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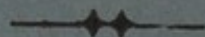
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MONMOUTHSHIRE. COUNTY COUNCIL.



PUBLIC HEALTH  
REPORT  
FOR THE YEAR 1936.



D. ROCYN JONES,

*C.B.E., M.B., D.P.H., K.St.J., J.P.,*

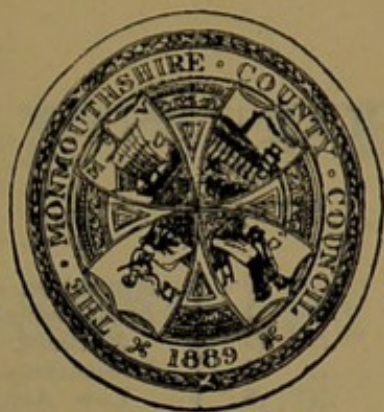
County Medical Officer.

THE COUNTY HALL,  
NEWPORT, MON.

26th JULY, 1937.







MONMOUTHSHIRE COUNTY COUNCIL.



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# **REVIEW**

OF THE

## **GENERAL SANITARY CONDITIONS**

OF THE

### **COUNTY OF MONMOUTH,**

**For the Year ended December 31st, 1936.**

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#### **SCOPE OF THE REPORT.**

Under Article 17 (5) of the Sanitary Officers' (Outside London) Regulations, 1935, and in accordance with Circular 1561 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1936 become the sixth 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 1936 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 1935, 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 were combined into one urban district named the Pontypool Urban District; the urban areas of Llanfrechfa Upper and Llantarnam were combined into one urban district named the Cwmbran Urban District; and the rural areas of Magor and St. Mellons were combined into one rural district named the Magor and St. Mellons Rural District. These new county districts are now functioning smoothly.



## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 342,249.

Population (1931) Census, 345,755.

Do. Estimated 1936, 319,940.

Rateable value, £1,122,945.

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 1936, 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 1936.

DISTRICT	ESTIMATED POPULATION	BIRTHS						GRAND TOTAL	Rate per 1000 of population	DEATHS			Rate per 1000 of population	INFANTILE MORTALITY.				Zymotic Death rate per 1000 of estimated population	Tubercular Death rate per 1000 of estimated population	Deaths under 15 years of age per 1000 of estimated population	Respiratory diseases Death rate per 1000 of estimated population	Medical Officer of Health
		LEGITIMATE		ILLEGITIMATE		TOTAL				Male	Female	Total		Deaths under 1 year of age								
		Male	Female	Male	Female	Male	Female							Leg.	Illegitimate.	Total.	Rate per 1000 Births.					
<b>URBAN.</b>																						
Abercarn	19430	161	138	4	6	165	144	309	15.8	115	101	216	11.1	23	—	23	74.4	20	56	1.90	E. M. Griffith, M.D., Abercarn	
Abergavenny	8092	50	53	1	3	51	56	107	13.2	68	61	129	15.9	5	—	5	46.7	—	61	.98	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny	
Abertrillery	29600	265	253	12	9	277	262	539	18.2	221	161	385	13.0	34	3	37	68.6	20	84	1.63	T. Baillie Smith, M.B., Ch.B., D.F.H., Abertrillery	
Bedwas and Machen	8724	72	62	4	1	76	63	139	15.9	53	39	92	10.5	5	1	6	43.1	68	1.03	.91	Cecil E. P. Davies, L.M.S.S.A., Machen	
Bedwellty	29740	284	314	9	7	293	321	614	20.6	201	149	350	11.7	37	2	39	63.5	43	.87	1.78	S. R. MacMillan, M.B., B.Ch., New Tredegar	
Blaenavon	10320	76	66	1	2	77	68	145	14.0	92	68	161	15.5	16	—	16	110.3	19	.29	3.87	J. J. Crowe, L.A.M., Blaenavon	
Caerleon	3347	21	18	—	—	21	18	39	11.6	18	15	33	9.8	4	—	4	102.5	—	.29	.59	W. H. Reynolds, M.R.C.S., L.R.C.P., Caerleon	
Chepstow	4146	42	22	2	2	44	24	68	16.4	26	22	48	11.5	4	—	4	58.8	96	.24	1.68	J. J. O'Reilly, M.B., B.Ch., B.A.O., Chepstow	
Cwmbran	11210	92	87	2	3	94	90	184	16.4	64	54	118	10.5	11	—	11	59.7	17	.53	.89	F. C. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., Cwmbran	
Ebbw Vale	29000	229	231	6	8	235	239	474	16.8	207	148	355	11.8	26	3	29	61.1	13	.63	1.10	F. M. Foster, F.R.C.S., D.F.H., Ebbw Vale	
Monmouth	4927	33	29	4	5	37	34	71	14.4	35	47	82	16.4	3	—	3	42.2	—	.20	1.42	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth	
Mynyddislwyn	14020	116	121	2	4	118	125	243	17.3	77	77	154	10.9	16	2	18	74.0	35	.92	1.64	C. G. Mackay, M.B., Ch.B., Blackwood	
Nantyglo and Blaina	12280	93	83	3	3	96	86	182	14.7	89	73	162	13.1	11	1	12	65.9	98	1.05	.57	F. M. Wallen-Gunn, M.R.C.S., L.R.C.P., Blaina	
Pontypool	41370	316	283	10	7	326	290	616	14.8	263	217	480	11.6	33	2	35	56.8	29	.74	1.49	T. J. McAllen, M.B., Ch.B., Pontypool	
Rhymney	9900	90	80	2	2	92	82	174	17.5	72	54	126	12.7	9	—	9	51.7	30	.60	1.31	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney	
Risca	15570	112	117	4	3	116	120	236	15.1	129	75	204	13.1	14	—	14	59.3	38	.83	1.32	N. N. Wade, M.D., Ch.B., Risca	
Tredegar	21780	170	176	9	7	179	183	362	16.6	155	122	277	12.7	18	—	18	49.7	22	.87	1.05	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.,	
Usk	1244	6	8	—	—	6	8	14	11.2	9	10	19	15.2	—	—	—	—	80	—	—	—	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar
<b>RURAL.</b>																						
Abergavenny	8477	48	51	3	2	51	53	104	12.2	52	32	84	9.9	4	2	6	57.6	11	.35	.11	O. G. Coldicott, M.B., Ch.B., Abergavenny	
Chepstow	8564	60	38	2	1	62	39	101	11.8	53	47	100	11.6	5	2	7	69.3	11	1.16	.93	J. J. O'Reilly, M.B., B.Ch., B.A.O., Chepstow	
Magor & St. Mellons	16880	109	103	6	2	115	107	222	13.9	101	100	201	12.6	10	1	11	49.5	96	.50	1.32	N. N. Wade, M.D., Ch.B., Risca	
Monmouth	5985	35	38	3	8	38	46	84	14.0	49	31	80	13.3	1	2	3	35.7	—	.33	.83	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth	
Pontypool	5434	35	22	1	3	36	25	61	11.2	40	32	72	13.2	4	—	4	65.5	—	.55	1.47	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk	
Grand Totals, 1936	319940	2515	2395	90	88	2605	2483	5088	15.9	2132	1735	3927	12.2	293	21	314	61.7	23	.71	1.42		
Totals for Year 1935	327150	2647	2454	97	77	2744	2531	5275	16.12	2070	1691	3761	11.5	315	9	324	61.4	34	.82	1.55		





	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				
<b>ENGLAND &amp; WALES</b> ...	1936 <b>14.8</b>	1936 <b>0.61</b>	(1935) (14.7)	(1935) (0.62)	1936 <b>12.1</b>	(1935) (11.7)	1936 <b>59.0</b>	(1935) (57.0)
122 County Boroughs and Great Towns, including London ... ..	14.9	0.67	(14.8)	(0.68)	12.3	(11.8)	63.0	(62.0)
143 Smaller Towns (Estimated resident population 25,000 to 50,000 at census 1931) ...	15.0	0.64	(14.8)	(0.64)	11.5	(11.2)	55.0	(55.0)
London ... ..	13.6	0.53	(13.3)	(0.52)	12.5	(11.4)	66.0	(58.0)
<b>MONMOUTHSHIRE</b> ...	<b>15.9</b>	<b>0.96</b>	(16.1)	(0.98)	<b>12.2</b>	(11.5)	<b>61.7</b>	(61.4)

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 1936, was 5,088, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M.	F.	M.	F.	
Urban Districts ...	2228	2141	75	72	2303	2213	4516
Rural Districts ...	287	254	15	16	302	270	572
Total ... ..	2515	2395	90	88	2605	2483	5088

In 1935 there were 5,275 births; in 1934, 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; and in 1916, 8,848 births. The birth rate for 1936 was 15.9 per 1,000 persons living. In 1935 the rate was 16.12; in 1934, 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; and in 1916, 25.7.

For the Urban Districts of the County the birth-rate was 16.3 per 1,000 for 1936, and for the Rural Districts, 12.9, as compared with 16.7 and 12.4 respectively for 1935 and 16.8 and 14.6 for 1934.

The birth rate shows a further decrease, being .2 lower than the figure for the year 1935 (16.1). There were 187 less births in the Administrative County during the year 1936, as compared with 1935.

The number of births of illegitimate children was 178 which gives a rate of 34.9 per 1,000 of the total births, and .55 per 1,000 population. Last year the number was 174, equal to 32.9 per 1,000 births, and .53 per 1,000 of population. For the year 1934, the figures were 178 equal to 31.8 per 1,000 births, and .52 per 1,000 population.

The birth-rate for England and Wales was 14.8.

**DEATHS.**—The total number of deaths registered in the Administrative County as shown by the Registrar General's table, was 3,927, as compared with 3,761 in 1935; 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; and 4,979 in 1916.

The general death-rate calculated upon the estimated population figure of the Registrar-General—319,940, works out at 12.2 per 1,000 living. In 1935 the rate was 11.5; in 1934, 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; and in 1916, 12.9. For the Urban Districts the rate for 1936 was 12.3; and for the Rural Districts 12.1.

The County death-rate of 12.2 per 1,000 of population is much higher than the rate for 1935 which was 11.5, and is higher than that for England and Wales, 12.1.



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF MONMOUTH, 1936.

[illegible]





### **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 35, 16 from Puerperal Fever and 19 from other causes associated with childbirth. This is equal to a rate of 6·8 per 1,000 live births, which is the same as last year. The rate is still much higher than that of England and Wales, which for the year 1936 was 3·65 per 1,000 live births registered.

**INFANTILE MORTALITY.**—The total number of deaths under one year of age throughout the Administrative County was 314, 283 in the Urban Districts and 31 in the Rural Districts.

The rate per 1,000 births was 61·7, an increase of ·3 upon the figure for 1935 which was 61·4.

In the Urban Districts the rate was 62·6 per 1,000 births, and in the Rural Districts 54·1 per 1,000 births.

In 1935 the Infantile Mortality rate was 61·4; in 1934, 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; per 1,000 births.

The rate for England and Wales was 59·60.

The average Infantile Mortality rate for the 25 years, 1891-1915, was 137·4. The average rate for the 21 years, 1916-1936, was 73·6.

The number of deaths of illegitimate children under one year of age was 7, or 1·3 per 1,000 of all births, and 39·3 per 1,000 of illegitimate births. Last year the number of deaths was 9, or 1·6 per 1,000 of all births, and 51·7 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 1936.



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	109	25	10	8	152	50	33	29	19	283
Rural Districts	14	2	1	4	21	2	1	3	1	28
Totals	123	27	11	12	173	52	34	32	20	311

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 ...	17	1	18	3.5
Diarrhoeal Diseases ...	16	2	18	3.5
Wasting Diseases ...	159	21	180	35.3
Respiratory Diseases ...	62	4	66	12.9
Tubercular Diseases ...	3	—	3	.5
Other Causes ...	26	3	29	5.1
Totals ...	283	31	314	61.7

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

Measles—all ages	...	...	...	...	...	3
Whooping Cough—all ages	...	...	...	...	...	26
Diarrhoea—under 2 years of age	...	...	...	...	...	21



## 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., K.St.J., 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.

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

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

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

Harry V. M. Jones, M.B., B.S., D.P.H.

#### COUNTY TUBERCULOSIS OFFICERS.

Frank Wells, M.R.C.S., L.R.C.P. (now deceased).

(West Monmouthshire Area) assisted by

J Glyn Jones, M.A., M.B., B.Chir. (Acting Tuberculosis Physican).

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.
„ A. H. James, Blaenavon.	„ G. R. Strong, Magor.
„ J. H. Verwey, Nantyglo.	„ Cecil E. P. Davies, Bedwas and
„ F. M. Fonseca, Ebbw Vale (Part)	Machen.
„ J. McCaig, Ebbw Vale (Part).	„ G. E. Hull, Graig & Rogerstone
„ D. McKintosh, Ebbw Vale (Part)	„ D. Macaulay, Maesycwmmer.
„ J. G. Owen, Tredegar.	„ W. H. Reynolds, Caerleon and
„ R. V. de Acton Redwood,	Christchurch.
Rhymney.	„ W. Irwin, Marshfield.
„ S. R. MacMillan, New Tredegar.	„ N. N. Wade, Risca.
„ W. F. Mulvey, Abertillery.	„ F. Carlton Jones, Llantarnam,
„ W. McKendrick, Blackwood,	Llanfrechfa Upper and
Pengam and Rock.	Lower.
„ T. J. Davies, Argoed and Holly-	„ H. C. Conwy Joyce, St. Mellons.
bush.	„ J. P. J. Jenkins, Panteg.
„ J. J. O'Reilly, Tintern, Chep-	„ R. J. S. Verity, Abersychan
stow and Shirenewton.	(North).
„ Owen T. Jones, Caldicot.	„ J. D. MacQuillan, Abersychan
„ W. M. Langdon, Raglan.	(Central).
„ A. M. Humphrey, Skenfrith,	„ E. L. M. Hackett, Usk.
Grosmont and Llangula.	„ T. J. Frost, Llanhilleth.
„ M. Horan, Trelleck.	„ A. M. Brooks, Beaufort.
„ P. G. Harvey, Monmouth.	„ K. S. Thom, Dukestown.
„ W. H. Williams, Rockfield.	„ T. J. McAllen, Pontypool.
„ M. J. Ryan, Abercarn (Upper).	„ Ivor Thomas, Abertysswg.
„ 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. D. 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-Gunn,
„ F. Carlton Jones, Llantarnam.	„ Aberystroth (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. Franklin, Ebbw Vale,
„ P. G. Harvey, Trelleck.	„ (Part).
„ W. M. Langdon, Raglan.	„ J. Owen, Tredegar.
„ A. M. Humphry, Skenfrith.	„ R. V. de Acton Redwood,
„ E. W. Hardman, Chepstow,	„ Rhymney and Abertysswg.
„ Shirenewton and Tintern.	„ S. R. Macmillan, New Tredegar.
„ Owen T. Jones, Caldicot.	„ W. F. Mulvey, Abertillery.
„ A. Brook, 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.
„ A. H. James, 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.

J. Morgan, Blaenavon.

E. Rowland, Mynyddislwyn.

Name and Districts.

E. J. Winstone, Abertillery, Beaufort, Caerleon, Chepstow, Ebbw Vale, Llanhilleth, Llantarnam, Monmouth, Panteg, Pontypool, Rhymney, Rogerstone, St. Woolos, Tredegar, Trelleck, Usk, Abergavenny, Llanarth, Llanfihangel Crucorney.

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

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



E. A. Morgan, Full Hospital Training and C.M.B. Certificate.		
H. A. Morgan,	ditto	ditto
M. Parfitt, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.		
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
A. M. Stephen,	ditto	ditto
C. Thomas,	ditto	ditto
K. M. Walters, Full Hospital Training and C.M.B. Certificate.		
M. Ware,	ditto	ditto
P. G. Waters, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.		
G. M. Watkins,	ditto	ditto
K. Webb, Full Hospital Training and C.M.B. Certificate.		
F. Williams,	ditto	ditto
E. G. Wilmot,	ditto	ditto

## LABORATORY FACILITIES.

Facilities are offered to all medical practitioners in the County for bacteriological and pathological 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 1936 and also in the year 1935. 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.		1936.			1935.		
		No. Pos.	No. Neg.	Total Exm'd.	No. Pos.	No. Neg.	Total Exm'd.
Bacteriological Examinations.	Wassermann Test for Syphilis ...	1049	1447	2496	1058	1493	2551
	Complement Fixation Test for Gonorrhoea	262	283	545	337	371	708
	Smears and Urines for Gonococcus ...	378	2187	2565	434	2410	2844
	Serum for Spirochaeta Pallidum ...	7	19	26	11	50	61
	Sputum—						
	For Tuberculosis Physicians for T.B.	411	1268	1679	403	1160	1563
	County Cases for T.B. ...	56	438	494	57	305	362
	Concentration Method for T.B. ...	—	—	—	—	—	—
	For Cultivation as well as T.B. ...	—	—	59	—	—	40
	Throat, Nasal and Ear Swabs for Diphtheria ...	769	5165	5934	1177	6399	7576
	Cerebro-Spinal Fluid ...	—	—	65	—	—	58
	Widal Reaction for Typhoid Fever, etc.	31	86	117	28	69	97
	Hairs for Ringworm ...	7	12	19	7	11	18
	Secretions from Eye ...	—	—	27	—	—	60
	Urine (complete examination) ...	—	—	247	—	—	243
	Pus ...	—	—	57	—	—	63
	Effusion ...	—	—	34	—	—	44
	Vaccine ...	—	—	62	—	—	59
	Blood Culture ...	—	—	38	—	—	33
	Miscellaneous ...	—	—	245	—	—	333
Pathological Examinations.	Urine ...	—	—	313	—	—	316
	Blood Count ...	—	—	379	—	—	259
	Autopsy ...	—	—	41	—	—	25
	Cerebro-Spinal Fluid ...	—	—	63	—	—	64
	Blood Grouping ...	—	—	56	—	—	8
	Tissue for Microscopical Examination ...	—	—	107	—	—	114
	Blood Sugar Estimation ...	—	—	126	—	—	130
	Blood Urea Estimation ...	—	—	34	—	—	19
	Urine-Sugar Estimation ...	—	—	243	—	—	214
	Urine-Urea Estimation ...	—	—	55	—	—	62
Water and Milk Supplies.	Test Meal ...	—	—	43	—	—	23
	Miscellaneous ...	—	—	51	—	—	92
	Water for Bacteriological Examination	—	—	39	—	—	27
	Water for Bacteriological and Chemical Examination ...	—	—	67	—	—	40
	Milk—						
	Retail Roadside Samples ...	—	—	855	—	—	582
	Graded Samples ...	—	—	290	—	—	172
	For Chemical Examination ...	—	—	48	—	—	42
	In connection with T.B. investigations at farms ...	—	—	441	—	—	181
	Miscellaneous Milk Samples ...	—	—	185	—	—	152
	Miscellaneous ...	—	—	—	—	—	2
	Animal Inoculations ...	—	—	1069	—	—	642
Total ...		—	—	19214	—	—	19979



The County Pathologist reports that :—

The total number of specimens examined in the County Laboratory during the year 1936 shows a decrease of 765 as compared with the year 1935. 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 continuing diminution of Diphtheria in those areas where immunisation has been carried out by Assistant Medical Officers of the Council during the last five years. If the number of swabs examined for Diphtheria be excluded from the 1935 and 1936 total figures, it will be found that the Laboratory examined 877 more specimens of other kinds in the year 1936 than in 1935.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the *Spironema Pallidum* is 7, as compared with 11 for 1935. All of these 7 cases were males. The figures for Gonorrhoeal smears and urines show a decrease in the numbers examined, with a smaller number of positive findings compared with the year 1935.

