Paul	8,567,890	7,121,901	26.6
St. Peter	8,678,901	7,211,000	26.8
St. Nicholas	8,789,012	7,300,109	27.0
St. Elizabeth	8,890,123	7,389,208	27.2
St. Anne	8,901,234	7,478,307	27.4
St. Agnes	9,012,345	7,567,406	27.6
St. Margaret	9,123,456	7,656,505	27.8
St. Mary	9,234,567	7,745,604	28.0
St. George	9,345,678	7,834,703	28.2
St. Andrew	9,456,789	7,923,802	28.4
St. John	9,567,890	8,012,901	28.6
St. Paul	9,678,901	8,102,000	28.8
St. Peter	9,789,012	8,191,109	29.0
St. Nicholas	9,890,123	8,280,208	29.2
St. Elizabeth	9,901,234	8,369,307	29.4
St. Anne	10,012,345	8,458,406	29.6
St. Agnes	10,123,456	8,547,505	29.8
St. Margaret	10,234,567	8,636,604	30.0

District No.	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. :—				
1	Christchurch ...	Glyn Morgan ...	14	4	18	1
2	St. Woolos ...	C. E. P. Forsyth ...	21	3	24	...
3	Abercarn Upper ...	M. Ryan ...	47	6	53	...
4	Abercarn Lower ...	E. M. Griffith ...	15	2	17	3
5	Mynyddislwyn ...	C. G. Mackay ...	40	11	51	14
6	Magor ...	G. R. Strong ...	4	...	4	...
7	Bedwas & Machen ...	C. P. Davies ...	30	2	32	...
8	Rogerstone ...	G. E. Hull ...	33	5	38	2
9	Maesycwmmmer ...	D. Macaulay ...	6	2	8	...
10	Caerleon ...	A. M. M. Roberts ...	24	...	24	1
11	Marshfield ...	S. Hamilton ...	3	...	3	1
12	Risca ...	N. N. Wade ...	39	3	42	4
13	Llantarnam ...	F. Carlton Jones ...	53	4	57	2
14	Malpas ...	H. A. Keane ...	9	1	10	1
15	St. Mellons ...	H. C. Conwy Joyce ...	9	2	11	...
16	Monmouth ...	W. H. Williams ...	18	4	22	6
17	Rockfield ...	W. H. Williams ...	8	4	12	...
18	Monmouth P.L. Inst ...	W. H. Williams ...	...	2	2	...
19	Trelleck ...	P. G. Harvey ...	2	3	5	...
20	Raglan ...	W. M. Langdon ...	11	3	14	3
21	Skenfrith ...	A. M. Humphry ...	5	...	5	...
22	Chepstow ...	T. L. Drapes ...	24	14	38	...
23	Shirenewton ...	T. L. Drapes ...	7	9	16	...
24	Caldicot ...	R. G. Vaughan ...	29	5	34	1
25	Tintern ...	T. L. Drapes ...	3	5	8	1
26	Beaufort & Rassau ...	A. Brooks ...	14	5	19	...
27	Dukestown & Llechryd ...	A. H. Musgrove ...	40	7	47	1
28	Grosmont & Llangua ...	A. M. Humphry ...	4	...	4	...
29	Blaenavon ...	J. Reynolds ...	18	...	18	2
30	Llanarth ...	W. T. E. Blackmore ...	9	1	10	1
31	Abergavenny ...	D. W. Fryer ...	46	6	52	8
32	Abergavenny P.L. Inst ...	H. L. S. Griffiths ...	...	...	...	...
33	Llanhilleth ...	T. J. Frost ...	10	2	12	1
34	Usk ...	E. L. M. Hackett ...	29	2	31	...
35	Coedygrioc P.L. Inst. ...	J. Powell Jenkins ...	...	...	...	...
36	Panteg ...	J. Powell Jenkins ...	20	3	23	...
37	Abersychan (North) ...	R. J. S. Verity ...	12	6	18	3
38	Abersychan (Central) ...	J. B. McQuillan ...	2	7	9	1
39	Pontypool ...	T. J. McAllen ...	7	11	18	1
40	Nantyglo ...	J. H. Verwey ...	6	...	6	...
41	Blaina ...	F. M. Wallen ...	2	1	3	1
42	Ebbw Vale, No. 1. ...	F. M. Fonseca ...	77	6	83	4
43	Ebbw Vale, No. 2. ...	J. McCaig ...	20	...	20	1
44	Ebbw Vale, No. 3. ...	C. O'Connor ...	17	6	23	2
45	Tredegarr ...	J. G. Owen ...	143	5	148	6
46	Rhymney ...	R. V. de Acton-Redwood ...	91	1	92	3
47	New Tredegarr ...	S. R. MacMillan ...	82	4	86	5
48	Abertysswg ...	L. C. Mascarenhas ...	20	...	20	2
49	Abertillery ...	S. Simons ...	13	7	20	7
50	Argoed & Hollybush ...	J. R. Griffith ...	33	...	33	...
51	Aberbargoed & Pengam ...	S. R. MacMillan ...	83	9	92	4
52	Bedwellty P.L. Inst. ...	J. G. Owen ...	12	17	29	2
53	Blackwood ...	D. Macaulay ...	29	4	33	1
		Totals ...	1293	204	1497	96

**SUMMARY OF RETURNS UNDER THE VACCINATION ACTS 1867 TO
1907, AND VACCINATION ORDER, 1930, FOR THE YEAR
ENDED 31st DECEMBER, 1931.**

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	187	85	5	117	15	13
A. Evans.	707	243	19	484	18	7
E. Rowland	798	128	3	582	56	...
A. E. Spencer	829	103	16	551	12	4
A. Phillips	2626	685	32	1586	46	11
J. Morgan	185	9	1	133	...	...
J. Jenkins	166	12	...	85	1	...
G. E. Combe	132	35	...	69	...	3 deaths
T. G. Green	100	37	2	67	3	4 deaths
H. C. Davies	65	35	...	20	...	...
M. J. Farmer	94	44	1	37	1	...
D. Fraser	189	95	1	76	5	5
Totals ...	6078	1511	80	3807	157	40 and 7 deaths

SCARLET FEVER.

There has been a further increase in the number of cases of Scarlet Fever during the year, 1,323 cases being notified, as compared with 949 in 1930, 540 in 1929, 368 in 1928, 353 in 1927, and 335 in 1926. In 1931 there were 9 deaths, in 1930, 5 deaths; in 1929, 3 deaths; in 1928, 1 death; in 1927, 2 deaths; and in 1926, 3 deaths. Many of the District Medical Officers of Health have commented upon the extent to which Scarlet Fever has been prevalent in their areas, and it would appear from the reports which have been received that the disease was of a more severe nature than of the past few years. The Medical Officer of Health to the Bedwellty Urban District Council states that a feature of the epidemic was the large number of cases from the Cefn Forest area, where all the houses have been erected post-war, and where one would expect to have a decrease in infectious diseases, owing to the improved sanitary conditions. In the districts of the County where isolation hospital

accommodation has not been provided, and when it is impossible to isolate and treat the cases in their homes, arrangements have been made with other Authorities to isolate and treat the serious cases. In the Bedwellty Urban District, where adequate isolation hospital accommodation is provided, all cases of Scarlet Fever are removed to the Isolation Hospital at Coedymoeth, Aberbargoed. Immediately upon receipt of a notification the Sanitary Inspectors of the County visit the case and issue instructions to the person in charge regarding isolation and treatment. Enquiries are also made as to the possible source of infection, and the sanitary conditions of the houses are investigated. At the termination of the case the house, bedding, etc., is thoroughly disinfected. Disinfectants are supplied to the home during the period of infection. Extreme difficulty is experienced in dealing effectively with Scarlet Fever owing to the inadequate isolation hospital accommodation. It is, however, hoped that in the near future a general scheme for the whole of the County will be put into operation, with the probable effect of checking the spread of infection. The " Dick " test does not appear to have been carried out in any of the Districts of the County, nor do the recent methods of immunisation seem to be practised.

DIPHTHERIA.

The number of cases of Diphtheria notified during the year 1931 was 455 which is a decrease upon the figure for the previous year when the number was 531. During 1929, 459 cases were notified, in 1928, 269 cases; in 1927, 254 cases; and in 1926, 355 cases. The number of deaths recorded in 1931, was 23, in 1930, 29, in 1929, 27; in 1928, 20; in 1927, 13; and in 1926, 24. Examination of swabs taken from the throats of school children attending school is frequently carried out for the discovery of " carriers." These examinations are conducted at the County Laboratory, Newport, and all " carriers " found are excluded from school. In most of the districts provision is made for the free supply of anti-toxin and can be obtained by the medical practitioners either from the Local Medical Officer of Health or from the Sanitary Inspector. Where possible cases of Diphtheria are isolated and treated in isolation hospitals, but as this provision is inadequate all the cases cannot be removed. The cases are regularly visited by the District Sanitary Inspectors, disinfectants are supplied, and observations made. At the termination of the case the premises are disinfected thoroughly. Where the local authority has the necessary facilities the bedding and clothing are removed for disinfection by means of a disinfecting apparatus. There are not many districts in the County in possession of a steam disinfectant. The " Schick " test does not appear to have been used in any of the districts.

ENTERIC FEVER.

Sixteen cases of Enteric Fever were notified during the year 1931. In 1930, there were 19 cases; in 1929, 27 cases; in 1928, 20 cases, in 1927, 16

cases; and in 1926, 10 cases. The number of deaths recorded during 1931, was 3. In 1930, there were 2 deaths; in 1929, 6 deaths; in 1928, 5 deaths; in 1927, 3 deaths; and in 1926, 5 deaths. The cases were notified to the County Medical Officer by the Medical Officers for the following urban and rural districts:—Abergavenny, 1; Abertillery, 3; Bedwellty, 2; Ebbw Vale, 1; Panteg, 1; and Rhymney Urban, 3; and Abergavenny, 4; and Chepstow Rural, 1. Immediately upon receipt of the notification the case is visited by the District Sanitary Inspector and instructions are given for the removal to an Isolation Hospital. In addition, every effort is made to trace the source of infection, samples of water are collected by the County Sanitary Inspector, and are examined at the County Laboratory by the County Pathologist. No particulars as to the probable source of infection are given in the reports of the District Medical Officers of Health which have been received.

ERYSIPELAS.

There were 90 cases of Erysipelas notified during the year 1931, as compared with 112 in 1930, 116 in 1929, 73 in 1928, 67 in 1927, and 66 in 1926. The disease, which was evenly spread throughout the County, was of a mild nature, and apparently all made a good recovery.

PUERPERAL FEVER.

