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MONMOUTHSHIRE COUNTY COUNCIL.



PUBLIC HEALTH
REPORT
FOR THE YEAR 1935.



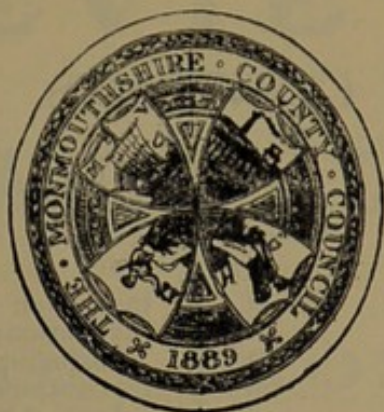
D. ROCYN JONES,

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

County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.

24th JULY, 1936.



MONMOUTHSHIRE COUNTY COUNCIL.



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REPORT
FOR THE YEAR 1935.



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NEWPORT, MON.

24th JULY, 1936.

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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH,

For the Year ended December 31st, 1935.

SCOPE OF THE REPORT.

Under Article 14 (3) of the Sanitary Officers Order 1926, and in accordance with Circular 1492 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1935 become the fifth of the 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.

The Circular for the year 1935 has been followed as far as possible for the work for which the County Council is directly responsible. At the time of going to press very few of the Reports of the District Medical Officers have been received, consequently it has not been possible to deal fully with some of the subjects.

ALTERATIONS TO BOUNDARIES.

During the year under review, as a result of the proposals of the County Council for the redistribution of county areas under the provisions of the Local Government Act, 1929, the urban areas of Abersychan, Panteg and Pontypool have been combined into one urban district named the Pontypool Urban District; the urban areas of Llanfrechfa Upper and Llantarnam have been combined into one urban district named the Cwmbran Urban District; and the rural areas of Magor and St. Mellons have been combined into one rural district named the Magor and St. Mellons Rural District.

Alterations affecting most of the urban and rural districts in the County have also taken place, notably that in the Magor and St. Mellons areas which is due to the extension of the boundary of the County Borough of Newport under the Newport Extension Act, 1934.

The details of the medical and public health changes due to the redistribution of areas will be dealt with fully in the Report for 1936.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 342,249.

Population (1931) Census, 345,755.

Do. Estimated 1935, 324,400.

Do. Modified figure for use with births, deaths and notifiable diseases, 327,150.

Rateable value, £1,127,264.

Sum represented by a penny rate, £4,042.

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.

Reference to the influence of a particular occupation on Public Health is given in the Report of the County Pathologist under the heading Laboratory Facilities.

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 needs of general hospital facilities.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1935, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

VITAL STATISTICS FOR THE YEAR 1957

95

DISTRICT	ESTIMATED POPULATION	LIVE BIRTHS						STILL BIRTHS						DEATHS				INFANTILE MORTALITY				AREA	District Medical Officer of Health at End of 1957																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	Male		Female				Deaths under 1 year of age		Rate per 1000 of live births	Rate per 1000 of population																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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STATE OF NEW YORK

IN SENATE,
January 1, 1902.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1899.

LANDS BELONGING TO THE STATE				REVENUE	
Year	Acres	Value	Revenue	Year	Revenue
1890	1,000,000	\$1,000,000	\$100,000	1891	\$110,000
1891	1,000,000	\$1,000,000	\$110,000	1892	\$120,000
1892	1,000,000	\$1,000,000	\$120,000	1893	\$130,000
1893	1,000,000	\$1,000,000	\$130,000	1894	\$140,000
1894	1,000,000	\$1,000,000	\$140,000	1895	\$150,000
1895	1,000,000	\$1,000,000	\$150,000	1896	\$160,000
1896	1,000,000	\$1,000,000	\$160,000	1897	\$170,000
1897	1,000,000	\$1,000,000	\$170,000	1898	\$180,000
1898	1,000,000	\$1,000,000	\$180,000	1899	\$190,000
1899	1,000,000	\$1,000,000	\$190,000	1900	\$200,000
1900	1,000,000	\$1,000,000	\$200,000	1901	\$210,000
1901	1,000,000	\$1,000,000	\$210,000	1902	\$220,000
1902	1,000,000	\$1,000,000	\$220,000	1903	\$230,000
1903	1,000,000	\$1,000,000	\$230,000	1904	\$240,000
1904	1,000,000	\$1,000,000	\$240,000	1905	\$250,000
1905	1,000,000	\$1,000,000	\$250,000	1906	\$260,000
1906	1,000,000	\$1,000,000	\$260,000	1907	\$270,000
1907	1,000,000	\$1,000,000	\$270,000	1908	\$280,000
1908	1,000,000	\$1,000,000	\$280,000	1909	\$290,000
1909	1,000,000	\$1,000,000	\$290,000	1910	\$300,000
1910	1,000,000	\$1,000,000	\$300,000	1911	\$310,000
1911	1,000,000	\$1,000,000	\$310,000	1912	\$320,000
1912	1,000,000	\$1,000,000	\$320,000	1913	\$330,000
1913	1,000,000	\$1,000,000	\$330,000	1914	\$340,000
1914	1,000,000	\$1,000,000	\$340,000	1915	\$350,000
1915	1,000,000	\$1,000,000	\$350,000	1916	\$360,000
1916	1,000,000	\$1,000,000	\$360,000	1917	\$370,000
1917	1,000,000	\$1,000,000	\$370,000	1918	\$380,000
1918	1,000,000	\$1,000,000	\$380,000	1919	\$390,000
1919	1,000,000	\$1,000,000	\$390,000	1920	\$400,000
1920	1,000,000	\$1,000,000	\$400,000	1921	\$410,000
1921	1,000,000	\$1,000,000	\$410,000	1922	\$420,000
1922	1,000,000	\$1,000,000	\$420,000	1923	\$430,000
1923	1,000,000	\$1,000,000	\$430,000	1924	\$440,000
1924	1,000,000	\$1,000,000	\$440,000	1925	\$450,000
1925	1,000,000	\$1,000,000	\$450,000	1926	\$460,000
1926	1,000,000	\$1,000,000	\$460,000	1927	\$470,000
1927	1,000,000	\$1,000,000	\$470,000	1928	\$480,000
1928	1,000,000	\$1,000,000	\$480,000	1929	\$490,000
1929	1,000,000	\$1,000,000	\$490,000	1930	\$500,000
1930	1,000,000	\$1,000,000	\$500,000	1931	\$510,000
1931	1,000,000	\$1,000,000	\$510,000	1932	\$520,000
1932	1,000,000	\$1,000,000	\$520,000	1933	\$530,000
1933	1,000,000	\$1,000,000	\$530,000	1934	\$540,000
1934	1,000,000	\$1,000,000	\$540,000	1935	\$550,000
1935	1,000,000	\$1,000,000	\$550,000	1936	\$560,000
1936	1,000,000	\$1,000,000	\$560,000	1937	\$570,000
1937	1,000,000	\$1,000,000	\$570,000	1938	\$580,000
1938	1,000,000	\$1,000,000	\$580,000	1939	\$590,000
1939	1,000,000	\$1,000,000	\$590,000	1940	\$600,000
1940	1,000,000	\$1,000,000	\$600,000	1941	\$610,000
1941	1,000,000	\$1,000,000	\$610,000	1942	\$620,000
1942	1,000,000	\$1,000,000	\$620,000	1943	\$630,000
1943	1,000,000	\$1,000,000	\$630,000	1944	\$640,000
1944	1,000,000	\$1,000,000	\$640,000	1945	\$650,000
1945	1,000,000	\$1,000,000	\$650,000	1946	\$660,000
1946	1,000,000	\$1,000,000	\$660,000	1947	\$670,000
1947	1,000,000	\$1,000,000	\$670,000	1948	\$680,000
1948	1,000,000	\$1,000,000	\$680,000	1949	\$690,000
1949	1,000,000	\$1,000,000	\$690,000	1950	\$700,000
1950	1,000,000	\$1,000,000	\$700,000	1951	\$710,000
1951	1,000,000	\$1,000,000	\$710,000	1952	\$720,000
1952	1,000,000	\$1,000,000	\$720,000	1953	\$730,000
1953	1,000,000	\$1,000,000	\$730,000	1954	\$740,000
1954	1,000,000	\$1,000,000	\$740,000	1955	\$750,000
1955	1,000,000	\$1,000,000	\$750,000	1956	\$760,000
1956	1,000,000	\$1,000,000	\$760,000	1957	\$770,000
1957	1,000,000	\$1,000,000	\$770,000	1958	\$780,000
1958	1,000,000	\$1,000,000	\$780,000	1959	\$790,000
1959	1,000,000	\$1,000,000	\$790,000	1960	\$800,000
1960	1,000,000	\$1,000,000	\$800,000	1961	\$810,000
1961	1,000,000	\$1,000,000	\$810,000	1962	\$820,000
1962	1,000,000	\$1,000,000	\$820,000	1963	\$830,000
1963	1,000,000	\$1,000,000	\$830,000	1964	\$840,000
1964	1,000,000	\$1,000,000	\$840,000	1965	\$850,000
1965	1,000,000	\$1,000,000	\$850,000	1966	\$860,000
1966	1,000,000	\$1,000,000	\$860,000	1967	\$870,000
1967	1,000,000	\$1,000,000	\$870,000	1968	\$880,000
1968	1,000,000	\$1,000,000	\$880,000	1969	\$890,000
1969	1,000,000	\$1,000,000	\$890,000	1970	\$900,000
1970	1,000,000	\$1,000,000	\$900,000	1971	\$910,000
1971	1,000,000	\$1,000,000	\$910,000	1972	\$920,000
1972	1,000,000	\$1,000,000	\$920,000	1973	\$930,000
1973	1,000,000	\$1,000,000	\$930,000	1974	\$940,000
1974	1,000,000	\$1,000,000	\$940,000	1975	\$950,000
1975	1,000,000	\$1,000,000	\$950,000	1976	\$960,000
1976	1,000,000	\$1,000,000	\$960,000	1977	\$970,000
1977	1,000,000	\$1,000,000	\$970,000	1978	\$980,000
1978	1,000,000	\$1,000,000	\$980,000	1979	\$990,000
1979	1,000,000	\$1,000,000	\$990,000	1980	\$1,000,000
1980	1,000,000	\$1,000,000	\$1,000,000	1981	\$1,010,000
1981	1,000,000	\$1,000,000	\$1,010,000	1982	\$1,020,000
1982	1,000,000	\$1,000,000	\$1,020,000	1983	\$1,030,000
1983	1,000,000	\$1,000,000	\$1,030,000	1984	\$1,040,000
1984	1,000,000	\$1,000,000	\$1,040,000	1985	\$1,050,000
1985	1,000,000	\$1,000,000	\$1,050,000	1986	\$1,060,000
1986	1,000,000	\$1,000,000	\$1,060,000	1987	\$1,070,000
1987	1,000,000	\$1,000,000	\$1,070,000	1988	\$1,080,000
1988	1,000,000	\$1,000,000	\$1,080,000	1989	\$1,090,000
1989	1,000,000	\$1,000,000	\$1,090,000	1990	\$1,100,000
1990	1,000,000	\$1,000,000	\$1,100,000	1991	\$1,110,000
1991	1,000,000	\$1,000,000	\$1,110,000	1992	\$1,120,000
1992	1,000,000	\$1,000,000	\$1,120,000	1993	\$1,130,000
1993	1,000,000	\$1,000,000	\$1,130,000	1994	\$1,140,000
1994	1,000,000	\$1,000,000	\$1,140,000	1995	\$1,150,000
1995	1,000,000	\$1,000,000	\$1,150,000	1996	\$1,160,000
1996	1,000,000	\$1,000,000	\$1,160,000	1997	\$1,170,000
1997	1,000,000	\$1,000,000	\$1,170,000	1998	\$1,180,000
1998	1,000,000	\$1,000,000	\$1,180,000	1999	\$1,190,000
1999	1,000,000	\$1,000,000	\$1,190,000	2000	\$1,200,000
2000	1,000,000	\$1,000,000	\$1,200,000	2001	\$1,210,000
2001	1,000,000	\$1,000,000	\$1,210,000	2002	\$1,220,000
2002	1,000,000	\$1,000,000	\$1,220,000	2003	\$1,230,000
2003	1,000,000	\$1,000,000	\$1,230,000	2004	\$1,240,000
2004	1,000,000	\$1,000,000	\$1,240,000	2005	\$1,250,000
2005	1,000,000	\$1,000,000	\$1,250,000	2006	\$1,260,000
2006	1,000,000	\$1,000,000	\$1,260,000	2007	\$1,270,000
2007	1,000,000	\$1,000,000	\$1,270,000	2008	\$1,280,000
2008	1,000,000	\$1,000,000	\$1,280,000	2009	\$1,290,000
2009	1,000,000	\$1,000,000	\$1,290,000	2010	\$1,300,000
2010	1,000,000	\$1,000,000	\$1,300,000	2011	\$1,310,000
2011	1,000,000	\$1,000,000	\$1,310,000	2012	\$1,320,000
2012	1,000,000	\$1,000,000	\$1,320,000	2013	\$1,330,000
2013	1,000,000	\$1,000,000	\$1,330,000	2014	\$1,340,000
2014	1,000,000	\$1,000,000	\$1,340,000	2015	\$1,350,000
2015	1,000,000	\$1,000,000	\$1,350,000	2016	\$1,360,000
2016	1,000,000	\$1,000,000	\$1,360,000	2017	\$1,370,000
2017	1,000,000	\$1,000,000	\$1,370,000	2018	\$1,380,000
2018	1,000,000	\$1,000,000	\$1,380,000	2019	\$1,390,000
2019	1,000,000	\$1,000,000	\$1,390,000	2020	\$1,400,000
2020	1,000,000	\$1,000,000	\$1,400,000	2021	\$1,410,000
2021	1,000,000	\$1,000,000	\$1,410,000	2022	\$1,420,000
2022	1,000,000	\$1,000,000	\$1,420,000	2023	\$1,430,000
2023	1,000,000	\$1,000,000	\$1,430,000	2024	\$1,440,000
2024	1,000,000	\$1,000,000	\$1,440,000	2025	\$1,450,000
2025	1,000,000	\$1,000,000	\$1,450,000	2026	\$1,460,000
2026	1,000,000	\$1,000,000	\$1,460,000	2027	\$1,470,000
2027	1,000,000	\$1,000,000	\$1,470,000	2028	\$1,480,000
2028	1,000,000	\$1,000,000	\$1,480,000	2029	\$1,490,000
2029	1,000,000	\$1,000,000	\$1,490,000	2030	\$1,500,000
2030	1,000,000	\$1,000,000	\$1,500,000	2031	\$1,510,000
2031	1,000,000	\$1,000,000	\$1,510,000	2032	\$1,520,000
2032	1,000,000	\$1,000,000	\$1,520,000	2033	\$1,530,000
2033	1,000,000	\$1,000,000	\$1,530,000	2034	\$1,540,000
2034	1,000,000	\$1,000,000	\$1,540,000	2035	\$1,550,000
2035	1,000,000	\$1,000,000	\$1,550,000	2036	\$1,560,000
2036	1,000,000	\$1,000,000	\$1,560,000	2037	\$1,570,000
2037	1,000,000	\$1,000,000	\$1,570,000	2038	\$1,580,000
2038	1,000,000	\$1,000,000	\$1,580,000	2039	\$1,590,000
2039	1,000,000	\$1,000,000	\$1,590,000	2040	\$1,600,000
2040	1,000,000	\$1,000,000	\$1,600,000	2041	\$1,610,000
2041	1,000,000	\$1,000,000	\$1,610,000	2042	\$1,620,000
2042	1,000,000	\$1,000,000	\$1,620,000	2043	\$1,630,000
2043	1,000,000	\$1,000,000	\$1,630,000	2044	\$1,640,000
2044	1,000,000	\$1,000,000	\$1,640,000	2045	\$1,650,000
2045	1,000,000	\$1,000,000			

	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births	
	Live Births	Still Births	Live Births	Still Births				
ENGLAND & WALES ...	1935 14.7	1935 0.62	(1934) (14.8)	(1934) (0.62)	1935 11.7	(1934) (11.8)	1935 57.0	(1934) (59.0)
121 County Boroughs and Great Towns, including London	14.8	0.68	(14.7)	(0.66)	11.8	(11.8)	62.0	(63.0)
135 Smaller Towns (Estimated resident population 25,000 to 50,000 at census 1931) ...	14.8	0.64	(15.0)	(0.67)	11.2	(11.3)	55.0	(53.0)
London	13.3	0.52	(13.2)	(0.50)	11.4	(11.9)	58.0	(67.0)
MONMOUTHSHIRE ...	16.12	0.98	(16.49)	(0.94)	11.5	(11.7)	61.4	(57.4)

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 1935, was 5,275, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M.	F.	M.	F.	
Urban Districts ...	2352	2187	84	64	2436	2251	4687
Rural Districts ...	295	267	13	13	308	280	588
Total	2647	2454	97	77	2744	2531	5275

In 1934 there were 5,591 births; in 1933, 5,563 births; in 1932, 5,885 births; in 1931, 6,146 births; in 1930, 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; and in 1915, 10,194 births. The birth rate for 1935 was 16.12 per 1,000 persons living. In 1934 the rate was 16.49; in 1933, 16.29; in 1932, 17.1; in 1931, 17.6; in 1930, 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; and in 1915, 28.59.

For the Urban Districts of the County the birth-rate was 16.74 per 1,000 for 1935, and for the Rural Districts, 12.43, as compared with 16.85 and 14.67 respectively for 1934 and 16.6 and 14.4 for 1933.

The birth rate shows a decrease of .37 upon the figure for the year 1934 (16.49). There were 316 less births in the Administrative County during the year 1935 as compared with 1934.

The number of births of illegitimate children was 174 which gives a rate of 32.9 per 1,000 of the total births, and .53 per 1,000 population. Last year the number was 178, equal to 31.8 per 1,000 births, and .52 per 1,000 of population. For the year 1933, the figures were 193, equal to 34.6 per 1,000 births, and .56 per 1,000 population.

The birth-rate for England and Wales was 14.7.

DEATHS.—The total number of deaths registered in the Administrative County as shown by the Registrar-General's table, was 3,761, as compared with 3,979 in 1934, 3,927 in 1933, 3,843 in 1932, 4,175 in 1931, 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, and 5,063 in 1915.

The general death-rate, calculated upon the modified population figure of the Registrar-General—327,150, works out at 11.5 per 1,000 living. In 1934 the rate was 11.7; in 1933, 11.49; in 1932, 11.1; in 1931, 12.01; in 1930, 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; and in 1915, 15.3. For the Urban Districts the rate for 1935 was 11.5; and for the Rural Districts, 11.2.

The County death-rate of 11.5 per 1,000 of population is below the rate for 1934 which was 11.7, and is still below that for England and Wales, 11.7.

[illegible]

Виды рыб	УЛОВЫ В КИЛОГРАММАХ										УЛОВЫ В ЦЕНТНАРВЫХ										Всего
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1. Карась	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
2. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
3. Щукa	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
4. Судак	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
5. Окунь	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
6. Лещь	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
7. Язь	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
8. Зубатка	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
9. Горчак	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
10. Сом	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
11. Синец	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
12. Густера	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
13. Плотва	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
14. Вязь	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
15. Елец	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
16. Стерлядь	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
17. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
18. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
19. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
20. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
21. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
22. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
23. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
24. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
25. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
26. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
27. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
28. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
29. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
30. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
31. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
32. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
33. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
34. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
35. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
36. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
37. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
38. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
39. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
40. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
41. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
42. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
43. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
44. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
45. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
46. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
47. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
48. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
49. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
50. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
51. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
52. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
53. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
54. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
55. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
56. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
57. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
58. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
59. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
60. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
61. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
62. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
63. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
64. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
65. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
66. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
67. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
68. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
69. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
70. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
71. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
72. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20	30	40	50	60	70	80	90	100	
73. Сазань	100	200	300	400	500	600	700	800	900	1000	10	20									

WOMEN DYING IN, OR IN CONSEQUENCE OF CHILDBIRTH.—

The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 36, 13 from Puerperal Fever and 23 from other causes associated with childbirth. This is equal to a rate of 6·8 per 1,000 live births, which is an increase of '6 upon the figure for last year. The rate is still much higher than that of England and Wales, which for the year 1935 was 4·10 per 1,000 live births registered.

INFANTILE MORTALITY.—The total number of deaths under one year of age throughout the Administrative County was 324, 288 in the Urban Districts and 36 in the Rural Districts.

The rate per 1,000 births was 61·4, an increase of 4·0 upon the figure for 1934 which was 57·4.

In the Urban Districts the rate was 61·4 per 1,000 births, and in the Rural Districts 61·2 per 1,000 births.

In 1934 the Infantile Mortality rate was 57·4; in 1933, 71·72; in 1932, 67·7; in 1931, 71·9; in 1930, 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; per 1,000 births.

The rate for England and Wales was 57·0.

The average Infantile Mortality rate for the 25 years, 1891-1915, was 137·4. The average rate for the twenty years, 1916-1935, was 76·5

The number of deaths of illegitimate children under one year of age was 9, or 1·6 per 1,000 of all births, and 51·7 per 1,000 of illegitimate births. Last year the number of deaths was 16, or 2·7 per 1,000 of all births, and 89·8 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 1935.

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	108	24	17	15	164	45	31	26	19	285
Rural Districts	13	2	2	2	19	4	2	5	7	37
Totals	121	26	19	17	183	49	33	31	26	322

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— Administrative County.
	Urban Districts.	Rural Districts.	Administrative County.	
Infectious Diseases ...	14	1	15	2.84
Diarrhoeal Diseases ...	20	4	24	4.54
Wasting Diseases ...	156	23	179	33.93
Respiratory Diseases ...	63	3	66	12.51
Tubercular Diseases ...	2	—	2	.37
Other Causes ...	33	5	38	7.20
Totals ...	288	36	324	61.42

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

Measles—all ages	27
Whooping Cough—all ages ...	18
Diarrhoea—under 2 years of age ...	43

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

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.

Gwyn Rocyn Jones, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS.

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

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.

Bernard Leo MacQuillan, M.B., B.Ch., B.A.O., D.P.H.

A S. Monro, M.B., Ch.B., D.P.H.

COUNTY TUBERCULOSIS OFFICERS.

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

(West Monmouthshire Area) assisted by

J. Glyn Jones, M.A., M.B., B.Chir.

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.
 J. J. O'Reilly, M.B., B.Ch., B.A.O., Chepstow.
 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.
 J. J. O'Reilly, M.B., B.Ch., B.A.O., Chepstow Institution.
 W. H. Reynolds, M.R.C.S., L.R.C.P., Cambria House Institution, Caerleon.
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth Institution, Monmouth.

In the cases of the Abergavenny, Caerleon and Monmouth Institutions which have now been closed, the services of Dr. Griffiths, Dr. Reynolds and Dr. Williams have been retained for Casual ward cases only.

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.).
 D. N. Rocyn Jones, M.A., M.D., 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.).