Pulmonary Tuberculosis, it is regrettable to note, continues its ravages. A larger number of specimens have been submitted for examination in 1936 than in 1935, but there is about the same number of positive results.

As regards Diphtheria, during 1936 the notifications were 362, as compared with 440 in 1935, and 834 in 1934, a decrease in the incidence of the disease compared with the last two years.

## MILK.

A total of 1,819 milk samples were examined in 1936, compared with 1,129 in 1935, which shows a marked increase in the number examined.

The County Laboratory undertook the monthly examination of samples of milk sold under the designation Grade "A" (Tuberculin Tested) on behalf of the Ministry of Health, for which the Ministry paid the Council the recognised statutory fee.

At the end of the year there were 73 licenced producers of Accredited Milk in the County, and 145 samples of Accredited Milk had been examined during the twelve months. Of these 145 samples, 139, or approximately 96 per cent., conformed to the standard laid down. During the examination of these samples, the bacillus Tuberculosis was discovered on 4 occasions by means of the animal inoculation test. The subsequent investigations with regard to Tuberculous cows involved the visiting of six farms, and satisfactory measures were taken to deal with the offending animals.

The routine examinations of undesignated milk samples were continued



during 1936, the object of the investigations being not so much 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 coliform bacillus content.
3. The microscopical examination of the centrifuged deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifuged 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.

There are about 1,200 milk retailers in the County, distributed amongst the 23 Urban and Rural Areas, and 855 routine "retail roadside samples" were collected during the year, so that nearly every milk supply in the County is examined once in 18 months. During 1936, samples were collected in 15 Urban and 5 Rural Areas. In 12 Areas all the retailers' milks were sampled; one other Area was completed after being commenced the previous year; two other Areas were started during the year but would not be completed until the following year; in five Areas, only a comparatively small percentage of the retailers' samples were taken; and in three Areas no samples were examined. Opportunities were given for the re-examination of milk samples which did not reach a proper standard of cleanliness. Of the 855 "retail roadside samples", 758 were examined by the plate count and coliform bacillus enumeration, and from the results obtained these can be classified as follows:—

- |   |     |     |     |     |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Those which conform to the standard which was laid down by the Ministry of Health for "Certified" Milks  | ... | ... | ... | ... | ... | ... | ... | ... | ... | 333 |
| 2. Those which conform to the standard which was laid down for Grade "A" Milks  | ... | ... | ... | ... | ... | ... | ... | ... | ... | 216 |
| 3. Those which conform to the standard which was laid down for Grade "A" Milk as regards the total number of bacteria, but contain coliform bacilli in 1/100th ml, though not in less | ... | ... | ... | ... | ... | ... | ... | ... | ... | 62  |
- (This group would constitute borderline cases).*



4. Those which are unsatisfactory in that they possess a high bacterial content (this in several cases numbering many millions), but are satisfactory in respect of their coliform bacillus content ... .. 19
5. Those which are unsatisfactory because of their high coliform bacillus content, though not containing more than 200,000 bacteria per ml. 60
6. Those which are unsatisfactory on account of their high bacterial content as well as a high coliform bacillus content ... .. 68

Therefore, of these 758 samples of mixed milk as retailed to the consumer, 549, or approximately 72 per cent. were of a satisfactory standard of bacteriological purity; 62, or approximately 8 per cent. formed a borderline group, whilst 147, or approximately 20 per cent. were frankly unsatisfactory. As will be seen, 80 per cent. of these samples can be looked upon as generally satisfactory.

The Methylene Blue Decolourisation test was carried out on 97 milk samples during 1936, and 82, or approximately 85 per cent. were classed as "good"; 9, or approximately 9 per cent. were classed as "average"; whilst 6, or approximately 6 per cent. were classed as "bad". This Methylene Blue Decolourisation 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 to be attributed to the wise policy which this Department has now been following for some years, viz., of having periodical milk samples collected from numerous 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 25 occasions by the animal inoculation test during the examination of the "retail roadside" samples. This figure for 1935 was 18. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Surgeon and officials of the Local Authority and the infected animals dealt with satisfactorily. In connection with this, more farms were visited during 1936 than in 1935. The total number of investigations for Tuberculosis of cattle, excluding those in connection with designated samples which have already been mentioned, was 30 as compared with 15 in 1935, the number of farms visited being 72, this figure being 39 in 1935. From these investigations, 441 milk samples were examined, as compared with 181 for 1935.

During the year, a number of milk samples were examined by the animal inoculation test on behalf of other Authorities, payment being made to the Council for this. Seven results positive to the bacillus Tuberculosis were



obtained, and as most of the samples were produced in Monmouthshire, investigations at farms were carried out by this Authority. With regard to these samples, in addition to investigations mentioned in previous paragraphs, visits were made to 23 farms, and satisfactory measures taken to deal with the offending animals. In one case, however, the infected animal was found outside the County area.

There is now accommodation for 400 laboratory animals in the animal house.

The Laboratory carries out bacteriological and chemical examination of drinking water, and there has been an increase in such examinations in 1936 as compared with 1935.

In 1936, the total number of Autopsies carried out at the request of the Coroner was 41. Of these, 23 were performed on miners suspected to have died directly as the result of Silicosis of the lungs, and who had been employed for long periods on hard ground boring. The post-mortem examinations were carried out at the following places: 7 at Oakdale; 4 at Ebbw Vale; 3 at Caerphilly; 2 at Newport; 2 at Aberbeeg; and one each at Llantilio Crossenny, Rhymney, Aberbargoed, Griffithstown and Monmouth. 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 the workmen, and so mitigating as far as possible the evil consequences of working on ground containing a high percentage of Silica.

Of the 107 tissues for section, 30 are grouped as malignant growths; 24 were cancers of various regions of the body such as breast, uterus, intestine, skin, etc., and 6 were sarcomas. 7 were tuberculosis.

Diabetes supervision is carried out by the Laboratory. Diabetic patients attend the Laboratory regularly for the requisite pathological examinations to ensure that their régime is being adequately controlled.

1,069 experiments were carried out on animals under 39 and 40 Vic. Cap. 77. Certificate A1, licences for which have been granted by the Home Secretary. 974 inoculations were carried out for the detection of B. Tuberculosis, and 84 for Virulence Tests for Diphtheria. An animal inoculation test for pregnancy has recently been discovered, and during the year 6 inoculations were carried out in connection with this Friedman test. Particulars of the animal experiments were reported to the Home Secretary on 31st December, 1936.

Blood Transfusion Services are established in Newport and in other parts of the County of Monmouth. The County Laboratory carries out the examina-



tion of Donors for these Services, and makes arrangements for the supply of Donors where their services are required. During the year 1936 there were 16 persons on the Newport panel, and Donors were supplied on several 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 Crossenny	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 seven Clinics for the treatment of Orthopædic cases, at Newport, Pengam, Crumlin, Tredegar, Pontypool, Monmouth, Chepstow. 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.

	Hull House, Monmouth.			Coedygic Institu- tion Griffithstown			Hatherleigh Place, Abergavenny.			Regent House, Chepstow.			Cambria House, Caerleon.			Ty Bryn, Institution, Tredegar											
	Beds.		Beds. Occupied.	Beds.		Beds. Occupied.	Beds.		Beds. Occupied.	Beds.		Beds. Occupied.	Beds.		Beds. Occupied.	Beds.		Beds. Occupied.									
	Available.	M. F. Ch.		Available.	M. F. Ch.		Available.	M. F. Ch.		Available.	M. F. Ch.		Available.	M. F. Ch.		Available.	M. F. Ch.		Available.	M. F. Ch.							
Medical ...	...	...	}	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
Surgical ...	...	...		28	28	...	14	19	...	...	...	...	...	...	...	...	...	...									
Chronic Sick ...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
Children ...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	...	...	...	...									
Venereal ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
Isolation ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
Maternity ...	...	...	...	4	...	...	...	...	...	3	3	2	...	...	...	6	16	1									
Mental ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
(a) Lunacy Act 1890	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
(i) Short stay ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
(ii) Long Stay ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
b) Mental Treat- ment Act, 1930	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
(i) Voluntary ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
(ii) Temporary ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...									
Mental Defectives	...	...	...	...	59	...	...	57	...	...	...	...	...	...	...	...	...	...									
Other ...	...	...	...	...	...	...	...	...	...	...	...	...	161	...	...	50	...	28									
Total ...	...	...	...	28	91	3	14	76	1	...	...	...	57	29	7	47	19	3	...	...	...	131	70	14	83	32	9



## 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. Details of the Lydia Beynon Maternity Home (The Coldra) will be found under the heading "Maternity and Nursing Homes".

**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. 30 new cases were examined by him and the old cases were periodically re-examined. The total number of examinations made was 212. 11 cases were admitted to hospital during the year, and 9 were treated 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 1936, were as follows:—

The other figures are given for the purpose of comparison.

Nature of Case.	No. of cases dealt with.					
	1936	1935	1934	1933	1932	1931
Dental ... ..	484	341	217	92	63	32
Vision ... ..	392	329	263	171	122	70
Trusses, Abdominal Belts ...	86	49	57	53	33	18
Orthopædic ... ..	54	53	38	25	24	22
Miscellaneous Medical ...	60	52	47	34	29	12
Tuberculosis Cases ...	9	1	Nil	Nil	3	Nil
Examinations by County Medical Officer as to fitness for appointment as Nurses, etc., at Public Assistance Institutions ... ..	17	32	31	17	5	—
Number of cases removed to Hospital and Institutions by the M.C.C. Ambulance ...	41	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 ... ..	2	1	3	5	5	10	7	7	14	—	3	3	14	16	30
Imbeciles ... ..	6	7	13	31	15	46	30	44	74	17	34	51	84	101	185
Low Grade Feeble-minded ... ..	...	...	...	5	2	7	29	40	69	16	44	60	50	86	136
Medium Grade Feeble-minded ... ..	...	...	...	...	...	...	40	42	82	19	29	48	59	71	130
High Grade Feeble-minded ... ..	...	...	...	...	...	...	54	41	95	32	18	50	86	59	145
Moral Defectives ... ..	...	...	...	...	...	...	7	3	10	—	1	1	7	4	11
Epileptics and Mentally Defectives ... ..	...	...	...	...	...	...	6	10	16	5	9	14	11	19	30
Epileptic only ... ..	...	...	...	...	...	...	1	1	2	2	3	5	3	4	7
Totals ... ..	8	8	16	41	22	63	174	188	362	91	141	232	314	360	674

N.B.—This table does not include the defectives who are at Certified Institutions, but it includes 34 males and 27 females who are detained at the County Mental Hospital, and 6 males and 8 females who are inmates of the County Public Assistance Institutions.



There are 35 males and 25 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 four defectives under guardianship, all males, one in Kent, two in Hertfordshire, and one at home with his parents. There are also five male defectives on licence, four with farmers in Monmouthshire, one one with his parents. One female defective from Hortham Colony was placed on licence at Staunton, Glos., but she absconded after a stay of two months and was returned to the Colony by the Police.

One male defective (who is at Abergavenny Mental Hospital) is on extended leave of absence from Brentry Colony.

There were two deaths at Certified Institutions.

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

During the year 5 boys and 4 girls were transferred from the school side to the Mental Deficiency Committee.

There is still difficulty in finding accommodation suitable for mental defectives.

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

			Males.	Females.
Whittington Hall, near Derby	...	...	—	1
St. Joseph's Home, Sudbury, Suffolk	...	...	—	1
Brentry Colony, Bristol	...	...	4	—
Caersws Colony, Montgomeryshire	...	...	1	—
Hortham Colony, Bristol	...	...	1	3
Coedygric Institution, Griffithstown	...	...	—	—
Stoke Park Colony, Bristol	...	...	2	3
			<hr/>	<hr/>
			8	8
			<hr/>	<hr/>

It will be noticed that no cases were sent to the Council's Public Assistance Institution, Griffithstown.



This Institution is certified under Section 37 of the Act for 55 female defectives. There are 62 cases there at present and as the Board will not approve the premises for a greater number than 55, we are endeavouring to find places for seven defectives at other institutions. The defectives hitherto maintained at the Institution by the Derby County Council and Newport Town Council have been removed.

The Board of Control has also drawn attention to the fact that there are 27 mental defectives under the age of 25 years at the Mental Hospital, Abergavenny. This is not the type of Institution suitable for the cases and the Board ask that they shall be transferred to Mental Defective Institutions.

There is little likelihood of our being able to obtain immediate accommodation at Institutions outside the County for these defectives and the Mental Deficiency Acts Committee has suggested to the Board of Control that they should be accommodated in a special ward at Cambria House Institution, Caerleon, which is in course of approval as additional accommodation for patients from the Mental Hospital, Abergavenny.

The foregoing paragraphs show the urgent need of a Colony in the County and it is to be regretted that all the time spent during the past 16 years in visiting sites and submitting estimates has not resulted in something tangible. The Llanfrechfa Grange site is not now available and the Mental Deficiency Acts Committee at a special meeting held in December, 1936, resolved that the County Council be asked to agree to the inclusion in the County estimates for the year 1937-38 of a figure to cover the provision of a colony for mental defectives.

There is no provision so urgent and so necessary as this and the County Council should "face up to it".



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 31/12/36		Total.	Pre- sent charge per head per week
		M.	F.	M.	F.		
Brentry, Bristol	All classes (males over 18).	46	...	49	...	49	23/11
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). (Females all ages)	...	do.	15	24	39	22/9d. Low Grade 19/3d. High Grade
Whittington Hall, near Derby	ditto	...	do.	...	1	1	22/9
Caersws Certified Institution, Montgomeryshire.	All classes (under 14 years)	...	do.	1	3	4	23/4d.
Besford Court, R.C.	Males 16-18 years.	...	do.	2	...	2	34/7d.
Barvin Park Institution	Males	...	do.	2	...	2	23/-
Durran Hill R.C. Training Colony	All Classes	...	do.	...	1	1	17/-
Hortham Colony, Almondsbury	Special Cases	...	do.	2	4	6	36/6
St. Joseph's Home, Sudbury, Suffolk	ditto	...	do.	...	1	1	21/-
Girls' Village Homes, Barkingside	Special Cases	...	do.	...	1	1	14/-
Total		...	...	71	100	171	

There are also the following County cases in State Institutions: Moss Side 5 males and 3 females; Rampton, 3 females.

The amount paid for Institutional treatment during the year 1936 was £9,860.



## **MIDWIVES.**

The number of Midwives upon the County Roll at the 31st December, 1936, was 225.

## **MIDWIVES ACT, 1936.**

The Midwives Act, 1936, comes into operation on the 30th July, 1937, and the County Council, as the Local Supervising Authority, had to submit to the Minister of Health proposals for the working of the Act, not later than the 30th January, 1937. A scheme for the working of the Act has been prepared and submitted to the Minister. The scheme provides for a general re-organisation of the midwifery services and also for the appointment of full-time salaried midwives. Further details will be found in the Maternity and Child Welfare Report for the year 1936.

## **MATERNAL MORTALITY.**

Full particulars respecting Maternal Mortality will be found in the County Maternity and Child Welfare Report for 1936.

## **HEALTH VISITING.**

This matter is dealt with fully in the County Maternity and Child Welfare Annual Report for 1936.

## **CHILDREN ACT, 1908.**

Particulars regarding this work will also be found in the County Maternity and Child Welfare Report for 1936.

## **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 1936. 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 1936.

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 Nantyderry continues its good work. There are 10 beds at the Institution, and the number of girls admitted during the year was 14, the average duration of stay being 138 days. Fourteen babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 19 and 16 babies.

13 girls were discharged of whom 5 went to relatives, 6 to homes, and 2 to situations. Of the babies discharged, 4 went with relations, and 3 to Homes.

Of the 19 girls resident in the Hostel during the year, 2 were from the Borough of Newport, 12 from the County of Monmouth, 1 from Cardiff, 2 from Brecon, 1 from Montgomery, and 1 from Hereford.

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 Nantyderry 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 Nantyberry (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 1936 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, Nantygly; 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.**

The Coldra, together with  $7\frac{1}{2}$  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



# 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.	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Abergavenny ...	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	43.37
Abersychan, Giansychan House ...	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 ...	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	76.0
Chepstow, The Cedars Cwmearn (Twyncarn House) ...	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 ...	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	77.57
Henllys, Pantyreos Reservoir ...	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	57.28
Little Mill, nr. Ponty-pool ...	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	—	—	—	—	—	—
Ynysfro nr. Newport ...	—	—	—	—	—	—	—	—	—	—	46.67	40.90	42.59	38.42	40.32	28.70	34.74	44.03	41.17
Nantypdydd nr. Newport Pontypool, Snatchwood Park ...	—	—	—	—	—	—	—	—	—	—	51.70	48.04	46.63	43.38	45.07	30.46	39.22	51.60	48.84
Tredegar, Redesdale House ...	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 Gathering Ground ...	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	64.20
Wentwood Reservoir ...	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	49.26
Llanvaches ...	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	35.34	47.65	45.42



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 adaptation is well in hand and it is expected that the Hospital will be opened during the latter months of 1937, as an up-to-date Maternity Hospital.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

### **WATER SUPPLY.**

From the accompanying table it will be seen that generally speaking, the rainfall for the year 1936 was about the same as last 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 the following improvements in public water supplies in his area were made during 1936:—

*Mardy.*—The Twyn-y-Wern Scheme for supplying this village is nearing completion. Connections will be made as soon as the pipes are thoroughly flushed out; and a report of the chemical and bacteriological analysis obtained.