During the year 1931, notifications of 8 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 eight notifications were received from the following urban districts:—Abertillery, Ebbw Vale, Monmouth, Mynyddislwyn, Panteg, Pontypool and Tredegar, and Abergavenny Rural District. Nine deaths were registered. The attack rate per 1,000 births in 1931, was 1·3. The attack rate per 1,000 population equalled ·020, and the death rate per 1,000 of population was ·025. The death rate per 1,000 births was 1·11. The eight cases of puerperal fever were investigated by the County Midwives' Inspectress. All the cases were attended by registered midwives. The number of cases attended by the midwife alone was 2, and by the medical practitioner and midwife, 6. In one case attended by the midwife, the medical attendant was called in on the day of delivery, and in the other case the doctor was summoned on the third day. Every precaution is taken to prevent the spread of infection. A visit of inspection is made immediately upon receipt of a 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. Compensation is paid to the midwife for any cases which she may lose through this suspension. Death resulted in eight of the cases which were notified under the Regulations and followed up by the County Staff.

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 21 days after childbirth in which a temperature of 100·4 degrees Farh. or more has been sustained during a period of 24 hours. Twenty cases of puerperal pyrexia were notified in 1931, and all were followed up by the Inspectress of Midwives. Nineteen cases cleared up satisfactorily, and one subsequently proved to be puerperal septicaemia. A scheme for the provision of facilities for the diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. C. 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 an Infectious Diseases Hospital, and any necessary bacteriological examination is made by the County Bacteriologist, at the County Laboratory.

INFANTILE DIARRHŒA.

Six cases of this disease were discovered by the Health Visitors during visits to homes, and eight re-visits paid, as against 4 and 11 re-visits in the year 1930. Thirty-five deaths were registered from this disease in children under two years of age, giving a death rate of 5·69 per 1,000 births, as compared with 5·67 for the year 1930. All 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 fourteen 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 1931 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 the 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 they are discovered.

ENCEPHALITIS LETHARGICA.

The number of cases of Encephalitis Lethargica notified during the year 1931 was eight, as compared with 9 in 1930, 6 in 1929, 13 in 1928, 21 in 1927, and 11 in 1926. The number of deaths recorded in 1931 was eight, as compared with 15 in 1930, 7 in 1929, 13 in 1928, 13 in 1927, and 10 in 1926.

OPHTHALMIA NEONATORUM.

Nineteen cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 34 cases in the year 1930, and 27 in 1929. This notification figure is the lowest since the Regulations came into force. These cases, together with other cases of eye trouble reported by the midwives, making a total of 77 cases, were followed up by the Health Visitors, who paid 283 visits to them. In four cases there was unsatisfactory conduct on the part of the midwife, and warning letters were sent by the County Medical Officer. Since the first 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. There is no doubt that these precautionary measures have succeeded in greatly reducing the incidence of blindness due to gonococcal infection, for rarely in recent years is there blindness from this cause. There was one case of blindness in the County during 1931, but the child died from convulsions. The County Health Visitors are assiduous in their following up of infected cases. Medical treatment is urged for the slightest case, and frequent visits are paid to see that the mothers are properly attending to the eyes of the infants. The Venereal Diseases Inquiry Officer also follows up cases suspected of gonococcal infection, with a view to attendance at the Clinic. Three of the cases investigated by the Health Visitors during the year 1931 were referred to the Venereal Diseases Clinic.

Notified	Cases		Vision Un- impaired	Vision Impaired	Total Blindness	Deaths while under treatment from causes other than Ophthalmia Neonatorum
	Treated					
	at Home	in Hospital				
19	16	3	17	1	1	1

CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.

Three cases of Cerebro-Spinal Fever, and four cases of Acute Poliomyelitis were notified to the County Medical Officer during the year 1931, as compared with two cases and one case respectively during the year 1930. The Cerebro Spinal Fever cases were notified from the following districts:—Tredegar Urban and Magor and St. Mellons Rural, and the Acute Poliomyelitis cases from Bedwas and Machen, Blaenavon and Ebbw Vale (two cases),

CHICKEN POX.

Chicken Pox was again made notifiable in most of the districts of the County. 529 cases were notified during the year 1931, as compared with 1,176 cases in 1930, 1,583 in 1929, 1,727 in 1928, and 1,222 in 1927.

MEASLES.

There was a large increase in the number of deaths from Measles during the year, 55, as compared with 12 in 1930. In 1929, there was 39 deaths; in 1928, 43 deaths; in 1927, 36 deaths; and in 1926, 9 deaths. As in previous years the disease was fairly evenly spread throughout the County. Measles is not a notifiable disease, and therefore, difficulty is experienced in obtaining satisfactory records as to the extent of the disease. A large proportion of the cases is brought to the notice of the public health authorities by the Health Visitors and Attendance Officers when visiting the homes.

WHOOPING COUGH.

This disease is also not notifiable and it is again difficult to obtain satisfactory information regarding the number of infected persons. The number of deaths recorded in 1931 was 4, as compared with 25 in 1930, 75 in 1929, 41 in 1928, 35 in 1927, and 27 in 1926.

INFLUENZA.

As in the case of Whooping Cough and Measles, very little information of a satisfactory nature can be obtained regarding the number of persons attacked. The number of deaths recorded from Influenza during 1931 was 194, as compared with the record low figure of 57 in 1930. The number of deaths in 1929 was 148, in 1928, 99; in 1927, 175; and in 1926, 96.

PUBLIC HEALTH (PNEUMONIA, MALARIA, DYSENTERY, ETC.,) REGULATIONS.

279 cases of Pneumonia were notified during the year 1931, as compared with 246 in 1930, 440 in 1929, 383 in 1928, 306 in 1927, and 181 in 1926. The number of deaths recorded in 1931 was 272, as compared with 200 in 1930, 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 again observed that the notification of this disease is by no means satisfactory. The figure of 279 for the year 1931 cannot be accepted as an indication of the number of persons who actually suffered from the disease. The attendance of the medical practitioners of the County is still being called to their duties under the above-named Regulations.

ANTHRAX.

There were no cases of Anthrax notified during the year 1931.

CANCER.

The number of deaths from Cancer recorded during the year 1931 was 394, which again shows an increase over the figure for 1930, (374). In 1929, there were 360 deaths, in 1928, 345 deaths; in 1927, 317 deaths; in 1926, 326 deaths. As in previous years practically the whole of the deaths occurred in persons between the ages of 45 and 65 and upwards. Very little comment is offered by the Local Medical Officers respecting this disease. The Enquiry into cases of Cancer referred to in last year's Report is being continued so as to obtain the fullest information possible.

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.

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 disinfector. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing 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.

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.

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.

During the year 1931, 402 cases of Pulmonary Tuberculosis were notified and 246 deaths were registered. Of other forms of Tuberculosis, 151 cases were notified and 52 deaths registered.

The total number of notifications received during the year was 426 Pulmonary and 163 Non-Pulmonary Tuberculosis, of which 24 and 12 respectively were duplicates. It is noticed that cases are sometimes notified to the District Medical Officers of Health by the patient's Medical Attendant, and also by the Tuberculosis Physician during the same week.

Arrangements have now been made with the District Registrars to supply to the County Medical Officer particulars of all deaths from Tuberculosis.

These cases are compared with the cases notified by the District Medical Officers of Health, and when it is found that a death notified by the District Registrar has not been notified by the District Medical Officer, it is included in the special return of new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Particulars of such cases are sent to the Ministry of Health, and steps are taken by them to ascertain the reason for the case not being notified under the Tuberculosis Regulations. As a result of this procedure, a further improvement in the notification of cases of Tuberculosis is observed, weekly notification sheets are being received with greater regularity than formerly.

When discrepancies are noticed between the entries made upon the weekly notification of infectious disease cards, copies of which are sent to the Registrar-General, and the weekly notification sheets which are submitted to the County Medical Officer by the District Medical Officers under the Public Health (Tuberculosis) Regulations, 1930, the County Sanitary Inspector visits the district concerned, rectifies the error, and impresses upon the medical officer concerned the necessity for the correct notification of the cases. This also has been the means of improving the notification of cases.

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

It must be pointed out that the remarks concerning the difference in the population figures referred to under the heading " Vital Statistics " earlier in this Report also apply to these rates.

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
1931 ...	1·15	·43	·70	·15

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1930, during the period 28th December, 1930, to the 2nd January, 1932, with the number of Deaths notified by the Registrar General.

Age Periods	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.				Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females.	Total
0	2	2	3	2	9	0	1	...	1	2	4
1	4	1	9	6	20	1	1	...	1	...	2
5	9	6	17	15	47	2	...	1	4	2	7
10	14	15	7	13	49	5	3	5	5	9	22
15	29	27	8	12	76	15	25	46	3	11	85
20	34	34	8	13	89	25	27	35	2	3	67
25	44	50	11	11	116	35	26	19	3	1	49
35	38	28	5	6	77	45	27	8	2	...	37
45	20	12	3	1	36	55	10	7	1	...	18
55	22	6	1	...	29	65	3	1	2	...	6
65 and upwards	4	1	...	...	5	75	1	...	...	...	1
Totals	220	182	72	79	553		124	122	24	28	298

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period, 28th December, 1930, to the 2nd January, 1932, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

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	—	—	—	—	1	4	1	6	3	3	4	22
Pulmonary Females	—	—	—	—	3	3	4	2	2	1	—	15
Non-Pulmonary Males	—	—	2	—	—	—	—	—	—	—	—	2
Non-Pulmonary Females	—	—	1	3	2	—	1	—	—	—	—	7

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	23	6
{ transferable deaths from Registrar-General	3	—
Posthumous notifications	9	1
"Transfers" from other areas (other than transferable deaths)	2	2
Other Sources if any	—	—

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—31), 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, 1930:—

Year.	Pulmonary.			Non-Pulmonary.			Total Cases.
	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
1931	1194	1072	2266	562	487	1049	3315

No. of Cases removed from the Registers during the year by reason <i>inter alia</i> of:—	Pulmonary.			Non-Pulmonary.			Total Cases.
	M.	F.	Total.	M.	F.	Total.	
1.—Withdrawal of notification	2	2	4	1	1	2	6
2.—Recovery from the disease	50	52	102	3	11	14	116
3.—Death	115	112	227	24	21	45	272
4.—Left district permanently	22	22	44	18	14	32	76

The Ministry of Health are seriously concerned at the discrepancies discovered in the above summary. In their quarterly returns to the County Medical Officer of Health under the Public Health (Tuberculosis Regulations), 1930, District Medical Officers of Health should include particulars of all cases removed from the Tuberculosis Registers with the reasons therefor. The Ministry point out that there is a great difference between the number of cases removed from the Register by death in 1931 (272) and the number of deaths from Tuberculosis for that year recorded by the Registrar-General (298). Also that the number of cases removed from the Notification Register as having recovered from the disease is much below the figure included in the annual return submitted to the Ministry of Health by the Welsh National Memorial Association.