Obstetrician (Part Time):

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

Physician in charge of Rheumatic Clinics (Part Time):

A. Goronwy Watkins, B.Sc., M.D., M.B., B.S., M.R.C.P., M.R.C.S.

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 and District.	Name and District.
Dr. O. G. Coldicott, Abergaveny.	Dr. E. M. Griffith, Abercarn (Lower)
„ W. H. Parry, 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 (Part)	„ G. E. Hull, Graig & Rogerstone
„ J. McCaig, Ebbw Vale (Part).	„ D. Macaulay, Maesycwmmwr.
„ D. McKintosh, Ebbw Vale (Part)	„ W. H. Reynolds, Caerleon and
„ J. G. Owen, Tredegar.	Christchurch.
„ R. V. de Acton Redwood,	„ W. Irwin, Marshfield.
Rhymney, Abertysswg and	„ N. N. Wade, Risca.
Lechryd.	„ F. Carlton Jones, Llantarnam.
„ S. R. MacMillan, New Tredegar.	„ H. C. Conwy Joyce, St. Mellons.
„ W. F. Mulvey, Abertillery.	„ J. P. J. Jenkins, Panteg.
„ W. McKendrick, Blackwood and	„ R. J. S. Verity, Abersychan
Pengam.	(North).
„ T. J. Davies, Argoed.	„ J. D. MacQuillan, Abersychan
„ J. J. O'Reilly, Tintern, Chep-	(Central).
stow and Shirenewton.	„ E. L. M. Hackett, Usk, etc.
„ Owen T. Jones, Caldicot.	„ T. J. Frost, Llanhilleth.
„ W. M. Langdon, Raglan.	„ A. M. Brooks, Beaufort and
„ A. M. Humphry, Skenfrith.	Rassau.
„ M. Horan, Trelleck.	„ K. S. Thom, Duketown.
„ P. G. Harvey, Monmouth.	„ T. J. McAllen, Pontypool.
„ W. H. Williams, Rockfield.	„ J. Lubran, Llanfrechfa.
„ M. J. Ryan, Abercarn (Upper).	
„ B. J. Carlin, Blaina.	
„ R. W. Scanlon, Six Bells.	

PUBLIC VACCINATORS.

Name and District.	Name and District.
Dr. W. H. Reynolds, Christchurch (Part)	Dr. W. T. E. Blackmore, Llanarth.
„ M. J. Ryan, Abercarn (Upper).	„ O. G. Coldicott, Abergavenny.
„ E. M. Griffith, Abercarn (Lower)	„ T. J. Frost, Llanhilleth.
„ C. G. MacKay, Mynyddislwyn.	„ E. L. M. Hackett, Usk.
(Part).	„ J. P. J. Jenkins, Coedygric Poor
„ G. R. Strong, Magor.	Law Institution and Panteg.
„ C. P. Davies, Bedwas.	„ R. J. S. Verity, Abersychan (N).
„ G. E. Hull, Graig & Rogerstone.	„ J. G. MacQuillan, Abersychan
„ D. Macaulay, Maesycwmmmer.	(Central).
„ W. H. Reynolds, Caerleon.	„ T. J. McAllen, Pontypool.
„ W. Irwin, Marshfield.	„ J. H. Verwey, Aberystroth (part)
„ N. N. Wade, Risca.	„ F. M. Wallen, Aberystroth
„ F. Carlton Jones, Llantarnam.	(Part).
„ H. A. Keane, Bettws.	„ F. M. Fonseca, Ebbw Vale
„ H. C. C. Joyce, St. Mellons.	(Part).
„ W. H. Williams, Monmouth and	„ J. McCaig, Ebbw Vale (Part).
Rockfield.	„ A. Franklyn, Ebbw Vale.
„ P. G. Harvey, Trelleck.	(Part).
„ W. M. Langdon, Raglan.	„ J. Owen, Tredegar.
„ A. M. Humphry, Skenfrith.	„ R. V. de Acton Redwood,
„ T. L. Drapes, Chepstow, Shire-	Rhymney and Abertysswg.
newton and Tintern.	„ S. R. Macmillan, New Tredegar.
„ Owen T. Jones, Caldicot.	„ W. F. Mulvey, Abertillery.
„ A. Brooks, Beaufort.	„ T. J. Davies, Argoed and
„ K. S. Thom, Dukestown.	Hollybush.
and Llechryd.	„ S. R. Macmillan, Aberbargoed.
„ A. M. Humphry, Grosmont and	„ J. G. Owen, Bedwellty Poor Law
Llangula.	Institution, Tredegar.
„ J. Reynolds, Blaenavon.	„ D. Macaulay, Blackwood.

VETERINARY SURGEONS (Part Time).

G. Digby Watkins, M.R.C.V.S., Tredegar.
W. H. Williams, M.R.C.V.S., Abergavenny.
H. S. Robinson, M.R.C.V.S., Newport.
E. Armstrong, M.R.C.V.S., Newport.
S. J. Cotton, M.R.C.V.S., Usk.

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 and Districts.

G. E. Coombe, Abergavenny,
Llanarth, Llanfihangel Crucorney
J. Morgan, Blaenavon.
E. Rowland, Mynyddislwyn.

Name and Districts.

E. J. Winstone, Abertillery, Beau-
fort, Caerleon, Chepstow,
Ebbw Vale, Llanhilleth, Llan-
tarnam, Monmouth, Panteg,
Pontypool, Rhymney, Roger-
stone, St. Woolos, Tredegar,
Trelleck, Usk.

INSPECTRESS OF MIDWIVES.

Dr. Mary Scott (M.B., Ch.B.), Chief Inspectress of Midwives.

Nurses O. Griffiths, K. M. Walters and C. Davies have been appointed District Inspectresses of Midwives to which work they devote 2 days per week.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Eastern portion of the County, After-care Sister (Orthopædic Scheme), and Infant Protection Officer.

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

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Western portion of the County. Miss R. Davies, Full Hospital Training, C.M.B., and special training in Mental Deficiency work.

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).

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., 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 and Health Visitors' Certificate.

O. Colman, Full Hospital Training, C.M.B. Certificate.

C. Davies, ditto ditto

R. Davies, ditto ditto

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

G. I. Golding, Full Hospital Training, C.M.B. Certificate.

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

C. I. Hiley, Full Hospital Training and C.M.B. Certificate.

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

L. D. Howell, Full Hospital Training, C.M.B. Certificate, and Health Visitors' Certificate.

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

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

I. E. Jones, Full Hospital Training and C.M.B. Certificate.

K. M. Jones, ditto ditto

W. Jones, ditto ditto

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

E. Lord, Full Hospital Training and C.M.B. Certificate.

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

H. A. Morgan, ditto ditto

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

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

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

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

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

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

A. M. Spencer,	ditto	ditto
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A. M. Stephen,	ditto	ditto
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C. Thomas,	ditto	ditto
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L. Turner, Full Hospital Training and C.M.B. Certificate.

K. M. Walters,	ditto	ditto
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M. Ware,	ditto	ditto
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P. G. Waters, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

G. M. Watkins,	ditto	ditto
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K. Webb, Full Hospital Training and C.M.B. Certificate.

F. Williams,	ditto	ditto
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E. G. Wilmot,	ditto	ditto
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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 1935 and also in the year 1934. 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.		1935.			1934.		
		No. Pos.	No. Neg.	Total Exm'd.	No. Pos.	No. Neg.	Total Exm'd.
Bacteriological Specimens.	Wassermann Test for Syphilis ...	1058	1493	2551	595	1881	2476
	Complement Fixation Test for Gonorrhea	337	371	708	202	331	533
	Smears and Urines for Gonococcus	434	2410	2844	341	2288	2629
	Serum for Spirochaeta Pallidum	11	50	61	13	46	59
	Sputum—						
	For Tuberculosis Physicians for T.B.	403	1160	1563	419	1134	1553
	County Cases for T.B. ...	57	305	362	53	432	485
	Concentration Method for T.B.	—	—	—	—	—	—
	For Cultivation as well as T.B.	—	—	40	—	—	25
	Throat, Nasal and Ear Swabs for						
	Diphtheria	1177	6399	7576	2098	12520	14618
	Cerebro-Spinal Fluid	—	—	58	—	—	60
	Widal Reaction for Typhoid Fever, etc.	28	69	97	8	63	71
	Hairs for Ringworm	7	11	18	8	15	23
	Secretions from Eye	—	—	60	—	—	29
	Urine (complete examination)	—	—	243	—	—	188
	Pus	—	—	63	—	—	93
	Effusion	—	—	44	—	—	37
	Vaccine	—	—	59	—	—	52
	Blood Culture	—	—	33	—	—	31
Pathological Examinations.	Miscellaneous	—	—	333	—	—	523
	Urine	—	—	316	—	—	333
	Blood Count	—	—	259	—	—	228
	Autopsy	—	—	25	—	—	26
	Cerebro-Spinal Fluid	—	—	64	—	—	64
	Blood Grouping	—	—	8	—	—	17
	Tissue for Microscopical Examination	—	—	114	—	—	98
	Blood Sugar Estimation	—	—	130	—	—	48
	Blood Urea Estimation	—	—	19	—	—	15
	Urine-Urea Estimation	—	—	214	—	—	72
	Urine-Sugar Estimation	—	—	62	—	—	64
	Test Meal	—	—	23	—	—	19
	Miscellaneous	—	—	92	—	—	234
	Water for Bacteriological Examination	—	—	27	—	—	49
Water and Milk Supplies.	Water for Bacteriological and Chemical Examination	—	—	40	—	—	51
	Milk—						
	Retail Roadside Samples	—	—	582	—	—	171
	Graded Samples	—	—	172	—	—	43
	For Chemical Examination	—	—	42	—	—	37
	In connection with T.B. investigations at farms	—	—	181	—	—	180
	Miscellaneous Milk Samples	—	—	152	—	—	188
	Miscellaneous	—	—	2	—	—	1
	Animal Innoculations	—	—	642	—	—	428
Total		—	—	19979	—	—	25851

The County Pathologist reports that :—

The total number of specimens examined in the County Laboratory during the year 1935 shows a decrease of 5,872, as compared with the year 1934. This decrease is entirely due to a diminution in the number of swabs examined for Diphtheria, and is a result to be expected from a diminution of Diphtheria in those areas where immunisation has been carried out by Dr. W. R. Nash during the last four years. Details of this will be found in the County Medical Officer's Special Report on Diphtheria Immunisation during the years 1932 to 1935. If the number of swabs examined for Diphtheria be excluded from the 1934 and 1935 total figures, it will be found that the Laboratory examined 1,170 more specimens of other kinds in the year 1935 than in 1934.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the *Spironema Pallidum* is 11, as compared with 13 for 1934. Of these 11 cases, 7 were males and 4 were females.

The figures for Gonorrhoeal smears and urines show an increase in numbers examined, with a larger number of positive findings compared with the year 1934.

Pulmonary Tuberculosis, it is regrettable to note, continues its ravages. A smaller number of specimens have been submitted for examination in 1935 than in 1934, but there is about the same number of positive results.

As regards Diphtheria, during 1935, the notifications were 440, as compared with 834 in 1934, and 459 in 1933, a decrease in the incidence of the disease compared with last year.

MILK.—The Milk examinations were continued during 1935, the object of the investigations being not so much as to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Food and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

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

1. The enumeration of the total number of bacteria.
2. The estimation of the *B. Coli* content.
3. The microscopical examination of the centrifugalised deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalised deposit for Tubercle Bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid, and Dysentery bacilli.

6. Guinea pig inoculations for the detection of B. Tuberculosis.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

1129 samples of milk were examined during 1935, as compared with 619 in 1934, which shows a marked increase in the number of samples examined. Of these, 582 were "retail roadside samples", as compared with 171 in the previous year. Of the 582 "retail roadside samples", 550 were examined by the ordinary plate count and B.Coli enumeration, and from the results obtained these can be classified as follows:—

1. Those which conform to the standard laid down by the Ministry of Health for "Certified Milks"	151
2. Those which conform to the standard laid down for Grade " A " Milks	187
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 (This group would constitute borderline cases).	47
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	27
5. Those which are unsatisfactory because of the high B.Coli content, though not containing more than 200,000 bacteria per cc	40
6. Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli content	98

Therefore, of these 550 samples of mixed milk as retailed to the consumer, 338, or approximately 61 per cent. were of a satisfactory standard of bacteriological purity; 47, or approximately 9 per cent. formed a borderline group, whilst 165 or approximately 30 per cent. were frankly unsatisfactory.

A new test, the Methylene Blue Reduction test, was carried out in the Laboratory during 1935, and 32 samples of milk were examined by it. 25, or approximately 78 per cent. were classed as "good"; 5, or approximately 16 per cent. were classed as "average"; whilst 2 or approximately 6 per cent. were classed as "bad". This reductase test was only applied to milk samples from the large milk distributing companies of the County.

The percentage of milk samples showing a satisfactory standard of bacteriological purity shows a distinct improvement over last year. This is attributed 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.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the bacillus Tuberculosis, this was discovered on 18 occasions by means of the animal inoculation test, as compared with 5 occasions in 1934. 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.

More farms were visited in the year 1935 than in the year 1934 in connection with the special investigations necessitated for the detection of Tubercle Bacilli in samples of milk. The total number of investigations carried out at farms for Tuberculosis of cattle was 15, the number of farms visited being 39. From these investigations, 181 milk samples were examined as compared with 180 for 1934.

There is now ample accommodation for laboratory animals for present demands.

The County Laboratory also undertook 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 paid 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 periodically.

During the year 1935 the Milk Marketing Board's Scheme for Accredited Milk Producers came into operation. It commenced on May 1st, and special provision of an increase in the Laboratory Staff was made to carry out the work. 43 producers were enrolled and 117 milk samples were examined up to the end of the year.

The laboratory carries out bacteriological and chemical examinations of drinking water and there has been a decrease in such examinations in 1935 as compared with the year 1934.

In 1935, the total number of Autopsies carried out at the request of the Coroner was 25. Of these, eleven were performed on miners who had died directly as the result of Silicosis of the lungs, and who had been employed for long periods on hard ground boring—3 occurred at Crumlin, 3 at Oakdale, 2 at Blackwood and one each at Abertillery, Rhymney and Bedwas. 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 114 tissues for section, 32 are grouped as malignant growths, 26 were cancers of various regions of the body, such as breast, uterus, intestine, skin, etc., and 6 were sarcomas. There were 3 Tubercular and 1 Rodent Ulcer.

642 experiments were carried out on animals under 39 and 40 Vic. Cap. 77, Certificate A 1, licence for which has been granted to me by the Home Secretary. 565 inoculations were carried out for the detection of B. Tuberculosis, and 74 for Virulence Tests for Diphtheria. These were reported to the Home Secretary on 31st December, 1935.

Blood Transfusion Services are established in Newport and in other parts of the County of Monmouth. The County Laboratory carries out the examination of Donors for these Services and makes arrangements for the supply of Donors where their services are required. During the year 1935 there were 14 persons on the Newport panel, and Donors were supplied on 7 occasions. Reports have been received from the Hospitals concerned that the transfusions have been invaluable to the cases concerned.

NURSING IN THE HOME.

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

The district nursing is provided under the scheme of the Monmouthshire Nursing Association, of which Lady Mather Jackson is the Honorary Secretary. At the present time there are 41 constituent Associations affiliated to the Monmouthshire Nursing Association, and 58 nurses employed by them. During the year, midwives were subsidised in the following Rural Areas.

Llantilio Crosseny	Itton	Monmouth
Goytre and Llanover	Llanfoist and Llanellen	Llanfrechfa Lower
Tintern and St. Arvans	Llandogo and Trelleck	Llanarth
Usk	Abersychan (Talywain)	St. Mellons and Rumney
Llangattock-vibon-avel	Penhow	Marshfield and St. Brides
Raglan	Caldicot	Caerwent
		Devauden

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

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

AMBULANCE FACILITIES.

(a) For infectious cases:—

The County Council has an Ambulance which was used chiefly during the year for the purpose of removing Public Assistance cases to

Hospitals and Institutions and women to Maternity Hospitals; also for the removal of special cases of infectious disease.

The Newport Borough Ambulance is available upon terms for the County cases which are admitted to the Borough Isolation Hospital. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Tredegar and Monmouth Urban District Councils.

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

All the collieries within the County maintain 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.

For Non-Infectious, Accident and Maternity Cases the Bedwellty Urban District Council has provided a fully equipped "Bedford" Motor Ambulance for the purpose of dealing with accidents, or other urgent disability cases. The Ambulance is available at any time—day or night.

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.

A scheme is now under consideration for the provision of ambulance facilities for accident cases occurring within the County.

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.

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

	Hill House, Monmouth.	Coedygric Institu- tion 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.
	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 ...	...	...	...	...	...	...
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 Treat- ment Act, 1930	...	...	...	...	...	...
(i) Voluntary ...	...	...	...	...	...	...
(ii) Temporary ...	...	...	...	...	...	...
0 Mental Defectives	...	...	...	...	...	...
1 Other ...	...	...	...	...	...	...
Total ...	...	...	...	...	...	...

HOSPITALS.

Full details of the Hospital Services, Public and Voluntary, have already been given in the Survey Report for 1930. No change of any note has taken place since that year, but minor alterations and increased accommodation has been effected in certain of the Hospitals.

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 Abergavenny, Caerleon and Monmouth Poor Law Institutions, these premises, with the exception of the Casual Wards have now been closed.

POOR LAW MEDICAL OUT RELIEF.

A table showing the medical out-relief districts in the Administrative County was included in the Report for the year 1930. 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.

Mr. D. N. Rocyn Jones, M.A., M.D., F.R.C.S., was appointed Consultant Orthopaedic Surgeon for fracture and orthopaedic work coming under the purview of the Public Assistance Committee. Since his appointment he has held clinics alternately at Newport, Ty Bryn Hospital, Tredegar, Pontypool, Monmouth, Pengam, Crumlin and Chepstow. 83 cases have been examined by him, of which 4 have been treated at Hospital, and 7 at the Orthopaedic Clinic, Newport. Special visits have also been paid to the homes of patients who have been unable to attend the recognised clinic centres, and to the hospitals of Public Assistance Institutions when cases have needed urgent attention. When necessary patients have been removed to hospitals offering special facilities for examination and treatment under the Consultant Orthopaedic Surgeon.

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 new cases dealt with through the Health Department in the year 1935, were as follows:—

The other figures are given for the purpose of comparison.

Nature of Case.					No. of cases dealt with.				
					1935	1934	1933	1932	1931
Dental	...	...	...	...	341	217	92	63	32
Vision	...	...	...	...	329	263	171	122	70
Trusses, Abdominal Belts	...	...	...	...	49	57	53	33	18
Orthopædic	..	...	...	...	53	38	25	24	22
Miscellaneous Medical	...	...	...	...	52	47	34	29	12
Tuberculosis Cases	...	...	...	...	1	Nil	Nil	3	Nil
Examinations by County Medical Officer as to fitness for appointment as Nurses, etc., at Public Assistance Institutions					...	...	...	...	...
					32	31	17	5	—
Number of cases removed to Hospital and Institutions by the M.C.C. Ambulance					...	...	...	...	...
					47	36	70	28	18

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The incidence of mental deficiency in the County is as follows:—

	Under 7 years.			7—16 years.			16—30 years.			Over 30 years.			Grand Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiots	3	...	3	2	5	7	6	7	13	...	2	2	11	14	25
Imbeciles	9	6	15	37	15	52	34	41	75	15	36	51	95	98	193
Low Grade Feeble-minded	...	...	...	5	3	8	28	43	71	16	40	56	49	86	135
Medium Grade Feeble-minded	...	...	...	...	...	...	43	43	86	15	33	48	58	76	134
High Grade Feeble-minded	...	...	...	...	...	...	65	41	106	23	21	44	88	62	150
Moral Defectives	...	...	...	...	1	1	6	5	11	...	1	1	6	7	13
Epileptics and Mentally Defectives	...	...	...	1	1	2	6	14	20	7	9	16	14	24	38
Epileptic only	...	...	...	...	...	...	2	1	3	1	...	1	3	1	4
Totals	12	6	18	45	25	70	190	195	385	77	142	219	324	368	692

N.B.—This table does not include the defectives who are at Certified Institutions, but it includes 29 males and 22 females who are detained at the County Mental Hospital.

There are 21 males and 12 females over 16 years of age, referred by School Medical Inspectors, awaiting examination for classification.

Included in the above statement of defectives are 11 males and 3 females which have been under institutional care and have been discharged with their condition improved.

There are five defectives under guardianship, all males. One new case was transferred from a Certified Institution to guardianship at the end of the year.

One male defective (who is at Abergavenny Mental Hospital) is on extended leave of absence from Brentry Colony. One new male defective was granted leave on licence during the year.

One defective was transferred from Brentry Colony to a State Institution.

There were two deaths at Certified Institutions.

There are 104 boys and 80 girls on the school side (5-16 years of age). These cases are dealt with by the Education Committee.

At the present time there are no children at special schools for mental defectives. Accommodation for these cases is very difficult to obtain.

During the year 7 boys and 2 girls were transferred from the school side to the Mental Deficiency Committee.

The position in regard to the availability of institutional accommodation remains the same. Brentry Colony and Coedygric Certified Institution respectively took all the urgent male and female defectives over 18 years of age for which vacancies were sought. Application was made to 73 institutions for the admission of low grade cases, but without success.

The admissions to institutions during the year were as follows:—

						Males.	Females.
Girls' Village Homes, Barkingside	...	...	...	...	...	—	1
Brentry Colony	...	...	...	...	...	6	—
Caersws	...	...	...	...	...	—	1
Hortham Colony	...	...	...	...	...	—	1
Coedygric Institution	...	...	...	...	...	—	5
Stoke Park Colony	...	...	...	...	...	2	3
						8	11

The County Council had under consideration the adaption of Hill House, Monmouth, the old Public Assistance Institution. As a result of a communication from the Board of Control, which asked that a scheme for the complete mechanical equipment of the Institution should be prepared, the Mental Deficiency Committee decided that it would not be wise to proceed further with the scheme.

The acquisition of Llanfrechfa Grange for the purposes of a Colony for mental defectives was again considered, and estimates for its adaption were submitted by the Mental Deficiency Committee to the County Council. The Council, at its meeting on the 27th November, 1935, requested the Committee to re-consider its proposals.

The Public Assistance Committee have recently suggested that Cambria House Public Assistance Institution, Caerleon, which has been vacated by them, should be used as an Institution for mental defectives. The Mental Deficiency Committee have previously considered the utilisation of this Institution, but it has not met with their approval. This Institution can in no sense provide a Colony for Mental Defectives.