*Govilon.*—A 2-inch main has been installed taking the overflow from the hydraulic ram to the Post Office and along the main road to five new houses; thus improving the existing supply for dwellings en route; and eliminating the cause for complaints from these tenants.

*Bryngwenin.*—Negotiations in connection with the reconstruction of the well in Spring Cottage Farm field have been protracted owing to legal difficulties; but it is hoped that these difficulties will be overcome and work on the well commenced shortly.

*Llanvihangel Crucorney.*—Two schemes—Pen-y-Parc and Bryn Arw—have been formulated for the supply of this district. The Water Committee gave careful consideration to both schemes and submitted the engineers' reports and estimate of the latter to Llanvihangel Parish Council for their consideration. The Parish is widely scattered, and the present supply, obtained as it is, from a variety of sources, is unsatisfactory and a source of many complaints. It is hoped that some definite plan for an efficient supply will be formulated in the near future.



*Pant-y-gelli*.—This hamlet was supplied by an old dipping well which has been removed; and a properly constructed concrete covered-in tank has been substituted; the supply being obtained through a bib-tap.

*Llanelen*.—An arrangement similar to the above has been instituted at Cefn-Coed Well.

*The Deri*.—The water supply in this district has been greatly improved by the construction of a 1,000 gallon concrete storage tank; and the laying of about 250 yards of lin. piping connecting all the surrounding dwellings to this supply.

*Llanvair Kilgeddin*.—A pipe supply has been conveyed from St. Mary's Well to the Cottages on the roadside and in St. Mary's Yard; a distance of 270 yards. This also affords a supply to the School.

*Allws*.—The ram scheme has been extended to include a further six houses.

*The Bryn*.—The supply for the four Council Houses has been obtained from the Llanover Estate.

*Bryngwyn*.—The supply has been connected to the School.

*Llanfoist*.—The cottages near the Church have been connected to the main.

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, and the supply is copious and constant.

With regard to the Abertillery and District Water Board, the total rainfall for the year 1936 recorded at the Grwyne Fawr Reservoir was 61.09 inches, as compared with 59.30 inches in 1935, and 55.99 inches in 1934. During 1936 the highest daily rainfall was recorded on December 13th, 1.92 inches being registered. The highest monthly rainfall recorded was 9.69 inches for the month of July, and the lowest was 0.96 inches for the month of August. Rain fell on 208 days during the year at the Grwyne Fawr. The average rainfall since records were commenced at the Grwyne Fawr, 26 years ago, is 61.82 inches. The lowest level of water recorded in the reservoir during 1936 was 125ft. 10in. on October 30th, giving a quantity in store of 184,500,000 gallons. The Grwyne Fawr Reservoir has well maintained the supply to the District during the past year. All ironwork in the Valve Tower, Meter House, and Screening Chamber has been cleaned and painted. Compensation water, 750,000 gallons per 24 hours, has been given during the past year.

During the year, Grant Schemes put forward by the Board at the estimated cost of £19,020 were approved by the District Commissioner for Special Areas and 100 per cent. grants allowed. The local springs failed to maintain their supplies to the districts concerned during the months of May, August, September and October and had to be assisted with high pressure supply from the Grwyne Fawr Reservoir. All supply tanks with the exception of New Bethel, Pencoedcae and Ocherwyth have been cleaned out during the past year. The Abercarn Service Reservoir and the Cwmtillery Service Reservoir have been cleaned out during the past year and quicks have been planted around the reservoir. At present water from the Nantydraenog catchment is augmented by the Grwyne Supply and the Grwyne water passes through the Reservoir. A scheme is under construction by means of which the Grwyne supply may be bye-passed around the reservoir with the 8-inch supply main. Besides enabling supply and pressures to be maintained in the area of this supply during repairs, etc., at the Reservoir the filters will be able to work at a slower rate with a better resulting water. The Break Pressure Tank in connection with the scheme is completed and pipe laying has begun. The scheme is estimated to cost about £650. The wooden roof of the Bournville Tank having become quite unserviceable, it was decided to replace it by a ferro concrete roof and that has been done. Numerous repairs were effected to the Board's mains and service pipes and all sluice valves and air valves on the Trunk Main from Nantydraenog to the Grwyne Fawr Reservoir have been cleaned and all surface covers picked up to road level.

Dealing with the Rhymney Valley Water Board, the rainfall for the year,



as recorded at Rhymney Bridge Reservoir was 66.14 inches compared with 68.81 inches and 63.92 inches in 1935 and 1934 respectively. The average rainfall for the last ten years is 67.02 inches. The rainfall for the year was fairly evenly distributed and the yield from the local supplies was above the average and resulted in less water having to be purchased from the Taf Fechan Supply Board, of which Board the Rhymney Valley Board is a Constituent Authority. The minimum quantity to be taken or paid for is  $\frac{3}{4}$  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 7,124,000 gallons which is much below the average. The total quantity of water taken from the Taf Fechan Supply Board during the year was 600,326,000 gallons. Rhymney Bridge No. 1 Reservoir, which was repaired in 1934, supplemented the local supplies to the extent of 33 million gallons. The supplies were fully maintained throughout the Board's Area though there were some complaints of intermittent supplies due to encrusted joint galvanised iron services. In all cases where separate lead services were substituted full supplies were obtained. Samples of water from all 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.**

The Constituent Authorities of the Rhymney Valley Sewerage Board are : Caerphilly and Gellygaer Urban District Councils in the County of Glamorgan; and Rhymney, Bedwellty and Bedwas and Machen Urban District Councils in the County of Monmouth. Mynyddislwyn Urban District Council was formerly a Constituent Authority but the area of that Council in the Rhymney Valley has been apportioned between Bedwellty and Bedwas and Machen Councils. The Board deals with the sewage of the Constituent Authorities in the Rhymney Valley and also deals with the sewage of a portion of the Parish of Van in the area of the Cardiff Rural District Council, and with the sewage from a portion of the Parishes of Machen Lower and St. Mellons in the area of the Magor and St. Mellons Rural District Council. The Main Trunk Sewer of the Board extends from Rhymney to the sea outfall at Peterstone Wentloog, with a  $2\frac{1}{2}$  million gallons capacity storage tank at St. Mellons. Practically the whole of the subsidiary sewers in the Rhymney Valley are connected to the Trunk Sewer. To meet the building development at St. Mellons additional sewers have been laid which discharge into the Trunk Sewer, which is of ample capacity to meet any future development. Though there has been some improvement, the Board are still concerned with the pollution of the River Rhymney caused by coal duff from the collieries. This accumulates in the river where the velocity is low and in times of floods causes the river to divert its course and necessitates works to be constructed for the protection of the sewer. Heavy rains fell on certain days in November and December—that on the 13th Decem-



ber being  $2\frac{1}{2}$  inches—and caused heavy floods in the River Rhymney. Following these considerable protective works were constructed.

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 Parish of the Magor and St. Mellons 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 development, however, has been so rapid that the facilities already mentioned will have to be materially increased. The Caerleon Council are now proposing to construct a further length of sewer and a new and larger septic tank on a new site to deal with this added development. The new system will also provide for the drainage from the Lydia Beynon Maternity Hospital, the County Council making a contribution towards the increased expenditure.

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 Rumney to meet new building developments.

The Medical Officer for the Abergavenny Rural District reports that there is at present no public drainage in the area; but a Sewerage Scheme for the Mardy has been prepared, and tenders will be asked for in the near future. The Sewage from all the Council Houses is treated in the disposal works at the site of the houses; and sewage from all houses in the district erected by private enterprise is collected into a septic tank and the effluent filtered before it enters the soakaway.

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 conveyed 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 sewage from the parishes 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, but a scheme is now under consideration and, it is hoped, will function in the near future.

### **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 District of Cwmbran, 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 1936 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 "Accredited" 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 continued in operation and 73 licences were issued to producers of Accredited 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.

Under the Milk (Special Designations) Order, 1936, the County Council becomes the Licensing Authority for both "Accredited" and "Tuberculin Tested" licenses. Further details relative to this Order will be found later in this Report.

### **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 1936, 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 1936.



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 parishes of 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 alters the powers of Local Authorities with respect to slum properties and re-housing, and contains provisions relative to the clearance or improvement of unhealthy areas, whilst imposing on the Local Authority definite obligations as to re-housing. 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 has 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.**

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 was 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 to prepare and submit to the Minister proposals for the provision of the necessary houses.

The dates fixed by the Minister under this Section were :

- (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.

The Ministry of Health has issued a comprehensive report dealing with the Overcrowding Survey in England and Wales and based upon the reports of the



local authorities upon the detailed survey carried out. Taking Monmouthshire as a whole, the percentage of working class houses overcrowded is given as 3·4, and the number of overcrowded families is given as 2,411. The percentages of overcrowding in the various districts in Monmouthshire are given in order of the highest incidence :—

Tredegar U.D.	...	...	6·7	Risca U.D.	...	...	2·9
Pontypool U.D.	...	...	5·3	Caerleon U.D.	...	...	2·9
Chepstow R.D.	...	...	4·9	Mynyddislwyn U.D.	...	...	2·6
Ebbw Vale U.D.	...	...	4·7	Chepstow U.D.	...	...	2·4
Rhymney U.D.	...	...	4·5	Bedwas & Machen U.D.	...	...	1·8
Abergavenny U.D.	...	...	4·3	Abergavenny R.D.	...	...	1·7
Nantyglo & Blaina U.D.	...	...	4·3	Magor & St. Mellons R.D.	...	...	1·5
Cwmbran U.D.	...	...	4·3	Abercarn U.D.	...	...	1·3
Monmouth U.D.	...	...	4·2	Abertillery U.D.	...	...	1·1
Blaenavon U.D.	...	...	4·0	Usk U.D.	...	...	0·8
Pontypool R.D.	...	...	3·3	Bedwellty U.D.	...	...	0·3
Monmouth R.D.	...	...	3·2				



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., 1936.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	13	13
Abergavenny ...	30	15	45
Abertillery ...	—	2	2
Bedwas and Machen	—	4	4
Bedwellty ...	—	5	5
Blaenavon ...	—	3	3
Caerleon ...	18	27	45
Chepstow ... ..	26	3	29
Cwmbran ... ..	28	35	63
Ebbw Vale .. ...	42	13	55
Monmouth .. ...	—	—	—
Mynyddislwyn ...	—	3	3
Nantyglo and Blaina	—	—	—
Pontypool ... ..	76	76	152
Rhymney ... ..	—	—	—
Risca ... ..	—	2	2
Tredeggar ... ..	—	3	3
Usk .. ...	—	14	14
RURAL.			
Abergavenny ...	—	8	8
Chepstow ... ..	—	42	42
Magor & St. Mellons	—	114	114
Monmouth .. ...	—	19	19
Pontypool ... ..	—	18	18
Totals	220	419	639



## 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 855 "informal" samples of milk were taken which is an increase of 273 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, Risca, Cwmbran, 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 carcase, or parts of the carcase, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Surgeon, or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin



test is employed in cases where bacteriological examination of the sample has proved to be suspicious but has not shown definite evidence of Tuberculosis, also a close watch is kept upon the cow before its milk is again allowed to be mixed with that of the herd. With regard to the slaughter of infected animals, it has been found that action taken under the Tuberculosis Order by the Veterinary Inspectors appointed under the Diseases of Animals Acts is better than utilising the Milk and Dairies (Consolidation) Act, 1915; much overlapping is thus eliminated. Copies of all reports upon the bacteriological examination of "informal" samples are sent to the local Sanitary Inspectors, and where evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways is reported, a warning is sent to the offender by the Clerk to the Local Sanitary Authority, which, in practically every case has had the effect of an immediate improvement in the condition of the milk. Further details regarding the samples taken during the year 1936 will be found in the report of the County Bacteriologist and Pathologist earlier in this Report. The dairy herds at 101 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, and 1,272 cows were examined. The number of samples of milk taken from the cows examined was 441 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, 1936.

The Milk (Special Designations) Order, 1936, came into operation on the 1st June, 1936, and superseded the Milk (Special Designations) Order, 1923. The new Order prescribes the following special designations for milk :—

*"Tuberculin Tested"*, which is milk from cows which have passed a tuberculin test and a veterinary examination; it has to satisfy certain prescribed bacteriological tests. The licensing authority is the County Council.

*"Accredited"*, which is milk from cows which have passed a veterinary examination; it has to satisfy the same bacteriological tests as are prescribed for *"Tuberculin Tested"* milk. The licensing authority is the County Council.

*"Pasteurized"*, which is milk which has been heated for 30 minutes at 145°F. The licensing authority is the local sanitary authority.

Licences in force granted before the 1st June, 1936, continued in operation until the end of the year; a licence to sell milk as *"Certified"* or *"Grade A (Tuberculin Tested)"* being deemed a licence to use the designation *"Tuberculin Tested"*, and a licence to sell milk as *"Grade A"* being deemed a licence to use the designation *"Accredited"*.

It will be noticed that under the terms of the Order, the County Council became the licensing authority for Tuberculin Tested milk. This work was hitherto under the supervision of the Ministry of Health. The standards laid down are substantially the same as those prescribed for *"Grade A (Tuberculin Tested)"* milk under the 1923 Order. Until the 31st December, 1936, the milk had to satisfy a plate count test, and after that date a prescribed methylene blue reduction test for cleanliness. It also has to satisfy a test for coliform bacillus. The County Council took over the supervision of 17 farms from the Ministry of Health. The farms are visited periodically and inspected by the County Sanitary Inspector, and samples of milk for examination are collected.

The Milk Marketing Board, under the provisions of the Milk Act, 1934, put forward, in 1935, an amended scheme for the establishment of a Roll of Accredited Producers, and which was an amended scheme to meet the opposition to the scheme put forward during the year 1934. 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 *"Accredited"* milk in accordance with the terms of the Milk (Special



Designations) Order, 1936. 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 "Accredited" licences issued during the year was 73, which is an increase of 30 over the number for 1935. The inauguration of the scheme has meant much increased work at the County Laboratory. All the premises of applicants for "Accredited" 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. It is pleasing to note 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.	Vegetables and Fruit.	Miscellaneous
<b>URBAN</b>								
Abercarn ...	92 lbs.	2060 lbs.	113 tins	—	530 lbs.	—	56 lbs.	—
Abergavenny ..	—	33 lbs.	31 tins	3 lbs.	1 lb.	30½ lbs.	—	1 Fowl
Abertillery ...	—	360 lbs.	73 tins	—	40 lbs.	30 lbs.	—	—
Bedwas and Machen ...	—	5215 lbs.	103 tins	—	17697 lbs.	—	—	355 lbs.
Bedwellty ...	118 lbs.	2165 lbs.	1271 tins	132 lbs.	366 lbs.	173 lbs.	10 lbs.	—
Blaenavon ...	—	1011 lbs.	156 tins	—	—	—	—	—
Caerleon ...	—	3 beef carcasses	—	—	Part of 1 Sheep	—	—	—
Chepstow ...	—	—	—	—	—	—	—	—
Cwmbran ...	—	—	—	—	—	—	—	—
Ebbw Vale ...	45 lbs.	3178 lbs.	638 tins	24 lbs.	700 lbs.	111 lbs.	60 lbs.	—
Monmouth ...	—	—	366 tins	—	30 lbs.	—	—	—
Mynyddislwyn ...	—	1126 lbs.	572 tins	—	338 lbs.	—	—	138 eggs
Nantyglo and Blaina ...	—	—	—	—	—	—	—	—
Fontypool ...	—	2593 lbs.	770 tins	62 lbs.	1607 lbs.	6 lbs.	40 lbs.	32 Rabbits 6 Bovine Heads 30 ptk. Cereals
Rhymney ...	—	350 lbs.	163 tins	40 lbs.	70 lbs.	—	666 lbs.	4 Pigs' Heads 50 lbs. Liver 1 Beast's Heart
Risca ...	37 lbs.	1336 lbs.	379 tins	—	271½ lbs.	—	317 lbs.	—
Tredeggar ...	60 lbs.	16360 lbs.	315 tins	7 lbs.	4502 lbs.	181 lbs.	1116 lbs.	1236 lbs.
Usk ...	—	—	—	—	—	—	—	—
<b>RURAL</b>								
Abergavenny ..	—	—	—	—	—	—	—	—
Chepstow ...	—	650 lbs.	—	—	400 lbs.	—	—	—
Magor ...	—	—	—	—	—	—	—	—
St. Mellons ...	—	4096 lbs.	37 lbs.	29 lbs.	700 lbs.	—	—	—
Monmouth ...	—	668 lbs.	—	—	80 lbs.	—	—	—
Fontypool ...	—	42 lbs.	—	—	24 lbs.	—	—	—



Of the 31 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, 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 Blaenavon, Cwmbran (Part), Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.

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

District "C," under the supervision of Inspector J. R. Gamble, with an Assistant, and comprising the Urban Districts of Abercarn, Bedwas and Machen, Caerleon, Chepstow, Cwmbran (part), 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 1936.

"During this period 1,049 samples have been analysed which have been submitted to me as under:—

Division "A"	...	...	...	...	...	383
Division "B"	...	...	...	...	...	334
Division "C"	...	...	...	...	...	331
Dr. Rocyn Jones	...	...	...	...	...	1

Of these 148 were informal or trial samples.