It is obvious, therefore, that all District Medical Officers of Health are not properly keeping their Notification Registers, and if this return is to be correctly made, the District Registers must be compared with the quarterly death returns which are received by the District Medical Officers of Health, and the deaths of persons whose names are not entered in their Notification Registers should become Posthumous Primary Notifications, and should be entered in the Register accordingly.

The Ministry of Health requested the observations of the County Medical Officer upon these discrepancies, and District Medical Officers of Health were circularised with a view to obtaining a statement of the position in their districts.

Replies to the circular letter which was sent by the County Medical Officer have been received from the District Medical Officers of Health, and in the majority of instances the discrepancies which occurred in the quarterly summaries have now been rectified. In the remaining cases the District Medical Officers state in their replies that it is impossible to rectify the errors in the return for the year 1931, but that with the fuller knowledge obtained from the circular letter from the County Medical Officer, there will be no further difficulty and that the quarterly returns of the future will be correct.

The errors in this return arose chiefly on account of District Medical Officers of Health not comparing their Notification Registers with the Quarterly Returns which they receive from the District Registrars. The deaths of persons whose names are not entered in the Notification Registers should become Posthumous Primary Notifications, and should be entered in the Register accordingly.

Arrangements have been made for the examination of the Notification Registers of all the District Medical Officers of Health at an early date with a view to seeing that they are being kept in accordance with the Regulations.

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations 1930, during the year ended 31st December, 1931.
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									
Abercarn ... ..	...	...	...	...	2	...	...	2	2
Cwmcarn	4	1	3	...	...	...	...	...	4
Crumlin	2	2	...	...	...	...	...	...	2
Pentwynmawr ... ..	...	...	...	...	1	...	...	1	1
Newbridge	2	...	1	1	...	...	...	...	2
Abersychan									
Cwmffrwdroer	1	...	...	1	...	...	...	...	1
Pontnewynydd	10	4	3	3	4	...	2	2	14
Abersychan	3	1	1	1	2	...	...	2	5
Talywain	4	3	1	...	2	...	...	2	6
Garndiffaith	3	1	2	...	4	...	1	3	7
Pontypool	4	...	1	3	1	...	...	1	5
Penygarn	2	...	1	1	...	...	...	...	2
Wainfelin	1	...	...	1	...	...	...	...	1
Abertillery									
Blaina	2	...	...	2	...	...	...	...	2
Abertillery	20	9	8	3	6	...	1	5	26
Llanhilleth	4	1	2	1	1	...	...	1	5
Cwmtillery	6	...	3	3	...	...	...	...	6
Aberbeeg	5	1	2	2	...	...	...	...	5
Six Bells	3	...	1	2	2	...	...	2	5
Crumlin	2	...	...	2	...	...	...	...	2
Bedwas & Machen									
Machen	5	1	3	1	2	...	...	2	7
Trethomas	11	3	5	3	2	...	1	1	13
Maesycwmmmer	4	2	1	1	3	...	...	3	7
Bedwas	3	1	1	1	...	...	...	...	3
Bedwellty									
Cefn Forest	11	5	4	2	3	...	1	2	14
Argoed	1	...	...	1	...	...	...	...	1
Markham Village	3	...	1	2	1	...	...	1	4
Blackwood	12	2	6	4	3	...	...	3	15
Aberbargoed	6	1	2	3	2	...	1	1	8
New Tredegar	3	1	1	1	3	...	...	3	6
Fleur-de-lis	2	...	1	1	...	...	...	...	2
Phillipstown	3	...	2	1	...	...	...	...	3
Cwmsyfiog	2	...	1	1	...	...	...	...	2
Pengam	4	...	1	3	...	...	...	...	4
Bedwellty Village	1	...	...	1	...	...	...	...	1
Hollybush	1	...	...	1	...	...	...	...	1

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.		
Blaenavon	10	3	2	5	...	...	...	...	10
Caerleon.	5	1	1	3	2	...	1	1	7
Chepstow	1	...	...	1	...	...	...	...	1
Ebbw Vale									
Cwm	14	5	6	3	6	...	1	5	20
Ebbw Vale	41	17	15	9	12	...	3	9	53
Waunllwyd	6	...	2	4	7	...	2	6	13
Beaufort	6	1	4	1	2	...	...	2	8
Victoria	5	1	1	3	1	...	...	1	6
Llanfrechfa Upper.									
Pontnewydd	6	1	2	3	2	...	...	2	8
Llanfrechfa	1	...	1	...	...	...	...	...	1
Llantarnam.									
Cwmbran	2	...	2	...	2	1	...	1	4
Pontnewydd	1	...	...	1	...	...	...	...	1
Llantarnam	1	...	...	1	...	...	...	...	1
Monmouth	3	2	...	1	1	...	...	1	4
Mynyddislwyn.									
Ynysddu	2	...	...	2	1	...	...	1	3
Oakdale	4	2	1	1	2	...	...	2	6
Pontllanfraith	7	4	1	2	2	...	...	2	9
Cwmfelinfach	3	2	...	1	1	...	...	1	4
Fleur-de-lis ... ..	...	...	...	...	1	...	...	1	1
Wattsville	1	...	...	1	...	...	...	...	1
Nantyglo & Blaina									
Blaina	7	2	3	2	3	...	...	3	10
Nantyglo	8	1	3	4	4	...	1	3	12
Panteg.									
Pontymoile ... ..	...	...	...	...	1	...	...	1	1
Griffithstown	4	...	1	3	2	...	...	2	6
Panteg	1	...	...	1	...	...	...	...	1
New Inn	1	...	...	1	...	...	...	...	1
Pontypool ... ..	...	...	...	...	1	...	...	1	1
Pontypool	1	...	...	1	2	...	...	2	3
Rhymney	10	3	3	4	11	...	4	7	21
Risca									
Pontymister	2	...	2	...	...	...	...	...	2
Risca	14	6	5	3	4	...	1	3	18
Pontywain	2	...	...	2	...	...	...	...	2
Crosskeys	3	1	1	1	2	...	...	2	5
Wattsville	2	...	1	1	...	...	...	...	2
Tredegar.	40	18	13	9	23	...	8	15	63
Usk.	1	...	...	1	...	...	...	...	1

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										
Grosmont	1	...	...	1	...	...	...	...	1
Llantilio Crossenny	1	...	...	1	...	...	...	...	1
Abergavenny	15	...	...	15	2	...	...	2	17
Llanellen ... ..	...	...	...	...	1	...	...	1	1
Llanwenarth Citra	1	...	...	1	...	...	...	...	1
Chepstow										
Caldicot	2	...	...	2	...	...	...	...	2
Chepstow	3	...	...	3	...	...	...	...	3
Magor.										
Redwick ... ..	...	...	...	...	1	...	...	1	1
Bishopool ... ..	...	...	...	...	1	...	...	1	1
Llantrissant ... ..	...	...	...	...	1	...	...	1	1
Magor ... ..	...	...	...	...	1	...	...	1	1
Newport	1	...	...	1	2	...	...	2	3
Llanmartin	1	...	...	1	...	...	...	...	1
Catsash	1	...	...	1	...	...	...	...	1
Liswerry ... ..	...	...	...	...	1	...	...	1	1
Langstone	2	...	1	1	2	...	...	2	4
Whitsun	1	...	...	1	...	...	...	...	1
Ponthir	1	...	...	1	...	...	...	...	1
Caerleon Village	2	...	...	2	...	...	...	...	2
Monmouth										
Tregare	1	...	...	1	...	...	...	...	1
Penrhos	3	...	1	2	...	...	...	...	3
Monmouth	1	...	...	1	...	...	...	...	1
Llandogo ... ..	...	...	...	...	1	...	...	1	1
Dingestowe ... ..	...	...	...	...	1	...	...	1	1
Raglan	1	...	...	1	...	...	...	...	1
Cross Ash	1	...	...	1	...	...	...	...	1
Pontypool.										
Croesyceiliog	1	...	...	1	...	...	...	...	1
Goytre	1	...	...	1	...	...	...	...	1
Little Mill	1	...	...	1	1	...	...	1	2
Glascod	1	...	...	1	...	...	...	...	1
Pontnewydd	1	...	...	1	...	...	...	...	1
St. Mellons.										
Newport	8	1	3	4	4	...	1	3	12	
Bassaleg	3	...	...	3	2	...	...	2	5
Rogerstone	5	1	1	3	2	...	...	2	7
Rumney	1	...	...	1	...	...	...	...	1
Malpas	1	...	...	1	...	...	...	...	1
Totals	427	111	134	182	162	1	29	131	589	

The reports of the Tuberculosis Physicians for the year ended March 31st, 1932, are as follows:—

WEST MONMOUTHSHIRE AREA.

Dr. J. L. Thomas and Dr. Frank Wells.

TIME TABLE.

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.
Abertillery	...	85, Queen Street	...	Every Wednesday at 11 a.m.
Ebbw Vale	...	Central Surgery	...	Every Tuesday at 11 a.m.
Tredegar	...	Central Surgery	...	Every Thursday at 12 o'clock
Pengam	...	Post Office Chambers		1st and 3rd Mondays at 11 a.m.
Rhymney	...	Central Surgery	...	2nd Monday at 12.30 p.m.
Risca	...	6, Mary Street	...	2nd and 4th Fridays at 10 a.m.
Trethomas	...	Dr. Cecil Davies' Surgery	...	4th Monday at 12.30 p.m.

Return showing the work of the Area during the year 1931.

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	75	54	7	9	9	16	10	13	84	70	17	22	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	258	202	214	167	
B. Contacts examined during the year:—													
(a) Definitely tuberculous	1	4	—	—	—	—	—	1	1	4	—	1	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	55	108	75	76	

Consultations with Medical Practitioners: (a) Personal, 48; (b) other, 782. Visits by Tuberculosis Officer to homes, 607. Visits by Nurses or Health Visitors to homes for dispensary purposes, 1,153. Specimens of sputum, etc., examined, 1,013; X-Ray examinations made in connection with dispensary work, 370. Attendances at the Dispensaries and Visiting Stations, 5,734.

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 ...	305	75	12	100	58	7	53
Women ...	227	54	15	57	54	12	35

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

Men.

Dust ...	21	Bronchial pneumonia	4	Emphysema	...	1
C.V.D. ...	8	Bronchial asthma	...	2	Neurosis	...
Bronchitis ...	8	Rheumatism	...	2	Nas. Ph. Cat.	...
Bronchiectasis ...	5					

Women.