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

Name of Institution.	Type of Defective.	No. of beds available.		No. of beds occupied on 31/12/35		Total.	Pre- sent charge per head per week
		M.	F.	M.	F.		
Brentry, Bristol	All classes (males over 18).	46	...	50	...	50	23/4
Coedygric, Griffithstown	All classes (females over 16 years).	...	55	...	62	62	20/6
Etloe House, Leyton	F.M. Roman Catholic Girls (over 16 years).	as vacancies arise	...	...	1	1	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.	13	21	34	22/2d. Low Grade. 18/8d. High Grade
Caersws Certified Institution, Montgomeryshire.	All classes (females), under 14 years.	...	do.	...	3	3	23/4d.
Besford Court, R.C.	Males 16-18 years.	...	do.	2	...	2	24/7d.
Barvin Park Institution	Males	...	do.	2	...	2	23/6
Durran Hill R.C. Training Colony	All Classes	...	do.	...	1	1	17/-
Hortham Colony, Almondsbury	Special Cases	...	do.	2	...	2	37/6
Girls' Village Homes, Barkinside	Special Cases	...	do.	...	1	1	14/-
Total		...	...	69	91	160	

The amount paid for institutional treatment during the year 1935, was £8,472 0s. 0d.

MIDWIVES.

The number of Midwives upon the County Roll at the 31st December, 1935, was 229. Full particulars are given in the County Maternity and Child Welfare Report for the year 1935.

MATERNAL MORTALITY.

Full particulars respecting Maternal Mortality will be found in the County Maternity and Child Welfare Report for 1935.

HEALTH VISITING.

This matter is dealt with fully in the County Maternity and Child Welfare Annual Report for 1935.

CHILDREN ACT, 1908.

Particulars regarding this work will also be found in the County Maternity and Child Welfare Report for 1935.

ORTHOPAEDIC TREATMENT.

Full details of the scheme in operation for the treatment of school children will be found in the County Education Annual Report for the year 1935. The treatment of children under the age of 5 years is dealt with in the County Maternity and Child Welfare Annual Report for the year 1935.

The orthopaedic treatment facilities are extended to adult cases, and arrangements are made for the attendance of Mr. A. Rocyn Jones, F.R.C.S., at the Central Orthopaedic Clinic, Newport, one day per month, where cases are examined by him. Visits to special cases are made when requested.

The services of Mr. D. N. Rocyn Jones, M.A., M.D., F.R.C.S., are available for Public Assistance Cases.

The cost of hospital treatment is recovered from patients according to a scale which has been made by the County Council.

HOSTEL FOR UNMARRIED MOTHERS.

The Maternity Home and Hostel at Nantyduerry continues its good work. There are 10 beds at the Institution, and the number of girls admitted during the year, 21st March, 1935—1st April, 1936, was 15, the average duration of stay being 105·4 days. Twelve babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 16 girls and 12 babies.

Nine girls were discharged of whom 4 went to relatives and 1 to a situation. Of the babies discharged, 4 went with relations, and 3 to Homes.

Of the 16 girls resident in the Hostel during the year, 5 were from the Borough of Newport, 8 from the County of Monmouth, 1 from Cardiff, and 2 from Brecon.

The object of the Hostel is to make provision during pregnancy and confinement for unmarried women who have borne good characters, but were expecting a first baby, thus giving them the chance of privacy which they could not secure in a public institution and enabling them to preserve their self respect.

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

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

The work at Nantyberry is carried out economically and on practical lines and the results justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

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. The following schedule is submitted in accordance with the Circular received from the Ministry of Health :—

No. of Homes registered	...	...	...	...	...	4
No. of orders made refusing or cancelling registration						Nil
No. of appeals against such Orders	...	...	...	...	...	Nil
No. of cases in which such Orders have been :—						
(a) Confirmed on appeal, and	...	...	...	...	...	Nil
(b) Disallowed	...	...	...	...	...	Nil
No. of applications for exemption from registration	...	...	...	...	...	9
No. of cases in which exemption has been—						
(a) Granted	...	...	...	...	...	9
(b) Withdrawn	...	...	...	...	...	Nil
(c) Refused	...	...	...	...	...	Nil

The Homes Registered are situated as follows :—One at Tredegar (Maternity and Nursing), one at Nantyderry (Maternity), one at Highfield, Bassaleg (Nursing), and one at Hereford Road, Abergavenny (Maternity).

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 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. Exemptions were granted during the year 1935 in respect of the following Hospitals :—

Monmouth Hospital, Monmouth; Tredegar Park Cottage Hospital; Ebbw Vale and District Voluntary Hospital; Pontypool and District Hospital; Cefn Ila Convalescent Home, Usk; Ebbw Vale Hospital; Abergavenny and District Hospital, Abergavenny; Blaina and District Hospital, Nantyglo; and Chepstow and District Hospital.

Powers of inspection are granted to the County Medical Officer, and are carried out by Dr. Mary Scott, who has been appointed Inspectress of these Maternity and Nursing Homes.

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

LYDIA BEYNON MATERNITY HOSPITAL.

During the year under review an application was made to the Commissioner for the South Wales Special Areas for a grant towards the capital cost entailed in adapting and equipping the Coldra, as a Maternity Hospital for the County of Monmouth. The Coldra, together with 7½ acres of land, was gifted to the Monmouthshire County Council by Sir John Beynon, Bart., C.B.E., on the 30th November, 1924, for the purpose of a Maternity Hospital in memory of his mother. The adaption of the Coldra as a Maternity Hospital under the County has for years been discussed but on each occasion it has been held up through the financial distress of the County. Very sympathetic consideration of the County Council's scheme was given by Captain Geoffrey Crawshay, the District Commissioner, and the County Council were very pleased to receive in May, 1935, a letter informing them that Captain Geoffrey Crawshay was prepared to make a grant of 75 per cent. of the financial approved costs entailed. The work of adaption was immediately put in hand and it is expected that the Hospital will be opened during the latter months of 1936, as an up-to-date Maternity Hospital.

RAINFALL.

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

Name of place at which records were taken.	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Abergavenny	33.35	37.28	31.04	47.87	23.79	33.19	40.37	49.17	41.50	35.22	43.48	43.09	46.47	46.07	—	39.10	28.24	37.01	41.91
Abersychan House	52.38	56.93	51.84	69.10	38.98	56.47	63.37	70.40	60.54	53.93	67.86	64.44	62.83	66.69	58.51	61.32	42.97	55.53	59.83
Abertillery	52.91	58.79	49.1	71.24	40.99	52.47	55.75	71.19	60.79	54.67	63.82	62.87	62.96	67.37	62.75	63.70	48.88	56.94	62.17
Chepstow, The Cedars Cwincarn (Twyncarn House)	32.81	36.9	37.54	42.12	23.55	37.85	35.85	49.28	38.00	35.31	44.00	44.55	40.42	Not taken	taken	Not taken	Not taken	Not taken	—
Ebbw Vale	—	—	47.4	64.15	33.91	49.16	51.83	67.58	52.39	45.30	56.99	56.99	58.92	62.13	54.56	53.93	30.63	51.03	57.59
Henllys, Pantyreos Reservoir	50.02	61.69	48.84	75.21	43.11	54.51	53.17	68.36	56.49	52.71	65.85	72.55	76.30	72.85	65.92	73.67	51.83	65.75	73.55
Little Mill, nr. Ponty-pool	46.52	59.74	50.02	63.93	37.57	55.64	58.26	74.91	55.56	51.20	63.07	69.42	65.10	64.46	58.26	59.19	40.22	53.10	62.61
Ynysfiro nr. Newport	39.23	40.06	44.9	46.26	25.94	27.42	50.21	50.24	50.25	36.0	43.46	43.007	43.48	50.24	—	—	—	—	—
Nantpyrdd nr. Newport	—	—	—	—	—	—	—	—	—	—	—	46.67	40.90	42.59	38.42	40.32	28.70	34.74	44.03
Pontypool, Snatchwood Park	—	—	—	—	—	—	—	—	—	—	—	51.70	48.04	46.63	43.38	45.07	30.46	39.22	51.60
Tredegar, Redesdale House	51.33	56.68	51.84	69.10	37.57	57.83	63.42	72.62	60.21	56.53	69.08	Not taken	taken	Not taken	taken	Not taken	taken	Not taken	taken
Wentwood, Newchurch	41.95	50.44	40.8	51.70	27.49	45.82	60.73	65.67	57.02	52.45	62.86	59.08	54.83	63.21	56.79	49.39	42.59	57.36	60.52
Gathering Ground	40.07	47.6	43.26	49.85	29.33	47.22	45.04	62.26	47.34	44.29	53.83	54.04	50.03	49.41	43.88	46.09	32.26	40.39	50.42
Wentwood Reservoir	37.22	43.67	41.14	46.13	25.71	42.52	41.88	57.16	41.47	39.32	46.24	46.41	44.41	42.50	40.25	42.44	27.94	35.84	47.65

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

From the accompanying table it will be seen that generally speaking, the rainfall for the year 1935 was the highest for several year. Precautionary restrictive measures were adopted in some areas so as to conserve the water supply.

The Medical Officer of the Abergavenny Rural District reports that while the prolonged drought necessitated continuous vigilance over the public water supplies none of them gave any serious cause for alarm, and in only a few cases was any form of rationing required. Though no emergency measures were needed, the improvement and augmentation of existing supplies continued as usual. In the case of all projected new sources and of existing supplies that have aroused suspicion, bacteriological and chemical examinations have been obtained. Particulars of some of the improvements are here given :

Llanvihangel-nigh-Usk.—The public well near Moserah Chapel has been improved by the building of a Concrete-Surround and top; also the fixing of a hand-pump to this well.

Llanfoist Fawr Parish—Pwlldu Supply.—This supply has been further improved by the construction of a 250 gallon concrete-tank in the quarry near the Blaenavon road and connecting same with a $\frac{3}{4}$ in. pipe to the 400 gallon tank at the Rhiw spout. The water at the spring in the quarry has been analysed and yields a supply of 864 gallons every 24 hours.

Llanfoist.—Nearly all the inhabitants in this part of the district have now a piped supply laid on to their houses. A $\frac{3}{4}$ in. branch-pipe has been taken from the main to give a stand-pipe supply to the tenants of the cottages near the Church.

Govilon.—This supply was further augmented by the building of a 350 gallon concrete-tank at the Forge Spout and conveying the water through 2-in. pipes to the ram which supplies the houses in the upper zone including the 24 Council houses. The main after supplying the Council houses being reduced and continued to the Wharf cottages giving a piped supply to the tenants, who for years have had to carry water some distance.

Twyn-'n-Allws.—The tenants of the fourteen houses in this part of the district have frequently complained of the distance of their public supply and of the danger in passing over a railway-crossing on their way to the public well. The Water Committee has visited this site on a number of occasions, and different schemes were suggested—one to make use of a private ram, another to

tap the main of the Abertillery Water Board—but in both instances the owners refused to negotiate; and subsequently the Water Committee instructed the Sanitary Surveyor to prepare a scheme for raising the water from the lower Pentre spring. This was done. The scheme, which is working satisfactorily, involved the raising of the water from the Pentre spring by means of a hydram to a height of 230 feet and delivering a supply to the last of the fourteen cottages 1,800 yards away giving a supply at this point of 1,100 gallons every 24 hours. Chemical and bacteriological examination of the water was found to be satisfactory.

Brynygwenin.—The supply to this hamlet has been improved by the fixing of a new hand-pump to one of the deep wells. Further improvements are about to be put in hand by reconstructing the well in Springwell Field and piping the overflow to a stand-pipe in the Brynygwenin Road. Chemical and bacteriological examinations have been obtained of these supplies.

Penbidwal.—The supply for the tenants of the Council houses has been improved by the sinking of a well near-by, the supply being obtained through a pump fixed at the top.

Llanvetherine.—A piped supply has been installed in this village giving a storage of 100 gallons to the inhabitants, who, prior to this had to carry their supply from a public well, distant about a quarter of a mile.

The scheme of the Chepstow Rural District Council for the supply of water to Devauden and the surrounding high level districts which was completed in 1931, is still proving in every way satisfactory.

Generally, the Rural District Councils pay strict attention to the water supplies of their districts. This attention is showing itself in the improved bacteriological condition of the supplies. Samples of water are periodically taken for analysis. Arrangements are made with the Laboratory by the District Sanitary Inspectors, and the samples are examined by the County Pathologist. Samples are also collected by the County Sanitary Inspector. Water supplies found to be polluted are investigated and usually the cause of pollution is removed.

With regard to the supply of water to the Tredegar Urban Area, this is obtained from the Shon Sheffrey spring, which has always proved satisfactory, both as regards quality and quantity.

The water supply of the Ebbw Vale district is taken from two Reservoirs situated on the Llangynidr Mountain, and conveyed to the town by cast iron gravitating mains. The water is of a soft character, and is therefore liable to plumbo solvent action in contact with lead, but the use of lead pipes to carry

the water supply has been almost entirely superseded by galvanized iron, which obviates the risk of contamination from this cause. The condition of the water is satisfactory.

With regard to the Blaenavon Urban District, there were no important extensions of the public water supplies during the year. The quality of the water supplied was, on the whole, generally satisfactory. Samples were taken, all from piped public supplies, and on analysis these were found to be satisfactory both from a chemical and from a bacteriological standpoint. Owing to the low rainfall from May to August, it was found necessary to curtail supplies to all parts of the district from about the middle of June to early in August—a period of approximately six weeks. The total storage capacity of the various reservoirs in the district is approximately $8\frac{3}{4}$ million gallons, which, distributed at the rate of 20 gallons per head of the population per day, would ensure a supply for 39 days. This storage capacity falls considerably short of a desirable minimum and is wholly inadequate to meet the demands in time of drought, and it is strongly recommended, therefore, that some action be taken to make a considerable increase in the storage capacity of the reservoirs supplying the district.

With regard to the Abertillery and District Water Board, the rainfall in the Board's watershed for 1935 was 59.30 inches compared with 55.99 inches in 1934, and 45.73 inches in 1933. Owing to the low rainfall of 1933 many reservoirs throughout the country remained unfilled during the winter of 1933-34 and serious general shortage was experienced in 1934. The Board has put forward several schemes for the improvement of supply and distribution, and works to the value of over £19,000 have been approved and are completed or under construction aided by grants from the Commissioner for Special Areas. Last year it was not necessary to restrict the supply, and when the above schemes are completed the Board will be in a safer position, but the importance of avoiding all waste of water cannot be too strongly stressed. The mains and service pipes are continually inspected and tested and repairs carried out. These repairs are necessitated chiefly by subsidence due to colliery workings.

The rainfall for the year 1935 as recorded at Rhymney Bridge Reservoir was 68.81 inches, which is somewhat above the average rainfall. During the months of July and August the rainfall was 3.07 inches. During this period the local supplies failed and it was necessary to purchase water in excess of the minimum from the Taf Fechan Supply Board, of which Board the Rhymney Valley Water Board is a Constituent Authority. The minimum quantity to be taken or paid for is $1\frac{3}{4}$ million gallons a day, whilst the maximum is $3\frac{1}{2}$ million gallons a day. The quantity of water taken in excess of the minimum was 39,323,000 gallons. The total quantity of water taken from the Taf Fechan Supply Board during the year was 621,128,000 gallons. During the dry period water was drawn from the repaired No. 1 Rhymney Bridge Reservoir to the

extent of 25½ million gallons. The supplies were fully maintained throughout the Board's area, though there were still complaints of intermittent supplies due to corroded joint galvanised iron services. A number of these have been substituted by separate lead service pipes after which full supplies are received.

Samples of water from all the sources of supply are sent for analysis to the Cardiff and County Public Health Laboratory and every assistance is readily afforded by Mr. Sugden the Chief Chemist and Bacteriologist and his Staff.

DRAINAGE AND SEWERAGE.

Practically the whole of the subsidiary sewers in the Rhymney Valley are now connected to the Rhymney Valley Main Trunk Sewer, which extends from Rhymney to the Sea Outfall at Peterstone Wentloog. During the year the Bedwellty U.D. Council completed the subsidiary sewers at New Tredegar and also laid a number of surface water drains with a view to surface water being excluded from the sewers. The Board complained to the Colliery Companies in the Valley of the pollution to the River Rhymney arising from coal washing. As a result there has been some improvement. Under the Board's Act of 1912, the St. Mellons Council are entitled to connect their subsidiary sewers from certain areas into the Trunk Sewer. The payment prescribed is 5d. in the £ on the Assessable Value of the property and hereditaments in the areas drained with a minimum payment of £60 per annum. The Board promoted a Bill in Parliament with a view to the payment being increased, and it was agreed that the payment should be increased to 1/3d. in the £, with a minimum annual payment of £180. The River Rhymney diverted its course, during floods in many places during the year, particularly near Cefn Mably, and to protect the sewer many dams and counterforts were erected.

There has been no damage through subsidence during the year, but where the Trunk Sewer crosses or abuts the River Rhymney, dams have had to be constructed to protect the sewer as the river repeatedly alters its course, during floods, through siltation.

The dry earth closet system is in use practically throughout the Magor Rural district.

The slop water (house waste) is disposed of :—

- (1) Some of the villages have main drains conveying slop water into ditches and over the land.
- (2) In part of Christchurch it is conveyed into sewers.
- (3) Into cesspools which are emptied when necessary.

The Coldra Estate has made considerable development and the Council has constructed a sewer and septic tank to deal with the sewage from these houses and any that may be erected in the future.

The Medical Officer for the Magor and St. Mellons Rural District reports that the populous and closely built parts of the area are served by efficient sewerage systems. Further extensions to sewers have been carried out at Rhymney to meet new building developments.

The Western Valleys (Mon.) Sewerage Board deals with the sewage of eight Urban districts, *namely*, Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Abercarn, Risca, Bedwellty and Mynyddislwyn, together with portions of Magor and St. Mellons Rural District and the Borough of Newport, the latter due to the recent Borough Extension. The scheme has been in operation for nearly 30 years and still works well although considerable trouble is experienced through subsidence and land movement. The Trunk Sewers are over 50 miles in length, whilst the length of subsidiary sewers exceeds 200 miles. The sewage is conveyeyed from the heads of the Ebbw and Sirhowy Valleys in pipes of increasing size to the Storage Sewer near Bassaleg from whence it is discharged into the Bristol Channel near St. Brides, Wentloog. Several schemes are under consideration for maintaining efficiency of the system in spite of subsidence. Continual inspection and repairs are necessary in order to protect the sewer against damage from erosion where the sewer follows the course of the rivers.

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 no serious pollution 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.

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.

PUBLIC CLEANSING.

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 improvement in the care and condition of the refuse tips in the various districts, when and if possible all inflammable and decomposing matter should receive special attention.

SANITARY INSPECTIONS OF THE AREA.

From the few 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 1935, 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" 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.

During the year under review the Milk Marketing Board's Roll of Accredited Milk Producers' Scheme came into operation and 46 licences were issued to producers of Grade "A" milk to qualify them for entry upon the Milk Board's Roll under the special scheme. The farm premises generally were inspected and, where necessary alterations were required, revisits were made. Pre-licence samples and quarterly samples of milk were collected from each producer for bacteriological and other analysis. This has necessitated a great deal of extra work. A more detailed survey of this work will be given in the report for 1936.

SMOKE ABATEMENT.

No special reference to this subject is made in the Reports of the District Medical Officers which have been received.

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 1935, 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 1934. 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.

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

Magor and St. Mellons Rural District Council Area, extensive building developments have taken place during the past year in the parish 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 modern good class urban type. In the parish of Christchurch and on the Chepstow Road numerous houses have been erected during the year. The majority of these houses are of a modern type and semi-detached. A housing scheme has been planned on the Coldra Estate in the parish of Christchurch (near Newport), and also at Langstone. 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. Many of the older types 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.

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 alter 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. Slum clearance and improvement area schemes have been placed before the Minister of Health by some of the Local Authorities in the County, and local enquiries have been held by the Ministry Inspectors. Permission to proceed with the schemes have been granted in some instances. 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. During the year special inspections have been carried out in the districts regarding houses unfit for human occupation with a view to proceeding with clearance and improvement schemes under the Housing Act. Special mention is made in some of the District Medical Officers' reports already received, and it is expected that in the near future application to the Ministry of Health for Clearance Orders under the Housing Act, 1930, will be made in these special cases.

With regard to the Housing (Rural Workers) Act, 1926, and which is administered by the County Council, no applications were received for a grant for the improvement of houses.

HOUSING ACT, 1935.

During the year under review, the Housing Act, 1935, came into operation. The Act gives local authorities new powers and imposes upon them new duties with relation to the abatement of overcrowding and the re-development of congested areas. In addition, it makes certain extensions and alterations to the Housing (Rural Workers) Act. Broadly speaking, the chief matter dealt with in the Act are (1) the prevention and abatement of overcrowding; (2) the re-development of overcrowded areas; and (3) the consolidation of housing contributions accounts and other financial provisions. From a public health standpoint the most urgent matter concerning the district councils is that under the heading "Prevention and abatement of overcrowding". Under Section 1 of the Act, it shall be the duty of every local authority to cause an inspection of their district to ascertain what dwelling houses within their district are overcrowded, and to prepare and submit to the Minister of Health a report showing the result of the inspection and the number of new houses required in order to abate overcrowding in their district, and in addition, if necessary, to prepare and submit to the Minister proposals for the provision of the necessary houses.

The dates fixed by the Minister under this Section are :

- (1) For the completion of the inspection—1st April, 1936.
- (2) For the submission of the report—1st June, 1936.
- (3) For the submission of proposals—1st August, 1936.

This inspection or survey has meant a good deal of detailed work in the districts. In most instances the work has been under the direction of the Sanitary

Inspectors who have been assisted by enumerators temporarily appointed by the local authorities. These enumerators have visited the houses for the purpose of obtaining the information as to the number of persons and rooms and the distribution thereof in each dwelling house. Numerous memoranda have been issued by the Ministry of Health as to the method of carrying out the survey. Full details of the results of the survey and the proposals arising therefrom for the whole County will be given in the report for the year 1936.