The particulars of the samples analysed are as under:—

777 Milk, 3 Separated Milk, 4 Condensed Milk, 1 Cream, 44 Butter, 2 Cheese, 1 Lard Compound, 1 "Spry", 1 Lardine, 25 Lard, 1 Margarine, 3 Sugar, 3 Table Jelly, 1 Jam, 1 Mincemeat, 2 Lemon Cheese, 1 Marmalade, 18 Flour, 16 Rice, 2 Tapioca, 1 Sago, 2 Cornflour, 1 Baking Powder, 3 Custard Powder, 3 Egg Powder, 1 Blanc Mange Powder, 1 Sponge Mixture, 3 Sultanas, 2 Raisins, 2 Currants, 1 Dates, 2 Pearl Barley, 1 Yeast, 4 Flavouring Essence, 16 Pepper, 1 Pepper Compound, 1 Mustard Compound, 1 Vita Gravy, 1 Mace, 1 Ground Nutmeg, 1 Ground Ginger, 1 Curry Powder, 8 Malt Vinegar, 1 Pick-



ling Spice, 2 Sauce, 1 Mixed Spice, 5 Tea, 8 Cocoa, 3 Coffee, 2 Coffee Mixture, 1 Rum and Coffee, 1 Lemonade Powder, 1 Lemon Cubes, 1 Cod Liver Oil, 1 Friars Balsam, 5 Camphorated Oil, 6 Castor Oil, 1 Tooth and Nerve Powder, 3 Olive Oil, 1 Iodine Solution, 1 Head and Stomach Pills, 3 Syrup of Figs, 1 Back and Kidney Pills, 1 Influenza Powder, 1 "Phos" No. 1, 1 Cascara Sagrada Tablets, 1 Quinine and Phosphorous Tablets, 3 Glycerine, 1 Eucalyptus Oil, 1 Little Liver Pills, 1 Head Powder, 1 Head Tablets, 3 Aspirin Tablets, 2 Cream of Tartar, 4 Potted Meat, 3 Tinned Fish, 4 Fish Paste, 1 Sausage, 1 Cake, 4 Peas, 1 Lentils and 1 Tomato Soup, 1 Kidney and Bladder Pills, 1 Health Salts, 1 McLean's Stomach Powder.

MILK.—Of the total number, 759 were samples of milk purchased from vendors and of these 700 were found on analysis to be genuine, but 59 samples failed to conform to the requirements of the Sale of Milk Regulations, *i.e.*, 7.77% of the milk samples examined. Details of the samples which failed to satisfy the requirements are as under:—

23 samples contained Added Water to the extent of 25.06 per cent, 23.18 per cent., 23.18 per cent., 22.47 per cent., 18.59 per cent., 16.35 per cent., 13.88 per cent., 13.41 per cent., 11.77 per cent., 10.00 per cent., 7.88 per cent., 7.53 per cent., 7.18 per cent., 6.47 per cent., 5.76 per cent., 5.41 per cent., 5.41 per cent., 4.35 per cent., 3.29 per cent., 3.18 per cent., 2.71 per cent., 2.00 per cent., and 0.59 per cent. respectively; 32 were deficient in Fat to the extent of 66.33 per cent., 45.00 per cent., 43.33 per cent., 30.00 per cent., 21.67 per cent., 21.67 per cent., 20.33 per cent., 19.33 per cent., 18.67 per cent., 17.33 per cent., 16.00 per cent., 12.67 per cent., 11.67 per cent., 11.33 per cent., 11.00 per cent., 9.67 per cent., 8.00 per cent., 7.00 per cent., 6.00 per cent., 6.00 per cent., 5.67 per cent., 5.67 per cent., 5.33 per cent., 4.67 per cent., 4.33 per cent., 3.67 per cent., 3.67 per cent., 3.00 per cent., 2.33 per cent., 2.00 per cent., 2.00 per cent., and 2.00 per cent., respectively. Of the remaining four samples, one contained 21.18 per cent. added water and was deficient in fat to the extent 6.49 per cent.; one sample contained 21.18 per cent. added water and was deficient in fat to the extent of 6.49 per cent.; one sample contained 2.35 per cent. added water and was deficient in fat to the extent of 29.98 per cent., and one contained 1.41 per cent. added water and was deficient in fat to the extent of 7.92 per cent.

In addition to the above, eighteen "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>
6.47 per cent. Added Water	4.00 per cent. Deficient in Fat.
21.18 per cent. Added Water and	
6.49 per cent. Milk devoid of fat	0.71 per cent. Deficient in Solids not Fat.
16.00 per cent. Deficient in Fat	Genuine
30.00 per cent. Deficient in Fat	Four separate "Appeal" samples all
17.33 per cent. Deficient in Fat	genuine.
2.35 per cent. Added Water and	One sample 9.00 per cent. Deficient in
29.98 per cent. Milk devoid of Fat	Fat. A second sample found to be
	genuine.
18.59 per cent. Added Water	Genuine.
22.47 per cent. Added Water	do.
25.06 per cent. Added Water	do.
23.18 per cent. Added Water	do.
23.18 per cent. Added Water	do.
19.33 per cent. Deficient in Fat	
21.67 per cent. Deficient in Fat	18.67 per cent. Deficient in Fat
21.67 per cent. Deficient in Fat	5.67 per cent. Deficient in Fat
6.00 per cent. Deficient in Fat	Genuine
4.33 per cent. Deficient in Fat	Two separate "Appeal" samples found
20.33 per cent. Deficient in Fat	to be Genuine
9.67 per cent. Deficient in Fat	45.67 per cent. Deficient in Fat
66.23 per cent. Deficient in Fat	Genuine
10.00 per cent. Added Water	
2.00 per cent. Added Water	2.94 per cent. Deficient in Solids not
1.41 per cent. Added Water and	Fat and 4.33 per cent. Deficient in
7.92 per cent. Milk devoid of Fat	Fat.

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 milks as sold to the public are as follows:—

<i>According to Content of Fat.</i>				
Under 3%	3—3.49%	3.5—3.99%	4—4.49%	4.5% and over
44	299	278	94	44
<i>According to Content of Solids not Fat.</i>				
Under 8.5%	8.5—8.69%	8.7—8.89%	8.9—9.09%	9.1% and over
27	221	248	184	79



TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT.

	URBAN. Abercain	Abergavenny	Abertillery	Bedwas and Machen	Bedwellty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nant g/o and Blaina	Pontypool	Rhynney	Ricea	Tredeggar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor and St. Mellons	Monmouth	Pontypool	TOTAL RURAL	GRAND TOTALS
Aspirin Tablets	1			1			1												3							3
Back and Kidney Pills																			1							1
Baking Powder					1														1		1					1
Beef Paste																										1
Blanc Mange Powder																			1							1
Butter	8			3	1		2	4	3	1		2	2	3		4	1		34		3	7			10	44
Cake																			1							1
Camphorated Oil				1			1		1										3		1	1				5
Cascara Tablets																			1							1
Castor Oil				1			1	1	1										4		1	1				6
Cheese																			1							1
Cocoa	1			1	1		1	2	1										6		2				2	8
Cod Liver Oil								1											1							1
Coffee				1				1					1						3							4
Coffee Mixture														1	1				1		2					4
Condensed Milk					2														1							2
Corn Flour					1					1									4							4
Cream					1														1							1
Cream of Tartar	1																		1							1
Curre Powder																			1							1
Curants										1				1					1							2
Custard Powder	1															1	1		3							3
Dates														1					1							1
Demerara Sugar					1					1									3							3
Egg Powder					1									1					3							3
Eucalyptus Oil				1										1					1							2
Fish Paste	1							1											1		1				1	3
Flavouring Essence									1										4							4
Flour														1					1							1
Flu Powders					1														1							1
Friars Balsam																										1
Glycerine				1				1	1										3		1				1	3
Ground Ginger													1						1							1
Ground Mace													1						1							1
Ground Nutmegs													1						1							1
Head and Stomach Pills													1						1							1
Headache Powder				2															2							2
Health Salts				1															1							1
Iodine									1										1							1
Jam					1														1							1
Kidney and Bladder Pills												1							1							1
Lard	1			3	1		1	3	3	1			2	1		1	1		18		2	5			7	25
Lard Compound														1					1							1
Lardine																			1							1
Lemonade Powder									1										1							1
Lemon Cheese									1										1							1
Lemon Cubes																			1							1
Lentils														1					1							1
Liver Pills				1															1							1
Malt Vinegar									1										1							1
Margarine													1						6							8
Marmalade													1						1							1
Meat Paste	1							1											2		1				1	3
Milk (new)	18	79	51	10	47	39	16	28	79	46	49	22	37	92	26	36	48	25	748		11	5			16	764
Milk (Appeal to Cow)		1									6			4					11							11
Milk (Informal)		2																	2							2
Mince Meat										1									1							1
Mixed Spice										1									1							1

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



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

	URBAN. Abercarn	Abergavenny	Abertillery	Bedwas and Machen	Bedwelty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Pontypool	Rhymney	Risca	Tredeggar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Major and St. Mellons	Monmouth	Pontypool	TOTAL RURAL	GRAND TOTALS
Mustard	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Nerve Powder	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Olive Oil	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...	1	...	...	...	3
Pearl Barley	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	2
Peas	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	1	...	4	...	...	...	...	...	...	4
Pepper	1	...	...	1	1	...	1	1	1	1	...	1	1	...	...	2	1	...	12	...	2	1	...	...	3	15
Pepper Compound	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
"Phos"	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Phosphorus Quin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Pickling Spice	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Raisins	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	2
Rice	1	...	...	2	1	...	1	1	1	...	...	1	2	1	...	1	1	...	13	...	2	1	...	...	3	16
Rum and Coffee	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Sago	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Salmon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Sardine & Tomato Paste	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
Sauce	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...	2
Sausage	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	1
Self Raising Flour	1	...	...	2	1	...	1	2	1	1	...	1	1	...	...	2	1	...	14	...	2	1	...	...	3	17
Separated Milk	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	3
Sponge Mixture	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Spry	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Stomach Powders	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Sultanas	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	3	...	...	...	...	...	...	3
Syrup of Figs	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	3
Table Jelly	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	1	...	...	...	1	3
Tapioca	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	2
Tea	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	1	...	5	...	...	...	...	...	...	5
Tinned Fish	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Tomato Soup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Vita Gravy	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
White Pepper	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
Yeast	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
TOTALS	...	36	84	51	32	27	39	30	50	100	59	55	31	61	118	26	48	66	32	990	...	33	27	...	60	1050

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



The average composition of all milk samples examined during the year is :

Fat, 3.55%; Solids not Fat, 8.75%; Total Solids, 12.30%.

and 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.
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
1935 .....	3.47%	8.73%	2.64

The percentage of samples found to be adulterated during the year 1936, viz., 7.77% is considerably higher than at any period during the previous nine years, and this condition leaves much to be desired.

The Separated Milks, three in number, were all genuine and free from the addition of preservatives or colouring matter and the four samples of Condensed Milk satisfied the requirements of the Condensed Milk Regulations with regard to their composition and the directions as to dilution.

The one sample of Cream was genuine and contained a satisfactory proportion of milk fat.

During the year 44 samples of Butter were submitted for analysis and it is satisfactory to be able to report that all of these were perfectly genuine, free from preservatives and in no instance contained a percentage of water exceeding the legal maximum of 16 per cent.

The two samples of Cheese were genuine milk products containing a high proportion of milk fat and contained no trace of any deleterious ingredient.

All the samples of Lard, 25 in number, were composed of genuine pig fat, free from water and in no instance was the acidity by any means excessive.

The Lard Substitutes were composed of wholesome vegetable fats and the Margarine was of satisfactory composition and contained no preservatives or excess of moisture.

The samples of Sugar consisted of the highly refined product and contained no ingredient to which exception could be taken, whilst the samples of



Table Jelly, Jam, Mincemeat, Lemon Cheese and Marmalade were true to description and in no case was the percentage of sulphur dioxide in excess of that permitted by the Preservatives, etc., in Food Regulations.

The samples of Flour were found to be prepared from high grade wheat and were free from any trace of bleaching agents.

The Rice Samples were of good quality and contained no trace of facing ingredients, whilst the samples of Tapioca, Sago, and Cornflour were genuine and free from deleterious ingredients.

The Sultanias, Raisins, Currants and Dates were perfectly good and wholesome and contained less sulphur dioxide than the legal maximum.

The pepper specimens all proved to be composed of genuine white pepper free from excess of husk, whilst the pepper compound contained a small admixture of rice starch.

Various spices including Mace, Nutmeg, Ground Ginger, Pickling Spice and Mixed Spice were true to description and of satisfactory quality, and the samples of Tea were composed of the genuine leaf free from dust or sweepings.

Both samples of Lemon Cheese were genuine but that received from Dr. G. Rocyn Jones had undergone deterioration through storage.

The samples of Cocoa were satisfactory and free from contamination by arsenical compounds and the Coffee samples were genuine and free from chicory, whilst the Coffee Mixtures contained a satisfactory percentage of actual coffee.

The various samples of drugs and pharmacopoeial preparations were in all cases quite satisfactory and the proprietary medicines contained no ingredient to which exception could be taken.

The samples of Potted Meat, Fish Paste and Sausage were satisfactory in composition and in no instance did the proportion of sulphur dioxide exceed the legal maximum.

The specimens of Tinned Fish were found to be in sound condition and free from contamination by tin or lead.

The samples of Peas were free from any trace of added copper salts and the remaining samples call for no comment beyond the statement that no exception could be taken either as regards their composition or any contamination by undesirable ingredients.

Thus of the total of 1,051 samples submitted for analyses during the year, the total number adulterated amounted to 59 which comprises 5.61 per cent. of all samples analysed".



## NUMBER OF SAMPLES FOUND TO BE ADULTERATED.

District.	Milk.	Skimmed Milk	Malt Vinegar	Totals.
<b>URBAN:</b>				
Abercarn ... ..	—	—	—	—
Abergavenny ... ..	11	—	—	11
Abertillery ... ..	5	—	—	5
Bedwas and Machen ... ..	—	—	—	—
Bedwellty ... ..	10	—	—	10
Blaenavon ... ..	—	—	—	—
Caerleon ... ..	—	—	—	—
Chepstow ... ..	7	—	—	7
Cwmbran ... ..	4	—	—	4
Ebbw Vale ... ..	—	—	—	—
Monmouth ... ..	5	—	—	5
Mynyddislwyn ... ..	—	—	—	—
Nantyglo and Blaina ... ..	11	—	—	11
Pontypool ... ..	7	—	—	7
Rhymney ... ..	3	—	—	3
Risca ... ..	—	—	—	—
Tredegar ... ..	1	—	—	1
Usk ... ..	2	—	—	2
<b>RURAL:</b>				
Abergavenny ... ..	—	—	—	—
Chepstow ... ..	—	—	—	—
Magor and St. Mellons ... ..	—	—	—	—
Monmouth ... ..	—	—	—	—
Pontypool ... ..	—	—	—	—
Totals ... ..	66	—	—	66



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.
<b>URBAN:</b>			
Abergavenny ...	Milk	Added water 5.76% ...	Cautioned by Clerk. Costs £1.
"	"	Added water 5.41% ...	
"	"	Added water 11.77% ...	
"	"	Deficient in fat 2.00% ...	Cautioned by Clerk. ditto
"	"	Deficient in fat 3.67% ...	
"	"	Deficient in fat 8.0% ...	
"	"	Added water 18.59% ...	Servant find £15 in each case. Servant also fined £5 for each of two cases of obstruction and ordered to pay £5/5/0 costs. Total £60/5/0. Cases against the Master dismissed upon payment of costs—4/- in each case. Total 12/-.
"	"	Added water 22.47% ...	
"	"	Added water 23.18% ...	
"	"	Added water 25.06% ...	Informal samples.
"	"	Added water 23.18% ...	
Abertillery ...	"	Deficient in fat 4.67% ...	Cautioned by Clerk.
"	"	Deficient in fat 2.00% ...	
"	"	Deficient in fat 18.67% ...	" "
"	"	Deficient in fat 45.00% ...	
"	"	Deficient in fat 43.33% ...	" "
Bedwellty ...	"	Deficient in fat 6.00% ...	
"	"	Deficient in fat 4.33% ...	" "
"	"	Deficient in fat 5.67% ...	
"	"	Deficient in fat 11.33% ...	" "
"	"	Added water 0.59% ...	
"	"	Deficient in fat 5.67% ...	" "
"	"	Deficient in fat 20.33% ...	
"	"	Deficient in fat 9.67% ...	" "
"	"	Deficient in fat 21.67% ...	
"	"	Deficient in fat 5.67% ...	" "
Chepstow	"	Deficient in fat 6.00% ...	
"	"	Deficient in fat 3.00% ...	No action taken.
"	"	Added water 3.29% ...	
"	"	Deficient in fat 12.67% ...	
"	"	Deficient in fat 2.33% ...	
"	"	Deficient in fat 7.00% ...	
"	"	Deficient in fat 3.67% ...	



District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc., of sample.	Action taken.
Cwmbran ...	Milk	Added water 16.35% ...	No action taken.
"	"	Added water 1.41% and deficient in fat 7.92% ...	
"	"	Deficient in fat 4.33% and deficient in solids 2.94% ...	
"	"	"Appeal to Cow" sample	
"	"	Deficient in fat 11.00% ...	Case dismissed. Plea "sold as it came from cow".
Monmouth ...	"	Deficient in fat 11.67% ...	Cautioned by Clerk.
"	"	Deficient in fat 30.00% ...	4/- costs in each case.
"	"	Deficient in fat 17.33% ...	
"	"	Deficient in fat 29.98% and added water 2.35% ...	Fined £3, including costs.
"	"	Deficient in fat 9.00% ...	"Appeal to Cow" sample.
Nantyglo & Blaina	"	Deficient in fat 66.33% ...	Cautioned by Clerk. One cow only.
"	"	Deficient in fat 5.67% (appeal to cow sample) ...	Inexperienced in farming. Ex-miner.
"	"	Added water 7.53% ...	Cautioned by Clerk.
"	"	Added water 5.41% ...	
"	"	Added water 7.88% ...	
"	"	Added water 7.18% ...	
"	"	Added water 3.18% (Informal	Cautioned by Clerk.
"	"	Added water 4.35% samples	
"	"	Added water 10.00% ...	
"	"	Added water 13.41% ...	
"	"	Added water 2.00% ...	Cautioned by Clerk.
Pontypool ...	"	Added water 6.47% ...	
"	"	Added water 21.18% and	Fined £1 on each charge. Including costs. Total £4.
"	"	Deficient in fat 6.49% ...	
"	"	Added water 21.18% and	
"	"	Deficient in fat 6.49% ...	
"	"	Deficient in fat 16.00% ...	"Appeal to Cow" samples.
"	"	Deficient in fat 4.00% ...	
"	"	Deficient in fat 0.71% ...	
"	"	Deficient in fat 2.00% ...	
Rhymney ...	"	Deficient in fat 21.67% ...	Cautioned by Clerk.
"	"	Deficient in fat 19.33% ...	
"	"	Deficient in fat 18.67% (Appeal to Cow sample) ...	
Tredeggar ...	"	Added water 2.71% ...	Cautioned by Clerk.
Usk ...	"	Deficient in fat 5.33% ...	Cautioned by Clerk.
"	"	Added water 13.88% ...	Fined £1.