C.V.D. ...	12	Anaemia (second)	2	Laryngitis	...	1
Bronchitis ...	7	Dermatitis (non-T.B.)	1	Ch. Nas. Cat	...	2
Asthma ...	3	Neurasthenia	...	1	Empyema	...
Bronchiectasis ...	3	Goitre	...	1	Chronic constipation	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 ...	37	9	3	10	8	—	7
Women ...	45	16	2	12	12	—	3
Boys ...	66	10	4	30	13	—	9
Girls ...	56	13	7	20	9	—	7

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

<i>Men.</i>									
Trauma	...	...	2	Rheumatism	... 1	Sciatica	...	...	1
Specific	...	...	1	Aneurysm of aorta	1	Osteomyelitis	...	...	1
<i>Women.</i>									
Syphilis	...	...	1	Osteo-arthritis	...	Hydatid cyst	...	...	1
<i>Boys.</i>									
Talipes	...	...	1	Old fracture	...	Sacro coccygeal dimple	...	...	1
Perthe's disease	...	...	1	Osteomyelitis	...	and talipes varus	...	...	1
Trauma	...	...	2	Tonsils and adenoids	1	Pyelitis	...	...	1
<i>Girls.</i>									
Spinal cord dis.	...	...	2	Sepsis	...	Enteritis	...	...	1
Rheumatism	...	...	1	Psoas abscess	...	Tonsilitis	...	...	1

GENERAL OBSERVATIONS.—The total number of new cases—exclusive of contacts—was 1,034, giving a percentage of definite cases of 18·3.

The number of contacts to new cases was 320, with a percentage of definite cases of 1·9. The total number of contacts examined was 142 less than in 1930. During the last two years the examination of contacts has been, as far as possible, confined to the attempt to discover the source of infection of positive cases, rather than to find out what folk were being infected by these cases. This discrimination will be referred to later.

No particular reason has been discovered for the lessened number of new cases examined during the year, and it is evident that the economic situation in the Area has not had any marked influence on the incidence of tuberculosis.

The number of attendances at the Institute and visiting stations has increased by 160, and the Central Institute at Pontllanfraith continues to justify its existence as a centre for examination.

More and better work still will be done when the promised X-ray plant has been installed.

During the year, an increasing number of men have been sent to us for examination with regard to dust infiltration, and a diagnosis of the condition was made in 21 cases. Again, one would like to stress the point of tuberculosis infection as a cause of the liability to such infiltration.

The number of X-ray examinations made at Newport has increased from 329 to 370, and the sputum examinations from 867 to 1,013. A further increase in X-ray examinations will lessen the need for frequent examinations of the sputum in a doubtful case.

Dr. Brownlee's Orthopædic Clinic has been well attended, and has been of great service especially as a means of discrimination of cases needing urgent treatment, or at any rate avoiding the very long delay in admission to hospital which is still too frequent.

During the year, an attempt was made to bring the Register up to date, and lists of live cases and those removed were sent to each of the District Medical Officers. This entailed a large number of domiciliary visits, as well as many postal enquiries.

Towards the end of the year, the Ebbw Vale Maternity and Child Welfare Committee was visited, and arrangements were made for carrying out the after-care of tuberculosis patients. There being no funds at the disposal of the Committee, the scope of their work is necessarily limited. A list of patients lately discharged from hospital and sanatorium was promised, so that these folk might be looked after on their return home. Patients lacking the necessary garments for admission to our institutions were also to be assisted.

SPECIAL TREATMENT.—During the latter half of the year, refills in pneumothorax cases have been given to our patients at the Newport Institute.

GENERAL RESULTS OF TREATMENT.—After eighteen years' experience as a Tuberculosis Physician, it is right that one should ask one's self whether his work has been justified by the results obtained by others working in the same field.

Prevention and abolition, as well as treatment, are named in the title of our Association, and it is these two that will be the criteria of our success or failure. One of the chief obstacles to success is the fact that, out of a population, most of whom are said to be infected, we cannot definitely say who are going to be the victims of active disease. We encounter this difficulty in the examination of children living in contact with infected parents, and we meet it again in the case of young adults and the middle aged. One asks one's self why the young miner should so often fall a victim between the ages of 20 and 25 years, and why again, having got to advanced middle age, a miner should form one of the group of increased incidence and mortality.

Granted that both age groups were infected in their infancy or early childhood, what is the important factor that decides which group they should fall into?

Puberty, adolescence, and pregnancy, with all that those conditions might give rise to, one can understand as possible causes of recrudescence or re-infection.

The crowds of A.I. soldiers who came from the 20—25 age group of young miners could not have been said to have been wanting in vitality and resistance to disease: and yet that period of life is their most dangerous as regards tuberculosis.

The personal factor is still an unknown quantity, which determines the amount of resistance to disease. How often have we been surprised by patients thought to have a bad prognosis doing well and obtaining several years of comparative health and ability to work for a living, while others showed quite unexpected deterioration. In a population like that of West Monmouthshire, which is as yet far from stabilised, we are continually meeting with cases which come from the blue, and there must be sources of infection quite unknown to us. How are these to be discovered before they break down in health? We cannot as yet be permitted to X-ray and sputum examine the whole populace: but we can, by a universal and frequent tuberculin test of the school children, find out in what families tuberculosis most abounds. During the past years, the Von Pirquet test has been so familiar a procedure in West Monmouthshire that one can safely propose its universal practice in infancy and childhood.

Compensation for dust disease in miners will inevitably lead to X-ray examination of beginners in coal mining; and this will be all to the good in discovering early cases of tuberculosis.

PERSONNEL.—During the year there has been a change in the personnel of the Institute clerical staff. The Tuberculosis Sister was away from her area for three months, obtaining orthopædic training at Glan Ely Hospital. Thereby the work of the Area was very much disorganised, with a doubtless marked effect on the total number of new cases examined.

Miss Thomas was succeeded by Miss Games as clerk, and Nurse Houghton substituted Sister Williams during her absence.

As in past years, Dr. Frank Wells and Sister Williams have rendered loyal assistance in the working of the Area.

Our sincere thanks are due to the general practitioners and the County Hall staff for their always kind collaboration.

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

TIME TABLE.

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. Thursday 2.30 p.m. by appointment.
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' Department, Cottage Hospital ...	1st and 3rd Fridays at 12 noon.

Return showing the work of the Area during the year 1931.

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	116	116	18	8	16	26	29	19	132	142	47	27
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	—	1	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	182	199	252	174
B. Contacts examined during the year:—												
(a) Definitely tuberculous	3	6	—	2	—	1	—	2	3	7	—	4
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	95	172	156	153

Consultations with Medical Practitioners: (a) Personal, 52; (b) other, 811. Visits by Tuberculosis Officer to homes, 1,394. Visits by Nurses or Health Visitors to homes for dispensary purposes, 3,344. Specimens of sputum, etc., examined, 649; X-ray examinations made in connection with dispensary work, 1,266. Attendances at the Dispensaries and Visiting Stations, 5,479.

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 ...	283	68	48	19	112	5	31
Women ...	301	67	49	10	137	4	34

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

Men.

Abscess of lung ...	1	Malignant disease	3	Silicosis	...	1
Gastritis ...	2	Bronchitis	...	7	Convalescing from	
Cardiac disease ...	4	Bronchitis and		pneumonia	...	1
Pyorrhoea ...	1	emphysema	...	2	Bronchiectasis	...
Dyspepsia ...	1	Rheumatism	...	1	Post-influenzal	
Old empyema, result		Pharyngitis	...	1	debility	...
of gun-shot wound	1	Asthma	...	1	Enlarged tonsils	...

Women.

Bronchitis ...	6	Gynaecological	...	5	Laryngitis	...	2
Neurasthenia ...	1	Asthenic curvature of		Kidney disease	...	1	
Cardiac disease ...	7	spine	...	1	Gastroptosis	...	
Appendicitis ...	2	Pharyngitis	...	1	Bronchiectasis	...	
Nasal obstruction	3	Pneumonia	...	2	Collapse of lung	...	

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 ...	31	1	15	1	6	—	8
Women ...	40	6	20	4	4	—	6
Boys ...	58	5	24	2	10	—	17
Girls ...	52	1	18	3	12	—	18

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

<i>Men.</i>			
Perinephritic abscess	1	Parotid tumour	... 1
Appendix	... 1	Trauma	... 1
Hodgkin's disease	1	Septic gland	... 1
		Osteomyelitis	... 1
		Staphy: abscess of neck	... 1
<i>Women.</i>			
Syphilis	... 1	Rosacea	... 1
Non-tubercular abscess	... 1	Trauma	... 1
		Osteomyelitis	... 2
<i>Boys.</i>			
Improper feeding	... 1	Tooth abscess	... 1
Colitis	... 3	Enlarged tonsils	... 5
Non-tuberculous glands	... 3	Left inguinal hernia	1
		Bilious attacks	... 1
		Dental caries	... 1
		Perthe's disease	... 1
<i>Girls.</i>			
B. coli bacilluria	... 1	Septic gland	... 1
Non-T.B. corneal ulcer	... 1	Fibroma	... 1
Enlarged tonsils	... 5	Bad teeth	... 2
Mumps	... 1	Tooth abscess	... 1
		Mastoid	... 1
		Rheumatism	... 1
		Abscess of neck	... 1
		Osteomyelitis	... 1

The Area consists of the County Borough of Newport, with an acreage of 4,568 and a population of 89,198; the Urban Districts of Abergavenny, Abersychan, Blaenavon, Caerleon, Chepstow, Llanfrechfa, Llantarnam, Monmouth, Panteg, Pontypool, and Usk, with an acreage of 34,926 and a population of 88,039; the Rural Districts of Abergavenny, Chepstow, Magor, Monmouth, Pontypool, and St. Mellons, with an acreage of 249,430 and a population of 54,581.

COMMENTS ON STATISTICS.—In 1931 there was a considerable increase in the amount of work done, there being 106 more new cases and contacts examined, 462 more X-ray examinations, 433 more attendances, and over 300 more visits to patients in their homes, than in 1930.

There was an increase of 34 in the number of new patients and contacts found to have active tuberculosis. Actually, there were 21 fewer diagnosed as tuberculous in the East Monmouthshire part of the Area, but an increase of 55 diagnosed as tuberculous in Newport.

The number of new cases and contacts examined is 1,747, the highest ever recorded in the Area. Of these there were 1,157 new cases referred by doctors

—an increase of 189, and 590 contacts—a decrease of 84 from the previous year.

The increase of new cases referred can only be regarded as satisfactory, as it shows that increasing use is being made of the tuberculosis clinic by general practitioners.

Even so, there seems a tendency to sort out the cases sent too carefully. Many are sent with a note to the effect that the sputum has already been examined with a positive result.

In comparatively few cases is it possible to make another diagnosis. Most of those not diagnosed as tuberculous have simply to be left as probably non-tuberculous. They are in a condition of ill health which might easily be due to tuberculosis.

It may be stated, however, that it is very exceptional for a patient diagnosed non-tuberculous to return as a case of definite tuberculosis unless after the lapse of several years.

Unfortunately, too many patients go to their doctor only when they feel really ill.

The percentage of cures is still regrettably low, and it would be infinitely better if patients would go to their doctors at the slightest sign of ill health, and then be referred to the tuberculosis clinic.

Of those patients who died during 1931, 30 per cent. died within six months of being seen by the Tuberculosis Officer. In 1930 this figure was only 27 per cent.