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., 1935.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	5	5
Abergavenny ...	—	8	8
Abersychan ...	—	9	9
Abertillery ...	—	—	—
Bedwas and Machen	—	9	9
Bedwellty ..	—	9	9
Blaenavon ..	—	—	—
Caerleon ...	—	14	14
Chepstow	—	7	7
Cwmbran	24	7	31
Ebbw Vale	40	18	58
Llanfrechfa Upper	—	6	6
Llantarnam ..	—	3	3
Monmouth	40	12	52
Mynyddislwyn ..	—	4	4
Nantyglo and Blaina	—	—	—
Panteg	—	—	—
Pontypool	—	47	47
Rhymney	—	—	—
Risca	—	7	7
Tredeggar	—	14	14
Usk	—	10	10
RURAL.			
Abergavenny ...	24	10	34
Chepstow	8	23	31
Magor & St. Mellons	—	144	144
Monmouth	—	12	12
Pontypool	—	23	23
Totals	136	401	537

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 582 "informal" samples of milk were taken which is an increase of 411 when compared with the figure for the previous year. This is due in part to the sampling at the schools in the County where milk is supplied to the children under the Milk to Schools Scheme. 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 1935, 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: Bedwas and Machen, Abertillery, Monmouth, Abercarn, Blaenavon, Rhymney, Usk, Tredegar, Chepstow Mynyddislwyn, Ebbw Vale, Bedwellty and Pontypool Urban Districts, and Abergavenny, Chepstow, Monmouth, and Magor 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 carcass, or parts of the carcass, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Surgeon, or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin

test is employed in cases where bacteriological examination of the sample has proved to be suspicious but has not shown definite evidence of 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 1935, will be found in the report of the County Bacteriologist and Pathologist earlier in this Report. The dairy herds at 39 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, who examined 489 cows. The number of samples of milk taken from the cows examined was 181 and in every 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 or otherwise of dirt or other gross foreign matters. From the reports which have been received from the districts, the Dairies, Cowsheds and Milkshops have been periodically inspected, and there is further improvement to be noted in the general condition of these premises, but there is still room for further improvement. In some of the districts trouble is experienced in obtaining general improvements in the structural condition of Cowsheds on account of the owners who are not the tenants not being prepared to expend anything upon the work. However, although some progress has been made in reconstruction, every effort is still being made to instill into these cowkeepers the absolute necessity for scrupulous cleanliness, and education on this matter has been attempted rather than legislation, with beneficial results. Arrangements have been made with the Chief Constable for the notification of all animals intended to be slaughtered under the Tuberculosis Order, 1925. The date and time of slaughter is given, and the County Sanitary Inspector has attended for

the purpose of examining the carcase, so as to ensure that only meat fit for human consumption shall be placed upon the market.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of persons at present licensed by the County Council under this Order for the production of "Grade A" milk is as follows:—Producers and Retailers, 2; Producers only, 44. The farms producing Grade "A" milk are regularly visited by the County Sanitary Inspector and a high standard of cleanliness is maintained as a result. Samples for bacteriological examination are taken quarterly, and also at other periods during the course of delivery. 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 by the District Sanitary Inspectors on behalf of the Ministry of Health from the retailers of 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. 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.

During the year, the Milk Marketing Board, under the provisions of the Milk Act, 1934, put forward an amended scheme for the establishment of a Roll of Accredited Producers, and which scheme was an amended scheme to meet the opposition to the scheme put forward during the year 1934. Briefly, the scheme came into operation in May, 1935, and is, in fact, part of the Milk (Special Designations) Order, 1923. Before a producer can become qualified to be entered upon the Roll of Accredited Producers by the Milk Marketing Board, it is necessary for him to obtain a licence from the County Council to produce Grade "A" milk in accordance with the terms of the Milk (Special Designations) Order, 1923. To assist in making the new scheme a success and more especially with a view to improving the quality and cleanliness of the liquid milk supply, the County Council have taken very advanced steps. Before a producer can obtain a licence his premises must be improved, the cattle clinically inspected, his methods of working and storing satisfactory, and in addition, an approved sterilising equipment installed; lastly, two samples of milk must be submitted to the County Laboratory for bacteriological examination with a view to ascertaining if the producer is and can continue to produce milk of the requisite cleanly standard laid down. The pre-licence costs entailed, with the exception of the bacteriological analysis of the samples of milk, are borne by the producer. After a licence has been issued by the County Council

all the costs are borne by the County Council. These include the fees for the quarterly examination of all the milch cows in the herd, the cost of the collection, etc., and examination of the milk samples at the County Laboratory.

The total number of licences issued during the year was 46, which is an increase of 43 over the number for 1934. The inauguration of the scheme has meant much increased work at the County Laboratory. All the premises of applicants for Grade "A" licences are inspected by the County Sanitary Inspector, and reports thereon are made, together with suggestions for improvements. This has entailed very much increased work. In the report for the year 1936, when a full year's working of the scheme can be reviewed, a report will be made giving the full details regarding the costs entailed by the County Council, together with the benefits, if any, derived. It is pleasing to note, however, that there is a marked tendency towards an improvement in the bacteriological standard of the milk produced. Furthermore, the increased sampling of the milks, which, in addition to being examined bacteriologically, are all examined for the presence of tubercle bacilli, has resulted in the finding of tuberculosis in certain samples of milk which might not have been found under other circumstances, and the elimination and destruction of the offending cattle at the farms.

The scheme for the provision of milk to the children attending schools within the County has been continued during the year. Arrangements are made by local milk vendors for the supply of milk to the schools in $1/3$ pint bottles complete with a sterilised straw for the child to drink the milk with. The cost of the milk is 1d. per $1/3$ pint, of which the child pays $1/2$ d., the remaining $1/2$ d. being contributed by the Milk Marketing Board from the funds at their disposal. Before the milk can be supplied to the schools the approval of the County Medical Officer is necessary, this being given after local investigations into the source of supply and the quality of the milk to be supplied. Surprise samples of the milk are taken and are tested at the County Laboratory with a view to ascertaining whether or not a satisfactory standard is being maintained.

(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 ...	50 lbs.	896 lbs.	171 tins	60 lbs.	125 lbs.	—	123 lbs.	—
Abergavenny ...	—	1 Carcase Beast ½ Carcase Heifer 1 Leg Pork 1 Carcase Pig	50 tins	—	8 lbs.	—	—	—
Abersychan ...	—	723 lbs.	130 tins	—	155 lbs.	—	4 lbs.	13 pkts. Cereal 2 doz. eggs
Abertillery ...	—	363 lbs.	194 tins	—	83 lbs. 41 prs. Lungs	—	—	—
Bedwas and Machen ...	—	6208 lbs.	157 tins	—	4213 lbs.	—	—	—
Bedwellty ...	121 lbs.	1750 lbs.	1743 tins 47 bottles 41 pots	168 lbs.	—	161 lbs.	24 lbs.	30 doz. Eggs 65 lbs. Cheese
Blaenavon ...	—	609 lbs.	156 tins	—	219 lbs.	—	—	—
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Cwmbran ...	—	—	—	—	—	—	—	—
Ebbw Vale ...	56 lbs.	3918 lbs.	659 tins	—	600 lbs.	24 lbs.	125 lbs.	64 lbs.
Llanfrecha Upper ...	—	—	—	—	—	—	—	—
Llantarnam ...	—	—	—	—	—	—	—	—
Monmouth ...	—	596 lbs.	—	—	20 lbs.	—	—	—
Mynyddislwyn ...	—	7459 lbs.	578 tins	—	4591 lbs.	—	—	—
Nantyglo and Blaina ...	—	—	—	—	—	—	—	—
Panteg ...	—	250 lbs.	73 tins	—	65 lbs.	—	48 lbs. 2 lbs.	20 pkts Cereal 1 doz. Eggs 40 lbs. Potatoes 38 Cereal 1 doz. Chocolates 186 Potatoes
Pontypool ...	—	3520 lbs.	856 tins	47 lbs.	614 lbs.	86 lbs.	18 lbs.	—
Rhymney ...	—	66 lbs. 5 Heads & Tongues (Pigs)	146 tins	—	12 lbs.	12 lbs.	112 lbs.	—
Risca ...	140 lbs.	669 lbs.	348 tins	—	428 lbs.	—	172 lbs.	265 lbs.
Tredegear ...	28 lbs.	6288 lbs.	939 tins	120 lbs.	3188 lbs.	18 lbs.	413 lbs.	120 lbs.
Usk ...	—	742 lbs.	—	—	100 lbs.	—	—	—
RURAL								
Abergavenny ...	—	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Magor ...	—	—	—	—	—	—	—	—
St. Mellons ...	—	2632 lbs.	—	—	560 lbs.	—	—	—
Monmouth ...	—	91 lbs.	—	—	—	—	—	—

Of the 28 Sanitary Inspectors in the Administrative County, 16 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, Abertillery, Mynyddislwyn, Pontypool (2), Risca, Ebbw Vale, Blaenavon, Tredegar, Usk, and Rhymney Urban and Chepstow and Monmouth 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.

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 Abertarn, Bedwas and Machen, Caerleon, Chepstow, Llantarnam, Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

The following is the report of the County Analyst, Mr. G. Rudd Thompson, for the year 1935.

"During this period 976 samples have been analysed, which have been submitted to me as under:—

Division "A"	...	...	...	...	...	343
Division "B"	...	...	...	...	...	311
Division "C"	...	...	...	...	...	322

Of the above 109 were informal or trial samples.

The details of the samples analysed are as under:—

725 Milk, 4 Separated Milk, 3 Condensed Milk, 27 Butter, 1 Cheese, 4 Beef Suet, 3 "Cookeen", 1 "Lardeeta", 1 "Trex", 17 Lard, 4 Margarine, 2 Sugar, 7 Table Jelly, 1 Jam, 1 Marmalade, 1 Vitalade, 1 Lemon Cheese, 12 Flour, 18 Rice, 8 Tapioca, 2 Sago, 1 Pearl Barley, 3 Baking Powder, 1 Custard Powder, 1 Blancmange Powder, 1 Teacake Mixture, 1 Desiccated Cocoanut, 1 Yeast, 2 Currants, 2 Raisins, 3 Sultanas, 1 Flavouring Essence, 1 Lemon Essence, 1 Vanilla Essence, 17 Pepper, 1 Mustard Compound, 1 Parsley, 1 Elder Flower, 1 Horse Radish Cream, 1 Cinnamon, 1 Thyme, 1 Sage, 2 Ground Ginger, 1 Mixed Spice, 8 Malt Vinegar, 1 Tomato Sauce, 8 Cocoa, 6 Coffee, 1 Coffee Mixture, 4 Tea, 2 Lemonade Crystals, 2 Glycerine, 2 Syrup of Figs,

1 Bronchial Mixture, 2 Ammoniated Tincture of Quinine, 2 Chlorophyl Tablets, 1 Yeast Tablets, 1 Phosphorus and Quinine Tonic, 2 Head and Stomach Pills, 1 Flue Powder, 1 Camphorated Oil, 2 Castor Oil, 1 Olive Oil, 2 Tincture of Iodine, 1 Glauber Salts, 2 Sodium Bicarbonate, 1 Chest and Lung Mixture, 1 Laxative Tablets, 1 Pro-Asp, 1 Celery Pills, 1 Liver Beans, 1 Seidlitz Powder, 1 Castorettes, 1 Chocolate Laxative, 1 Aspirin Tablets, 1 Macleans Stomach Powder, 1 Juniper Pills, 1 Cascara Sagrada Tablets, 1 Kidney and Bladder Pills, 3 Potted Meat, 6 Fish Paste, 1 Sausage, 1 Bread, 1 Sponge Cake, 1 Fruit Cake, 7 Peas and 1 Peas and Beans.

MILK.—Of the total number, 721 were samples of milk purchased from vendors, and of these 702 were found on analysis to be genuine, but 19 samples failed to conform to the requirements of the Sale of Milk Regulations, *i.e.*, 2.64 per cent. of the milk samples examined. Details of the samples which failed to satisfy the requirements are as under.

All were deficient in fat to the following extent: 53.00 per cent., 30.67 per cent., 22.00 per cent., 19.00 per cent., 17.33 per cent., 16.33 per cent., 15.67 per cent., 15.33 per cent., 14.67 per cent., 14.00 per cent., 14.00 per cent., 13.67 per cent., 13.33 per cent., 12.67 per cent., 11.00 per cent., 9.00 per cent., 9.00 per cent., 5.67 per cent., and 3.00 per cent.

In addition to the above, four "Appeal to the Cow" samples were taken and the results of the analyses of these samples are tabulated below, being compared in each case with the corresponding sample purchased by the Inspector during the course of sale:—

<i>Sample Purchased.</i>	<i>"Appeal to Cow" Sample</i>
30.67 per cent. Deficient in Fat	2.33 per cent. Deficient in Fat.
53.00 per cent. Deficient in Fat	
16.33 per cent. Deficient in Fat	Three samples all genuine.

In the case of the first two samples, the corresponding "Appeal to Cow" sample showed that the animals were yielding milk of poor quality but that the milk as sold to the Public was considerably worse. In the case of the third sample, the milk as sold to the Public was seriously deficient in fat, whereas the milk as yielded by the cows was of satisfactory quality.

Every sample of milk submitted has been examined for the presence of preservatives and added colouring matter which were proved to be absent in every case.

Classified in my usual manner, the details showing the composition of the milks as a whole are as under :—

According to Content of Fat.

Under 3%	3—3.49%	3.5—3.99%	4—4.49%	4.5% and over
19	378	220	88	16

According to Content of Solids not Fat.

Under 8.5%	8.5—8.69%	8.7—8.89%	8.9—9.09%	9.1% and over
Nil	287	247	141	46

The average composition of all milk samples examined during the year is :
Fat, 3.47%; Solids not Fat, 8.73%; Total Solids, 12.20%.

The composition differs only slightly from that of the average over the past nine years as will be seen from the Table below :—

Year.	Fat.	Solids not Fat.	Per cent. of adulteration.
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
1931	3.66%	8.77%	2.89
1932	3.60%	8.71%	5.06
1933	3.59%	8.69%	5.37
1934	3.49%	8.67%	2.88

Of the four samples of Separated Milk analysed during the year, three proved to be genuine but one sample contained a small proportion of added water amounting to 2.07 per cent.

Samples of Condensed Milk, three in number, all complied with the requirements of the Condensed Milk Regulations both as regards composition and the directions for dilution.

Of the specimens of butter, 27 in all, it is most satisfactory to report that each of these had been prepared from genuine milk fat and that the percentage of water was in no instance in excess of the legal maximum, all being free from preservatives.

The cheese contained a sufficiently high proportion of milk fat and was free from metallic contamination.

Each of the specimens of Beef Suet proved to be of high quality and in no case was the proportion of added starch in any way excessive.

Specimens of Lard were composed of genuine pig fat free from water and from excessive acidity and the various lard substitutes were composed in every instance of wholesome vegetable oils of a satisfactory degree of refinement.

The specimens of Margarine were all of good quality, free from preservatives and from excessive moisture.

The Sugar samples were highly refined and contained no deleterious ingredient of any description, and the specimens of Jam, Jelly, Marmalade, etc., were of satisfactory quality and in no instance did the proportion of sulphur dioxide exceed the maximum permitted by the Regulations.

The samples of Flour submitted for analysis, twelve in number, were all genuine wheat flour of good quality, and in cases where self raising ingredients had been added, these contained no arsenic or other undesirable substance.

The eighteen samples of Rice were composed of sound grain free from facing ingredients, and I am glad to be able to report that the sale of faced rice in this county is now a very rare occurrence.

The specimens of Tapioca, Sago and Pearl Barley, were in each instance perfectly genuine and of good quality.

The specimens of Baking Powder, Custard Powder, etc., were of satisfactory strength and contained no trace of any deleterious metallic contamination.

The samples of Currants, Raisins and Sultanas all contained less sulphur dioxide than the maximum permitted by the Regulations.

A variety of spices and condiments, including Pepper, Mustard, Horse Radish, Cinnamon, Thyme, Sage and Ginger, have been purchased for analyses throughout the course of the year and no exception whatever could be taken to any of these preparations either from the point of view of composition or purity.

Of the eight samples purchased as Malt Vinegar, seven proved to be genuine and of satisfactory strength, but one sample was found to be an artificial preparation prepared by the dilution of distilled acetic acid and consequently it was necessary to issue a certificate against this sample.

The samples of Cocoa were all free from arsenical contamination and from excessive husk, whilst the Coffee Specimens were composed of the genuine ground coffee bean free from the addition of chicory.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT.

	URBAN. Abercarn	Abergavenny	Abertillery	Bedwas and Machen	Bedwelty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Pontypool	Rhydney	Risca	Tredeggar	Usk	TOTAL URBAN	RURAL Abergavenny	Chepstow	Magor and St. Mellons	Monmouth	Pontypool	TOTAL RURAL	GRAND TOTALS
Amm. Tinct. Quinine	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	1	2
Aspirin Tablets	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Back and Kidney Pills	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Baking Powder	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Beef Suet	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Bi-carbonate of Soda	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3
Blanc Mange Powder	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Bloater Paste	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Bread	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Bronchial Mixture	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Butter	...	2	...	2	3	2	2	2	2	1	2	2	...	1	...	1	1	3	25	...	1	1	...	2	27	
Camphorated Oil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Cascara Tablets	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Castore Tablets	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Castor Oil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2
Celery Pills	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Cheese	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Chlorophyll Tablets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	2
Cinnamon	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Cocoa	1	...	...	1	...	...	1	2	...	...	...	...	...	...	...	1	...	...	6	...	1	...	...	...	...	7
Coffee	...	...	...	...	...	...	...	1	1	...	1	1	...	1	...	...	...	...	5	...	...	1	...	...	...	6
Coffee Mixture	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Condensed Milk	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	3	...	...	...	...	...	...	3
Cookeen	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	1	...	...	...	3
Cough Mixture	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Currants	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Custard Powder	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Demerara Sugar	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	2
Desiccated Coconut	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	1
Elder Flower	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1
Fish Paste	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	1	...	...	...	...	5
Flake Tapioca	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	3
Flavouring Essence	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	3
Flu Powders	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Fruit Cake	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Fruit Jelly	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Glauber Salts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Glycerine	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Ground Ginger	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2
Head and Stomach Pills	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...	2
Horse Radish Cream	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Iodine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Jam	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Jelly	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Lard	2	...	...	2	2	...	1	2	2	1	1	1	...	1	...	1	...	16	...	1	1	...	...	2	18	
Laxative Tablets	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Lemonade Powder	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Lemon Cheese	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Lemon Crystals	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Liver Beans	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Malt Vinegar	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	4	8	...	...	...	...	...	...	8
Margarine	...	...	...	...	1	...	...	...	...	1	2	...	...	...	...	...	...	...	4	...	...	...	...	...	...	4
Marmalade	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Meat Paste	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	3
Milk	33	49	61	17	64	47	13	15	80	71	21	24	27	90	...	33	24	22	691	...	9	12	...	21	712	
Mixed Spice	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1

Some samples taken in Mynyddislwyn area are included in the Bedwelty area return.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT—CONTINUED.

	URBAN. Abercarn	Abergavenny	Abertillery	Bedwas and Machen	Bedwellty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Pontypool	Rhymney	Risca	Tredegar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor and St. Mellons	Monmouth	Pontypool	TOTAL RURAL	GRAND TOTALS
Mustard	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	1
Olive Oil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Parsley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1
Pearl Barley	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Pearl Sago	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Peas	2	...	...	...	1	...	2	1	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	2
Pepper	2	...	...	2	2	...	1	2	1	1	1	1	...	...	...	...	1	...	7	...	...	...	...	...	...	7
Phosphorus Quin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	15	...	1	...	...	...	1	16
"Proasp"	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Raisins	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Rice	2	...	...	1	2	...	1	2	...	1	1	1	...	3	...	1	1	2	18	...	...	...	...	...	...	2
Sage	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	18
Sausage	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Seed Tapioca	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Seidlitz Powders	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Self Raising Flour	2	...	...	2	...	...	1	2	1	...	...	1	...	...	...	...	...	1	...	...	1	1	...	...	2	1
Separated Milk	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	10	...	1	1	...	...	2	12	
Sponge Cake	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Stomach Powders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Suet	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Sultanas	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	2	...	...	...	...	...	...	...	2
Syrup of Figs	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	3
Table Jelly	2	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Tapioca	1	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	4	...	...	...	...	...	...	...	4
Tea	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	4
Tea Cakes	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	4
Thyme	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Tincture of Iodine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Tinned Peas	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Tomato Sauce	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Trex	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
White Pepper	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
"Vitalade"	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Yeast	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	2
TOTALS	53	50	61	29	98	59	26	33	96	82	39	38	27	105	...	47	43	33	919	...	19	23	...	...	42	961

Some samples taken in Monmouth

Some samples taken in Mynyddislwyn area are included in the Bedwellty area return.

The Coffee Mixture was composed of coffee mixed with chicory and contained a high percentage of genuine coffee.

The specimens of Tea were composed of genuine leaf and contained no dust or sweepings.

The samples of Lemonade Crystals were of wholesome composition and free from metallic contamination.

A variety of pharmacopoeial preparations were examined during the year, all of which conformed to the requirements of the British Pharmacopoeia and the patent medicines in no case contained any dangerous drug but were composed in every instance of well tried remedies.

Samples of Potted Meat, Fish Paste and Sausage were all found to be of satisfactory composition and free from sulphur dioxide and other preservatives.

All the samples of Peas were entirely free from all traces of added copper salts which have in the past been used to enhance the appearance of this article.

The remainder of the specimens analysed throughout the year were all perfectly satisfactory, so that of the total of 976 samples of foods and drugs submitted for analysis, the total found to be adulterated amounted to 21, equivalent to 2.15%."

NUMBER OF SAMPLES FOUND TO BE ADULTERATED.

District.	Milk.	Skimmed Milk	Malt Vinegar	Totals
URBAN:				
Abercarn	—	—	—	—
Abergavenny	1	1	—	2
Abertillery	—	—	—	—
Bedwas and Machen	—	—	—	—
Bedwellty	—	—	1	1
Blaenavon	—	—	—	—
Caerleon	—	—	—	—
Chepstow	—	—	—	—
Cwmbran	10	—	—	10
Ebbw Vale	—	—	—	—
Monmouth	—	—	—	—
Mynyddislwyn	—	—	—	—
Nantyglo and Blaina	—	—	—	—
Pontypool	3	—	—	3
Rhymney	—	—	—	—
Risca	—	—	—	—
Tredeggar	—	—	—	—
Usk	6	—	—	6
RURAL:				
Abergavenny	—	—	—	—
Chepstow	—	—	—	—
Magor and St. Mellons	—	—	—	—
Monmouth	—	—	—	—
Pontypool	—	—	—	—
Totals	20	1	1	22

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.	Action taken.
URBAN:			
Abergavenny ...	Skimmed Milk	2.07% added water ..	Fined £1/5/0 and Costs £1/5/0.
"	Milk	13.33% deficient in fat ..	Fined £1/5/0 and Costs £1/5/0.
Bedwellty ..	Malt Vinegar	Acetic Acid 4.38% Extractive colouring matter 0.36% Water 95.26% Not genuine Malt Vinegar Dilute solution of Acetic Acid	Ordered to pay 10/- Costs.
Cwmbran ...	Milk	6 samples deficient ...	
"	"	14.00% deficient in fats ...	
"	"	15.33% deficient in fats ...	
"	"	17.33% deficient in fats ...	
"	"	19.00% deficient in fats ...	Case dismissed.
Pontypool ...	"	14.67% deficient in fats ...	Cautioned by Clerk.
"	"	13.67% deficient in fats ..	
"	"	14.00% deficient in fats ...	
Usk ...	"	11.00% deficient in fats ..	Fined 4/-.
"	"	15.67% deficient in fats ..	Fined 4/-.
"	"	9.00% deficient in fats ...	Fined 4/-.
"	"	12.67% deficient in fats ..	Fined 10/-.
"	"	5.67% deficient in fats ..	Fined 10/-.
"	"	16.33% deficient in fats ...	Cautioned by Clerk.

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 1931 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. A further special enquiry was made during the year 1934, and an enquiry was also made with regard to pupils attending the Junior Instructional Centres. Detailed reports upon these investigations are given in the County Education Report for the year 1934. The service for the provision of infant foods, etc., is dealt with in detail in the County Maternity and Child Welfare Report for 1935.

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

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 1935, 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.