## **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 1936.

## **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 1936, 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 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, 1936.

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 84 deaths and gave a Zymotic death-rate of .26 for the County, as compared with a rate of .34 for the year 1935; .46 for 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; and 1.22 for 1910.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1936.

Population for death rate and attack (notification) rate, 319,940.

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) ... ..	4	.01	Not notifiable	—	.07
Scarlet Fever ... ..	3	.01	841	2.62	.01
Diphtheria (including Membranous Croup) ..	19	.05	362	1.13	.08
Whooping Cough ... ..	25	.07	Not notifiable	—	.05
Fever (including Typhus, Enteric and Continued Fevers) ... ..	3	.01	21	.06	.01
Diarrhoea (under 2 years)	30	.09	Not notifiable	—	Not available
Totals ... ..	84	.26	1224	3.82	—



## 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	...
1936	...	...	...	.01	.01	.07	.05	.01	...



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

DISTRICTS	Estimated Population, 1936 for estimating 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	Measles	Acute Polio- Encephalitis	Meningococcal Meningitis
<b>URBAN.</b>																		
Abercarn	...	13	1	...	1	3	...	...	...	1	...	...	...	...	...	...	...	...
Abergavenny	...	9	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abertillery	...	158	8	...	7	3	2	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	...	20	4	...	12	4	1	...	...	1	...	...	...	...	...	...	...	...
Bedwellty	...	35	82	2	33	11	1	...	6	10	...	1	...	...	...	...	...	...
Blaenavon	...	33	3	...	6	...	...	...	...	...	...	...	3	...	...	...	...	...
Caerleon	...	4	...	...	...	...	...	...	2	...	...	...	3	...	20	...	...	...
Chepstow	...	15	13	1	4	...	...	...	...	1	...	...	...	...	1	...	...	...
Cwmbran	...	7	9	...	6	2	4	...	4	3	...	1	...	...	...	...	1	...
Ebbw Vale	...	160	13	1	51	13	...	...	...	...	...	...	...	...	...	...	...	...
Monmouth	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn	...	32	48	2	2	2	1	...	...	3	2	1	...	...	...	...	...	...
Nantyglo and Blaina	...	43	...	4	20	1	3	...	...	4	...	...	...	...	...	...	...	...
Pontypool	...	40	88	1	10	5	...	...	1	1	...	...	...	1	...	...	...	...
Rhynney	...	28	16	...	...	4	...	...	...	2	...	...	...	...	...	...	...	...
Risca	...	39	4	...	34	3	...	...	...	5	...	...	...	...	...	...	...	...
Tredeggar	...	129	41	9	51	21	2	...	...	7	2	1	...	...	...	...	...	...
Usk	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals, Urban	275,600	770	331	20	237	72	14	...	13	38	4	4	6	1	21	...	1	...
<b>RURAL.</b>																		
Abergavenny	...	9	...	1	...	...	...	...	...	2	...	1	...	...	3	...	...	...
Chepstow	...	8	4	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...
Magor & St. Mellons	...	8	15	...	1	2	...	...	...	1	...	...	...	...	...	...	...	1
Monmouth	...	7	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	...	15	...	2	2	1	1	...	...	1	...	...	...	...	...	...	...	...
Totals, Rural	44,340	47	22	3	5	3	1	...	...	5	...	1	...	...	3	...	...	1
Grand Totals	319,940	817	353	23	242	75	15	...	13	43	4	5	6	1	24	...	1	...



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
<b>Urban—</b>													
Abercarn ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abergavenny ...	...	...	...	3	...	...	...	...	...	1	...	...	...
Abertillery ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen ...	...	2	...	...	...	...	...	...	...	...	...	...	...
Bedwellty ...	...	89	...	2	...	...	1	...	1	...	...	...	...
Blaenavon ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Caerleon ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow ...	...	14	...	17	...	...	...	...	...	...	...	2	...
Cwmbran ...	...	2	...	1	...	...	...	...	...	...	...	...	...
Ebbw Vale ...	...	14	...	...	...	...	1	...	1	...	...	...	...
Monmouth ...	...	1	...	14	...	...	1	...	...	...	...	...	...
Mynyddislwyn ...	...	15	...	...	...	...	...	...	1	...	...	...	1
Nantyglo and Blaina ...	...	...	...	...	...	...	...	...	4	3	...	...	...
Pontypool ...	...	28	...	2	...	...	...	...	1	...	...	...	...
Rhymney ...	...	...	...	...	...	...	...	...	...	1	...	...	...
Risca... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Tredeggar ...	...	46	1	57	...	...	...	...	8	...	...	...	...
Usk ...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>Rural—</b>													
Abergavenny ...	...	...	...	4	...	...	1	...	1	1	...	...	1
Chepstow ...	...	6	...	12	...	...	...	...	...	...	...	...	...
Magor & St. Mellons ...	...	3	...	1	...	...	...	...	...	...	...	...	...
Monmouth ...	...	4	...	8	...	...	...	...	...	...	...	...	...
Pontypool ...	...	...	...	2	...	...	...	...	...	1	...	...	...
Totals ...	...	224	1	123	—	4	...	17	7	...	2	...	2
													3
													1

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.

Disease	CASES NOTIFIED.													DEATHS.													
	AGE GROUPS.													AGE GROUPS.													
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages	
Diphtheria	4	5	13	16	32	153	84	33	25	4	6	...	375	1	...	1	3	3	3	...	...	...	...	...	...	...	11
Scarlet Fever	10	22	41	78	85	348	205	31	32	13	5	1	871	...	1	...	1	2	5	2	...	...	...	...	...	...	11
Enteric Fever	1	...	1	...	1	2	3	3	5	3	2	...	21	1	...	...	...	...	...	...	...	1	1	...	...	...	3
Pneumonia	13	19	11	6	12	41	19	20	41	22	49	30	283	31	12	1	1	...	4	3	2	11	7	53	53	178	
Puerperal Fever...	...	...	...	...	...	...	...	1	9	7	...	...	17	...	...	...	...	...	...	...	1	6	4	...	...	...	11
Cerebro Spinal Fever	...	2	...	...	...	1	1	1	1	...	1	...	7	...	...	...	...	...	1	...	...	1	...	1	...	...	3
Acute Poliomyelitis	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	1	...	...	1	1	3	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Ophthalmia Neonatorum	15	...	...	...	...	...	...	...	...	...	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	3	35	7	...	...	45	...	...	...	...	...	...	...	...	5	2	...	...	...	7
Erysipelas	1	...	...	...	1	2	...	3	5	14	46	6	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	44	48	67	100	131	547	312	96	153	70	110	38	1716	33	13	2	5	5	13	5	3	24	14	55	53	225	

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 1935.

	Per cent.
Successfully Vaccinated ... ..	21.3
Insusceptible of Vaccination ... ..	.03
Had Small-pox ... ..	Nil
Declaration of Conscientious Objection received	69.9
Died Unvaccinated ... ..	4.5
Postponement by Medical Certificate ...	.66
Removal to districts, the Vaccination Officers of which have been duly apprised ...	1.0
Removal to places unknown ... ..	1.2
Number of cases not included under any of the above-named headings ... ..	1.0

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., 54 or 1.0 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, 1936.



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. H. Reynolds ...	3	1	4	...
3	Abercarn Upper ...	M. Ryan ...	32	2	34	...
4	Abercarn Lower ...	E. M. Griffith ...	9	1	10	2
5	Mynyddislwyn ...	C. G. Mackay ...	23	3	26	2
6	Magor ...	G. R. Strong ...	3	2	5	...
7	Bedwas & Machen ...	C. P. Davies ...	26	2	28	...
8	Rogerstone ...	G. E. Hull ...	14	3	17	4
9	Maesycwmmmer ...	D. Macaulay ...	8	...	8	...
10	Caerleon ...	W. H. Reynolds ...	8	1	9	...
11	Marshfield ...	W. Irwin ...	6	1	7	...
12	Risca ...	N. N. Wade ...	26	9	35	6
13	Llantarnam ...	F. Carlton Jones ...	55	4	59	4
14	Bettws ...	H. A. Keane ...	1	...	1	...
15	St. Mellons ...	H. C. Conwy Joyce ...	8	...	8	...
16	Monmouth ...	W. H. Williams ...	24	3	27	8
17	Rockfield ...	W. H. Williams ...	10	...	10	...
19	Trelleck ...	P. G. Harvey ...	1	...	1	...
20	Raglan ...	W. M. Langdon ...	9	2	11	...
21	Skenfrith ...	A. M. Humphry ...	3	1	4	...
22	Chepstow ...	E. W. Hardman ...	43	1	44	...
23	Shirenewton ...	E. W. Hardman ...	9	...	9	...
24	Caldicot ...	Owen T. Jones ...	28	3	31	...
25	Lintern ...	E. W. Hardman ...	6	...	6	...
26	Beaufort & Rassau ...	A. Brook ...	7	2	9	...
27	Dukestown & Llechryd ...	K. S. Thom ...	18	...	18	1
28	Grosmont & Llangua ...	A. M. Humphry ...	...	1	1	...
29	Blaenavon ...	A. H. James ...	13	8	21	3
30	Llanarth ...	W. T. E. Blackmore ...	4	6	10	1
31	Abergavenny ...	O. G. Coldicott ...	45	1	46	...
33	Llanhilleth ...	T. J. Frost ...	23	3	26	1
34	Usk ...	E. L. M. Hackett ...	22	2	24	1
35	Coedygrioc P.L. Inst. ...	J. Powell Jenkins ...	2	...	2	...
36	Panteg ...	J. Powell Jenkins ...	27	10	37	...
37	Abersychan (North) ...	R. J. S. Verity ...	7	6	13	...
38	Abersychan (Central) ...	J. B. MacQuillan ...	6	8	14	1
39	Pontypool ...	T. J. McAllen ...	10	12	22	5
40	Nantyglo ...	J. H. Verwey ...	7	4	11	1
41	Blaina ...	F. M. Wallen-Gunn ...	13	1	14	...
42	Ebbw Vale, No. 1. ...	F. M. Fonseca ...	66	7	73	3
43	Ebbw Vale, No. 2. ...	J. McCaig ...	13	...	13	3
44	Ebbw Vale, No. 3. ...	A. Franklyn ...	29	1	30	...
45	Tredegarr ...	J. G. Owen ...	91	11	102	8
46	Rhymney ...	R. V. de Acton-Redwood ...	58	...	58	1
47	New Tredegarr ...	S. R. MacMillan ...	67	5	72	5
48	Abertysswg ...	Ivor Thomas ...	2	5	7	...
49	Abertillery ...	W. F. Mulvey ...	27	24	51	1
50	Argoed & Hollybush ...	T. J. Davies ...	17	6	23	3
51	Aberbargoed & Pengam ...	S. R. MacMillan ...	80	4	84	...
52	Bedwellty P.L.Inst. ...	J. G. Owen ...	18	15	33	...
53	Blackwood ...	D. Macaulay ...	23	4	27	...
		Totals ...	1050	185	1235	64



Summary of returns under the Vaccination Acts, 1867—1907, and Vaccination Order, 1930, during the year ended 31st December, 1936:—

Vaccination Officer.	District.	No. of Cases.					
		No. of Cases on birth list.	No. of Certs. of Vaccination received	No. of Certs. of postponement.	No. of Conscientious objections.	Parents removed out of District	Otherwise not found
G. E. Coombe	Abergavenny	213	57	5	130	8	...
	Llantarnam	132	53	...	67	...	1
	Rogerstone	388	83	11	268	3	6
	Usk	51	26	...	23	...	1
	Monmouth	75	23	...	49	...	...
E. J. Winstone	Chepstow	166	70	4	85	2	2
	Caerleon	63	23	3	34	2	3
	Trelleck	68	19	2	38	1	1
	Llanhilleth	169	21	8	130	2	5
J. Morgan	Blaenavon	157	17	1	120	...	...
	Abertillery	352	33	7	292	8	6
	Blaina	104	10	4	98	3	1
E. J. Winstone	Nantyglo	113	9	4	90	4	1
	Ebbw Vale	453	109	8	340	7	4
	Tredegar	615	179	6	430	9	6
	Rhymney	570	274	28	271	10	26
E. Rowland	Mynydd'lwyn	658	74	5	497	31	...
E. J. Winstone	Pontypool	496	28	4	451	2	11
	Panteg	204	23	5	134	2	3
Totals	...	5047	1131	105	3547	94	77

## SCARLET FEVER.

There has been a further decrease in the number of cases of Scarlet Fever during the year, 841 cases being notified, as compared with 867 in 1935, 1,253 in 1934, 1,580 in 1933, 1,513 in 1932, 1,323 in 1931, 949 in 1930, and 540 in 1929. In 1936 there were 5 deaths; in 1935, 6 deaths; in 1934, 11 deaths; in 1933, 11 deaths; in 1932, 20 deaths; in 1931, 9 deaths; in 1930, 5 deaths; and in 1929, 3 deaths. 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 1936 was 362, which is a decrease compared with the figure for the previous year, when the number was 438. During 1934, 835 cases were notified; in 1933, 459 cases; in 1932, 478 cases, in 1931, 455 cases; in 1930, 455 cases; and in 1929, 459 cases. The number of deaths recorded in 1936 was 19; in 1935, 34; in 1934, 74; in 1933, 40; in 1932, 33; in 1931, 23; in 1930, 29; and in 1929, 27. 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. The County Laboratory was called upon to deal with a considerable number of Swabs and during the year 1936, 5,934 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. Special investigations have been made by Dr. W. R. Nash, late 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. A full report upon immunisation is given in a joint address delivered by Dr. W. R. Nash, Medical Officer of Health, Caerphilly U.D.C., and Dr. W. Panes, Assistant Medical Officer to this County, and which appears in full in the Education Report for this County for the year 1936. That there can be no doubt as to the success of the immunisation campaign in this County is demonstrated in the reports of the Medical Officers of Health for the districts which have accepted the facilities for immunisation offered by the County Council, and which are also included in the Education Report for the year 1936. As yet these facilities have only been extended to children of school age and it is felt that the work will not be complete until the same protection is given to children of pre-school age and active immunisation established as a permanent public health service.



### **ENTERIC FEVER.**

Twenty-one cases of Enteric Fever were notified in the year 1936. In 1935 there were 18 cases; in 1934, 3; in 1933, 2; in 1932, 1; in 1931, 16; in 1930, 19; and in 1929, 27 cases. Three deaths were recorded in the year 1936. There was one death during 1932. In 1931 there were 3 deaths, and in 1929, 6 deaths. The cases notified to the County Medical Officer occurred in the Bedwellty, Chepstow, Ebbw Vale, Mynyddislwyn, Nantyglo and Blaina, Pontypool 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 77 cases of Erysipelas notified during the year 1936, as compared with 93 cases in the year 1935; 128 in 1934; 128 in 1933; 92 in 1932; 90 in 1931; 112 in 1930; and 116 in 1929. The disease was fairly evenly spread throughout the County.

### **PUERPERAL FEVER AND PUERPERAL PYREXIA.**

During the year 1936, notifications of 15 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—Abertillery 2, Bedwas and Machen 1, Ebbw Vale 4, Mynyddislwyn 1, Nantyglo and Blaina 3, and Tredegar 2; and the following rural districts:—Abergavenny 1, and Pontypool 1. Sixteen 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. 46 cases of puerperal pyrexia were notified in 1936 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 and any necessary bacteriological examination is made by Dr. Gwyn Rocyn Jones, County Bacteriologist, at the County Laboratory, Newport.

### **INFANTILE DIARRHOEA.**

Ten cases of this disease were discovered during visits to homes, and 9 re-visits paid, as against 11 and 9 re-visits in the year 1935. Twenty-one deaths were registered in children under two years of age giving a death rate of 4.1 per 1,000 births, as compared with 8.1 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 1936 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 1936. 1 case was notified in 1934; 5 in 1933; 3 in 1932; 8 in 1931; 9 in 1930; and 6 in 1929. The number of deaths recorded in 1936 was 1, compared with 2 in 1935; 2 in 1934; 6 in 1933; 5 in 1932; 8 in 1931; 15 in 1930; and 7 in 1929.

### **OPHTHALMIA NEONATORUM.**

Fifteen cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 23 cases in the year 1935 and 30 cases in the year 1934. These cases, together with other cases of eye trouble reported by the midwives, making a total of 120 cases, were followed up by the Health Visitors, who paid 394 visits to them. 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 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				
15	10	5	14	—	—	1

### **CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.**

Five cases of Cerebro-Spinal Fever were notified to the County Medical Officer during the year 1936. One case of Acute Poliomyelitis was notified. Six cases of Cerebro-Spinal Fever and no cases of Acute Poliomyelitis were notified during the year 1935. The Cerebro-Spinal Fever cases were notified from the following Districts: Bedwellty, Ebbw Vale, Monmouth and Tredegar Urban; and Abergavenny Rural.

### **CHICKEN POX.**

Six cases of Chicken Pox were notified during 1936. The disease is no longer compulsorily notifiable in the majority of the districts of the County.

### **MEASLES.**

There was a decrease in the number of deaths from Measles during the year 1936, 4 as compared with 27 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 26 deaths in 1936 as compared with 18 in 1935.



## 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 1936 was 63 as compared with 53 in 1935.

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

255 cases of Pneumonia were notified during the year 1936, as compared with 196 in 1935. There were 203 deaths registered in 1936 and 223 in 1935. 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. One case of Malaria was notified and 3 of Dysentery.

## ANTHRAX.

There were no cases of Anthrax notified during the year 1936.

## CANCER.

The number of deaths from Cancer recorded during the year 1936 was 433, which shows an increase upon the figure for 1935 (422). In 1934 there were 397 deaths; in 1933, 379 deaths; in 1932, 352 deaths; in 1931, 394 deaths; in 1930, 374 deaths; and in 1929, 360 deaths. As in previous years practically the whole of the deaths occurred in persons between the ages of 45 and 65 and upwards. Deaths from Cancer in the various age groups are shown in the table opposite page 4.

## FACILITIES FOR THE DIAGNOSIS AND TREATMENT OF CANCER IN MONMOUTHSHIRE.

### 1. Facilities provided by the local authority :—

- (a) *Diagnosis*.—The County Laboratory is available to all Practitioners in the County for diagnostic purposes. Microscopic examination of tissues, bio-chemical tests, blood counts, etc., are among tests done.
- (b) The hospitals at Ty Bryn and Coedygric are available for the nursing of patients suffering from Cancer. A Consulting Surgeon visits Ty Bryn, while from both hospitals cases are referred to Cardiff Royal Infirmary for radium treatment.