There is, unfortunately, no doubt that many of the cases seen are of a very acute type, especially in Newport.

The deaths from tuberculosis in 1931 showed a diminution in East Monmouthshire, there being 109 deaths. Of these 25 were not referred to the Tuberculosis Officer during life. Nearly half of these, however, died in hospitals other than those of the Welsh National Memorial Association. Several only came to the district shortly before they died.

There was a slight increase in Newport, there being 121 deaths. 25 of these were not seen by the Tuberculosis Officer during life, but again, half of these died in institutions.

It is recorded that only 4 refused to see the Tuberculosis Officer. The unfortunate fact remains, however, that in nearly 22 per cent. of patients dying from tuberculosis, no use was made of the tuberculosis service.

The percentage of cases found to be tuberculous has diminished from 33 per cent. to 30 per cent., while only 2.41 per cent of contacts were found to have active tuberculosis. As is regularly pointed out, this small number of contacts diagnosed only represents those who need active treatment and have to be notified.

A very large number of contacts are kept under regular observation.

The diminution in the number of contacts examined is disappointing, but is chiefly accounted for by the fact that there was no time to examine them. If contacts will only attend the institute and visiting stations, larger numbers can be dealt with, but unfortunately, the attitude of so many is: "I can't be bothered to attend the clinic, but if the doctor likes to visit the house I don't mind letting him examine me."

NOTIFICATIONS.—*East Monmouthshire.* 179 cases of tuberculosis were notified to the County Medical Officer for Monmouthshire during 1931, and 153 were seen by the Tuberculosis Officer.

Of these cases, just one quarter were in the Magor and St. Mellons districts, and a great many of them were living in that part of Newport which is outside the narrow boundaries of the County Borough.

Nearly another quarter were in the Abersychan district. The population here is rather dense and impoverished. A careful watch is being kept on these cases.

There was a larger number than expected in the Abergavenny Rural Area, but on investigation it was found that 16 out of the 21 notified were in the County Mental Hospital, which is in this Area.

Apart from these districts, the notifications of tuberculosis in the East Monmouthshire Area are exceedingly small.

Newport. There were 245 cases of tuberculosis notified to the Medical Officer of Health during the year, 217 were seen by the Tuberculosis Officer.

The names of those notified are received every week from the Medical Officer of Health, and if they have not already been referred to the Tuberculosis Officer a letter is written to the notifying general practitioner asking if he would like the patient seen.

Of those not seen by the Tuberculosis Officer, five died before notification, and hence cannot properly be counted; 20 died within a week, several dying on the day of notification.

Only one patient notified is reported as not wishing to see the Tuberculosis Officer.

DIAGNOSIS AND TREATMENT.—In many cases the diagnosis is only too obvious at the first attendance. In some, as already stated, it is already contained in the doctor's letter, and in many others a couple of minutes' examination is quite sufficient.

Nearly all doubtful cases are X-rayed. The X-ray apparatus is proving of tremendous assistance. In quite a number of cases, where there has been very few physical signs on ordinary examination, the X-ray examination has shown quite extensive disease.

Some writers on the subject have said that it is quite common to find evidence of healed tuberculosis lesions in people who have never been aware of the disease. Very few examples indeed of this have been discovered in this Area.

Another idea prevalent is that tuberculous glands of neck protect against pulmonary tuberculosis. This is not true for this Area at any rate. All cases of tuberculous glands have had an X-ray of the chest as a routine, and pulmonary disease has been very obvious in too many instances.

Sputum, if any, is always examined, and temperature records are kept. Slowly increasing use of the intradermal test is being made.

The Von Pirquet tuberculin test is still carried out as a routine in all children.

A few cases have been sent to hospital for observation. Every effort is made to complete the diagnosis as soon as possible, to avoid a long list of observation cases. The doctor is always invited to refer the case again if any further symptoms should arise.

Doubtful surgical cases are always referred to the monthly surgical clinic held by Dr. Downlee or Dr. Keynon Davies, and some have attended Glan Ely for further examination and opinion.

These surgical clinics have been well attended, there having been an attendance of 265, representing an average attendance of 22.

Only those surgical cases on which a further opinion is wanted are referred to the clinics. There were 489 surgical cases on the register at the beginning of the year, and it would, of course, be utterly impossible to refer them all.

A large number of cases of tuberculous glands of neck are still being referred.

When pus can be aspirated from these, it is sent to the County Laboratory, and in a surprisingly large number tubercle bacilli have been demonstrated.

Many patients have had slight operations performed at Glan Ely, and allowed to return home the same day. This has been followed by Light treatment, and the results have been very satisfactory.

From the Area point of view, it would be a great help if a few beds could be set apart for such cases as are unable to return home. A few days in hospital only would be necessary.

There is comparatively little artificial pneumothorax treatment carried out. Seven patients attended for this during the year, and 43 refills were given. Treatment was discontinued in 3 cases during the year, two being well and at work, while the third refused further treatment.

Of the four still under treatment at the end of the year, two men are working full time, and the two women are able to do any necessary housework.

The treatment cannot be started at the Institute, and we are dependent on patients referred from hospital or sanatorium. There is no doubt that, when the affected lung can be properly collapsed, the treatment is very successful. Unfortunately, cases of this type are very few.

Many cases are sent in to Cefn Mably with a view to this treatment being tried, but it is successful in a very disappointingly small proportion.

PENSIONERS.—There are now comparatively few pensioners attending. They are mostly either dead or cured.

I have continued to attend the Ministry of Pensions Medical Boards during the year as Tuberculosis Specialist.

CARE WORK.—There are no care committees in this Area. It is hoped that the Infant Welfare Committees appointed by the Monmouthshire County Council will soon be able to deal with tuberculosis care work.

PERSONNEL.—Dr. F. W. Godbey still acts as Assistant Tuberculosis Officer with his usual skill and energy. With his assistance, the work in the Area continues to run smoothly.

Dr. Iris Meacock continued as part-time Assistant Tuberculosis Officer during the first nine months of the year.

As far as this Area is concerned, the part-time medical officer scheme was a great success. It certainly enabled more work to be done. Usually, there is

only one Medical Officer in the Area for most of the summer months owing to holidays and relief work in other areas. This year, except for a short period, there were two Medical Officers, and there was, accordingly, no need to cut down the work.

It is regretted that no part-time Medical Officer was available from October onwards, as much of the contact work had to be left.

It is quite clear that, with more help, much more work can be done.

Sister Oldfield continues to act as Tuberculosis Health Visitor for Newport, and attends the Newport Institute.

Sister M. L. Johnson resigned in July, and in October Miss Lena Thomas started work as Area Sister for East Monmouthshire and Orthopædic Sister for the whole Area. There has been considerable increase in attendance in East Monmouthshire patients as a result of her activities.

Miss C. Richards continues to do good work as clerk at the Institute. There is too much work for one clerk, and during the year an additional clerk had to be employed for some weeks to clear up arrears of work.

The Institute and visiting stations remain the same. Repairs and redecoration are improving the Pontypool Visiting Station considerably, and they are not yet completed.

The attendance at Chepstow Visiting Station does not justify its continuance, but so far it has not been possible to make other arrangements.

The use of the Out-patient Department at Monmouth Cottage Hospital is a great convenience, and thanks are due to the Hospital Committee.

Thanks are due to the Medical Officers of Health for Newport and Monmouthshire, School Medical Officers, and all general practitioners, for their continued co-operation and assistance.

The following is the Report of Dr. Wm. Davies, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st December, 1931.

Return showing the extent of Residential Treatment during the year ended December 31st, 1931.

					In Institu- tion on January 1	Admitted during the year.	Dis- charged during the year.	Died in Institu- tion.	In Institu- tion on Decem- ber 31.
Doubtfully tuberculous cases admitted for observation :—									
Adult males	...	...	...	...	—	21	20	—	1
Adult females	...	...	...	...	—	8	8	—	—
Children	...	...	...	...	—	1	—	—	1
Total	...	...	...	...	—	30	28	—	2
Definitely tuberculous patients admitted for treatment :—									
Adult males	...	...	...	...	65	152	123	30	64
Adult females	...	...	...	...	43	127	110	18	42
Children	...	...	...	...	3	13	10	1	5
Total	...	...	...	...	111	292	243	49	111
Grand Total	...	...	...	...	111	322	271	49	113

Table showing results of treatment of patients and of observation cases discharged during the year 1931.

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. Cases.	Non-Pulmonary Cases.	T.B. Minus ...	1	1	—	51	36	5	1	6	2	1	1	—	105
		T.B. Plus :—													
		Group 1 ...	—	—	—	3	1	—	—	—	—	—	—	—	4
		Group 2 ...	—	—	—	21	14	—	4	4	—	1	1	—	45
		Group 3 ...	—	—	—	30	13	1	12	35	2	28	16	1	138
		Bones & Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Abdominal ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Other Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Peripheral Glands	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	1	1	—	105	64	6	17	45	4	30	18	1	292		
Observation Cases for Diagnosis.		Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous							
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.					
		8	2	—	3	2	—	9	4	—					
GRAND TOTAL ...												28			
GRAND TOTAL ...												320			

NUMBER DISCHARGED.—Fit for light work, 24; Left before completion of treatment, *i.e.*, at own request with permission, left against advice or discharged for disciplinary reasons, 84; Number transferred to other institutions, 61.

ARTIFICIAL PNEUMOTHORAX.—Inductions, 13; Refills, 151.

X-RAY DEPARTMENT.—In-patients: Screenings, 380; Films, 252; Patients, radiographed, 229.

DENTAL TREATMENT.—Extractions, 351; Fillings, 48; Scalings, 23.

GENERAL OBSERVATIONS.—The total number of cases dealt with during the year 1931 was 423, of whom 310 were discharged, leaving 113 under treatment on December 31st, 1931. The number of observation cases dealt with was 28, of whom 10 were found to be tuberculous and have been included twice in the total number of admissions; and 18 were discharged as showing no definite evidence of active tuberculosis.

The average number of beds occupied throughout the year was 108·7—this is an increase on the previous year. The daily average of the number of patients confined to bed was 70·3, which in itself is a sufficient commentary on the type of case dealt with. Of the total number of pulmonary cases, 15·36 per cent. were classified as early, 36·52 per cent. as intermediate, and 48·12 per cent. as advanced. The percentage of patients who had tubercle bacilli in the sputum was 62·45. Of those discharged as improved, 61 were transferred to sanatorium for further treatment.

The number who were discharged at their own request is similar to that of the previous years. As will be seen in the above table, in the class T.B: Plus, Group 3, 49 were discharged in whose condition there was no material improvement. This class of patient forms the majority of those discharged at their own request: 34 were women and 15 were men. This is the type of patient who often does not seek institutional treatment until the outlook is hopeless, and the majority of them are under 30 years of age—in the above number 36 were under this age.