At a Special Meeting of the County Public Health Committee, held on the 22nd July, 1932, a Special Report upon the Provision of Isolation Hospital Facilities was submitted and was the detailed report on the survey by the County Medical Officer of Health and the Provisional Scheme of the County Council.

The report is based on a general survey by the County Medical Officer, accompanied by the County Sanitary Inspector, of the hospital accommodation for infectious diseases in the County as a whole and upon a careful inspection of the Isolation Hospitals, in company with the District Medical Officers of Health, and the District Sanitary Inspectors.

Upon the completion of the survey the County Council prepared, in consultation with the District Councils and other Councils concerned, both within and without the area of the County, a draft scheme for the provision of adequate hospital accommodation for the treatment of infectious diseases in

the County and which has been submitted to the Minister of Health for his approval. During the year consultations have taken place with the Welsh Board of Health upon the scheme, which is still under discussion. Full details regarding the Scheme will be found in the Annual Report for the year 1932.

INFECTIOUS DISEASES, 1935.

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 114 deaths and gave a Zymotic death-rate of .34 for the County, as compared with a rate of .46 for the year 1934; .36 for 1933; .37 for 1932; .36 for 1931; .30 for 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; and .87 for 1909.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1935.

Population for death rate and attack (notification) rate, 327,150.

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	—	—	—	—	—
Measles (including German Measles)	27	.08	Not notifiable	—	.03
Scarlet Fever	6	.01	867	2.65	.01
Diphtheria (including Membranous Croup) ..	34	.10	438	1.33	.08
Whooping Cough	18	.05	Not notifiable	—	.04
Fever (including Typhus, Enteric and Continued Fevers)	1	.00	18	.05	.00
Diarrhoea (under 2 years)	28	.08	Not notifiable	—	Not available
Totals	114	.34	1323	4.04	—

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	...
1932	...	...	...	.05	.05	.07	.09	.002	...
1933	...	...	...	.06	.03	.07	.11	.00	...
1934	...	...	...	.05	.03	.08	.21	.00	...
1935	...	...	...	.08	.01	.05	.10	.00	...

DISTRICTS	Estimated Population, 1935	Notification rate	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Erysipelas.	Puerperal Fever.	Encephalitis. Lethargica.	Ophthalmia Neonatorum.	Puerperal Pyrexia	Acute Polio- myelitis	Cerebro Spinal Fever	Chicken Pox	Malaria	Dysentery
URBAN.																
Abercarn ...	19,667	31	1	1	...	4	1	1	...	...	2	...	...	3	1	...
Abergavenny ...	8,262	5	1	1	...	2	2	...	...	...	2	...	...	...	...	...
Abersychan ...	6,133	15	4	4	...	2	2	...	...	...	...	...	2	...	...	...
Abertillery ...	30,083	44	9	9	3	3	...	...	...	1	1	...	2	...	...	...
Bedwas and Machen ...	8,804	39	28	28	...	23	5	1	...	10	3	...	1	...	...	...
Bedwellty ...	29,923	60	113	113	...	28	17	1	...	...	5	...	...	...	...	...
Blaenavon ...	10,620	23	4	4	...	5	...	...	...	1	...	...	...	...	...	...
Caerleon ...	3,159	8	3	3	...	...	1	...	...	...	...	...	...	...	...	...
Chepstow ...	4,055	4	10	10	...	1	...	...	...	...	2	...	...	...	...	...
Cwmbran ...	8,505	12	21	21	...	15	2	...	...	...	1	...	...	...	...	...
Ebbw Vale ...	30,190	35	55	55	5	39	12	1	...	3	3	...	...	...	...	...
Llanfrechfa Upper ...	1,094	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...
Llantarnam ...	1,741	5	4	4	...	...	...	...	...	1	...	...	...	...	...	...
Monmouth ...	4,968	15	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn ...	14,765	30	29	29	...	3	4	...	...	1	2	...	1	...	...	...
Nantyglo and Blaina ...	12,550	195	13	13	...	15	...	4	...	...	1	...	1	...	...	...
Panteg ...	2,780	2	2	2	...	...	1	...	...	...	...	...	...	...	...	...
Pontypool ...	83,230	46	39	39	...	4	4	1	...	...	1	...	...	...	...	...
Rhynney ...	10,050	51	14	14	1	1	10	...	...	1	...	...	...	...	...	...
Risca ...	15,920	100	11	11	...	9	3	...	...	3	1	...	...	...	...	...
Tredegear ...	22,120	80	51	51	3	32	23	2	...	1	7	...	...	4	...	...
Usk ...	1,245	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals, Urban	279,864	803	417	417	12	186	87	11	...	23	31	...	6	4	1	...
RURAL.																
Abergavenny ...	8,505	7	6	6	5	1	...	...	...	...	1	...	...	...	...	8
Chepstow ...	8,630	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor ...	1,771	1	1	1	...	2	...	...	...	...	...	...	...	...	...	...
Magor & St. Mellons ...	11,723	10	3	3	...	1	2	...	...	...	...	...	...	...	...	...
Monmouth ...	6,115	1	3	3	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool ...	5,312	9	5	5	...	2	...	...	...	...	...	...	...	11	...	...
St. Mellons ...	5,230	7	5	5	...	3	1	...	...	...	...	...	...	...	...	...
Totals, Rural	47,286	40	23	23	5	9	3	...	...	...	1	...	...	11	...	8

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	Dysentery
Urban—															
Abercarn ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abergavenny ...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...
Abersychan ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abertillery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen ...	...	...	...	9	...	...	2	...	...	...	10	...	...	...	...
Bedwellty ...	...	212	...	2	...	...	...	...	...	...	...	...	...	...	...
Blaenavon ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Caerleon ...	...	3	...	...	...	1	...	...	...	...	...	...	...	...	...
Chepstow ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cwmbran ...	...	4	...	2	...	...	...	...	...	...	...	...	...	...	...
Ebbw Vale ...	...	46	...	...	...	...	...	...	4	...	...	...	...	...	...
Llanfrechfa Upper ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Llantarnam ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Monmouth ...	...	2	...	14	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn ...	...	16	...	4	...	...	...	...	...	...	...	...	...	...	...
Nantyglo and Blaina ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Panteg ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool ...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Rhymney ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Risca... ..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Tredegar ...	...	61	...	50	...	...	...	...	4	...	...	...	...	...	...
Usk ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rural—															
Abergavenny ...	...	3	2	1	...	...	...	...	6	...	8	...	...	...	8
Chepstow ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor & St. Mellons ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Monmouth ...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...
Pontypool ...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mellons ...	...	3	1	3	...	...	...	...	...	...	...	...	...	...	...
Totals ...	...	364	4	87	...	1	2	...	15	3	18	...	...	...	8

Included in the Bedwellty figures are cases admitted to the Bedwellty Isolation Hospital from other areas.

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

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

59

CASES NOTIFIED.														DEATHS.													
Disease	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 ...	1	9	23	30	41	158	129	41	23	7	6	1	469	...	1	2	4	3	16	5	..	2	1	...	...	34	
Scarlet Fever ...	7	22	53	79	126	283	173	56	41	12	2	...	854	...	...	1	...	...	1	...	...	...	...	...	...	2	
Enteric Fever ..	...	...	...	1	1	2	3	1	6	2	2	...	18	...	...	...	...	...	...	...	...	1	...	...	...	1	
Pneumonia ...	16	15	16	7	12	29	11	10	18	10	33	12	189	32	16	10	7	1	...	1	2	14	13	39	38	173	
Puerperal Fever...	...	...	...	...	...	...	...	1	11	2	...	...	14	...	...	...	...	...	...	...	1	4	2	...	...	7	
Cerebro Spinal Fever ...	2	...	..	1	1	1	...	...	2	...	...	...	7	1	...	1	1	1	...	...	...	...	...	...	...	4	
Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	3	
Dysentery ...	...	...	...	...	...	...	...	1	2	...	5	...	8	...	...	...	...	...	...	1	...	3	...	...	...	4	
Ophthalmia Neonatorum	26	...	...	...	...	...	...	...	...	...	...	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal Pyrexia ...	...	...	...	...	...	...	...	2	21	4	...	1	28	...	...	...	...	...	...	6	3	...	...	...	...	9	
Erysipelas ...	...	1	...	...	...	3	2	1	8	15	37	8	75	...	...	...	...	...	...	...	...	...	1	...	...	1	
Totals ..	52	47	92	118	181	476	318	113	132	52	85	22	1688	33	17	14	12	5	17	6	11	25	20	40	38	238	

Particulars respecting Tuberculosis cases will be found later in this report.

The table has been compiled from returns received from the District Medical Officers of Health.

SMALL-POX.

The epidemic of Small Pox which commenced in 1927 disappeared entirely towards the end of the year 1931. Particulars respecting the number of cases notified and the action taken generally with regard to the isolation and treatment of the cases discovered has been fully dealt with in the Annual Reports issued since 1927. The "Beeches" Isolation Hospital was closed throughout the year.

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 1934.

	Per cent.
Successfully Vaccinated	20·5
Insusceptible of Vaccination	·09
Had Small-pox	Nil
Declaration of Conscientious Objection received	68·1
Died Unvaccinated	4·4
Postponement by Medical Certificate ...	·85
Removal to districts, the Vaccination Officers	
of which have been duly apprised ...	1·1
Removal to places unknown	1·7
Number of cases not included under any of the	
above-named headings	3·1

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., 172 or 3·1 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, 1935.

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 (part) ...	W. F. Waudby-Smith	...	...	...	...
*2	St. Woolos ...	J. Elgood ...	11	4	15	1
3	Abercarn Upper ...	M. Ryan ...	32	6	38	...
4	Abercarn Lower ...	E. M. Griffith ...	7	4	11	1
5	Mynyddislwyn ...	C. G. Mackay ...	26	4	30	5
6	Magor ...	G. R. Strong ...	9	2	11	...
7	Bedwas & Machen ...	C. P. Davies ...	19	3	22	...
8	Rogerstone ...	G. E. Hull ...	20	7	27	...
9	Maesycwmmmer ...	D. Macaulay ...	4	1	5	...
10	Caerleon ...	F. H. C. Watson ...	2	...	2	...
11	Marshfield ...	W. Irwin ...	1	...	1	...
12	Risca ...	N. N. Wade ...	22	8	30	4
13	Llantarnam ...	F. Carlton Jones ...	35	3	38	4
*14	Malpas ...	H. A. Keane ...	8	...	8	...
15	St. Mellons ...	H. C. Conwy Joyce ...	7	...	7	...
16	Monmouth ...	W. H. Williams ...	22	2	24	8
17	Rockfield ...	W. H. Williams ...	12	...	12	...
18	Trelleck ...	P. G. Harvey ...	4	...	4	...
19	Raglan ...	W. M. Langdon ...	16	...	16	1
20	Skenfrith ...	A. M. Humphry ...	3	...	3	...
21	Chepstow ...	T. L. Drapes ...	50	5	55	...
22	Shirenewton ...	T. L. Drapes ...	4	...	4	...
23	Caldicot ...	Owen T. Jones ...	10	...	10	...
24	Tintern ...	T. L. Drapes ...	6	...	6	...
25	Beaufort & Rassau ...	A. Brook ...	11	2	13	...
26	Dukestown & Llechryd ...	K. S. Thom ...	13	1	14	...
27	Grosmont & Llangua ...	A. M. Humphry ...	3	...	3	...
28	Blaenavon ...	J. Reynolds ...	16	1	17	...
29	Llanarth ...	W. T. E. Blackmore ...	7	1	8	1
30	Abergavenny ...	O. G. Coldicott ...	59	3	62	1
31	Llanhilleth ...	T. J. Frost ...	18	8	26	...
32	Usk ...	E. L. M. Hackett ...	18	4	22	5
33	Coedygric P.L. Inst. ...	J. Powell Jenkins ...	...	...	...	...
34	Panteg ...	J. Powell Jenkins ...	29	11	40	2
35	Abersychan (North) ...	R. J. S. Verity ...	5	2	7	2
36	Abersychan (Central) ...	J. B. MacQuillan ...	1	9	10	...
37	Pontypool ...	T. J. McAllen ...	19	22	41	6
38	Nantyglo ...	J. H. Verwey ...	9	1	10	4
39	Blaina ...	F. M. Wallen ...	9	9	18	...
40	Ebbw Vale, No. 1. ...	F. M. Fonseca ...	63	3	66	5
41	Ebbw Vale, No. 2. ...	J. McCaig ...	13	1	14	1
42	Ebbw Vale, No. 3. ...	A. Franklyn ...	37	1	38	4
43	Tredegarr ...	J. G. Owen ...	90	7	97	5
44	Rhymney ...	R. V. de Acton-Redwood ...	77	...	77	...
45	New Tredegarr ...	S. R. MacMillan ...	61	1	62	2
46	Abertysswg ...	R. V. de Acton-Redwood ...	1	9	10	...
47	Abertillery ...	W. F. Mulvey ...	27	10	37	4
48	Argoed & Hollybush ...	T. J. Davies ...	21	21	42	...
49	Aberbargoed & Pengam ...	S. R. MacMillan ...	69	7	76	3
50	Bedwellty P.L.Inst. ...	J. G. Owen ...	21	6	27	1
51	Blackwood ...	D. Macaulay ...	22	11	33	...
		Totals ...	1049	200	1249	70

* These figures are for period 1st October, 1934, to 31st March, 1935, after

Summary of returns under the Vaccination Acts, 1867—1907, and Vaccination Order, 1930, during the year ended 31st December, 1935:—

Vaccination Officer.	District.	No. of Cases on birth list.	No. of Certs. of Vaccination received	No. of Certs. of postponement.	No. of Conscientious objections.	No. of Cases.	
						Parents removed out of District	Otherwise not found
G. E. Coombe	Abergavenny	18	84	1	125	5	—
	Grosmont	4	1	—	1	—	—
	Llantarnam	121	48	—	69	—	2
	Rogerstone	409	88	14	316	10	1
	St. Woolos	16	11	7	12	1	—
E. J. Winstone	Usk	46	24	—	24	5	—
	Monmouth	82	25	2	50	—	—
	Chepstow	178	87	21	83	5	3
	Caerleon	79	23	2	56	4	2
	Trelleck	51	30	5	28	—	1
J. Morgan	Llanhilleth	148	25	2	124	—	1
	Blaenavon	155	13	—	135	—	—
	Abertillery	352	32	4	307	3	3
E. J. Winstone	Blaina	99	7	3	95	—	1
	Nantyglo	113	11	—	96	5	3
	Ebbw Vale	537	144	8	397	3	2
	Tredegar	630	241	9	406	9	10
	Rhymney	566	229	8	307	4	11
E. Rowland	Mynydd'lwyn	660	104	21	527	35	1
E. J. Winstone	Pontypool	533	51	7	466	2	9
	Panteg	211	32	9	164	3	7
Totals	...	5218	1310	123	3788	94	57

Mr. E. J. Winstone was appointed full-time Vaccination Officer during the year.

The St. Woolos District was transferred to the Newport County Borough in April, 1935.

SCARLET FEVER.

There has been a decrease in the number of cases of Scarlet Fever during the year, 867 cases being notified, as compared with 1,253 in 1934, 1,580 in 1933, 1,513 in 1932, 1,323 in 1931, 949 in 1930, 540 in 1929 and 369 in 1928. In 1935 there were 6 deaths; in 1934, 11 deaths; in 1933, 11 deaths; in 1932, 20 deaths; in 1931, 9 deaths; in 1930, 5 deaths; in 1929, 3 deaths; and in 1928, 1 death. 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.

DIPHTHERIA.

The number of cases of Diphtheria notified during the year 1935 was 438, which is a decrease compared with the figure for the previous year, when the number was 835. During 1933, 459 cases were notified; in 1932, 478 cases; in 1931, 455 cases; in 1930, 455 cases; in 1929, 459 cases; and in 1928, 269 cases. The number of deaths recorded in 1935 was 34; in 1934, 74; in 1933, 40; in 1932, 33; in 1931, 23; in 1930, 29; in 1929, 27; and in 1928, 20. Examination of swabs taken from the nose and throat of children attending school is carried out for the purpose of discovering "carriers." These examinations are conducted at the County Laboratory, Newport, by the County Pathologist, Dr. Gwyn Rocyn Jones, 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 disinfecter. Special investigations have been made by Dr. W. R. Nash, Assistant Medical Officer, amongst the school and pre-school children of certain districts where there were outbreaks of Diphtheria during the years 1933 and 1934. Full and detailed reports, together with the results of the "Schick" testing of the children in these areas will be found in the Education Reports for this County for the years 1933 and 1934. In addition to these special investigations the County Laboratory was called upon to deal with a considerable number of Swabs and during the year 1935, 7,576 swabs were examined. The attention of the general practitioners in some districts has been called by the District Medical Officers to the facilities provided by the Monmouthshire County Council for bacteriological confirmation of this disease, free of charge.

ENTERIC FEVER.

Eighteen cases of Enteric Fever were notified in the year 1935. In 1934 there were 3 cases; in 1933, 2; in 1932, 1; in 1931, 16; in 1930, 19; in 1929, 27; in 1928, 20; and in 1927, 16 cases. No deaths were recorded in the year 1935. There was one death during 1932. In 1931 there were 3 deaths, in 1929, 6 deaths, in 1928, 5 deaths, and in 1927, 3 deaths. The cases notified to the County Medical Officer occurred in the Abertillery, Ebbw Vale Rhymney and Tredegar Urban Districts and Abergavenny Rural District. Immediately upon receipt of a notification the case is visited by the District Sanitary Inspector, and instructions are given for the removal of the case 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, Newport, by the County Pathologist.

ERYSIPELAS.

There were 93 cases of Erysipelas notified during the year 1935, as compared with 128 cases in the year 1934; 128 in 1933; 92 in 1932; 90 in 1931; 112 in 1930; 116 in 1929; and 73 in 1928. The disease was fairly evenly spread throughout the County.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

During the year 1935, notifications of 11 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 notifications were received from the following urban districts—Abergavenny 1, Bedwas and Machen 1, Bedwellty 1, Ebbw Vale 1, Nantyglo and Blaina 4, Pontypool 1, and Tredegar 2. Thirteen deaths were registered. The cases of Puerperal Fever investigated by the County Midwives' Inspectresses showed that all cases were attended by registered midwives. Every precaution possible is taken to prevent the spread of infection. A visit of inspection is made immediately on receipt of the notification, and the midwife is prohibited from attending other cases until she has left the infected case and has allowed 24 hours to elapse for thorough disinfection of herself, her instruments and her clothing. Compensation is paid to the midwife for any case which she may lose through this suspension. On the 1st October, 1926, puerperal pyrexia became a notifiable disease in addition to puerperal fever. Puerperal pyrexia is defined as any febrile condition (apart from puerperal fever) occurring in a woman within 21 days after childbirth in which a temperature of 100·4 degrees Fahr. or more has been sustained during a period of 24 hours. 32 cases of puerperal pyrexia were notified in 1935 and all were followed up by the Inspectresses of Midwives. A scheme for the provision of facilities for diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as consultant obstetrician, and his services have been requisitioned frequently by the medical practitioner in

attendance upon the case. Cases requiring hospital treatment are sent to an Infectious Diseases Hospital (two were admitted to Isolation Hospitals during the year) and any necessary bacteriological examination is made by Dr. Gwyn Rocyn Jones, County Bacteriologist, at the County Laboratory, Newport.

INFANTILE DIARRHOEA.

Eleven cases of this disease were discovered during visits to homes, and 9 re-visits paid, as against 6 and 3 re-visits in the year 1934. Forty-three deaths were registered in children under two years of age giving a death rate of 8.1 per 1,000 births, as compared with 5.0 for the year 1934. 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. This 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 fifteen years, which includes one very hot summer, when the rate was 17.2, has been 6 per 1,000 births. It will be observed that the rate for 1935 is considerably below that average. The reduction in the rate in recent years is undoubtedly due to the greater care which is now observed in the feeding of infants and the measures taken by the Council to ensure a clean milk supply. The infective type of the disease is essentially one of the summer months and it varies in intensity according to the type of summer, many more cases occurring in really warm weather. During these months, the mothers attending the County Maternity and Child Welfare Centres are warned of the measures necessary to prevent the disease, and printed instructions to mothers in regard to these diseases are distributed by the Health Visitors at homes when cases are discovered.

ENCEPHALITIS LETHARGICA.

No cases of Encephalitis Lethargica were notified during the year 1935. 1 case was notified in 1934; 5 in 1933; 3 in 1932; 8 in 1931; 9 in 1930; 6 in 1929; and 13 in 1928. The number of deaths recorded in 1935 was 2, compared with 2 in 1934; 6 in 1933; 5 in 1932; 8 in 1931; 15 in 1930; 7 in 1929; and 13 in 1928.

OPHTHALMIA NEONATORUM.

Twenty-three cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 30 cases in the year 1934 and 31 cases in the year 1933. These cases, together with other cases of eye trouble reported by the midwives, making a total of 127 cases, were followed up by the Health Visitors, who paid 437 visits to them. In one case there was unsatisfactory conduct on the part of the midwife, and a warning letter was sent by the County Medical Officer. Since the 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. 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.

Cases			Vision Un- impaired	Vision Impaired	Total Blindness	Deaths.
Notified	Treated					
	at Home	in Hospital				
23	16	7	19	1	2	1

CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.

Six cases of Cerebro-Spinal Fever were notified to the County Medical Officer during the year 1935. No cases of Acute Poliomyelitis were notified. Six cases of Cerebro-Spinal Fever and one case of Acute Poliomyelitis were notified during the year 1934. The Cerebro-Spinal Fever cases were notified from the following Urban Districts: Abertillery 2, Bedwas and Machen 2, Bedwellty, and Nantyglo and Blaina.

CHICKEN POX.

Fifteen cases of Chicken Pox were notified during 1935. The disease is no longer compulsorily notifiable in the majority of the districts of the County.

MEASLES.

There was an increase in the number of deaths from Measles during the year 1935, 27 as compared with 19 in the previous year. 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.

WHOOPIING COUGH.

This disease is also not notifiable and it is again difficult to obtain satisfactory information regarding the number of infected persons. There were 18 deaths in 1935 as compared with 27 in 1934.

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 in 1935 was 53 as compared with 59 in 1934.

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

196 cases of Pneumonia were notified during the year 1935, as compared with 230 in 1934. There were 223 deaths registered in 1935 and 195 in 1934. The notification of this disease is by no means satisfactory, and the figures relating to the number of notifications is no indication of the number of persons who actually suffered from the disease. The attention of the medical practitioners of the County is continually being brought to their duties under these Regulations.

ANTHRAX.

There were no cases of Anthrax notified during the year 1935.

CANCER.

The number of deaths from Cancer recorded during the year 1935 was 422, which shows an increase upon the figure for 1934 (397). In 1933 there were 379 deaths; in 1932, 352 deaths; in 1931, 394 deaths; in 1930, 374 deaths; in 1929, 360 deaths; and in 1928, 345 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.

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.

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. Some of the districts have made arrangements with an Authority which is in possession of a steam disinfecter. 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 beddings 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.