### 2. Facilities provided by Voluntary Hospitals in the County are shown in the following table :



Hospital.	Admit Cancer Patients.	X-Ray or Radium for Treatment.	X-Ray for Diagnosis.	Specialist for Diagnosis (Out-Patient).
Rhymney ...	No	—	—	All cases referred to Cardiff.
Abertysswg ...	Yes	—	—	Yes
Aberbargoed ...	No	—	—	All cases referred to Cardiff.
Blaina ...	Yes	—	—	—
Pontypool ...	Yes (certain cases)	Radium (loan)	Yes	—
Monmouth ...	Yes	—	—	—
Abergavenny ...	Yes	—	—	Yes
Ebbw Vale ...	Yes	Yes	—	Yes
Oakdale ...	No	—	—	Yes

3. Hospitals taking Cancer patients for radium and other treatment from the County :

- (a) Cardiff Royal Infirmary.
- (b) Newport Royal Gwent Hospital.

In many parts of the County there are contributing schemes to these hospitals, so that the facilities of these institutions are available to the inhabitants of the County. Churches in the County take part in the Hospital Sunday Collections, so that Out and In Patient tickets are obtainable in most districts.

4. It is proposed to adopt the following scheme for facilitating diagnosis and treatment of Cancer in the County :—

- (a) Circularise Practitioners to ascertain if there are any patients who are unable to obtain hospital Out-patient Tickets for diagnostic purposes or, if necessary, appropriate treatment.
- (b) *Education of the Public.*—The County Medical Officer to provide posters and leaflets pointing out the advisability of seeking the Doctor's advice immediately, when certain symptoms appear. These can be displayed (with permission) in Doctors' surgeries and County Clinics. Occasional notices in local papers, cinemas and places of worship to help reach most of the inhabitants of the County.

## 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 disinfector. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing steam disinfecting apparatus for their areas. As it is obvious that disinfection of 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 1936, 257 cases of Pulmonary Tuberculosis were notified and 184 deaths were registered. Of other forms of Tuberculosis, 98 cases were notified and 45 deaths registered.

The total number of notifications received during the year was 278 Pulmonary and 106 Non-Pulmonary Tuberculosis, of which 21 and 8 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 a decrease 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 decrease in the rate for Pulmonary cases and the rate for Non-Pulmonary cases remains the same as for last year.

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
1936 ...	.80	.30	.57	.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, 1936, to the 31st December, 1936, with the number of Deaths notified by the Registrar General.**

Age Periods	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.				Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females.	Total
0	—	—	1	2	3	0	—	—	1	2	3
1	2	1	4	4	11	1	—	—	4	—	4
5	2	1	8	9	20	2	1	1	4	2	8
10	6	7	5	13	31	5	2	6	2	2	12
15	21	19	7	7	54	15	16	39	2	6	63
20	12	30	5	9	56	25	29	24	6	1	60
25	24	51	6	5	86	35	17	8	5	2	32
35	20	16	3	3	42	45	13	5	3	1	22
45	12	12	2	2	28	55	10	5	1	—	16
55	9	6	1	1	17	65	4	2	—	1	7
65 and Upwards	6	—	—	1	7	75	2	—	—	—	2
	114	143	42	56	355		94	90	28	17	229

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1936, to the 31st December, 1936, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	—	—	—	—	1	4	3	2	4	3	17
Pulmonary Females	—	1	—	1	2	2	1	3	—	1	—	11
Non-Pulmonary Males	—	1	—	—	—	—	2	—	1	1	—	5
Non-Pulmonary Females	—	—	1	1	1	1	—	—	—	—	—	4

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns (from local Registrars ...)	28	8
Posthumous notifications (transferable deaths from Registrar-General ...)	—	1
"Transfers" from other areas (other than transferable deaths) ...	—	—
Other Sources if any ...	—	—

From the above it will be seen that 36 non-notified deaths (15.2 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 (1928—36), 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.	
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
1936	1151	1151	2302	650	528	1178	3480

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 ... ..	4	4	8	—	2	2	10
2.—Recovery from the disease ... ..	38	39	77	23	26	49	126
3.—Death ... ..	81	77	158	15	13	28	186
4.—Left district permanently ... ..	28	37	65	9	12	21	86

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-



strict 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 regrettable to note that there is again a wide discrepancy in the figures for 1936, 229 deaths from tuberculosis being recorded by the Registrar-General and only 186 being removed from the Registers by the District Medical Officers of Health. 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, 1936.**  
with reports upon Examinations of Sputa, etc., at the  
County Laboratory, Newport.

DISTRICTS AND SUB-DISTRICTS.		PULMONARY.				OTHER T.B. DISEASES.				Total.
		Cases notified.	Result of Lab. examination.		Specimen not submitted.	Cases notified.	Result of Lab. examination.		Specimen not submitted.	
			Pos.	Neg.			Pos.	Neg.		
<b>URBAN.</b>										
<b>Abercarn</b>										
Cwmearn	...	8	3	1	4	5	1	1	3	13
Crumlin	...	—	—	—	—	3	—	1	2	3
Abercarn	...	4	2	—	2	—	—	—	—	4
Newbridge	...	4	1	—	3	—	—	—	—	4
Pentwynmawr	...	1	1	—	—	—	—	—	—	1
<b>Abergavenny</b>										
Abergavenny	...	7	1	1	5	—	—	—	—	7
<b>Abertillery</b>										
Abertillery	...	18	10	2	6	4	—	—	4	22
Six Bells	...	1	—	—	1	1	—	—	1	2
Llanhilleth	...	11	5	1	5	2	—	1	1	13
Aberbeeg	...	1	—	—	1	—	—	—	—	1
<b>Bedwas &amp; Machen</b>										
Machen	...	3	—	1	2	1	—	—	1	4
Trethomas	...	5	2	—	3	—	—	—	—	5
Bedwas	...	5	1	1	3	1	—	—	1	6
Maesycwmmwr	...	2	1	—	1	—	—	—	—	2
<b>Bedwellty</b>										
Argoed	...	—	—	—	—	1	—	—	1	1
Cefn Forest	...	6	1	1	4	1	—	1	—	7
Blackwood	...	10	4	2	4	5	—	1	4	15
New Tredegar	...	12	4	2	6	4	—	—	4	16
Aberbargoed	...	6	3	1	2	3	—	—	3	9
Fleur-de-Lis	...	2	—	1	1	1	—	—	1	3
<b>Blaenavon</b>										
Blaenavon	...	6	—	1	5	2	—	1	1	8
<b>Caerleon.</b>										
Caerleon	...	6	2	2	2	1	—	—	1	7
<b>Chepstow</b>										
<b>Cwmbran</b>										
Upper Cwmbran	...	2	1	—	1	—	—	—	—	2
Pontnewydd	...	4	1	—	3	—	—	—	—	4
Cwmbran	...	7	1	2	4	3	—	—	3	10



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.		
<b>Ebbw Vale</b>												
Waunllwyd	...	...	—	—	—	—	1	—	—	1	1	
Beaufort	...	...	3	1	—	2	2	—	—	2	5	
Cwm	...	...	6	—	1	5	3	—	1	2	9	
Ebbw Vale	...	...	18	6	2	10	9	—	1	8	27	
Newtown	...	...	1	—	—	1	1	—	—	1	2	
<b>Monmouth</b>												
Monmouth	...	...	2	—	—	2	—	—	—	—	2	
<b>Mynyddislwyn.</b>												
Argoed	...	...	1	—	—	1	—	—	—	—	1	
Pontllanfraith	...	...	7	2	—	5	5	2	—	3	12	
Oakdale	...	...	4	3	—	1	1	—	—	1	5	
Ynysddu	...	...	2	—	—	2	—	—	—	—	2	
Blackwood	...	...	—	—	—	—	1	—	1	—	1	
Cwmfelinfach	...	...	3	1	1	1	1	—	—	1	4	
Wattsville	...	...	1	—	1	—	—	—	—	—	1	
<b>Nantyglo &amp; Blaina</b>												
Blaina	...	...	8	3	1	4	3	—	—	3	11	
Nantyglo	...	...	4	1	—	3	2	1	—	1	6	
<b>Pontypool</b>												
Pontypool	...	...	1	1	—	—	—	—	—	—	1	
Pontnewynydd	...	...	1	—	1	—	—	—	—	—	1	
Abersychan	...	...	3	1	2	—	—	—	—	—	3	
Talywain	...	...	—	—	—	—	1	—	—	1	1	
<b>Rhymney</b>												
Rhymney	...	...	5	1	2	2	3	1	—	2	8	
<b>Risca</b>												
Crosskeys	...	...	5	2	—	3	—	—	—	—	5	
Risca	...	...	6	3	—	3	4	1	—	3	10	
<b>Tredeggar.</b>												
Tredeggar	...	...	41	16	13	12	21	1	3	17	62	
<b>Usk.</b>												
Usk	...	...	—	—	—	—	1	1	—	—	1	
<b>RURAL.</b>												
<b>Abergavenny</b>												
Abergavenny	...	...	4	1	1	2	1	—	—	1	5	
Llangattock Lingoed	...	...	1	1	—	—	—	—	—	—	1	
Bryngwyn	...	...	1	1	—	—	—	—	—	—	1	
Llan-Crucorney	...	...	1	—	1	—	—	—	—	—	1	
<b>Chepstow</b>												



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.
<b>Magor St. Mellons.</b>												
Magor ...	...	...	3	—	—	3	—	—	—	—	3	
Newport ...	...	...	1	1	—	—	—	—	—	—	1	
Llanhennock ...	...	...	1	—	1	—	—	—	—	—	1	
Rogerstone ...	...	...	4	1	—	3	—	—	—	—	4	
Rumney ...	...	...	4	—	—	4	—	—	—	—	4	
Llandavenny ...	...	...	1	—	—	1	—	—	—	—	1	
Castleton ...	...	...	—	—	—	—	1	—	—	1	1	
St. Mellons ...	...	...	1	—	—	1	—	—	—	—	1	
<b>Monmouth</b>												
<b>Pontypool.</b>												
Usk ...	...	...	1	—	1	—	—	—	—	—	1	
Little Mill ...	...	...	—	—	—	—	2	—	—	2	2	
Goytre ...	...	...	1	1	—	—	3	—	—	3	4	
Croesyceilog ...	...	...	—	—	—	—	1	—	—	1	1	
Gwehelog ...	...	...	1	—	—	1	—	—	—	—	1	
Tredunnoch ...	...	...	—	—	—	—	1	—	—	1	1	
<b>Totals</b>				278	91	47	140	106	8	12	86	384



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.
Tredeggar	...	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 2.30 p.m.
Risca	...	4 Church Road Terr.		2nd and 4th Fridays at 11 a.m.
Trethomas	...	Dr. Cecil Davies' Surgery	...	4th Monday at 1 p.m.

**Return showing the work of the Area during the year 1936**

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<b>A. New cases examined during the year (excluding contacts)—</b>												
(a) Definitely tuberculous	76	76	5	5	15	17	13	17	91	93	18	22
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	14	10	7	6
(c) Non-tuberculous	—	—	—	—	—	—	—	—	411	312	184	181
<b>B. Contacts examined during the year:—</b>												
(a) Definitely tuberculous	—	—	1	1	—	—	—	—	—	—	1	1
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	2	2	2	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	27	41	51	56



Consultations with medical practitioners: (a) Personal, 615; (b) Other, 2,508; Visits by Tuberculosis Officer to homes (including personal consultations), 831; Visits by nurses or health visitors to homes for dispensary purposes, 4,493; Specimens of sputum, etc., examined, 775; X-ray examinations made in connection with dispensary work:—Films, 1,376; Screenings, 456; Attendances at dispensaries and visiting stations, 6,328.

### DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

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 ...	461	76	14	27	7	18	319
Women ...	336	76	14	25	10	23	188
Boys ...	127	5	5	13	3	16	85
Girls ...	145	5	5	13	4	13	105

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

#### *Pulmonary: Men.*

Bronchitis ...	119	Aortic Aneurism ...	3	Graves' Disease ...	1
Dust ...	105	Bronchial Catarrh...	2	Otitis Media ...	1
Morbus Cordis ...	26	Pharyngitis ...	2	Neurasthenia ...	1
Pleurodynia ...	9	Myalgia ...	2	Glandular Fever ...	1
Emphysema ...	6	Post Pneumonic		Pulmonary Fibrosis	1
Unresolved		Fibrosis ...	2	Rheumatism ...	1
Pneumonia ...	5	Tonsillitis ...	2	Laryngeal Polypus	1
Gastritis ...	4	Laryngitis ...	2	Mediastinitis ...	1
Pyorrhoea ..	4	Coryza ...	2	Lung Abscess ...	1
Post Influenzal		Pericarditis ...	1	Bronchiectasis ...	1
debility ...	4	Rupture of Lung ...	1	Empyema ...	1
Asthma ...	3				

#### *Pulmonary: Women.*

Bronchitis ...	77	Goitre ...	2	Pneumonia ...	1
Morbus Cordis ...	26	Gastritis ...	3	Dyspepsia ..	1
Pleurodynia ...	13	Bronchiectasis ...	2	Pyorrhoea ...	1
Post Influenzal		Influenza ...	2	Encephalitis ...	1
debility ...	10	Tonsillitis ...	2	Migraine ...	1
Pulmonary Fibrosis	6	Thyrotoxicosis ...	2	Pernicious Anaemia	1
Asthma ...	5	Bronchial Catarrh...	2	Myxoedema ...	1
Pharyngitis ...	3	Oxaluria ...	1	Graves' Disease ...	1
Neurosis ...	3	Diabetes ...	1	Gestation ...	1
Pleuritis ...	2	Sinusitis ...	1	Nasal Obstruction...	1
Menopause ...	2	Myalgia ...	1	Emphysema ...	1
Broncho-Pneumonia	2				



*Pulmonary: Boys.*

Bronchitis ... ..	37	Unresolved	Mitral Stenosis ...	1
Tonsillitis ... ..	16	Pneumonia ... ..	Otitis Media ... ..	1
Morbus Cordis ... ..	7	Gastritis ... ..	Pyæmia ... ..	1
Coryza ... ..	4	Malnutrition ... ..	Pharyngitis ... ..	1
Post Pneumonic		Bronchiectasis ... ..	Anæmia ... ..	1
Fibrosis ... ..	4	Pneumonia ... ..	Lung Abscess ... ..	1
Pleurodynia ... ..	4	Neurosis ... ..	Diabetes ... ..	1
Whooping Cough...	3	Bronchial Asthma..	Rickets ... ..	1
Rheumatism ... ..	3	Myalgia ... ..	Colic ... ..	1
Pulmonary Fibrosis	3	Mucous Disease ...		

*Pulmonary: Girls.*

Bronchitis ... ..	33	Unresolved	Myalgia ... ..	1
Tonsillitis ... ..	9	Pneumonia ... ..	Chronic	
Morbus Cordis ... ..	7	Chorea ... ..	Constipation ...	1
Coryza ... ..	6	Nasal Obstruction...	Pertussis ... ..	1
Asthma ... ..	3	Otitis Media ... ..	Vermiculosis ...	1
Fibrosis of Lung ...	6	Empyema ... ..	Epistaxis ... ..	1
Bronchiectasis ...	3	Post Influenzal		
		debility ... ..		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 ... ..	55	15	3	6	2	1	28
Women ... ..	79	17	4	6	3	3	46
Boys ... ..	82	13	6	4	3	8	48
Girls ... ..	64	17	2	4	2	6	33

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

*Non-Pulmonary: Men.*

Lumbago ... ..	2	Osteo-Arthritis ...	1	Sepsis ... ..	1
Cyst ... ..	2	Static Scoliosis ...	1	Perthes ... ..	1
Acute Orchitis ...	2	Neoplasm of the		Rheumatism ...	1
Trauma ... ..	2	Oesophagus ... ..	1	Sinusitis ... ..	1
Lymphadenoma ...	1	Coxalgia ... ..	1	Myalgia ... ..	1
Traumatic		Diabetes ... ..	1	Gastro-Enteritis ...	1
Neurasthenia ...	1	Colic ... ..	1	Septic Adenitis ...	1
Brodies Abscess ...	1	Fibrositis ... ..	1	Phlebitis ... ..	1
Synovitis ... ..	1	Nephritis ... ..	1		



*Non-Pulmonary: Women.*

Sepsis ... ..	5	Mastitis ... ..	1	Fibroma ... ..	1
Osteo-Arthritis ...	3	Breast Abscess ...	1	Menorrhagia ...	1
Adolescent		Nephritis ... ..	1	Myalgia ... ..	1
Scoliosis ... ..	3	Osteochondritis ...	1	Rosacea ... ..	1
Constipation ... ..	2	Goitre ... ..	1	Enteric Fever ...	1
Trauma ... ..	2	Thyrotoxicosis ...	1	Miscarriage ...	1
Metritis ... ..	2	Malignant disease of		Appendicitis ...	1
Ganglion ... ..	2	Spine ... ..	1	Gestation ... ..	1
Synovitis of knee...	2	Neurosis ... ..	1	Osteophyte ... ..	1
Rheumatism ... ..	2	Adhesions ... ..	1	Sprained ankle ...	1
Colitis ... ..	2	Pyelitis ... ..	1	Static Kyphosis ...	1

*Non-Pulmonary: Boys.*

Gastro-Enteritis ...	21	Perthes Disease ...	1	Infantile Paralysis..	1
Septic Adenitis ...	4	Rickets ... ..	1	Cyclical vomiting ...	1
Sepsis ... ..	4	Nephritis ... ..	1	Teething ... ..	1
Rheumatism ... ..	2	Peripheral		Sprained ankle ...	1
Colic ... ..	2	Neuritis ... ..	1	Conjunctivitis ...	1
Constipation ... ..	2	Mumps ... ..	1	Adhesions ... ..	1
Trauma ... ..	1	Worms ... ..	1		

*Non-Pulmonary: Girls.*

Gastro-Enteritis ...	5	Enlarged Tonsils ..	2	Phlyctenular	
Constipation ... ..	4	Synovitis of knee ...	2	Conjunctivitis ...	1
Trauma ... ..	4	Sepsis ... ..	2	Syphilis ... ..	1
Colic ... ..	3	Goitre ... ..	1	Erythema Nodosum	1
Septic Adenitis ...	2	Spina Bifida ... ..	1	Rickets ... ..	1
Rheumatism ... ..	2	Mastoiditis ... ..	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	... 16	1	1	2	20
3-6 months	... 15	2	1	—	18
6-12 months	... 24	1	2	—	27
Over 12 months	... 49	4	4	2	59

## TABLES RELATING TO CONTACTS.

	<i>Adult</i> <i>Contacts.</i>	<i>Children</i> <i>Contacts.</i>
To 161 new cases, no contact examined ...	—	—
To 14 new cases, 1 contact examined ...	7	7
To 19 new cases, 2 contacts examined ...	16	22
To 14 new cases, 3 contacts examined ...	13	29
To 16 new cases, 4 or more contacts examined	34	40

Table showing number of contacts examined to cases seen in years previous to 1936.