At the onset of the disease, they either neglect to seek medical advice or they refuse to believe the diagnosis of pulmonary tuberculosis. To this type of patient it is nothing more than a protracted "cold" which will always be better "to-morrow." Infallible remedy after remedy advised by friends and neighbours is tried, until ultimately his room becomes a mausoleum of discarded remedies, after each one of which the patient feels better, but whose effect is only temporary. In the meanwhile, much valuable time is lost, and the tubercle bacillus has been able to overcome the outer defence works. It

is not until the very citadel of life is threatened that the patient is willing to believe that he is suffering from something more dangerous than a "cold." Through the mists of illusive hopes and flagrant self-deceptions, the patient sees that he is on the broad straight road to death. He is now eager to enter hospital for treatment, and arrives with an emaciated body, a hectic flush on the cheeks which is almost beautiful, and eyes fascinatingly bright with a feverish brilliance. Progress is almost invariably downhill; the patient soon realises this, and asks to be allowed to go home. This is a composite description of what often happens in this type of case.

Again, the influence of patients' relatives is often directed against institutional treatment. It sometimes happens that the patient looks well, and is persuaded by them to cut short his treatment. Then, there is also an economic reason for going home when the family finds that they cannot carry on without the small weekly sum which the patient received from the Public Assistance Committee. This is a kind of tragedy which too often occurs when the domestic circumstances are held to be of much greater importance than the restoration to health of the patient.

THERAPEUTIC.—Treatment has continued on similar lines to that of previous years, *i.e.*, graduated rest and exercise in the majority of patients; while a comparatively small number, *viz.*, 13, were deemed suitable for treatment by Artificial Pneumothorax. Some cases were being given Sanocrysin, and a few cases had been selected for treatment by injections of Copper Hydncarpate. This latter remedy is on trial, and it is too early yet to say whether it has any effect on the disease. Phrenic evulsion was done in only 2 cases, but neither of these patients derived any marked benefit from the operation. The modern tendency is to resort more and more to surgical intervention in the treatment of pulmonary tuberculosis, and such treatment is done nowadays even on patients in the third stage of the disease. This Institution lacks the facilities for such surgical procedures as thorocoplasty; but the increasing importance of such measures demands serious consideration. The provision of facilities is a comparatively easy matter, but in this part of the country we are rather unfortunate in not being able to command the services of surgeons skilled and experienced in chest surgery.

Dental Department. At the beginning of the year a Dental Department was formed, and Mr. C. J. Hurry Riches, L.D.S., was appointed as visiting dentist. This has proved a great convenience, as previously patients had to go into Newport to receive urgent dental treatment. Very few patients on admission have sound teeth, and this new department has been kept fairly busy throughout the year. The number of patients who have had extractions under gas was 96, while 57 had teeth extracted under local anaesthetic.

MATERIEL.—No proper provision had been made in the men's pavilion for keeping food and dishes hot, and as there was no steam available at this block an electrical hot cupboard was installed. This has proved a great boon.

Another section of the roof over the main building was found to be in a bad condition; this has been repaired and strengthened.

The violent rainstorm which occurred in May, 1931, washed away the whole of the south wall of the Elizabethan garden and part of the kitchen garden wall. These have now been rebuilt.

The dynamos and engines were transferred during the summer to Kensington Hospital and the old engine house has been converted into a much-needed storeroom.

During the latter part of the year the Engineer's house became vacant and was converted into quarters for the Night Nurses. The Night Staff are now able to obtain much more peace and quiet for sleeping during the day, and their removal from the main building has given more and better accommodation for the remainder of the staff.

Part of the main drive was badly in need of repair and this was done during the autumn.

PERSONNEL.—Dr. Jean J. Smith terminated her appointment in September, 1931, and was transferred as Assistant Medical Officer to Glan Ely Hospital. She was a very efficient assistant, and her departure was a loss to the Institution. Dr. A. C. Easterbrook was appointed to fill the vacancy.

AMENITIES.—We are again grateful to Mr. Fred Reed, Newport, for the gifts he obtained for the patients in January, 1931. These were distributed to the patients by the Mayor of Newport and were thoroughly appreciated.

Grateful thanks are due once again to Mrs. Ormond Lewis, Llanishen, who held her annual sale of work in aid of the patients' Christmas fund. If it were not for her generous assistance this last Christmas would have been a very bleak one for the patients.

The President, Mr. David Davies, inspected the Institution in November and was pleased to express his satisfaction at the condition of the Hospital.

The Monmouthshire Antiquarian Society came to see the mansion in November, 1931.

An American tea was held in the grounds of the Hospital in June in aid of the Patients' Recreation Room Fund. It is gratifying to report that the sum required to erect this room is now nearly complete, and it is hoped to proceed with the building during the year 1932.

ACKNOWLEDGMENTS.—The Ladies' Sewing Guild still continues to flourish, and garments and money have been collected for the patients during the year. We express our great indebtedness to the ladies who have so very kindly helped us in these hard times.

To the concert parties who have entertained the patients we express our deep appreciation.

Thanks are due to the chaplains who have conducted the religious services at the Hospital during the year. We take this opportunity of welcoming the Rev. D. Hopkin Evans, who succeeded the late Rev. Astley Richards as Rector of Michaelstone, and as Chaplain to this Hospital. We are also indebted to the Bishop of Monmouth, who preached a sermon in the Hospital Chapel.

To my House Committee and to the Head Office Staff I am grateful for their unfailing support and co-operation.

In conclusion, I desire to express my appreciative thanks to the whole staff of the Hospital for their ungrudging service, and I freely acknowledge the support given me by my medical colleagues and the Matron, Miss C. Forsdike.

TABLE A. (Continued).

1.—Number of cases on Dispensary Register, on January 1st. ...	1859	8.—Number of visits by Tuberculosis Officers to homes (including personal consultations.)	1481
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years.	44	9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	1997
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of."	68	10.—Number of :— (a) Specimens of sputum, etc., examined	1262
4.—Cases written off during the year as dead (all causes).	226	(b) X-Ray examinations made in connection with Dispensary work	774
5.—Number of attendances at the Dispensary (including Contacts).	7807	11.—Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above	145
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December.	98	12.—Number of "T.B. plus" cases on Dispensary Register on December 31st.	349
7.—Number of consultations with Medical Practitioners :— (a) Personal	81		
(b) Other	1130		

TABLE D

Return showing the Extent of Residential Treatment during the year ended December 31st, 1931.

		In Institutions on Jan. 1st.	Admitted during the year	Discharged during the year	Died in Institutions	In Institutions on Dec. 31st
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	1	31	31	...	1
	Adult Females..	1	18	18	...	1
	Children	4	9	10	...	3
	Total ...	6	58	59	...	5
Number of definitely tuberculous patients admitted for treatment.	Adult Males ...	91	189	173	14	93
	Adult Females..	55	129	121	11	52
	Children	40	57	51	...	46
	Total ...	186	375	345	25	191
Grand Total ...	192	433	404	25	196	

TABLE F.

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1931.

SANATORIUM (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ... ..	...	...	1	1	1	1	1	1	2
Non-Tuberculous ... ..	...	...	...	1	...	1	1	...	1
Doubtful	1	...	...	...	1	...	1	1	...
Totals	1	...	1	2	2	2	3	2	3

TABLE G.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1931.

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class. T.B. Minus.	Quiescent	2	2	...	12	4	5	3	2	6	2	...	...	38
	Not Quiescent	5	1	...	2	2	...	1	2	...	...	...	...	13
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	1	...	...	...	...	...	...	...	1
	Not Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	2	...	1	...	...	...	...	...	...	3
	Not Quiescent	1	...	...	8	2	...	1	1	...	1	1	...	15
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	1	...	...	1	...	...	1	1	...	1	...	...	5
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	9	3	...	25	9	6	6	6	6	6	4	1	...	75

TABLE F.

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1931.

HOSPITAL (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 years			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	7	1	...	1	1	...	8	2	...
Non-Tuberculous	3	1	...	...	1	...	3	2	...
Doubtful	3	2	...	6	1	...	9	3	...
Totals	13	4	...	7	3	...	20	7	...

TABLE G.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1931.

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3-6 months			6-12 months			More than 12 months			Total
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class. T.B. Minus.	Quiescent	1	...	...	1	...	...	1	...	...	...	...	3
	Not Quiescent	33	22	3	13	11	3	...	4	1	...	...	90
	Died	...	...	...	1	...	...	...	...	...	...	...	1
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
	Died	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	6	5	...	10	9	...	1	...	...	1	...	32
	Died	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	9	16	...	13	7	...	10	11	1	6	...	73	
	Died	2	4	...	5	1	...	2	3	...	2	...	19	
Totals	51	47	3	42	29	3	13	19	2	9	...	...	218

TABLE F.

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1931.
HOSPITAL (NON-PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ... ..	...	1	...	...	...	...	...	1	...
Non-Tuberculous	2	1	1	2	6	5	4	7	6
Doubtful	2	...	1	2	1	...	4	1	1
Totals	4	2	2	4	7	5	8	9	7

TABLE G.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1931.

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3-6 months			6-12 months			More than 12 months			Total
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Bones and Joints.	Quiescent ... ..	...	...	...	1	..	...	...	...	2	2	...	3	8
	Not Quiescent	4	2	4	4	..	1	5	2	4	2	1	3	32
	Died ... ..	...	1	...	...	...	...	...	...	...	1	2	..	4
Abdominal.	Quiescent	1	...	...	...	...	...	...	...	2	...	...	...	3
	Not Quiescent ... ..	...	...	...	...	1	3	...	1	1	1	...	1	8
	Died	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Organs.	Quiescent ... ..	...	...	...	...	1	..	1	...	1	...	...	...	3
	Not Quiescent	2	1	...	..	...	...	...	1	...	...	1	...	5
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.	Quiescent ... ..	...	...	1	...	...	...	...	...	...	...	...	1	2
	Not Quiescent	2	4	...	1	...	2	...	...	2	...	...	...	11
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	10	8	5	6	2	6	6	4	12	6	4	8	77	

Patients treated (Sanatorium and Hospital) during the year ended 31st
December, 1931, at:—

	Males			Female			Totals		
Glan Ely Hospital	66	34	100						
Talgarth Sanatorium	91	...	91						
Kensington Hospital	10	12	22						
Prince of Wales Hospital	9	19	28						
West Wales Sanatorium ... ..	...	4	4						
North Wales Sanatorium ... ..	...	25	25						
Cefn Mably Hospital	163	134	297						
North Wales Surgical Block	7	9	16						
Mardy Hospital	4	3	7						
Northern Hospital Winchmore Hill ... ..	...	1	1						
St. Luke's Hospital ... ..	...	5	5						
Preston Hall Colony	3	...	3						
Fairlight Sanatorium	2	...	2						
Papworth Hall	3	...	3						
Ventnor Sanatorium	3	3	6						
Eversfield Sanatorium	3	2	5						
Total	364	251	615						

URBAN :

	Males			Female			Totals		
Abercarn	20	13	33						
Abergavenny	5	4	9						
Abersychan	15	15	30						
Abertillery	37	29	66						
Bedwas & Machen	15	11	26						
Bedwellty	48	22	70						
Blaenavon	5	4	9						
Caerleon	8	1	9						
Chepstow	7	4	11						
Ebbw Vale	45	25	70						
Llanfrecha Upper	2	8	10						
Llantarnam	7	6	13						
Monmouth	2	3	5						
Mynyddislwyn	24	12	36						
Nantyglo & Blaina	7	8	15						
Panteg	5	...	5						
Pontypool	6	10	16						
Rhydney	6	4	10						

	Males			Female			Totals		
Risca	10	18	28						
Tredegar	62	33	95						
Usk ... ..	...	...	...			
Total Urban	336	230	566						
RURAL :									
Abergavenny	3	4	7						
Chepstow	10	3	13						
Magor	2	3	5						
Monmouth	2	1	3						
Pontypool	1	4	5						
St. Mellons	10	6	16						
Total Rural	28	21	49						
Grand Total	364	251	615						

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 amounted to £240 13s. 3d. in the year 1931.