Under the Tuberculosis Regulations (1930), and in the year 1935, 339 cases of Pulmonary Tuberculosis were notified and 224 deaths were registered. Of other forms of Tuberculosis, 107 cases were notified and 48 deaths registered.

The total number of notifications received during the year was 354 Pulmonary and 112 Non-Pulmonary Tuberculosis, of which 15 and 5 respectively were duplicates. 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.

As stated in previous reports, arrangements have been made with the District Registrars to supply to the County Medical Officer, particulars of all deaths from Tuberculosis. These cases were again compared with the cases notified by the District Medical Officers of Health, and when it was found that a death registered by the District Registrar had not been notified by the District Medical Officer of Health, it was 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.

There are still some District Medical Officers of Health who are not furnishing the Department with particulars of cases of Tuberculosis in spite of repeated efforts by the County Sanitary Inspector.

It will be observed from the table included below that there is an increase in the notification rates for Pulmonary Tuberculosis and a further decrease in the notification rates for Non-Pulmonary Tuberculosis. The high notification rates can be attributed to the efforts of the Public Health Department in obtaining, as far as possible, correct records of Tuberculosis cases occurring in the districts from the District Medical Officers of Health.

Regarding the death rates from Pulmonary and Non-Pulmonary Tuberculosis, there has been a slight increase in the rates for Pulmonary and Non-Pulmonary cases.

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.
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
1932 ...	1.35	.57	.65	.16
1933 ...	1.16	.41	.69	.15
1934 ...	.89	.36	.66	.13
1935 ...	1.03	.32	.68	.14

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1930, during the period 1st January, 1935, to the 31st December, 1935, with the number of Deaths notified by the Registrar General.

Age Periods.	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.		Total.		Pulmonary.		Non-Pulmonary		Total
	Males.	Females.	Males.	Females.			Males.	Females.	Males.	Females.	
0	—	—	—	—	—	0	—	—	1	1	2
1	3	4	15	1	23	1	—	1	1	—	2
5	4	2	6	11	25	2	—	1	5	1	7
10	10	12	14	6	42	5	—	5	5	10	20
15	23	30	8	5	66	15	26	37	6	7	76
20	24	50	4	8	86	25	37	34	2	—	73
25	45	48	10	7	110	35	18	15	1	—	34
35	19	14	4	1	38	45	15	8	5	2	30
45	14	16	2	—	32	55	14	6	1	—	21
55	12	7	2	—	21	65	4	1	—	—	5
65 and Upwards	1	1	—	1	3	75	—	—	—	—	—
	155	184	67	40	446		114	108	27	21	270

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period, 1st January, 1935, to the 31st December, 1935, 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	3	3	1	2	7	1	18
Pulmonary Females	—	1	—	—	2	4	9	1	3	—	1	21
Non-Pulmonary Males	1	—	—	2	1	1	—	—	1	1	1	7
Non-Pulmonary Females	1	—	4	—	—	1	1	—	—	—	—	7

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars ...	34	12
transferable deaths from Registrar-General	3	1
Posthumous notifications ...	2	1
" Transfers " from other areas (other than transferable deaths) ...	—	—
Other Sources if any ...	—	—

From the above it will be seen that 46 non-notified deaths (17.0 per cent.) from Tuberculosis were discovered through examination of the death returns received from the District Registrars.

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 (1927—35), 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.	
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
1932	1172	1066	2238	565	498	1063	3301
1933	1223	1131	2354	598	527	1125	3479
1934	1182	1106	2288	596	518	1114	3402
1935	1136	910	2046	851	514	1365	3411

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	—	—	—	—	1	1	1
2.—Recovery from the disease	22	17	39	22	10	32	72
3.—Death	120	95	215	19	15	34	249
4.—Left district permanently	51	37	88	6	7	13	101

In the Report for the year 1931, it was pointed out that the Ministry of Health were seriously concerned at the discrepancies discovered in the above summary for that year. 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 pointed out that there was a great difference between the number of cases removed from the Register by death in 1931, and the number of deaths recorded by the Registrar-General for the same year. It was obvious, therefore, that some Dis-

trict Medical Officers of Health were not properly keeping their Notification Registers, and to make a correct return, the District Registers must be compared with the quarterly death returns which are received by the District Medical Officers of Health.

Several of the District Medical Officers were interviewed by the County Sanitary Inspector during the year 1932, and their Registers examined. It was found in the majority of instances that co-operation between the Tuberculosis Physician and the District Medical Officers of Health had been the means of improving the keeping of these Registers.

A marked improvement was noticed during the year 1932, but the 1933 figures were again inaccurate. In 1934, 273 deaths from tuberculosis were recorded by the Registrar-General and 264 cases removed from the Registers by the District Medical Officers.

The figures for the year 1935 are 270 deaths from tuberculosis recorded by the Registrar-General, and 249 cases removed from the Registers by the District Medical Officers. It is evident that some of the District Medical Officers are still lax in their duties under these regulations.

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1930, during the year ended 31st December, 1935.

with reports upon Examinations of Sputa, etc., at the
County Laboratory, Newport.

[illegible]

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.		
Cwmbran												
Pontrhydyrun	..	...	2	—	—	2	—	—	—	—	2	
Pontnewydd	...	...	1	—	—	1	2	—	—	2	3	
Cwmbran	...	...	15	4	3	8	1	—	—	1	16	
Ebbw Vale												
Rassau	...	...	3	2	1	—	—	—	—	—	3	
Beaufort	...	...	6	—	2	4	5	—	—	5	11	
Cwm	...	...	12	4	3	5	4	—	2	2	16	
Ebbw Vale	...	...	13	8	2	8	12	1	2	9	30	
Newtown	...	...	1	—	1	—	1	—	—	1	2	
Victoria	...	...	1	—	—	1	—	—	—	—	1	
Monmouth												
Monmouth	...	...	2	2	—	—	2	—	—	2	4	
Mynyddislwyn.												
Wyllie	...	...	1	—	1	—	—	—	—	—	1	
Pontllanfraith	...	...	8	3	3	2	1	—	1	—	9	
Oakdale	...	...	5	—	1	4	—	—	—	—	5	
Ynysddu	...	...	2	—	1	1	1	—	—	1	3	
Blackwood	...	...	2	1	1	—	—	—	—	—	2	
Cwmfelinfach	...	...	6	1	1	5	1	—	—	1	7	
Fleur-de-lis	...	...	1	—	—	1	—	—	—	—	1	
Wattsville	...	...	2	1	1	—	—	—	—	—	2	
Nantyglo & Blaina												
Blaina	...	...	10	3	3	4	2	—	—	2	12	
Nantyglo	...	...	5	—	1	4	7	—	—	7	12	
Pontypool												
Griffithstown	...	...	2	1	—	1	—	—	—	—	2	
Pontypool	...	...	4	3	—	1	10	—	—	10	14	
Pontnewynydd...	...	...	7	4	1	2	—	—	—	—	7	
Pontymoile	...	...	1	—	1	—	—	—	—	—	1	
New Inn	...	...	1	—	1	—	1	—	—	1	2	
Talywain	...	...	4	2	1	1	2	—	—	2	6	
Garndiffaith	...	...	4	—	—	4	—	—	—	—	4	
Penygarn	...	...	1	1	—	—	—	—	—	—	1	
Wainfelin	...	...	2	—	1	1	—	—	—	—	2	
Varteg	...	...	1	—	—	1	—	—	—	—	1	
Abersychan	...	...	4	2	1	1	3	—	1	2	7	
Rhymney												
Abertysswg	...	...	2	—	—	2	—	—	—	—	2	
Rhymney	...	...	18	3	3	12	8	—	—	8	26	
Risca												
Crosskeys	...	...	9	3	2	4	2	—	—	2	11	
Risca	...	...	9	3	1	5	2	—	—	2	11	
Wattsville	...	...	2	—	—	2	—	—	—	—	2	
Cwmcarn	...	...	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.
Tredegar.												
Tredegar	...	...	...	25	9	4	12	7	—	1	6	32
Usk.												
Usk	...	...	...	1	—	—	1	1	—	—	1	2
RURAL.												
Abergavenny												
Penpergwm	...	...	...	1	—	—	1	—	—	—	—	1
Llantilio Crossenny	...	...	...	—	—	—	—	1	—	—	1	1
Govilon	...	...	...	2	—	—	2	—	—	—	—	2
Llanfoist	...	...	...	1	—	—	1	—	—	—	—	1
Bryngwenin	...	...	...	1	—	—	1	—	—	—	—	1
Grosmont	...	...	...	1	—	—	1	—	—	—	—	1
Chepstow												
Magor St. Mellons.												
Magor	...	...	...	1	—	1	—	—	—	—	—	1
Newport	...	...	...	5	2	1	2	3	—	—	3	8
St. Brides	...	...	...	—	—	—	—	1	—	1	—	1
Rogerstone	...	...	...	4	1	2	1	—	—	—	—	4
Rumney	...	...	...	5	—	—	5	3	—	1	2	8
Henllys	...	...	...	1	1	—	—	—	—	—	—	1
Marshfield	...	...	...	2	—	—	2	—	—	—	—	2
Bassaleg	...	...	...	2	—	—	2	—	—	—	—	2
St. Mellons	...	...	...	5	1	1	3	—	—	—	—	5
Malpas	...	...	...	2	—	—	2	2	—	—	2	4
Monmouth												
Monmouth	...	...	...	—	—	—	—	1	—	—	1	1
Trelleck	...	...	...	1	1	—	—	—	—	—	—	1
Pontypool.												
Usk	...	...	...	1	—	—	1	—	—	—	—	1
Mamhilad	...	...	...	1	1	—	—	—	—	—	—	1
Goytre	...	...	...	1	—	—	1	—	—	—	—	1
Totals				354	111	65	178	112	2	11	99	466

The reports of the Tuberculosis Physicians for the year are as follows:—

WEST MONMOUTHSHIRE AREA.

Dr. Frank Wells.

TIME TABLE.

Pontllanfraith	...	Tuberculosis Clinic, Llanarth Road	...	Every Monday at 10.0 a.m. Every Friday at 10.0 a.m.
Abertillery	...	88, Queen Street	..	Every Wednesday at 11 a.m.
Blaina	...	18, Abertillery Road	...	Second Wednesday at 11 a.m.
Ebbw Vale	...	Central Surgery	...	Every Tuesday at 11 a.m.
Tredegar	...	Central Surgery	...	Every Thursday at 12 noon.
Pengam	...	Post Office Chambers	...	1st and 3rd Mondays at 11 a.m.
Rhymney	...	Central Surgery	...	2nd Monday at 12.30 p.m.
Risca	...	4 Church Road Terr.	...	2nd and 4th Fridays at 11 a.m.
Trethomas	...	Dr. Cecil Davies' Surgery	...	4th Monday at 12.30 p.m.

Return showing the work of the Area during the year 1935

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	65	90	7	8	15	13	9	8	80	103	16	16
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	7	9	3	3
(c) Non-tuberculous	—	—	—	—	—	—	—	—	347	316	174	181
B. Contacts examined during the year:—												
(a) Definitely tuberculous	1	—	—	—	—	—	—	—	1	—	—	—
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	2	3
(c) Non-tuberculous	—	—	—	—	—	—	—	—	42	39	83	75

Consultations with Medical Practitioners : (a) Personal, 593; (b) Other, 2,301; Visits by Tuberculosis Officer to homes, (including personal consultations), 793; Visits by Nurses or Health Visitors to homes for Dispensary purposes, 4,476; Specimens of Sputum, etc., examined, 751; X-ray examinations made in connection with Dispensary work; Films, 1,058, Screenings, 436; Attendances at the Dispensaries and Visiting Station, 5,647.

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 ...	384	65	4	27	20	15	253
Women ...	367	90	6	25	28	32	186

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

Men.

Dust ...	106	Tonsillitis ...	3	Diabetes ...	1
Bronchitis ...	66	Carcinoma of lung	2	Cellulitis ...	1
Morbus Cordis ...	13	Unresolved Pneu....	2	Pyorrhoea ...	1
Pleurodynia ...	9	Pleuritis ...	2	Syphilis ...	1
Asthma ...	4	Pul. Infarction ...	2	Aortic dilatation ...	1
Coryza ...	4	Rheumatism ...	2	Pulmonary collapse	1
Gastritis ...	4	Fractured Rib ...	2	Empyema ..	1
Pharyngitis ...	2	Bronchiectasis ...	2	Epistaxis ...	1
Post. Influenial Deb.	4	Neurathenia ...	2	Thyrotoxicosis ...	1
Emphysema ...	3	Gastralgia ...	1	Goitre ...	1
Bronchial Cat. ...	3	Pul. Fibrosis ...	1	Aortic Aneurism ...	1
Lung Abscess ...	3				

Women.

Bronchitis ...	61	Post Nasal Catarrh	3	Broncho-Pneumonia	1
Pleurodynia ...	24	Unresolved Pneu.	2	Puerperal Debility	1
Morbus Cordis ...	15	Post Pneu. Fibrosis	4	Cephalgia ...	1
Gastritis ...	9	Anaemia ...	2	Menorrhagia ...	1
Tonsillitis ...	8	Syphilis ...	2	Epistaxis ...	1
Coryza ...	8	Myalgia ...	2	Menopause ...	1
Rheumatism ...	6	Aortic Aneurism ...	2	Mitral Stenosis ...	1
Goitre ...	5	Laryngitis ...	2	Hydatid Cyst ...	1
Neurosis ...	4	Bronchiectasis ...	2	Pyorrhoea ..	1
Asthma ...	3	Pleuritis ...	2	Lung Abscess ...	1
Post Influenzal Debility	4	Neoplasm ...	2	Nasal polypus ...	1
Empyema ..	3				

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 ...	50	15	1	7	1	2	24
Women ...	61	13	1	4	—	1	42
Boys ...	54	9	1	9	4	5	26
Girls ...	59	8	1	6	2	3	39

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

Men.

Trauma ...	5	Pyæmia ...	1	Colic ...	1
Septic adenitis ...	2	Cystitis ...	1	Static disease of the	
Osteo-arthritis ...	2	Traumatic synovitis	1	spine ...	1
Lipoma ...	1	Sepsis ...	1	Fibrositis ...	1
Carcinomatosis ...	1	Lumbago ...	1	Duodenal ulcer ...	1
Syphilis ...	1	Orchitis ...	1	Osteo-myelitis ...	1
				Hodgkins disease ...	1

Women.

Sepsis ...	4	Pregnancy ..	2	Syphilis ...	1
Trauma ...	3	Lipoma ...	2	Myxoedema ...	1
Rheumatoid arthritis	3	Leucorrhœa ...	2	Ovaritis ...	1
Constipation ...	1	Bursitis ...	1	Sub-acute appendix	1
Nephritis ...	3	Chondromo ...	1	Cervical rib ...	1
Osteo-arthritis ...	2	Adhesions ..	1	Anal abscess ...	1
Static sciliosis ...	2	Metritis ...	1	Verniculis ...	1
Septic adenitis ...	2	Spina bifida ...	1	Menorrhagia ...	2
Neuritis ...	2				

Boys.

Gastro-enteritis ...	8	Scoliosis ...	2	Adolescent kyphosis	1
Sepsis ...	4	Pyogenic abscess	1	Fibrositis ..	1
Septic tonsils ...	3	Rheumatism ...	1	Chorea ...	1
Chronic nephritis	2	Synovitis of knee ...	1	Colic ...	1

Girls.

Gastric enteritis ...	14	Coryza ...	1	Ricketts ...	1
Sepsis ...	5	Syphilis ...	1	Ganglion ...	1
Nephritis ...	3	Septic adenitis ...	1	Osteomyelitis ...	1
Constipation ...	2	Appendicitis ...	1	Metatarsalgia ...	1
Goitre ...	2	Thyro glossal cyst	1	Dermatitis .	1
Proctlagia fugax	1	Coxa vara ...	1	Cyst ...	1

TABLES RELATING TO DEATHS.

Length of time elapsing between first examination by Tuberculosis Officer and occurrence of death.

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Adults</i>	<i>Children</i>	<i>Adults</i>	<i>Children</i>	
Under 3 months	... 17	1	2	3	23
3—6 months	... 18	1	—	—	19
6—12 months	... 21	3	2	—	26
Over 12 months	... 68	5	6	6	85

TABLES RELATING TO CONTACTS.

	<i>Adult Contacts.</i>	<i>Children Contacts.</i>
To 115 new cases no contact examined	...	...
To 30 new cases 1 contact examined	15	15
To 33 new cases 2 contacts examined	21	45
To 21 new cases 3 contacts examined	23	40
To 16 new cases 4 or more contacts examined	20	48

Table showing number of contacts examined to cases seen in years previous to 1935.

	<i>Adult Contacts.</i>	<i>Children Contacts</i>
To 4 old cases	... 3	15

The following table showing age incidence of tuberculosis of cases diagnosed.

<i>Age Groups</i>	<i>Pulmonary</i>			<i>Non-Pulmonary</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5	... 2	—	2	3	3	6
5—10	... 3	1	4	3	2	5
10—15	... 2	7	9	3	3	6
15—20	... 19	18	37	5	1	6
20—25	... 17	28	45	1	6	7
25—30	... 10	14	24	2	3	5
30—35	... 7	8	15	1	1	2
35—40	... 2	7	9	2	1	3
40—50	... 7	7	14	2	1	3
50—60	... 2	4	6	2	—	2
Over 60	... 2	4	6	—	—	—
	—	—	—	—	—	—
Total	... 73	98	171	24	21	45
	—	—	—	—	—	—

GENERAL OBSERVATIONS.

The total number of new cases (exclusive of contacts) examined during the year was 1,255, giving a percentage of definite cases of 17·1.

The corresponding figures for the previous year were 1,193 and 17·5 respectively.

The total number of contacts examined was 245, with a percentage of approximately 4 definite cases.

The corresponding figures for the previous year were 289 and 1·7 respectively.

The total number of attendances at the Institute and Visiting Stations was 5,647, being a decrease of 245 on the figures for the previous year.

The number of X-ray films taken was 1,058, being an increase of 13 on last year's figures. In addition, 436 screenings were done, chiefly in connection with artificial pneumothorax work.

The total number of sputum, etc., specimens examined was 751, as compared with 710 during the previous year.

The number of consultations with general practitioners during the year was 593, as compared with 405 for the previous year, and the number of visits (viz. 793) paid by the tuberculosis physicians to patients' homes shows an increase of 61.

Domiciliary visits paid for dispensary purposes by nurses during the year reached the total of 4,476, being an increase of 901 on the figures of the previous year.

During the year, 192 deaths were notified as due to tuberculosis in this area. Of these, 153 were referred to the Association, and of the remainder, 15 died from meningitis, 9 were notified after death, 1 died in a Public Institution, 7 were too acutely ill when medical aid was sought for treatment to be of any use, 6 refused to allow the Memorial physician to be called in, and 1 was notified by a *locum tenens* who was not familiar with the usual procedure.

The above figures show an increase on the Area work in all directions, and it is interesting to note that the percentage of patients found to be suffering from definite tuberculosis has shown a definite fall during the last four years; the figures are as follows: 21·2, 20·0, 17·5, 17·1, and they certainly encourage the view that the incidence of new cases of tuberculosis is decreasing.

With regard to the X-ray work, it should be mentioned that, in addition to West Monmouthshire patients, films are taken of patients living on the Glamorgan side of the upper part of the Rhymney Valley (Merthyr Area), a certain number of patients sent by the Monmouthshire County Orthopaedic Clinic, and a few claimants for compensation who are sent by the Silicosis Board of Referees.

The large number of personal consultations with general practitioners conduces to co-operation in the treatment of patients, especially in the case of those undergoing domiciliary treatment, and the numerous visits paid to patients in their homes by the Memorial physicians and nurses afford valuable opportunities of giving practical help and advice.

COMMENTS ON DIAGNOSIS AND TREATMENT.—The routine work at the clinics consists of clinical and radiological examination of patients, Von Pirquet tests in the case of children, aspirating of cold abscesses, courses of tuberculin injections, occasional Wasserman tests, and artificial pneumothorax work—in connection with which 205 refills have been given during the year to 16 patients who, with 1 exception, are doing well.

Many patients are found to be suffering from "dust," bronchitis, or heart disease, and gastro-enteritis due to unsuitable diet is not uncommon among children.

As in previous years, contacts to infectious cases have been examined methodically and all suspicious cases were X-rayed. Although some children were found to be infected there was no evidence of active disease. In addition to contacts many other children attend the clinic for examination. Active pulmonary tuberculosis is not common in childhood, but such conditions as tuberculous glands, and other surgical lesions are not infrequent: many of these cases are undoubtedly due to the consumption of milk infected with tubercle bacilli, and indicate the urgent need of an energetic campaign for the production of a pure milk supply.

Delicate boys who show evidence of infection and live in unsuitable surroundings have been sent to Highland Moors Sanatorium with, as usual, remarkably good results.

The incidence of tuberculosis in young adults is very high and, up to the present, no satisfactory reason has been found to account for it: among the theories which have been advanced are the following: they were born during the hard and distressing years of the war and did not have a fair start in life; an infection contracted in childhood lies dormant until it flares up under the strain and stress of adult life. A person without any acquired immunity moves, say, from the country to a city where he rapidly succumbs to primary infection.

Full advantage has been taken of the facilities for institutional treatment, and many patients have been sent to hospital and sanatorium. Others have attended the Glan Ely light department with satisfactory results, and patients with genito-urinary tuberculosis have been sent to Mr. Hammond for special investigation.

It is still not uncommon for patients to take their discharge from hospital before they have derived the full benefit from the treatment. In some cases this is due to domestic difficulties or financial worries; in others it is because they object to being confined to bed—so they go home and are up and about all day with disastrous consequences to their health. It is very difficult to convince people of the beneficial effects of rest on active pulmonary tuberculosis.

They have an idea that rest in bed is "weakening" and advise a patient with active consumption to go for long walks in the fresh air—with resultant increase of fever and shortness of breath accompanied by spread of the disease in the lungs.

On the other hand, the benefit of rest in bed for a prolonged period (six to twelve months) in suitable surroundings was remarkably demonstrated in the case of two patients who, for some reason, were unable to accept hospital treatment: both were acute, febrile, sputum positive cases of pulmonary tuberculosis who improved wonderfully after absolute rest in bed for six and twelve months respectively. In each case the temperature settled down, symptoms cleared up, weight increased, and the disease lost its activity: of course good results can only be obtained when the home conditions are satisfactory and the family doctor heartily co-operates with the treatment.

Pensioners.—The number of pensioners attending the clinics continues to decrease owing to the fact that most of those with active disease have died and the majority of those who remain are quiescent or cured and require no treatment from the Association.

GENERAL AND SOCIOLOGICAL.—The Western Valleys are still suffering severely from industrial depression, with its unfortunate corollary of widespread unemployment. Thousands of families have to depend for maintenance on unemployment pay or public assistance, which means that many patients are unable to meet the extra expense of railway fares and necessary outfits of clothing required when admitted to hospital or sanatorium for treatment; some of these cases are referred to the Public Assistance Authorities, and others are helped by the Association.