	<i>Adult</i> <i>Contacts.</i>	<i>Children</i> <i>Contacts.</i>
To 9 old cases	... 2	14



[f] TABLE SHOWING THE AGE INCIDENCE AND CLASSIFICATION OF NEW TUBERCULOSIS

CASES EXAMINED.

PULMONARY.

Age Groups	Males.						Females.						Total.					
	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3
0—1 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1—2 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2—5 ...	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
5—15 ...	..	..	2	1	2	1	..	1	1	..	2	1	..	1	3	1	4	2
15—25 ...	..	10	5	4	13	1	1	9	6	1	9	2	1	19	11	5	22	3
25—35 ...	..	6	5	1	5	1	1	10	6	..	7	3	1	16	11	1	12	4
35—45 ...	1	3	4	..	1	..	..	2	3	1	5	1	1	5	7	1	6	1
45—55 ...	2	1	5	..	3	1	1	2	..	2	..	1	3	3	5	2	3	2
55—65 ...	..	..	1	..	1	..	..	1	1	..	1	..	..	1	2	..	2	..
65 and over	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
Total ...	3	20	24	6	25	4	3	25	17	4	24	9	6	45	41	10	49	13

NON-PULMONARY

Age Groups	Males.				Females.				Total.			
	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands
0—1 ...	1	..	..	..	..	..	..	1	1	..	..	1
1—2 ...	..	..	..	1	..	..	..	..	..	..	..	1
2—5 ...	1	..	..	4	3	..	..	..	4	..	..	4
5—15 ...	1	1	..	4	5	..	..	8	6	1	..	12
15—25 ...	4	1	1	..	5	3	1	2	9	4	2	2
25—35 ...	4	..	..	..	1	..	1	..	5	..	1	..
35—45 ...	1	..	1	1	..	..	..	..	1	..	1	1
45—55 ...	2	..	..	..	1	..	1	..	3	..	1	..
55—65 ...	..	..	..	..	1	..	..	..	1	..	..	..
65 and over	..	..	..	..	..	..	1	..	..	..	1	..
Total ...	14	2	2	10	16	3	4	11	30	5	6	21



The total number of new cases (exclusive of contacts) examined during the year was 1,349, giving a percentage of definite cases of 16·6.

The corresponding figures for the previous year were 1,255 and 17·1 respectively.

The total number of contacts examined was 184, with a percentage of approximately 1·1 definite cases.

The corresponding figures for the previous year were 24·5 and ·4 respectively.

The total number of attendances at the clinic and visiting stations was 6,328, being an increase of 681 on the figure for the previous year.

The number of X-ray films taken was 1,376, being an increase of 318 on last year's figures. In addition, 456 screenings were done, chiefly in connection with artificial pneumothorax work.

The total number of sputum, etc., specimens examined, was 775, as compared with 751 during the previous year.

The number of personal consultations with general practitioners during the year was 615, as compared with 593 for the previous year, and the number of visits (viz. 831) paid by the tuberculosis physicians to patients' homes shows an increase of 38.

Domiciliary visits paid by nurses for dispensary purposes during the year reached the total of 4,493, being an increase of 17 on the figure of the previous year.

During the year, 151 deaths were notified as due to tuberculosis in this area. Of these, 124 were referred to the Association, and of the remainder, 9 died from meningitis, 8 were notified after death, 6 were too acutely ill when medical aid was sought for treatment to be of any use, 3 died in hospital or asylum, and 1 refused to allow the Memorial physician to be called in.

There has been a general increase in the work of the Area during the past year, and once again there is a definite fall in the percentage of patients found to be suffering from definite tuberculosis.

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 Orthopædic Clinic, and a few claimants for compensation who are sent by the Silicosis Board of Referees.



The value of radiology in tuberculosis work cannot be over-estimated: it often enables a definite diagnosis to be made earlier, and thus shortens the period of "observation"; it often shows the exact nature and extent of the lesion; sometimes it reveals an early focus of disease before any definite physical signs can be discovered by clinical examination; and it is of the utmost importance in artificial pneumothorax work in which it is essential to note the progress of the collapsed lung, and at the same time, to keep a careful watch on the condition of the other lung.

The routine work at the clinics does not vary from year to year; it consists of clinical and radiological examination of patients, Von Pirquet tests in the case of children, aspiration of abscesses, courses of tuberculin (and other) injections, occasional Wassermann tests, and artificial pneumothorax work—in connection with which 198 refills have been given during the year to 19 patients of whom 5 finished treatment, and are now leading normal lives and enjoying good health.

As in previous years, many patients were found to be suffering from "dust", bronchitis, or heart disease, and simple gastro-enteritis was a frequent complaint among children.

So far as time and circumstances allowed, contacts to infectious cases have been examined methodically, and all suspicious cases were X-rayed. The examination of contacts is a branch of preventive work which has given rise to much controversy, and the concensus of opinion seems to be that, if the work is done at all, it must be done thoroughly and completely; that is to say, all contacts should be examined, tested and X-rayed at regular intervals, over a period of years. To carry out this scheme would entail a large increase of staff and expense, which makes it impracticable in this area as things are at present.

Delicate boys from infected homes have been sent to Highland Moors, where they did remarkably well under medical supervision, plus plenty of good food and fresh air.

Full use has been made of institutional treatment, from which many patients have derived great benefit; but it sometimes happens that a patient refuses to go to hospital when first advised, with the result that the disease steadily progresses until he is too ill to get about; then he is anxious for something to be done, and asks to be sent to hospital as soon as possible, when the prospect of restoration to health is much less hopeful.

Now that Sully Hospital has been opened, patients are not kept waiting for hospital treatment so long, and the waiting lists are not so overloaded as they used to be.



The number of pensioners attending the clinics continues to decrease, and very few now require treatment from the Association.

There have been 11 "after-care" clinics for surgical patients during the year, at which the total number of attendances was 134. The visits of Dr. Brownlee and Dr. Ivor Williams are much appreciated, and their co-operation is a great help to the work of the area.

In connection with these clinics, necessary surgical apparatus is supplied, and during the year 28 plasters and 8 extensions were applied by the Orthopædic Sisters who regularly visit such patients and report progress to headquarters.

Industrial depression still overshadows the Western Valleys, but there is ground for hoping that conditions will improve later on.

Dr. Glyn Jones' work during the year has been highly meritorious; for several months he was in sole charge of the Area, which entailed increased responsibility and a lot of extra work; but he rose nobly to the occasion and carried on his difficult task with credit and efficiency.

Miss Elizabeth Williams has carried on with the multifarious duties of Area Sister (clinics, orthopædic, and domiciliary) with her usual assiduity and zeal.

The ever-increasing clerical work has been effectively dealt with by Miss Muriel Games, who has been office clerk for several years, and is well versed in the routine.

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

Grateful thanks are due to the County Medical Officer of Health (Dr. Rocyn Jones, C.B.E.), the County Hall staff, the 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. Wednesdays, 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.
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(The Clinics on Mondays, Wednesdays and Fridays are for Newport 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' Department, Cottage Hospital ...	1st and 3rd Fridays at 12 noon.

## Return showing the work of the Area during the year 1936

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	96	78	12	18	16	15	22	17	112	93	34	35
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	—	1	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	279	271	242	181
Contacts examined during the year:—												
(a) Definitely tuberculous	—	—	1	—	—	—	—	—	—	—	1	—
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	58	100	70	75

Consultations with medical practitioners: (a) Personal, 338; (b) Other, 1,511; Visits by Tuberculosis Officer to homes (including personal consultations), 1,364; Visits by nurses or health visitors to homes for dispensary purposes, 4,251; Specimens of sputum, etc., examined, 673; X-ray examinations made in connection with dispensary work:—Films, 1,177; Screenings, 1,426; Attendances at dispensaries and visiting stations, 6,068.



## DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

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 ...	354	43	53	20	168	2	68
Women ..	334	30	48	19	173	4	60
Boys ...	208	1	11	18	59	7	112
Girls ...	170	4	14	15	39	9	89

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

*Pulmonary: Men.*

Hysteria ...	1	Peri-nephritis		Syphilitic ulcers on	
Bronchitis and		abscess ...	1	leg ...	1
Emphysema ...	5	M.C. ...	14	Pulmonary abscess	1
Silicosis ...	3	Malignant disease..	4	Bronchiectasis	2
Deformity of chest		Unresolved		Atelectasis	1
sequela of Pleurisy	1	Pneumonia ...	1	Cirrhosis of liver	1
Fractured rib ...	1	Tonsillitis ...	1	M.D. ...	1
Spontaneous		Dyspepsia ...	2	Scoliosis ...	1
Pneumothorax ...	4	Pleurodynia ...	1	Diabetes ...	1
Bronchial		Fibrosis of lung ...	2	Empyema ...	1
Catarrh ...	13	Aneurysm ...	1	Ch. Ph. ...	2
				Nephritis ...	1

*Pulmonary: Women.*

Gynaecological ...	2	Unresolved		Debility after	
Nasal obstruction...	1	Pneumonia ...	1	confinement ...	2
Bronchitis ...	13	Infarct of lung ...	1	Ch. Pharyngitis	3
Ch. Dyspepsia ...	3	Bronchial Catarrh...	3	Blastomycosis	1
Tonsillitis ...	2	Tonsils and adenoids	2	Ovaritis ...	1
Sequela of adoles-		Fractured rib ...	1	Septicaemia follow-	
cent curvature of		Coryza ...	1	ing miscarriage ...	1
spine ...	1	Influenza ...	2	Gastritis ...	1
Bronchiectasis ...	4	Catarrhal			
M.C. ...	13	Laryngitis ...	1		

*Pulmonary: Boys.*

Threadworms ...	2	Bronchiectasis ...	2	Pharyngitis ...	6
Bronchitis ...	15	Defective teeth ...	2	Nephritis ...	1
Tonsils and		Fibrosis of lung ...	1	Boils ...	1
Adenoids ...	43	Septic gland ...	1	Post operative	
Whooping Cough...	6	Asthma ...	2	debility ...	1
Glandular fever ...	3	Eczema ...	1	Post Pn. debility	3
Enteritis ...	1	Dyspepsia ...	1	Non-tuberculous	
Nasal polypus ...	1	Ch. Nas. Ph. Cat...	3	Pleurisy ...	1
Scabies ...	1	Ch. Otitis media ...	1	Anæmia ...	1
Nasal obstruction...	6	Stye on eye ...	1	Debility after	
Br. Pneumonia ...	1	Sepsis following T.		accident ...	1
Agino-neurotic		and A. operation	1	Rheumatism ...	1
oedema ...	1				



*Pulmonary: Girls.*

Nasal Catarrh ...	2	Pyelitis ...	1	Non-tubercular	
Whooping Cough...	7	Post Pn. debility ...	3	Cough ...	1
Threadworms ...	5	Deformity of chest	1	Non-tubercular	
Tonsils & Adenoids	27	Deformity of spine	1	Laryngitis ...	1
Bronchitis ...	10	Debility following		B.Coli infection of	
Bronchiectasis ...	2	cellulitis ...	1	kidney ...	1
Gastro-enteritis ...	1	Improper feeding...	1	Post operative	
Jaundice ...	1	Non-tubercular		debility ...	1
Br. Pneumonia ...	1	Conjunctivitis ...	1	Empyema ...	1
Urticaria ...	1	Otorrhoea ...	1	Otitis media ...	1
Defective teeth ...	6	Chronic Constipation	3	M.C. ...	1
Mucous disease ...	2	Asthma ...	2	Chronic dyspepsia	2

*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 ...	38	2	14	2	8	—	12
Women ...	30	1	14	2	4	—	9
Boys ...	69	4	18	6	11	—	30
Girls ...	47	1	16	3	10	1	16

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

*Non-Pulmonary: Men.*

Trauma ...	1	Acute Rheumatism	1	Septic condition of	
Osteo-Arthritis of		Hydrocele ...	1	skin ...	2
Hip ...	2	Osteomyelitis of		Staphy. cervical	
Gallstones ...	1	Tibia ...	1	abscess ...	1
Slipped		Non-tubercular			
Epiphysis ...	1	Meningitis ...	1		

*Non-Pulmonary: Women.*

Prepatella Bursitis..	1	Non-tubercular		Osteo-chondritis ...	2
Septic gland from		abscess of breast	1	Non-tubercular sinus	
tooth ...	1	Rheumatism ...	1	following peri-	
Non-tubercular		Septic abscess of		nephritic abscess	1
pelvic abscess ...	1	neck ...	1		



*Non-Pulmonary: Boys.*

Infantile Paralysis	1	Trauma ...	1	Catarrhal enteritis	2
Strept		Genu valgum ...	1	Laryngismus	
Pharyngitis ...	2	Non-tubercular		stridulus ...	1
Septic glands ...	13	abscess ...	2	Super chondyl frac-	
Periostitis ...	1	Enlarged tonsils ...	4	ture of left elbow	1
		Cellulitis ...	1		

*Non-Pulmonary: Girls.*

Septic glands ...	9	Septic ulcer of face	1	Acute Rheumatism	1
Septic ulcer in groin	1	Ch. gastro-intestinal		Enlarged Tonsils ...	2
Subcutaneous cyst	1	Catarrh ...	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 ...	26	3	2	2	33
3-6 months ...	16	—	2	—	18
6-12 months ...	15	—	—	—	15
Over 12 months ...	90	1	8	—	99

## TABLES RELATING TO CONTACTS.

	<i>Adults</i> <i>Contacts.</i>	<i>Children</i> <i>Contacts</i>
To 177 new cases, no contact examined	—	—
To 29 new cases, 1 contact examined	21	8
To 27 new cases, 2 contacts examined	31	23
To 19 new cases, 3 contacts examined	29	28
To 22 new cases, 4 or more contacts examined	47	54

Table showing number of contacts examined to cases seen in years previous to 1936.

	<i>Adult</i> <i>Contacts.</i>	<i>Children</i> <i>Contacts</i>
To 39 old cases ...	30	32



[f] TABLE SHOWING THE AGE INCIDENCE AND CLASSIFICATION OF NEW TUBERCULOSIS  
CASES EXAMINED.  
PULMONARY.

Age Groups	Males.						Females.						Total.					
	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3
0—1 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1—2 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2—5 ...	..	..	..	..	3	..	..	..	..	..	2	..	..	..	..	..	5	..
5—15 ...	1	..	1	..	4	3	..	2	3	1	10	..	1	2	4	1	14	3
15—25 ...	1	2	9	1	9	1	2	4	10	1	16	1	3	6	19	2	25	2
25—35 ...	1	..	13	..	10	1	2	2	6	1	12	1	3	2	19	1	22	2
35—45 ...	..	3	10	..	4	2	..	1	6	..	4	..	..	4	6	..	8	2
45—55 ...	..	1	7	..	5	2	..	1	1	1	3	..	..	2	8	1	8	2
55—65 ...	..	2	4	..	3	..	..	..	1	..	..	..	..	2	5	..	3	..
65 and over	..	..	1	..	4	..	..	..	1	..	1	..	..	..	2	..	5	..
Total ...	3	8	45	1	42	9	4	10	28	4	48	2	7	18	73	5	90	11

## NON-PULMONARY

Age Groups	Males.				Females.				Total.			
	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands
0—1 ...	..	..	..	..	..	..	..	..	..	..	..	..
1—2 ...	..	..	..	3	1	..	1	..	1	..	1	3
2—5 ...	1	..	..	2	..	..	..	2	1	..	..	4
5—15 ...	..	..	1	15	1	..	..	12	1	..	1	27
15—25 ...	3	1	1	6	1	..	..	..	4	1	1	6
25—35 ...	1	1	1	..	..	2	..	7	1	3	1	7
35—45 ...	..	..	1	..	1	3	1	..	1	3	2	..
45—55 ...	..	..	..	..	..	..	..	..	..	..	..	..
55—65 ...	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	..	..	..	1	..	..	..	..	..	..	..	1
Total ...	5	2	4	27	4	5	2	21	9	7	6	48



There has been some diminution in the number of new cases and contacts seen; 1,554 in 1936, compared with 1,763 in 1935. Of these 1,249 were sent by doctors—an increase of 99 on 1935. There was a diminution of 309 in the number of contacts.

Two hundred and seventy-four new cases were diagnosed as tuberculous—51 fewer than in 1935. The percentage of new cases diagnosed as tuberculous is therefore 22 per cent.—a lower percentage than there has been for many years.

This is partly accounted for by some alteration in the use of the Clinic by many doctors. Quite a number of patients arrive with a note which says in effect, "This patient has suspicious symptoms. I cannot find any evidence of tuberculosis myself, and I hope you will be able to eliminate it rather than diagnose it".

In my opinion, this is a great step in the right direction, as the knowledge that people are being sent as a precautionary measure will tend to persuade people who actually have tuberculosis to visit the clinic earlier.

Occasionally, even doctors of this type send along very advanced cases, and it is then obvious that the patients have not visited the doctor until they are in a hopeless condition. Unfortunately, there are some doctors who still delay sending patients until the sputum is positive.

The diminution in the number of contacts examined is very disappointing. There were, of course, 51 fewer definite cases, but as only an average of 1.1 contacts were examined to every new case, this will not account for much of the diminution.

There was no part-time assistant until October, 1936. Dr. Godbey had to visit Cefn Mably Hospital on one half day a week, instead of holding the regular contact clinic, and a certain amount of help had to be given to West Monmouthshire Area. The main factor, however, is the apathy of the contacts.

With the exception of the new cases seen in the last few days of the year, the usual letter inviting contacts to attend was sent out to all families in which there was a case of tuberculosis diagnosed. Unfortunately, only 97 families availed themselves of this facility; 241 contacts being examined—an average of 2.5 per family. Taking this average, it appears that there were about 450 other contacts who could not be bothered to let the Tuberculosis Officer examine them.