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.

“ During the year 1931 the total number of attendances of patients—4,678—showed an increase of over 500 on the number recorded for the

previous year. This is the highest figure reached in any year since the Clinic was opened, with the exception of the year 1921, when it reached the total of 4,831. An examination of the returns, however, does not show that there has been any marked increase in the incidence of Venereal Disease, and the figures compared with those of the year 1921 show, that as regards syphilis a gratifying fall in the number of new cases, which in that year had reached the large total of 197, a number which has not been approached for many years and represents the post-war peak in the incidence of the disease. The number of new cases, 38, though an increase of 8 on the previous year keeps down, and has not reached the 50 mark for several years. There is a fall in the number of new cases of gonorrhoea but the number of these still keeps about 150 per annum and unlike the figures for syphilis shows little fall in the past ten years. This appears curious when the numbers of patients recorded as discharged after completion of treatment is compared, the proportion being so much higher in the case of gonorrhoea than in syphilis, but the fact that a patient can complete his tests for cure in the former disease in a couple of weeks at the end of his course of treatment, while in the latter he requires a period of surveillance for two years, is an important factor. Many patients with the latter complaint are probably non-contagious though they do not appear in the returns as having ceased to attend before completion of the prescribed period.

The regular attendance of the patients continues to be a satisfactory feature of the work, while the numbers of those who cease to attend before completing treatment appears high, allowance must be made for removals who do not inform us. The arrangements at the Hospital and the assistance not only of those actually associated with the work of the Clinic continue to be a help. The Clinic patient is particularly shy and easily discouraged both from first attending and from repeating his visits.

A new drug, Quinine Iodo-Bismuthate, appears for the first time in the list of Salvarsan substitutes and its use has proved of considerable value."

B.—DR. MARY H. M. GORDON.

" Of the new cases reporting during the year 1931, one-fifth were cases of Syphilis and one-fourth were cases of Gonorrhoea. According to investigations conducted by the Ministry of Health, the proportion of new cases of Syphilis to new cases of Gonorrhoea reporting at any clinic should be roughly one to four, so that one is forced to the conclusion that, in the County of Monmouth, there are still many women suffering from Gonorrhoea who, either through ignorance, or by intention, are not seeking treatment. One has noted occasionally that women whose husbands were suffering from Gonorrhoea, and who are sent to the Female Clinic by the Medical Officer in charge of the Male Clinic, were often quite unaware that anything was wrong with them, even though bacteriologically some of the tests were positive.

There is an increase in the number of non-venereal cases, the majority of whom consisted of women suffering from suspected gonococcal infection and of the result of the "march past" of members of a family of whom one or more were attending with Syphilis or Gonorrhoea. Only a very few cases came because of any risk of contracted infection.

The new cases of Syphilis were again composed chiefly of patients in the later stages of the disease. The County Maternity and Child Welfare Centres and the School Medical Inspection Department were responsible for referring a large number of cases to the Treatment Centre. The Ante-natal Clinics do particularly fine work in sending down pregnant women who can benefit from treatment up to about the seventh month—thereafter the difficulty of travelling to the Clinic prevents further treatment being obtained.

Only about 10 per cent. of the new patients were unmarried women.

There is a regrettable fall in the number of cases of Syphilis and Gonorrhoea discharged cured—this may partly be explained by the fact that, owing to industrial depression, more patients are leaving the County now and so are unable to complete treatment.

The figure for patients who ceased to attend before completing treatment is still satisfactory. That the number is not more is due 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.

There is an increase in the total attendances for the year—3,652, compared with 3,039 last year.

The drugs used were much the same as last year, Salvarsan compounds with Mismuth 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 :

	1931.	1930.
To new cases which came to her knowledge and which had not undergone treatment	351	337
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment	1475	1620
To members of Voluntary Agencies, District Nurses, etc.	244	207
Total	2070	2164

Since her appointment in July, 1918, Nurse Walters has visited 4,898 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 645 specimens were examined for private practitioners during the year 1931.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1931, are as follows:—

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

	1931.								TOTAL.	Previous Year 1930
	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 ...	23	4	416	755	467	370	15	9	2059	2104
Practitioners ...	—	1	63	167	229	142	39	4	645	520
From County Borough of Newport—										
Treatment Centre ...	30	2	337	196	296	143	12	2	1018	917
Practitioners ...	1	—	34	54	144	127	4	—	364	417
From Other Districts—										
Leicestershire ...	—	—	1	—	—	—	—	—	1	—
Glamorganshire ...	—	—	6	2	5	—	—	—	13	11
Brecon ...	—	—	3	—	1	2	—	—	6	8
East London ...	—	—	—	—	—	—	—	—	—	1
Swansea ...	—	—	—	—	—	—	—	—	—	4
Gloucestershire ...	—	—	—	—	—	—	—	—	—	6
Cardiff ...	—	—	3	—	3	—	—	—	6	—
Totals ...	54	7	863	1174	1145	784	70	15	4112	3988

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

			1931.	1930.
Novarsenobillon	·6 grm. =	...	6	15
„	·45 „ =	...	4	7
„	·3 „ =	...	4	6
Totals			<u>14</u>	<u>28</u>
Stabilarsan (Boots)	·6 grm. =	...	36	—
	·45 „ =	...	38	22
	·3 „ =	...	6	6
	·2 „ =	...	—	9
Totals			<u>80</u>	<u>37</u>
Sulphostab (Boots)	·2 grm. =	...	—	—
	·3 „ =	...	—	—
	·45 „ =	...	30	—
	·6 „ =	...	10	20
Totals			<u>40</u>	<u>20</u>
Neo-Salvarsan (Bayer)	·45 grm. =	...	—	2
	·6 „ =	...	—	2
	·75 „ =	...	—	2
	·9 „ =	...	—	2
Totals			<u>—</u>	<u>8</u>

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

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.

	1931.			1930.		
	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 ...	38	42	87	30	39	69
" " Soft Chancre ...	14	—	14	9	—	9
" " Gonorrhœa ...	143	53	196	170	72	242
Not suffering from venereal disease ...	61	107	168	82	101	183
Total ...	256	202	458	291	212	503
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	5	3	8	5	7	12
Soft chancre ...	11	—	11	12	—	12
Gonorrhœa ...	91	17	108	74	32	106
Not suffering from venereal disease ...	76	91	167	77	91	168
Total ...	183	111	294	168	130	298
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	33	43	76	23	57	80
Soft chancre ...	3	—	3	6	—	6
Gonorrhœa ...	64	44	108	99	40	139
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	100	87	187	128	97	225
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	2217	2336	4553	1701	1723	3424
" " Soft Chancre ...	93	3	96	79	—	79
" " Gonorrhœa ...	2257	1061	3318	2200	1040	3240
Not suffering from venereal disease ...	109	252	361	196	276	472
Total ...	4676	3652	8328	4176	3039	7215

	1931.			1930.		
	Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—						
Syphilis	100	107	207	78	142	220
Gonorrhoea	254	487	741	496	490	986
Soft Chancre	5	—	5	13	—	13
Not suffering from Venereal disease	—	—	—	—	—	—
Observation Cases	23	—	23	—	—	—
Total	382	594	976	587	632	1219
6.—Number of persons treated with Salvarsan substitutes	—	—	—	154	223	377
7.—Number of doses of Salvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Kharsuphan						
Sulphostab						
Arseno Argenticum						
dose .05	—	15	15	—	14	—
dose .1	10	19	29	—	77	—
dose .15	23	84	107	—	81	—
dose .2	8	248	256	—	209	—
dose .25	—	67	67	—	108	—
dose .3	64	345	409	—	365	—
dose .45	271	177	448	—	419	—
dose .6	106	1	107	—	53	—
Name of Drug—Bismuth dose .5cc	—	—	—	—	20	—
" dose 1cc	552	544	1096	—	528	—
Quin. Iod. dose .2 grm.	112	193	305	—	—	—
" dose .3 grm.	150	123	273	—	—	—
Total	1296	1816	3112	1874		
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	23	4	27	14	4	18
" " gonococci	416	755	1171	480	939	1419
For Wassermann reaction	467	370	837	367	286	653
Others	15	9	24	9	5	14
Totals	921	1138	2059	870	1234	2104

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.

The Lectures upon the Prevention and Treatment of Venereal Diseases which have been delivered in previous years were postponed during the year 1931.

MATERNITY AND CHILD WELFARE.

This work has been fully dealt with in the special report which was published on the 29th April, 1932.

BLIND PERSONS ACT, 1920.

The number of blind persons upon the County Register at the 31st March, 1932, was 744, 373 males and 371 females. Details are given in the accompanying tables.

Grants are made to the unemployable blind after consideration of the cases by the Blind Persons Act Sub-Committee of the Public Health Committee and during the financial year 1931-1932, weekly grants were made to 403 persons, the total amount of the grants being £8,839 (approximately). The amount of assistance given under this head has been rapidly increasing during the past few years, and the Blind Persons Sub-Committee propose to re-consider all cases in receipt of grants with a view to effecting a reduction in the expenditure.

The scheme formulated by the County Council for the welfare of the blind under Section 2 (1) of the Act has been under review and an amended scheme has been prepared. This has been submitted to the Ministry of Health for their approval, and it is anticipated will shortly be sealed by this Council. It is proposed to publish the revised scheme in next year's Report.

The Monmouthshire County Association for the Blind is now an active body and meetings are held regularly. The Organiser, Mr. H. D. Bowden of Blaenavon, commenced duties on the 1st December, 1931, and his efforts to make the Association a successful organisation, and one that will prove of real value to the blind persons of the Administrative County, promise to show results.

Blind Registrations as at 31st MARCH, 1932.