It sometimes happens that the good results of institutional treatment are lost when a patient returns to difficult home conditions. If only there were after-care committees with available funds, much good could be done in these cases.

SURGICAL AFTER-CARE WORK.—There have been twelve special clinics for surgical patients during the year, at which the total number of attendances was 174.

These clinics are of the utmost value, and Dr. Brownlee and Dr. Ivor Williams never fail to give of their best in the way of help and advice.

Their monthly visits are much appreciated, and are of great assistance to the work of the area.

Surgical after-care work not only ensures supervision of patients who have undergone institutional treatment, but facilitates early examination of doubtful and puzzling cases in consultation with one of the surgical staff, who are always ready to visit bedridden surgical patients in their homes when asked to do so.

In connection with these clinics, necessary surgical apparatus is supplied, and during the year thirty plasters and three extensions were applied by the Orthopaedic Sisters, who visit such patients regularly and duly report progress to headquarters.

PERSONNEL.—Dr. Glyn Jones has done splendid work during the year, and special mention must be made of his care and supervision of surgical patients in their homes.

Miss Elizabeth Williams has carried on the various duties (clinics, orthopaedic, and domiciliary) with her usual assiduity and zeal.

Miss Muriel Games has cheerfully and conscientiously dealt with the ever-increasing clerical work, which has entailed a good deal of overtime.

MATERIEL.—No repairs, alterations, or redecoration of any importance have been carried out at the Institute during the year.

ACKNOWLEDGMENTS.—Grateful thanks are due to the County Medical Officer of Health (Dr. Rocyn Jones, C.B.E.), the County Hall staff, the local medical officers in charge of the school and infant welfare clinics, and to the general practitioners in the West Monmouthshire Area for their ever-ready help and co-operation in the anti-tuberculosis work of the district.

NEWPORT AND EAST MONMOUTHSHIRE AREA.

DR. A. CARVETH JOHNSON.

TIME TABLE.

Newport	...	4, Palmyra Place	...	Mondays, 10 a.m., Men. 2.30 p.m., Women. Wednesday, 10 a.m., Men. 2.30 p.m., Children. Thursdays by appointment only. Fridays, 10 a.m. 2nd Friday in each month, Orthopaedic Clinic, 2.30 p.m. Saturdays, 10 a.m. County patients only.
Pontypool	...	Park Buildings	...	Tuesdays, 10.30 a.m. Thursdays, 10.30 a.m.
Abergavenny	...	Y.M.C.A. Buildings	...	2nd and 4th Thursdays at 2.30 p.m.
Monmouth	...	Out-Patients' Depart- ment, Cottage Hospital	...	1st and 3rd Fridays at 12 noon.

Return showing the work of the Area during the year 1935

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	125	91	17	20	17	23	20	12	142	114	37	32
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	1	—	2
(c) Non-tuberculous	—	—	—	—	—	—	—	—	187	240	223	171
B. Contacts examined during the year:—												
(a) Definitely tuberculous	4	5	—	7	—	1	1	—	4	6	1	7
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	2	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	135	167	144	147

Consultations with Medical Practitioners: (a) Personal, 259; (b) Other, 1,236; Visits by Tuberculosis Officer to homes (including personal consultations), 1,681; Visits by Nurses or Health Visitors to homes for Dispensary purposes, 6,114; Specimens of sputum, etc., examined, 597; X-ray examinations made in connection with Dispensary work, Films, 1,209; Screenings 1,392; Attendances at Dispensaries and Visiting Stations 6,376.

TABLES RELATING TO DEATHS.

Length of time elapsing between first examination by Tuberculosis Officer and occurrence of death.

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Adults</i>	<i>Children</i>	<i>Adults</i>	<i>Children</i>	
Under 3 months ..	30	1	1	—	32
3—6 months ...	18	2	2	2	24
6—12 months ...	16	—	1	—	17
Over 12 months ...	75	3	8	1	87

TABLES RELATING TO CONTACTS.

	<i>Adults</i> <i>Contacts.</i>	<i>Children</i> <i>Contacts</i>
To 169 new cases no contact examined	—	—
To 49 new cases 1 contact examined	35	14
To 43 new cases 2 contacts examined	50	36
To 26 new cases 3 contacts examined	38	40
To 38 new cases 4 or more contacts examined	108	98

Table showing number of contacts examined to cases seen in years previous to 1935.

	<i>Adult</i> <i>Contacts.</i>	<i>Children</i> <i>Contacts</i>
To 81 old cases ...	83	111

The following table showing age incidence of tuberculosis of cases diagnosed.

<i>Age Groups</i>	<i>Pulmonary</i>			<i>Non-Pulmonary</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 ...	4	4	8	7	2	9
5—10 ...	6	9	15	6	7	13
10—15 ...	7	13	20	8	2	10
15—20 ...	11	14	25	5	2	7
20—25 ...	18	26	44	2	2	4
25—30 ...	29	16	45	3	5	8
30—35 ...	18	16	34	5	1	6
35—40 ...	9	7	16	2	3	5
40—50 ...	21	8	29	—	5	5
50—60 ...	18	6	24	—	4	4
Over 60 ...	5	4	9	—	2	2
Total ...	146	123	269	38	35	73

GENERAL OBSERVATIONS.

There has been some increase in the work done during the year.

The new cases and contacts amount to 1,763 against 1,662—an increase of 101.

On going into detail, it appears that 1,150 new cases were sent by doctors in 1935 compared with 1,278 in 1934—a decrease of 128. The number diagnosed as tuberculous, however, has increased—325 in 1935 compared with 311 in 1934. The percentage of new cases found to be tuberculous has thus increased from 24% to 28%, the percentage which was found in 1933.

There has been a considerable increase in the number of contacts—613 being examined as against 384 in 1934. Of these, only 18 or just under 3% were diagnosed as having active tuberculosis needing treatment.

As usual all the other contacts were warned that there was an added risk of tuberculosis, and they were to attend again at the slightest indication of ill health. That this is necessary is shown by the fact that in Newport during the year 14 contacts who were found healthy at the first examination in previous years were now found to have definite tuberculosis on re-examination. In East Monmouthshire 16 previously found to have no active disease were found to need treatment.

The number of consultations with doctors shows a slight increase—1,495 compared with 1,476, and there has been a very great increase in the number of visits by the Tuberculosis Officers to homes—1,681 compared with 1,128 for 1934. This has chiefly been in the East Monmouthshire part of the area. It is partly accounted for by the increased number of contacts examined, but chiefly by the general apathy of patients and contacts.

There are, of course, notable exceptions, but the view too often taken by patients is, "I can't be bothered to attend the clinic, but if the doctor likes to come to the house, I don't mind letting him examine me". Quite a large number of patients consider that they are conferring a great favour on the Tuberculosis Officers by allowing them to make an examination. They feel fairly well, and do not see any need for examination. Unfortunately, in a disease like tuberculosis, by the time the patient does feel ill it is usually far too late to do anything towards a cure.

By one of those coincidences that so often happen, the Health Visitor has just brought me a case sheet of a man first seen in 1930 and found to have pulmonary tuberculosis. The notes are as follows:—

1931. Domiciliary visit made as patient had not attended—man said to be well. Will not attend.
1932. Appointment made. Patient did not attend. Domiciliary visit made. Patient says he is all right and refuses examination.
1933. Sister reports patient is well but refuses to attend.
1934. Sister reports patient is well but refuses to attend.
1935. Domiciliary visit—door not opened.
1936. (January). Patient very ill—wants to know what is going to be done for him. Died a few weeks later. Comment is needless.

X-ray examinations have again increased. Sputum examinations have diminished. This is partly accounted for by the fact that a large number of patients say they have no sputum and partly by the increased number of X-ray examinations which may enable the diagnosis of pulmonary tuberculosis to be made at once. It often happens that patients, although given sputum examination outfits, reach hospital before they can provide a specimen for examination.

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 ...	300	50	79	24	103	—	44
Women ...	311	30	66	12	154	1	48

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

Men.

Bronchiectasis ...	6	Pneumonia ...	1	Enlarged tonsils ...	1
Muscular rheumatism	1	Influenza ...	1	Duodenal ulcer ...	1
Chronic bronchitis	11	Spontaneous		Infarct lung ...	1
Gastritis ...	1	pneumothorax ...	1	Malignant disease	
Aneurysm ...	3	Abscess of lung ...	1	of lung ...	2
Post-influenzal con-		Empyema ...	1	Carcinoma of liver	1
gestion of lung ...	1	Epitaxis ...	1	Rheumatoid arthritis	1
Heart disease ...	6	Pharyngitis ...	1	Hysteria ...	1

Women.

Anaemia ...	1	Syphilis ..	...	1	Rheumatism ...	1
Enlarged tonsils ...	1	Bronchitis ...	8		Non-tuberculous	
Paratyphoid B. ...	1	Post-influenzal			pleurisy ...	1
Pharyngitis ...	2	debility ...	...	1	Megraine ...	1
Common cold ...	1	Neurasthenia ...	4		Pulmonary congestion	1
Pyorrhoea ...	1	Debility following			Cardiac asthma ...	1
Whooping cough...	1	childbirth ...	2		Carcinoma of lung	1
Nasal catarrh ...	1	Infarct lung ...	1		Chronic constipation	1
Heart disease ...	12	Influenza ...	1		Unresolved	
					pneumonia ...	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 ...	30	1	16	3	1	—	9
Women ...	44	2	22	3	4	—	13
Boys ...	43	3	18	3	1	—	18
Girls ...	23	2	10	—	2	—	9

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

Men.

Rheumatoid arthritis	1	Syphilitic meningitis	1	Scoliosis ...	1
Old fracture of		Chronic periostitis		Septic abscess ...	1
metacarpal bone	1	following gunshot		Osteomyelitis of tibia	1
Rodent ulcer ...	1	wounds ...	1		

Women.

Pyogenic arthritis of		Chronic osteomye-		Gastric ulcer ...	1
hip ...	1	litis of femur ...	1	Amoebic dysentery	1
Irido cyclitis ...	1	B. coli abscesses of		Osteo arthritis ...	1
Sciatica ...	1	kidney ...	1	Un-united fracture	
Sprained muscle		Celluitis of neck ...	1	of pelvic bones	
near spine ...	1	Septic abscess ...	2	following a motor	
				accident ...	1

Boys.

Rickets	1	Scoliosis	1	Septic hip	1
Trauma	1	Septic gland ...	3	Sub-acute rheumatism	1
Tonsils and adenoids	1	Kummel's disease	1	Non-tuberculous	
Thickeneing of		Septic abscess of		enteritis	2
metarsal bones ...	1	neck	1		
Appendicitis ...	1	Enlarged tonsils ...	3		

Girls.

Septic knee ...	1	Enlarged gland due	
Septic abscess ...	5	to teething ...	1
Congenital deform-		Rheumatism ...	1
ity of foot ...	1		

There were 176 deaths in the Registrar-General's return for the area—106 in Newport and 70 in East Monmouthshire.

This represents an increase of 10 in Newport and a diminution of 28 in East Monmouthshire.

Of these, 142 were seen by the Tuberculosis Officer during life, and 34 were not seen. Of the 34 not seen, 18 died in hospital or asylum. In 2 cases tuberculosis was only found at the post mortem. Five were cases of meningitis. Two refused to be seen by the Tuberculosis Officer. There seemed to be no reason why the other 7 were not referred to the Tuberculosis Officer.

In Newport, 207 cases were notified, 139 of these (67%) being seen by the Tuberculosis Officer before notification, and another 46 after notification. Of the 22 cases notified but not seen, 3 died before notification and so cannot properly be counted, 6 died within a few days of notification, 2 refused to be seen by the Tuberculosis Officer, and in the remaining 11 the assistance of the Tuberculosis Officer was apparently not required. In all instances a letter was sent to the general practitioner asking if he would like the case seen.

There has been some increase in artificial pneumothorax treatment during the year. The treatment is, of course, always started in an institution, but institutional treatment can frequently be shortened where the patient has a good home and refills are continued at the institute. When this form of treatment can be carried out the results are, as a rule, very good indeed.

Two hundred and sixty-two refills were given to 32 patients during the year. Of these, in 4 cases treatment was discontinued because of adhesions, and 3 completed treatment. One patient was admitted to hospital because of haemophysis, and 3 patients left the area. The remaining 21 are still under

treatment. Fluid sufficient to necessitate aspiration occurred in 5 cases. In 1 the fluid became purulent, but later cleared up completely after several aspirations and partial replacement with air and gomenol in oil. The patients under treatment and those that have ceased treatment are all progressing satisfactorily.

This part of the work has again been almost entirely carried out by Dr. Godbey with his usual skill and ability.

There has been a considerable falling off in the attendances at the surgical clinics, chiefly because the surgical tuberculosis cases are becoming very much scarcer. Many of the old cases have been crossed off as "recovered", and new bone and joint cases are getting rare. The tuberculous glands of neck cases are still very common. There are 62 cases on the Dispensary register in which pus has been aspirated and found to contain tubercle bacilli.

Much of the work at the surgical clinic has been the diagnosis of difficult cases.

The visits of Drs. Brownlee and Ivor Williams are much appreciated.

There are no care committees in the area, although there is a great need for them. An increasing number of patients have been referred to the Public Assistance Committees. They have been promptly investigated and suitably dealt with. Extra nourishment has been provided in many cases. I should like to express thanks to the Public Assistance officials for the way in which they are assisting in this part of the work.

Dr. Godbey continues as Assistant Tuberculosis Officer. I cannot speak too highly of the excellent work he is doing.

Dr. Nora O'Leary carried on as part-time Tuberculosis Officer until the end of September, gaining the Tuberculosis Diseases Diploma at the examination in June.

Sister Oldfield, who is the Newport Corporation Health Visitor for Tuberculosis, continues to attend the Institute.

Sister E. A. S. Jones continues to deal with the orthopaedic and county cases.

Miss C. A. Richards has now completed thirteen years' service with the Association, and continues to do the clerical work with her usual efficiency.

There is a very great and increasing need for a new Institute at Newport. Almost the only thing to be said in favour of the present premises is that the situation is probably the most convenient that could be found in the borough.

There appears to be no need for re-opening the Chepstow Visiting Station. New patients who are able to do so visit the Newport Institute and are X-rayed at once. New and old patients unable to attend at Newport are seen in their own homes as necessary.

The visiting stations at Abergavenny, Monmouth, and Pontypool are carried on as before.

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

The following is the Report of Dr. Henry A. Ross, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st December, 1935.

Return showing the extent of Residential Treatment and Observation during the year ended December 31st, 1935.

					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	...	...	...	...	—	5	2	2	1
Adult females	...	...	...	...	—	5	4	—	1
Children	...	...	...	...	—	5	2	—	3
Total	...	...	...	...	—	15	8	2	5
Definitely tuberculous patients admitted for treatment :—									
Adult males	...	...	...	...	66	108	77	35	62
Adult females	...	...	...	...	36	73	60	18	31
Children	...	...	...	...	8	16	13	2	9
Total	...	...	...	...	110	197	150	55	102
Grand Total	...	...	...	...	110	212	158	57	107

Table showing results of treatment of patients and of observation cases discharged during the year 1935.

Classification on Admission to Institution.		Number Discharged.												TOTAL	
		Quiescent			Improved			No Material Improvement			Died				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Patients, i.e. Definitely T.B. Pulmonary Cases. Non-Pulmonary Cases.	T.B. Minus ...	—	—	1	19	13	6	4	3	1	3	2	—	52	} 205
	T.B. Plus :— Group 1 ...	—	—	—	1	2	—	—	—	—	—	—	—	3	
	Group 2 ...	27	21	2	—	—	—	2	1	1	—	—	—	53	
	Group 3 ...	—	—	—	9	6	1	14	14	2	32	16	2	97	
	Bones & Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Abdominal ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peripheral Glands ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS ...		27	21	3	29	21	7	21	18	3	35	18	2	205	
Observation Cases for Diagnosis.		Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous							
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.					
		—	3	1	3	1	1	1	—	—				10	
GRAND TOTAL ...														215	

NUMBER DISCHARGED.—Fit for full work, —; Fit for light work, 1; Fit for school, —; Left before completion of treatment, i.e., at own request with permission, left against advice, or discharged for disciplinary reasons, 64; Number transferred to other Institutions, 36.

DENTAL TREATMENT.—Extractions, 185; Fillings, 38; Scalings, 6.

ARTIFICIAL PNEUMOTHORAX.—Inductions, 20; Refills, 350; Replacements, 3.

X-RAY DEPARTMENT.—Screenings, 715; Radiographs, 417.

Aspirations, chest 3, other 8; Barium meals, 4; Guinea-pig inoculations, 6; Wassermann, 2; Transferred for apicolysis, 1; phrenicectomy, 2; phrenic crush, 2; Gynaecological examinations, 6; Plasters, 7; Truss, 1; Caliper, 1; Anklet, 1; Patients on gold treatment, 15; Patients having vaccine, 5; Patients having tuberculins, 3; Post-mortem examinations, 2.

GENERAL OBSERVATIONS.

It is well perhaps that once a year we have the opportunity of reviewing the cases admitted during the year. The case of special interest naturally tends to impress us most, and yet it is the ordinary ever-day type of case which must be treated successfully if we are to lower the tuberculosis mortality still further. In moments of discouragement we remind ourselves that in seventy-five years the mortality from tuberculosis has been quartered. So far so good, but what may we expect in the future? We have no grounds for complacency. A writer has pointed out recently that, apart from our efforts, a process of natural selection has been in operation. He writes as follows: "Owing to the high death rates from tuberculosis during the preceding century or more, a large number of weaklings have succumbed, and the survivors therefore possessed great natural resistance. In other words, a process of natural selection took place, leading to the survival of the fittest, the benefits of which may still be showing in a reduced death rate, to what extent we can only guess. This process may continue until a completely new and more susceptible population arises. It will therefore be a great mistake to rest on our oars, and so we must carry on the fight, probably as long as the race lasts".

That may sound discouraging, but we need not allow ourselves to be discouraged. We do not allow ourselves to despair because measles, scarlet fever, and other infectious fevers are still with us, and there is no reason why we should make an exception in the case of tuberculosis. At one time, with a distorted sense of decency, we talked of people "going into a decline", and endeavoured to hush the matter up. Perhaps the pendulum has swung too far in the opposite direction, and the problem may be over-publicised. Provided that this tendency does not lead to a phthistophobia, little harm will be done.

We have written of other infectious fevers, and by an examination of their natural history we may find something opposite to our problem. A feature common to most infectious fevers is that in the earlier stages of an epidemic disease the mortality tends to be high, whereas after a process of saturation has taken place, there is a great reduction in the mortality. We know, too, that diseases tend to follow lines of communication. What then of tuberculosis? Were our country an isolated island receiving the disease for the first time, we would expect the spread to take place from the ports, along the highways to the interior. But the disease has been established in the country for a very long time, and by now we would expect it to be established in thickly-populated areas. In these areas inter-communication is well established, and we would therefore expect that a saturation of the population would soon be accomplished with a consequent diminution in the mortality from the disease.

Naturally in those districts in which inter-communication is restricted the process of saturation would take a much longer time, and we would expect the death rate from tuberculosis to fall less rapidly. This may help to explain why the death-rate from tuberculosis is falling less rapidly in the western districts, but in offering it one is conscious that this is only one facet of a very complex problem.

During the year 1935 the total number of patients dealt with was 319, of whom 212 were discharged, leaving 107 under treatment on December 31st, 1935. The daily average of the number of patients confined to bed was 65·42%, and the percentage of cases admitted who were found to have tubercle bacilli in the sputum was 64.

Classification of Admissions.

		<i>Admitted</i>	<i>Observation</i>	<i>Early</i>	<i>Intermediate</i>	<i>Advanced</i>
Men	...	110	1·818%	—	40·909%	57·272%
Women	...	80	1·25%	2·5%	43·75%	52·5%
Children	...	15	6·66%	46·66%	26·66%	20·0%

Of the patients well enough to be transferred to sanatoria, 35 adult patients were transferred, and 2 children were transferred to Highland Moors. Of 14 observation cases in Hospital at the beginning of the year or who were admitted during the year, 5 were found to be suffering from pulmonary tuberculosis.

In the last year's report my predecessor drew attention to the fact that a high proportion of the women patients entered the hospital in an advanced stage of the disease. This unhappy condition continues. One supposes that this is inevitable, as so many have home responsibilities which necessitate that they remain at home until no longer fit for carrying on their housework. It is difficult to make people realise that the proper time to seek treatment is when they feel "off colour" and not when they are confined to bed by extreme exhaustion.

A few of our cases have had pulmonary tuberculosis complicated by non-pulmonary tuberculosis. Of 4 such cases complicated by bone tuberculosis, 1 died. The others have been making satisfactory progress. Two cases have had tuberculosis of the kidney as a complication, and 1 of these is now well enough to be transferred for surgical treatment.

From the medical standpoint, 2 other cases have been of particular interest. One of these cases proved to be suffering from a new growth of the lungs, while the other had a new growth of the oesophagus.

During the year 3 patients died from a fatal haemoptysis.

X-RAY.—This department continues to give invaluable help in the diagnosis and treatment of the patients. The number of films taken has increased as many were required for purposes of comparison. Others have been required as a check on the administration of gold salts or have been taken with a view to considering the advisability of advocating surgical treatment. In practice every patient is X-rayed on admission, so that, by comparison with the films taken before admission, we may have an indication of the rate of extension of the disease.

TREATMENT.—One supposes that it is inevitable that a certain proportion of patients must enter the institution with a gesture of *morituri te salutant*. Happily, the number is not so great as one had anticipated. One has been agreeably surprised when advanced cases have put up a wonderful fight and have managed to rid themselves of many of the symptoms and at last have been able to take moderate exercise. This feature has been most encouraging.

Again, too, one has come across the type of case in which the temperature is persistently normal while the pulse-rate may be normal or only slightly elevated. The patient puts on weight, and yet the disease extends. It is a type which is perhaps more commonly encountered in sanatoria than in hospitals.

Artificial pneumothorax has been carried out in suitable cases, but in some instances it had to be discontinued. At first one felt disappointed about this, but later experience seemed to indicate that a partial pneumothorax, even if sustained for a short time only, appears to help. Possibly it reduces toxæmia for a sufficient length of time to enable the patient to build up a degree of natural resistance to the infection.

Some patients appear to have been benefited by a phrenicectomy or by a phrenic crush. Where there has been much associated bronchitis, the ultimate results from this mode of treatment have not been so satisfactory.

In the earlier part of the year, sanocrysin was used, but without the favourable results we anticipated. At the moment some of the patients are being

treated with oleo-sanocrysin while others are having solganol B. Under the direction of Colonel Cummins we are trying out a new gold preparation made by the Teddington Laboratory.

A few patients have been treated with vaccines, but, although they report some improvement, it is too early to assess results.

Concurrent with all modes of treatment we have carried out the principles of graduated rest and exercise. Those cases which have been complicated by bone lesions have received the treatment appropriate to their condition.

We have been fortunate in that the surgical resources of the Glan Ely Hospital have been placed at our disposal for patients requiring surgical treatment.

MATERIEL.—During the year there have been some major improvements which have added materially to the efficiency of the Hospital. For the most part these were improvements which had been commenced or had been decided upon during the latter part of Dr. Wm. Davies' term of office. The whole of the heating of the main building, the laundry services, etc., have been centralised. This was a big undertaking, but one which fully justified all the labour and inconvenience entailed.

In addition we have been able to reconstruct the main kitchen and bring it up to date. The main heating scheme enabled us to dispense with a boiler in the kitchen and, as this boiler was a source of much dust and trouble, its removal has been an occasion for great rejoicing.

Owing to subsidence a part of the main sewer had to be relaid. Another part of the scheme which has always been troublesome has been the portion which passed under the Rhymney River. A thorough inspection of the whole system was made by Mr. Watkin Edwards, Surveyor to the Rhymney Valley Sewerage Board, and on his recommendation the sewage pipes were carried above instead of beneath the river. This undertaking appears to have removed a source of worry.

Structural defects necessitated considerable repairs in the quarters of the Medical Superintendent. For a similar reason repair work and certain replacements were effected in the Matron's quarters.

As with the artist, whose greatest picture is the one which he is about to paint, so our greatest improvements are those which we hope to make. Fortunately the question of improvements has been under discussion for many years, and it is hoped that many of the valuable suggestions offered will be carried out in the near future.

AMENITIES.—Throughout the year friends of the Hospital have given concerts, and these have been much appreciated. During Jubilee week we were able to provide a particularly enjoyable time for everyone.

From time to time our library of books for the patients has been enriched by gifts from the National Library, the British Red Cross, and from other sources. The demand has been for light reading, as many of the patients are not well enough to undertake concentrated study.

Through the medium of the radio the patients have been able to keep in touch with outside activities, and thus to banish, to a certain extent, the feeling of isolation. We have been able to replace the wireless apparatus, which had become defective, by one most suitable to our requirements. In addition, many of the headphones were replaced.

In a hospital such as this one is sometimes at a loss to know what to do with those patients who are able to take some exercise but not enough to occupy all their leisure. The modern practice of offering facilities for handicraft work is a great help. I am pleased to report that, through the kindness of friends, a fund has been started for the provision of a handicraft building. The building will be a great help and will be much appreciated by the patients as they become well enough to use it.

PERSONNEL.—There have been no important changes in the personnel of the Hospital. Dr. Mary E. Hewart Jones now acts in the capacity of Resident Medical Officer. I am much indebted to her for loyal and efficient service during a period which must have been peculiarly trying.

ACKNOWLEDGMENTS.—For the efficient running of a hospital it is absolutely essential that it should have a band of friends who take an active and personal interest in the place and in the patients. This Hospital is very fortunate in that it has many friends, and I am grateful to them that, in spite of a change in staff, their allegiance to the place has not wavered.

To the Ladies' Guild we say "Thank you," and trust that they will realise how much we appreciate all that they are doing for us. Our work would have been much less effective were it not for the time, labour, and money they have expended in looking after the comfort of the patients.

During the year we have been privileged to have services every Sunday, and we are grateful to the Chaplains, who have given their services so devotedly.

We are grateful, too, to those kind friends who have provided concerts throughout the year. We would like to thank them for their good work in helping to brighten the lives of those in less happy circumstances.

I am very grateful to the Chairman and members of the House Committee for the help and encouragement which they have extended to me during the past year. Without this help and encouragement the work would have been impossible.

It is inevitable that, in a change-over in staff, much extra work should devolve on the Head Office staff. I am grateful to them for doing the work so cheerfully and for the exemplary patience which they have displayed.

In the space at one's disposal it is impossible to mention all those who have helped and who are helping us in our work. But although this is impossible, we can at least acknowledge our appreciation of their kindness. We do so with much pleasure.

In conclusion I would like to thank the Matron, Miss Forsdike, and the members of the staff for their loyalty and support during the year. These qualities, combined with efficiency and devotion to duty are responsible for any success which may have been attained.

The following tables give details of the work undertaken by the Welsh National Memorial Association in the Administrative County during the year ended 31st December, 1935.

TABLE 1.

Return showing the work of the Dispensaries during the year ended December 31st, 1935.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total			
	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 ...	125	138	14	16	25	22	19	16	150	160	33	32
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	9	10	4	
(c) Non-Tuberculous ...	...	...	...	...	...	...	...	...	421	414	274	259
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ...	3	...	...	1	...	...	1	...	3	...	1	1
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	2	...	2	3
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	107	110	141	142
C.—CASES written off the Dispensary Registers as:—												
(a) Recovered ...	26	22	8	2	10	18	22	10	36	40	30	12
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Registers as tuberculous) ...	...	...	...	...	...	...	...	...	539	536	421	408
D.—NUMBER OF CASES on Dispensary Registers on December 31st:—												
(a) Definitely tuberculous ...	534	495	68	69	141	179	131	84	675	674	199	153
(b) Diagnosis not completed ...	..	...	...	...	...	...	...	...	4	1	2	1

TABLE 1 (Continued).

1.—Number of cases on Dispensary Registers, on January 1st. ...	1770	8.—Number of visits by Tuberculosis Officers to homes (including personal consultations). ...	1996
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years. ...	55	9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	5746
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of." ...	149	10.—Number of :— (a) Specimens of sputum, etc., examined ...	982
4.—Cases written off during the year as dead (all causes). ...	227	(b) X-Ray examinations made in connection with Dispensary work ...	2240
5.—Number of attendances at the Dispensaries (including Contacts) ...	3702	11.—Number of "Recovered" cases restored to Dispensary Registers, and included in A (a) and A (b) above ...	22
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December. ...	70	12.—Number of "T.B. plus" cases on Dispensary Registers on December 31st. ...	367
7.—Number of consultations with Medical Practitioners :— (a) Personal ...	734		
(b) Other ...	2898		

TABLE 2.

Return showing the Extent of Residential Treatment and Observation in Institutions during the year ended December 31st, 1935.

		In Institutions on Jan. 1st, 1935.	Admitted during year.	Discharged during year.	Died in Institutions.	In Institutions on Dec., 31st, 1935.
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	1	16	13	2	2
	Adult Females..	2	20	18	—	4
	Children	8	28	23	2	11
	Total ...	11	64	54	4	17
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	58	106	73	23	68
	Adult Females..	32	95	76	16	35
	Children	9	18	13	1	13
	Total ...	99	219	162	40	116
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	16	22	18	3	17
	Adult females ...	12	16	19	2	7
	Children ...	38	24	27	1	34
	Total ...	66	62	64	6	58
Grand Total ...		176	345	280	50	191

TABLE 3.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1935.

HOSPITAL (PULMONARY CASES).

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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	2	1	1	5	3	...	1	4	...	2	1	...	20
	Died	...	...	1	1	...	...	...	...	...	1	...	...	...	...	3
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2
	Died	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	4	3	...	5	5	...	6	7	...	1	...	1	32
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	4	6	...	8	7	...	4	3	...	1	1	...	34
	Died	...	...	9	3	1	3	3	...	3	3	...	5	2	...	32
Totals				21	15	2	21	19	...	14	18	...	9	4	1	124

TABLE 3(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1933.

HOSPITAL (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	...	3	...	...	3	1
Non-Tuberculous	1	...	...	2	1	2	3	1	2
Doubtful	1	...	...	...	...	1	1	...	1
Totals	2	...	1	2	4	3	4	4	4

TABLE 4.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1935.

SANATORIUM (PULMONARY CASES).

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	...	2	11	3	5	1	5	...	...	...	28			
	Not Quiescent	...	...	3	...	...	2	4	3	1	...	..	...	...	...	13			
	Died	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...			
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1			
	Not Quiescent	...	...	...	...	...	...	1	..	1	1	...	...	...	...	3			
	Died	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...			
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	Not Quiescent	...	...	...	1	...	...	5	...	4	...	...	1	...	...	11			
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	Not Quiescent	...	...	...	1	...	2	1	...	2	1	...	1	...	...	8			
	Died	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...			
Totals				...	...	...	3	4	...	6	22	6	13	3	5	2	...	...	64

TABLE 4(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1935.

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	...	4	...	1	1	2	1	5	2
Non-Tuberculous	...	...	...	...	1	...	...	1	...
Doubtful	...	...	...	3	2	4	3	2	4
Totals	...	4	...	4	4	6	4	8	6

* Patients whose stay in Residential Institutions has not exceeded 28 days are no longer included in this table.

TABLE 5.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1935.

HOSPITAL (NON-PULMONARY CASES.)

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	1	3	...	...	2	1	...	8
	Not Quiescent	2	1	...	...	2	3	2	1	1	2	2	8	24
	Died	...	...	...	...	...	...	...	...	...	1	2	...	3
Abdominal.	Quiescent	1	...	...	1	1	...	...	...	...	...	...	...	3
	Not Quiescent	...	1	2	...	3	...	...	...	...	...	...	1	7
	Died	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Organs.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	...	...	1	...	...	1	...	...	...	...	2
	Died	...	...	...	...	...	1	...	...	...	...	...	...	1
Peripheral Glands.	Quiescent	...	...	3	...	1	1	...	...	1	...	...	...	6
	Not Quiescent	...	1	3	...	...	...	...	...	1	...	...	...	5
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals		4	3	8	1	9	6	5	2	3	5	5	9	60

TABLE 5(a).

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1935.

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	2	2	3	3	2	4	6	12	10
Non-Tuberculous	...	...	...	2	1	3	5	3	5
Doubtful	...	1	1	...	...	4	4	3	10
Totals	2	3	4	5	3	11	15	18	25

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.—Mondays at 10 a.m.
Wednesdays at 2 p.m.
Thursday at 4.30 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. 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 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 £310/15/8 in the year 1935.

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

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

A.—DR. P. C. P. INGRAM.

“The figures for the number of patients dealt with for the first time shews little change from those of the preceding year. A slight increase in those com-

prising each of the three groups, syphilis, soft chancre and gonorrhoea, being offset by a decline in those found not to be suffering from venereal disease and resulting in a net decline of 11.

The total number of new cases of syphilis (44) now averages less than one a week, a striking contrast to the figures of ten years ago when the total (79) was nearly double.

The most satisfactory figure from the Public Health point of view is one not shown in the return, namely, that of these 44 new patients only 14 were in the early and infectious stage. Four years ago the corresponding figure was 51. This is a feature, so I am informed, common to many clinics throughout the country. It shows a definite decline in the incidence of syphilis and the value of the work that has and is being done.

Gonorrhoea remains prevalent, but the number (64) discharged cured is encouraging.

A much improved feature is the figures of cases discharged cured for syphilis—21 as against 12 and 3 in the two preceding years—showing that patients with this disease are following up a period of treatment and observation which lasts for $2\frac{1}{2}$ years in a very satisfactory manner.

While the number (101) of patients who cease to attend before completion of treatment cannot be considered altogether satisfactory, it must be borne in mind that many, owing to the industrial depression, leave the district, and that while there are very adequate arrangements for the transfer of patients to other clinics where they can continue their treatment, many do not avail themselves of these.

The slight decline in the total attendances follows the fall in the number of new patients and remains at a good total".

B.—Dr. MARY H. M. GORDON.

"The total number of cases attending for the first time showed a decrease over last year's figure—223 compared with 262—largely due to a fall in the number of non-venereal cases reporting. The number of new cases reporting for investigation during 1934 was unusually large.

The number of new cases of Syphilis was less than last year. There was again an increase in the number of new cases of Gonorrhoea. The proportion of new cases of Gonorrhoea to new cases of Syphilis was 3.2:1—the corresponding figure for England and Wales was 2.4:1. It is satisfactory if the ratio of new cases of Gonorrhoea to new cases of Syphilis increases each year, as

it shows that more cases of Gonorrhoea are coming forward for treatment. The ratio has been gradually increasing in Monmouthshire.

The new cases of Syphilis were again composed chiefly of patients in the last stages of the disease, and cases of Congenital Syphilis. The County Maternity and Child Welfare Centres, including the Ante-natal Clinics, still continue to refer a large number of cases to the Treatment Centre. Unfortunately, on account of difficulty in travelling during the last two or three weeks of pregnancy, treatment of Syphilis and Gonorrhoea in the pregnant woman cannot as a rule be carried out during these last and very important weeks. There is a pressing need for hospital accommodation for the period during, and just before, and after, the confinement, for pregnant women suffering from Syphilis and Gonorrhoea.

There is a decrease in the number of patients discharged cured after completion of treatment for Syphilis and Gonorrhoea—due largely to a falling off in the number of non-venereal cases. The number of cases of Gonorrhoea discharged cured seems surprisingly small—but it is sometimes very difficult to persuade patients with Gonorrhoea to attend till the last test for cure is carried out.

There is a decrease in the number of defaulters this year and this may be due partly to the smaller attendance. Cases who were attending for a considerable time are followed up by the Lady Inquiry Officer, who spares no pains to induce them to continue attendance”.

Comparison with 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.

	1935.	1934.
To new cases which came to her knowledge and which had not undergone treatment	423	395
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1642	1635
To members of Voluntary Agencies, District Nurses, etc.	266	223
Total	2331	2253

Since her appointment in July, 1918, Nurse Walters has visited 6,407 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 873 specimens were examined for private practitioners during the year 1935.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1935 are as follows:—

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

		1935										Prev
		For detection of Spirochaetes.		For detection of Gonococci.		Complement Fixation Test (Gonorrhoea)		For Wassermann reaction (Syphilis).		Other Examinations.		TOTAL.
		Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	
From County of Monmouth—												
Treatment Centre	..	20	3	500	970	227	146	513	489	18	22	2908
Practitioners	...	1	2	124	265	26	6	266	161	10	12	873
From County Borough of Newport—												
Treatment Centre	...	30	4	344	435	137	104	413	244	14	2	1727
Practitioners	...	1	—	52	147	39	17	275	168	8	5	712
From Other Districts—												
Glamorganshire	...	1	—	—	4	—	—	2	—	—	—	7
Brecon	..	—	—	4	—	4	—	11	—	—	—	19
Surrey	...	—	—	—	—	—	—	1	—	—	—	1
Gloucestershire	...	—	—	1	—	—	—	2	—	—	—	3
Cardiff	...	—	—	8	—	2	—	5	1	—	—	16
London	...	—	—	—	—	—	—	—	—	—	—	—
Totals		53	9	1033	1821	435	273	1488	1063	50	41	6266

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

		1935.		1934	
Novarsenobillon	.9 grm. =	...	—	...	9
„	.6 „ =	...	22	...	19
„	.3 „ =	...	22	...	33
Totals		...	49	...	61
Stabilarsen	.6 grm. =	...	4	...	27
(Boots)	.45 „ =	...	2	...	12
	.3 „ =	...	—	...	1
	.2 „ =	...	—	...	22
	.15 „ =	...	—	...	5
Totals		...	6	...	67
Sulphostab	.6 „ =	...	—	...	10
(Boots)	.45 „ =	...	20	...	30
Totals		...	20	...	40
Kharsulphan	.45 grm. =	...	—	...	9
Sulphostab Solvent	=	...	—	...	1 oz.

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

(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.

	1935.			1934.		
	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 ...	44	28	72	37	37	74
" " Soft Chancre ...	14	—	14	9	—	9
" " Gonorrhœa ...	126	92	218	125	88	213
Not suffering from venereal disease ...	55	103	158	80	137	217
Total ...	239	223	462	251	262	513
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	21	9	30	3	17	20
Soft Chancre ...	9	—	9	8	—	8
Gonorrhœa ...	64	17	81	58	33	91
Not suffering from venereal disease ...	53	97	150	92	160	252
Total ...	147	123	270	161	210	371
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	24	56	80	44	61	105
Soft Chancre ...	4	—	4	6	—	6
Gonorrhœa ...	73	78	151	85	89	174
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	101	134	235	135	150	285
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	2266	2175	4441	2339	2723	5062
" " Soft Chancre ...	92	—	92	59	—	59
" " Gonorrhœa ...	2491	1152	3643	2462	1327	3789
Not suffering from venereal disease ...	93	216	309	156	313	469
Total ...	4942	3543	8485	5016	4363	9379

				1935.			1934.		
				Males.	Females.	Total	Males.	Females.	Total.
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—									
Syphilis	...	...	...	161	219	380	75	268	343
Gonorrhoea	...	...	...	322	389	711	172	87	259
Soft Chancre	...	...	...	—	—	7	—	—	—
Not suffering from Venereal disease	...	...	...	—	—	—	—	—	—
Observation Cases	...	...	...	—	—	—	—	—	—
Total	...	...	...	483	615	1098	247	355	602
6.—Number of persons treated with Salvarsan substitutes				85	134	219	118	254	372
7.—Number of doses of Salvarsan substitutes given:—									
Name of Drugs—Novarsenobillon									
Silversalvarsan									
Stabilarsan									
Kharsuphan									
Sulphostab									
Arseno Argenticum									
dose .05	...	...	...	—	—	—	—	—	—
dose .1	...	...	...	6	46	52	65	119	184
dose .15	...	...	...	70	68	138	64	118	182
dose .2	...	...	...	16	202	218	15	145	160
dose .25	...	...	...	—	—	—	—	52	52
dose .3	...	...	...	68	115	183	58	203	261
dose .45	...	...	...	117	282	399	194	332	526
dose .6	...	...	...	135	2	137	156	11	167
dose .75	...	...	...	28	—	28	13	—	13
Name of Drug—Bismuth	dose 2 grm			995	1136	2131	497	821	1318
Quin. Iod.	dose .3 grm.			—	—	—	527	627	1154
Total	...	...	...	1435	1851	3286	1589	2428	4017
8.—Examination of Pathological material:—				Males.	Females.	Total	Males.	Females.	Total.
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—									
For detection of spirochaetes	...	...	...	20	3	23	24	4	28
" " gonococci	...	...	...	500	970	1470	514	916	1430
Complement Fixation Test	...	...	...	227	146	373	182	144	326
For Wassermann reaction	...	...	...	513	489	1002	542	568	1110
Others	...	...	...	18	22	40	12	10	22
Totals	...	...	...	1278	1630	2908	1274	1642	2916

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.

MATERNITY AND CHILD WELFARE.

This work has been fully dealt with in the special report which has been prepared.

BLIND PERSONS ACT, 1920.

The number of blind persons upon the County Register at the 31st March, 1936, was 790—391 males and 399 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 1935-1936, weekly grants were made to 440 persons, the total amount of the grants being £9,582 0s. 0d.

The Monmouth County Association for the Blind is very active in its efforts to provide social amenities for the blind persons on the County Register. A New Year's treat was organised in many of the districts and each blind person in the County received a gift of the value of 5/-. Summer outings are arranged. Barry Island was the venue in 1935. A whole day was spent there and luncheon and tea provided. The same arrangements will be carried out in July, 1936.

The Association has been instrumental in obtaining free radio relay service for the blind in several districts and it has provided many loud speakers for the use of blind persons in connection with this service. In conjunction with the "Wireless for the Blind" Fund, the Relay Service is being extended, and two-valve sets are being supplied to many blind persons. In various other ways the Association is constantly assisting in the social welfare of the Blind.

There are twenty local Blind Welfare Committees in the County helping in the work and we are glad to acknowledge their valuable aid.

The Joint Committee of the Newport Borough Council and the County Council which has been endeavouring to form a Joint Association for the Welfare of the Blind to serve the two areas has now been successful in its efforts. The final steps in connection with the winding up of the affairs of the Newport and Monmouthshire Blind Aid Society have been reached, and it is hoped that the new Joint Association will be inaugurated within the next few months.

No action has been taken under the National Firearms Act 1934 in the
amount as no evidence has been established of breach of the provision.

MATERNITY AND CHILD WELFARE

The Bill has been passed by the House of Commons and is now in the
Lords.

ELIOT PERSONS ACT 1930

The number of persons under the County Councils (Eliot Persons) Bill
1930 was 750, 751 and 752. Details are given in the accompanying
table.

Details are given in the accompanying table of the persons who were
under the Bill in 1930. The number of persons who were under the Bill
in 1930 was 750, 751 and 752. Details are given in the accompanying
table.

The Maternity County Councils Bill 1930 is now in the
Lords. It provides for the County Councils to provide maternity
services for the persons who are under the Bill. It also provides
for the County Councils to provide maternity services for the persons
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Blind Registrations as at 31st MARCH, 1936.

TABLE 1.—Age Periods.

0-1		1-5		5-16		16-21		21-40		40-50		50-65		65-70		70 and upwards		(i) Total of all age groups (ii) Age unknown										
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
1	...	1	1	2	8	11	19	10	5	15	23	28	51	27	28	55	94	103	197	63	56	119	173	177	350	(i) 400 (ii) 1	(i) 409 (ii) 2	(i) 809 (ii) 3

TABLE II.—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		Un- known										
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
33	30	63	17	27	44	9	7	16	11	18	29	20	20	40	27	54	40	44	84	68	81	149	100	84	184	54	58	112	225	1537

TABLE III.—Training and Employment, Age period 16 and upwards.

Employed					Undergoing Training.										No training but Trainable		Unemployable		TOTAL							
By Blind Institutions.			All others not included in (a) & (b)		Total employed		Industrial		Secondary		Professional or University		Trained but unemployed		No training but Trainable		Unemployable		TOTAL							
Workshops (a)	Home Workers (b)		M. F.	T.	M. F.	T.	(e)	(f)	(g)	(h)	(i)	(j)														
M. F.	T.		M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.						
—	—	3	25	...	28	—	8	4	12	...	...	1	3	4	4	2	6	7	5	12	343	385	728	391	399	790

TABLE IV.—Physically and Mentally Defective.

(a) Mentally Defective			(b) Physically Defective			(c) (i) Deaf (ii) Deaf-Mute			Combination of (a) and (b)			Combination of (a) and (c)			Combination of (b) and (c)			Total		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
7	5	12	4	5	9	26	23	49	3	1	4	—	3	3	—	1	1	40	38	78

TABLE V.—Occupations of Employed.

Within Institutions or the Blind	Ministers of Religion	Dealers (Tea Agents, Shopkeepers etc).	Hawkers	Musicians & Music Teachers	Tinners	Poultry Farmers	Massesur	Miscellaneous	Total.
Lo approved Home Workers Schemes	...	...	...	...	3	...	...	...	3
Others (not pastime Workers)	1	8	1	2	2	4	1	6	25
Total	1	8	1	2	5	4	1	6	28

TABLE VI.—Children of School age, 5—16.

	Normal.		Mentally Defective.		Physically Defective.	
	M.	F.	M.	F.	M.	F.
In Schools for the Blind ...	6	9	...	...	...	...
Other Schools ...	...	1	...	...	...	...
Not at School ...	...	...	2	1	...	...

TABLE VII.—Unemployable persons resident in Homes for the Blind, Mental Hospitals or Poor Law Institutions.

Homes for the Blind.		Mental Hospital.		Poor Law Institution.	
M.	F.	M.	F.	M.	F.
...	1	2	2	7	11