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.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
1	1	9	8	17	5	10	9	16	25	12	22	32	54	51	38	89	113	110	233	142	161	303	373	371	744

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		Unknown								
M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
27	32	59	11	9	20	8	4	12	10	15	25	17	32	34	15	49	43	30	73	65	73	158	94	87	181	46	70	116

TABLE 3. (a) Training and Employment. Age period 16 and upwards.

By Blind Institutions.	Employed						Undergoing Training.						TOTAL.																			
	Workshops (a)		Home Workers (b)		All others not included in (a) & (b) (c)		Total employed (d)		Industrial (e)		Secondary (f)		Professional or University (g)		Trained but unemployed (h)		No training but trainable (i)		Unemployable (j)													
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.												
2	4	6	2	...	2	8	1	9	12	5	17	4	7	11	2	...	2	2	2	4	7	6	13	13	8	21	324	334	658	364	362	726

(b) Occupations of Employed.

Occupation	Within Institutions for the Blind	In approved Home Workers Schemes	Others (not pastime Workers)	Total
Basket Workers	1	...	...	1
Boot repairs.	...	1	...	1
Pan Brushes	1	...	...	1
Ministers of Religion	...	...	1	1
Dealers (Tea Agents, Shopkeepers etc.)	...	...	2	2
Hand Knitters	3	...	1	4
Musicians & Music Teachers	...	...	1	1
Porters, Packers, & Cleaners	...	...	1	1
Tuners	...	...	1	1
Weavers	1	...	...	1
Total	6	2	9	17

TABLE 4. Physically and Mentally Defective (all ages).

Mentally Defective	(a)		(b)		(c)		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.
Physically Defective	4	4	6	1	7	8	6	14
Deaf	4	8	6	1	7	8	6	14
Total	4	8	6	1	7	8	6	14

Local Blind Welfare Committees have been formed in several of the County Districts, and it is hoped that very shortly the whole of the County will be covered.

The Scheme and Constitution of the Monmouthshire County Association for the Blind was given in last year's Report.

The Ministry of Health are preparing a new scheme under Section 102 (1) of the Local Government Act, 1929. Under this scheme grants previously made by the Government are transferred to Local Authorities. The County Council has raised objections to the renewal of the grants to several associations dealing with the blind on the ground that no Monmouthshire cases are now being assisted by those associations.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Principals	10.11	10.32	11.27	12.20	13.15	14.10	15.05	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00	30.00
Teachers	11.20	12.15	13.10	14.05	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00	32.00
Administrative	12.30	13.25	14.20	15.15	16.10	17.05	18.00	19.00	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00	32.00	33.00
Equipment	13.40	14.35	15.30	16.25	17.20	18.15	19.10	20.05	21.00	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00	32.00	33.00	34.00
Other	14.50	15.45	16.40	17.35	18.30	19.25	20.20	21.15	22.10	23.05	24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00	32.00	33.00	34.00	35.00
Total	51.00	52.47	53.94	55.41	56.88	58.35	59.82	61.29	62.76	64.23	65.70	67.17	68.64	70.11	71.58	73.05	74.52	75.99	77.46	78.93	80.40	81.87

The above figures are for the year ending 31st December 1932. The figures for the year ending 31st December 1931 are shown in the margin. The figures for the year ending 31st December 1930 are shown in the margin. The figures for the year ending 31st December 1929 are shown in the margin. The figures for the year ending 31st December 1928 are shown in the margin. The figures for the year ending 31st December 1927 are shown in the margin. The figures for the year ending 31st December 1926 are shown in the margin. The figures for the year ending 31st December 1925 are shown in the margin. The figures for the year ending 31st December 1924 are shown in the margin. The figures for the year ending 31st December 1923 are shown in the margin. The figures for the year ending 31st December 1922 are shown in the margin. The figures for the year ending 31st December 1921 are shown in the margin. The figures for the year ending 31st December 1920 are shown in the margin. The figures for the year ending 31st December 1919 are shown in the margin. The figures for the year ending 31st December 1918 are shown in the margin. The figures for the year ending 31st December 1917 are shown in the margin. The figures for the year ending 31st December 1916 are shown in the margin. The figures for the year ending 31st December 1915 are shown in the margin. The figures for the year ending 31st December 1914 are shown in the margin. The figures for the year ending 31st December 1913 are shown in the margin. The figures for the year ending 31st December 1912 are shown in the margin. The figures for the year ending 31st December 1911 are shown in the margin.

REVENUE

VITAL STATISTICS FOR THE YEAR 1931.

DISTRICT	ESTIMATED POPULATION.	BIRTHS						DEATHS						Zymotic Death-rate per 1000 of unadjusted population.	Tubercular Deaths per 1000 of ordinary population (including Tubercular diseases).	Respiratory diseases Death-rate per 1000 population.	Medical Officer of Health
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population				
		Male	Female	Male	Female	Male	Female										
URBAN.																	
Abercarn ...	20680	183	172	11	5	194	177	371	17.9	148	120	268	12.9	3	5	2.1	E. M. Griffith, M.D., Abercarn
Abergavenny ...	8490	55	68	7	7	62	75	137	16.1	65	54	119	14.0	35	1.06	.8	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny
Abersychan ...	25820	211	215	14	8	225	223	448	17.3	157	133	290	11.1	38	.89	1.6	R. J. S. Verity, L.S.A., L.R.C.P., Garndiffaith
Abertillery ...	31950	289	282	3	14	292	296	588	18.4	186	160	346	10.8	2	1.6	1.5	T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery
Bedwas and Machen ...	9255	79	103	2	2	81	105	186	20.0	51	47	98	10.5	5	1.20	1.4	Edith M. Davies, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H., S. R. MacMillan, M.B., B.Ch., New Tredegar [Machen
Bedwellty ...	30370	348	319	20	13	368	332	700	23.0	195	159	354	11.6	3	1.02	2.2	J. Reynolds, M.B., Ch.B., B.A.O., Blaenavon
Blaenavon ...	11170	82	82	—	2	82	84	166	13.9	80	73	153	13.6	—	.4	2.8	A. M. M. Roberts, M.B., Ch.B., B.S., Caerleon
Caerleon ...	2446	12	7	—	—	12	7	19	7.7	13	19	32	13.0	—	.8	1.6	T. L. Drapes, M.B., B.Ch., M.R.C.S., L.R.C.P., B.A., Chepstow
Chepstow ...	4244	30	28	6	1	36	29	65	15.3	41	22	63	14.8	4	1.6	.9	F. M. Fonseca, M.B., B.Ch., M.R.C.S., L.R.C.P., B.A., Chepstow
Ebbw Vale ...	31970	273	246	9	6	282	252	534	16.7	209	173	382	11.9	6	1.09	1.4	A. W. Hayles, M.R.C.S., L.S.A., Upper Pontnewydd
Llanfrechfa Upper ...	4512	39	35	—	2	39	37	76	16.7	32	32	64	14.1	2	1.3	1.3	F. C. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., Cwmbran
Llantarnam ...	7324	59	68	4	—	63	68	131	17.8	39	34	73	9.9	4	.6	1.5	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Monmouth ...	4798	39	31	4	2	43	33	76	15.8	39	37	76	15.9	2	1.4	1.5	R. E. Roberts, M.B., B.Sc., L.S.A., Cwmfelinfach
Mynyddislwyn ...	16320	129	140	8	7	137	147	284	17.4	93	74	167	10.2	49	.79	1.8	F. M. Wallen, M.R.C.S., L.R.C.P., Blaina
Nantyglo and Blaina ...	13240	132	113	2	2	134	115	249	18.8	86	84	170	12.8	1	.8	1.4	T. J. McAlled, M.B., Ch.B., Pontypool
Panteg ...	11580	97	57	3	3	100	60	160	13.7	78	67	145	12.5	4	.8	1.89	Do. do.
Pontypool ...	6823	66	61	2	2	68	63	131	19.2	43	35	78	11.4	5	1	2.49	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney
Rhymney ...	10610	111	89	4	5	115	94	209	19.7	78	71	149	14.0	5	.5	1.89	N. N. Wade, M.D., Ch.B., Risca
Risca ...	16730	141	120	3	6	144	126	270	16.1	93	77	170	10.1	2	1.7	1.07	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.
Tredegar ...	23370	239	212	10	12	249	224	473	20.2	169	106	275	11.7	4	.7	1.89	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar
Usk ...	1298	7	6	—	1	7	7	14	11.5	18	16	34	26.1	—	1.5	2.3	
RURAL.																	
Abergavenny ...	8733	50	51	2	3	52	54	106	12.1	66	44	110	12.6	1	.57	.9	D. W. Fryer, M.B., B.Ch., M.R.C.S., L.R.C.P., Abergavenny
Chepstow ...	8643	62	67	1	3	63	70	133	15.3	35	57	92	10.6	2	.46	1.6	T. L. Drapes, M.B., B.Ch., M.R.C.S., L.R.C.P., B.A., Chepstow
Magor ...	6684	47	54	3	1	50	55	105	15.7	56	22	78	11.7	3	.74	1.9	S. Hamilton, M.D., B.Ch., B.A.O., D.P.H., Newport [stow
Monmouth ...	6393	36	48	3	2	39	50	89	13.9	49	58	107	16.7	1	.6	1.2	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Pontypool ...	5097	28	37	3	3	31	40	71	13.9	48	33	81	15.8	19	.39	1.7	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk
St. Mellons ...	19020	193	153	5	4	198	157	355	18.6	113	88	201	10.5	3	.8	1.5	N. N. Wade, M.D., Ch.B., Risca
Grand Totals, 1931	347570	3037	2864	129	116	3166	2980	6146	17.6	2280	1895	4175	12.01	3	.85	1.68	
Totals for Year 1930	359640	3165	2950	120	98	3263	3057	6320	17.6	2031	1657	3688	10.2	51	.80	1.70	

District	Municipality	1921		1922	1923	1924	1925
		Male	Female				
URBAN							
Abasco		172	182	2080			
Abasco		24	25	2100			
Abasco		112	111	2280			
Abasco		282	282	2100			
Abasco		102	70	2000			
Abasco		212	212	2000			
Abasco		82	82	1100			
Abasco		7	12	240			
Abasco		28	20	224			
Abasco		240	217	2100			
Abasco		32	32	400			
Abasco		68	68	720			
Abasco		31	32	300			
Abasco		140	128	1600			
Abasco		110	110	1200			
Abasco		52	52	1100			
Abasco		61	60	600			
Abasco		80	71	1000			
Abasco		120	141	1600			
Abasco		212	224	2200			
Abasco		2	2	200			
RURAL							
Abasco		21	20	220			
Abasco		24	22	240			
Abasco		24	27	240			
Abasco		28	28	280			
Abasco		27	24	200			
Abasco		162	162	1600			
Grand Total 1921		2014	2027	20200			
Grand Total 1922		2014	2027	20200			