The number of X-ray examinations is almost exactly the same as last year. The number of sputum examinations—673—shows an increase of 12 per cent. on last year.



The number of patients remaining on the Newport Dispensary Register remains practically the same. In East Monmouthshire, 659 against 735.

Many have been marked off as recovered and the excess of outward over inward transfers was 42.

The attendances at the dispensaries were slightly diminished to almost exactly the same number as the diminution in the number of contacts. Personal consultations show an increase of 99.

Visits of health visitors show considerable diminution, owing to the fact that there was no full-time Sister for East Monmouthshire. Sister Grey has been doing the Surgical Nursing and as much visiting in the East Monmouthshire of pulmonary patients as possible in the two and a half days a week she has been working in the Area.

The total number of deaths in the Registrar General's return is 173. Of these, 146 were seen by the Tuberculosis Officer. The remaining 27 not seen may be sub-divided as follows:—

Died in Institutions (other than those of the Association) ...	11
Temporary residents ... ..	2
Refused to see Tuberculosis Officer ... ..	2
No reason ... ..	6
Meningitis or acute pulmonary disease ... ..	4
Tuberculosis only found at P.M. ... ..	2

Nineteen other patients on the Dispensary Register were crossed off as dying, but their names did not appear on the Registrar General's return, so presumably they did not die from tuberculosis.

The standard of diagnosis remains the same. All patients able to attend the Newport Clinic are X-rayed as well as having a complete physical examination. Practically all children had an intradermal tuberculin test.

Although in the case of non-tuberculous patients the other diagnosis made was very varied, yet there is still evidence that the cases are almost too carefully sorted out before being sent to the Tuberculosis Officer. While more than three-quarters of the new cases are found to have no evidence of tuberculosis, yet those diagnosed as tuberculous are mostly far too advanced. The number of "Group 1," that is, early cases, is extremely small.

During the year 312 refills were given to 30 patients. Owing to Dr. McCon's able assistance, time was also found to do Lipiodol examinations in cases of suspected Bronchiectasis,



After-Care Clinics have again proved very useful indeed, and visits of Dr. Brownlee or deputy have been greatly appreciated. Attendances have not been very large as, in my opinion, there is no need to overcrowd the clinics with straightforward cases. Most of those attending have been :—

- (1) difficult new cases for diagnosis;
- (2) cases where admission to hospital seems advisable for observation or treatment;
- (3) after-care cases, where there is a question of some change in treatment.

There are still no Care Committees in the Area, but there has been full co-operation with the Public Assistance Committees and officials.

Dr. Godbey continues his excellent work as Assistant Tuberculosis Officer.

Dr. McCon was appointed as part-time Assistant Tuberculosis Officer.

Sister Oldfield still continues as Newport Corporation Health Visitor for Tuberculosis.

Sister Jones resigned in February, 1936, and there has been no full-time Sister since.

Sister Grey, who has been doing Surgical After-Care work for many years, is in the Area two and a half days a week, and deals with medical patients in East Monmouthshire as well as doing all the surgical work in the Area. I cannot speak too highly of the excellent work she is doing.

Miss C. A. Richards continues the clerical work with her usual efficiency, but finds it difficult to cope with all the increase of work—alteration of filing systems, etc. Some part-time assistance has been needed during the year, and more will probably be necessary.

It has not been possible to find other premises to house the Newport Clinic. The present one is sadly inadequate.

The clinics at Monmouth, Abergavenny, and Pontypool are conducted as before.

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



Return showing the extent of Residential Treatment and Observation during the year ended December 31st, 1936.

Table showing results of treatment of patients and of observation cases discharged during the year 1936.

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. Non-Pulmonary Cases.	T.B. Minus ...	—	—	—	22	14	11	1	1	1	5	2	—	57	194
	T.B. Plus :—														
	Group 1 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Group 2 ...	—	—	—	11	13	3	2	3	2	—	—	—	34	
	Group 3 ...	—	—	—	21	15	1	10	11	2	24	18	1	103	
	Bones & Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Abdominal ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs ...	—	—	—	1	—	—	—	—	—	—	—	—	1	
Peripheral Glands	—	—	—	—	—	—	—	—	—	—	—	—	—		
TOTALS ...		—	—	—	55	42	15	13	15	5	29	20	1	195	
Observation Cases for Diagnosis.		Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous			10				
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.					
		3	—	2	3	1	1	1	—	—					
GRAND TOTAL ...														205	



NUMBER DISCHARGED.—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, 153; Fillings, 30; Scaling, 1; Local Anesthetics, 103.

ARTIFICIAL PNEUMOTHORAX.—Refills, 133; Inductions, 18; Attempted Induction, 2.

X-RAY DEPARTMENT.—Screening, 1,327; Radiographs, 486.

SPECIAL EXAMINATIONS.—Aspirations, chest, 6; Wassermann examinations, 5; Blood examinations, 53; Guinea pig inoculations, 11; Post mortem examinations, 3; Barium meals, 3; Plasters, 2; Uro-selectan, 1; Sasoni, 1.

Patients on Gold treatment:—Teddington Gold, 7; Solganol B, 30; Oleosanocrysin, 4.

Patients having:—Calcium (Glucothionate) Sandoz, 2; Ametox Sodium Thiosulphate, 75; Tuberculins, 9; Merthiolate, 8; Sun treatment, 4; Vaccines, 14.

### GENERAL OBSERVATIONS.

It is said, and with some measure of truth, that variety is the spice of life. If so, the life of the Tuberculosis Physician must be as rich and as full as that of any of his colleagues working in other branches of medicine. While the variety is in itself an attraction, it is also a complication, as it is added to a condition which is already extremely complicated. True, this may be said of any condition which causes a deviation from the normal, but in tuberculosis we are dealing with a condition which is insidious in origin, complicated by environmental conditions at home and at work, and which also embraces a time factor. And this time factor appears to be of great importance.

Environment may be altered, and the elaborate system of the examination of contacts will, in time, help to combat the insidious onset of the disease. But here let it be said that this part of any anti-tuberculosis scheme cannot be considered to be complete until business contacts are also examined. All too frequently, too, conditions of work are far from being satisfactory. It is well to recognise that future progress will be slow in spite of increased effort, rather than to delude ourselves with the belief that dramatic results are obtainable by approaching the subject from one particular angle.

If, for one moment, we overlook the not unimportant economic aspect of the problem, it may be said that the disease has already passed through two



great phases. In the first instance, stress was placed on the Therapeutics of the condition, and secondly, the value of Preventive Medicine was stressed. Each of these gradually assuming its proper place, and to them has been added a third phase, namely, Education. We do not mean to imply by this that any of these has been wholly neglected, but rather to point out that a complete synthesis of all three is necessary if we are to obtain the satisfactory results for which we are striving.

By Education we do not mean merely the dissemination of knowledge regarding the Tubercle Bacillus, its natural history and mode of attack, valuable as that may be, but also the influencing of public opinion that advantage may be taken with all speed of the services already available. It is a high ideal and a worthy one, and one in which all who are interested in the problem, whether medical or lay, may play a part.

While not neglecting other aspects of the problem, it is natural that in hospital emphasis should be placed on the therapeutic aspect. Variety has been a marked feature of the cases admitted and discharged during the year. This has added considerably to the interest of the work, and the different modes of treatment have been most instructive. The following conditions have been observed as a complication to lung tuberculosis:—

Silicosis; Trichinosis; Gun-shot wounds of the chest; Recurrent Spontaneous Pneumothorax; Severe Anaemia; Bulbar Paralysis; Pleural Effusion with Bronchial Fistula; and tubercular conditions such as Meningitis, Bone Lesions, and Enteritis.

In addition to these cases, we have received cases of malignant disease of the lungs, Bronchiectasis, and Pernicious Anaemia.

Our most acute problem is that of dealing with the advanced type of case which is admitted to the hospital. The percentage of these cases admitted for treatment may be judged from an examination of the subjoined tables, giving the classification on admission. In so many of these cases surgical procedures are contra-indicated, and yet, if the work of the campaign against tuberculosis is to advance, this type of case must be treated successfully. During the past year about 70 per cent. of the adult patients admitted were in an advanced stage of the disease. The figure fluctuates from year to year, but it may be said that in an average year well over half of those admitted will be found to be cases of advanced disease. Under these circumstances it will be appreciated that we undertake hospital treatment with a great initial handicap.



## CLASSIFICATION OF ADMISSIONS.

			<i>Number admitted.</i>	<i>Early.</i> %	<i>Inter- mediate</i> %	<i>Advanced.</i> %
Men	...	...	98	4.08	21.43	70.41
Women	...	...	74	2.70	28.38	67.57
Children	...	...	16	18.75	43.75	37.50

Three cases died from a fatal haemoptysis.

During the year 1936 the total number of patients dealt with was 295, of whom 200 were discharged, leaving 95 under treatment on December 31st, 1936. The daily average of the number of patients confined to bed was 71.35 per cent., and the percentage of cases admitted, who were found to have tubercle bacilli in the sputum, was 74.

X-RAY.—Increasing use has been made of the X-ray apparatus during the past year, both for diagnosis and as a check to the administration of the various preparations which we have been using. From time to time one has wished that our equipment included a portable X-ray plant, as sometimes, on admission, patients are too ill to be taken to the X-ray room. This has been particularly the case in those exhibiting complications, and from whom, all too frequently, it has been impossible to get an adequate history of their illness.

In all cases the photographic reductions are made for use in the wards.

TREATMENT.—During the year surgical procedures have been instituted in suitable cases, and, in addition, various preparations have been tried. A limited number of cases, chosen by Professor S. Lyle Cummins, have received injections of Teddington Gold. For the most part the results have not been encouraging, but one case benefited considerably, so much so, in fact, that he is now deemed suitable for a thoracoplasty operation. Of the other gold preparations, Solganol B has been used, and, providing that the infection was a recent one, the patients appeared to benefit.

Following on the work of Xarabarder, massive doses of Sodium Thiosulphate were given to some patients, but the appearance of certain complications suggested that more favourable results might be obtained by a smaller dosage. The results are not conclusive, but the general impression one obtains is that it is of some value, even in cases of long standing. In the dosage used it is difficult to determine how it acts. It is possible that it acts as a detoxicating agent, although one inclines to the view that the benefits may be due to an improvement in sulphur metabolism.



Quite recently several patients have received intra-venous injections of Merthiolate. The value of this mode of treatment has not yet been assessed.

A few cases have been treated by vaccines. A small Mercury vapour lamp, recently purchased, has been found of use in the treatment of bone tuberculosis and in tuberculosis of the kidney. So far the use of the lamp has been limited to the treatment of these conditions.

While it might appear that special stress is laid on the various modes of treatment, it must not be forgotten that these are combined with the general principles of rest, graduated exercise, and diet.

MATERIEL.—It has been possible, during the year, to carry out many alterations in various parts of the hospital. The women's wards on "C" floor have always offered much difficulty in administration and in providing for the comfort of the patients. This year we have devoted much time to the problem, and one feels that one is a little nearer to a solution of our difficulties. A food lift from the main kitchen to the lounge floor level facilitates the service of meals. Additional cupboard accommodation has also been a help. The passageway on this floor has been converted into a lounge, and for the use of those patients who are not sufficiently recovered to undertake the longer journey to the recreation room. Here, again, we have increased cupboard accommodation by making provision for linen, and by making a ventilated cupboard for the storage of sputum cups. Ward 5 has been altered and is now reached from the lounge, and the original doorway has been converted into a wardrobe. The corridor has been widened outside Ward 6 and the two portions of this ward have been given separate entrances. A duty room and operating theatre have been constructed out of Ward 4. While doing this we have been able to make ward-robbers in the passageway for the use of the patients in Ward 3. Alterations to the ward kitchen include the installation of a new stove, a refrigerator, a stainless steel sink, and various new cupboards. The painting of the corridors and the provision of a service sink complete our improvements on this floor for this year.

Improvements on "B" block include the repainting of all wards and corridors and some exterior painting. All wash-basins and sluices have been replaced. We have been able to enlarge the Ward Kitchen, and the improvements in this room include the provision of an Aga cooker and a refrigerator.

In addition to other work carried out in the main building, we have been able to waterproof and repaint the walls of the courtyard and to provide an ornamental pond. Certain alterations have been carried out in the Staff Sick Room, and at the moment we are contemplating the provision of central heating for the nurses' sitting room and for their lecture room.



By altering and extending one of the out-buildings we were able to make a workshop, which has now been equipped with a mechanical saw and planer.

AMENITIES.—*Handicraft Building*.—From time to time attempts have been made to interest the patients in handicraft work, and in the case of the women patients this has not been difficult. With the male patients the difficulty has been that a suitable building was not available for carrying out the work. This difficulty will soon be overcome as Mr. L. Halse, of Newport, has undertaken to collect funds, and so successful have been his efforts that we have now commenced building operations.

*Women's Guild*. In addition to the valuable work done by the Women's Guild in providing clothing for the patients, they held a Fete in the grounds of the hospital and managed to raise the sum of £126/6/7. This money has been devoted to the Patients' Christmas Fund.

*Piano*. Through the efforts of Miss Molly Holsgrove, of Blackwood, the patients have received a very fine piano.

*Library*. During the year the patients' library has been enriched by gifts of books from the British Red Cross and from the National Library of Wales. From the latter source we have also received a gift of gramophone records.

*Concerts*. At various times during the year concerts have been given by friends of the hospital and have been much enjoyed by the patients. We are grateful to those friends for their talented performances.

PERSONNEL.—Dr. E. Mary Hewart Jones continues to act in the capacity of Resident Medical Officer, and I would like to record our sincere appreciation of the loyal and efficient manner in which she has performed her duties.

Dr. Enid Williams has been attached to the hospital for a period of six months for special duties.

During the year eight members of the nursing staff have passed their Tuberculosis Association examinations. In several instances we have been able to transfer them to general hospitals, so that they may take their training in general nursing.

ACKNOWLEDGMENTS.—It gives me great pleasure to acknowledge, with grateful thanks, our sincere appreciation of the efforts of those, within and without the hospital, who have helped to make the lot of the patients as happy as possible. We have ample proof in our daily work that their efforts have not been in vain.



We are deeply conscious of the ungrudging help and encouragement given to us during the past year by the Chairman and members of the House Committee. I trust that they realise how much we appreciate it.

The Women's Guild continues its essential work in a most praiseworthy manner. And in thanking them, may I also thank those good friends who helped to make their Fete such a notable success?

The Chaplains continue to provide services each Sunday and on special occasions. I would like to thank them for carrying on this good work.

While it is impossible to mention individually all who have helped during the year, we trust that each will realise that we appreciate the help very much. The fact that the work has been done so unostentatiously and so cheerfully has been a great stimulus to us in our work.

And may I, in conclusion, thank the Matron, Miss Forsdike, and the members of the staff, for the very able manner in which they have carried out their work? Any improvement which may have been effected has been accomplished through their loyal co-operation.



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, 1936.

TABLE 1.

Return showing the work of the Dispensaries during the year ended December 31st, 1936.

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 ...	111	109	9	15	20	23	20	27	131	132	29	42
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	15	10	8	7
(c) Non-Tuberculous ...	...	...	...	...	...	...	...	...	552	419	270	259
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ...	...	...	1	1	...	...	...	...	...	...	1	1
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	2	2	2	1
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	51	79	83	85
C.—CASES written off the Dispensary Registers as:—												
(a) Recovered ...	64	68	5	10	17	32	12	14	81	100	17	24
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Registers as tuberculous) ...	...	...	...	...	...	...	...	...	607	502	354	345
D. — NUMBER OF CASES on Dispensary Registers on December 31st:—												
(a) Definitely tuberculous ...	474	424	61	60	130	164	130	85	604	588	191	145
(b) Diagnosis not completed ...	..	...	...	...	...	...	...	...	17	12	11	8



TABLE 1 (Continued).

1.—Number of cases on Dispensary Registers, on January 1st. ...	1709	8.—Number of visits by Tuberculosis Officers to homes (including personal consultations). ...	1864
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years. ...	37	9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	5676
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of." ...	130	10.—Number of :— (a) Specimens of sputum, etc., examined ...	1045
4.—Cases written off during the year as dead (all causes). ...	191	(b) X-Ray examinations made in connection with Dispensary work ...	2643
5.—Number of attendances at the Dispensaries (including Contacts) ...	8423	11.—Number of "Recovered" cases restored to Dispensary Registers, and included in A (a) and A (b) above ...	12
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December. ...	53	12.—Number of "T.B. plus" cases on Dispensary Registers on December 31st. ...	390
7.—Number of consultations with Medical Practitioners :— (a) Personal ...	820		
(b) Other ...	3263		

TABLE 2.

Return showing the Extent of Residential Treatment and Observation in Institutions during the year ended December 31st, 1936.

		In Institutions on Jan. 1st, 1936	Admitted during year.	Discharged during year.	Died in Institutions.	In Institutions on Dec., 31st, 1936
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	2	23	20	—	5
	Adult Females..	4	11	14	1	—
	Children	11	20	22	—	9
	Total ...	17	54	56	1	14
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	68	112	81	16	83
	Adult Females..	35	117	81	16	55
	Children	13	18	21	1	9
	Total ...	116	247	183	33	147
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	17	16	16	3	14
	Adult females ...	7	18	14	1	10
	Children ...	34	19	25	1	27
	Total ...	58	53	55	5	51
<b>Grand Total</b> ...		191	354	294	39	212



TABLE 3.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1936.

## 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 ... ..	4	3	1	6	9	2	3	2	2	1	1	...	34
	Died ... ..	...	1	...	...	...	...	...	...	...	...	...	...	1
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	...	...	...	...	1	...	...	...	...	...	...	...	1
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	1	3	1	5	6	...	3	2	...	1	...	1	23
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	2	3	...	7	12	3	9	3	...	3	1	...	43
	Died ... ..	4	3	1	4	2	..	4	1	...	3	5	...	27
Totals ... ..		11	13	3	22	30	5	19	8	2	8	7	1	129

TABLE 3(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1936.

## 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 ... ..	...	...	...	4	...	1	4	...	1
Non-Tuberculous ... ..	...	1	...	1	1	2	1	2	2
Doubtful ... ..	...	...	...	...	...	...	...	...	...
Totals ... ..	...	1	...	5	1	3	5	2	3



TABLE 4.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1936.

## 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	13	2	4	5	3	2	...	...	30
	Not Quiescent	...	...	...	...	1	3	1	1	3	1	1	3	...	...	14
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
	Not Quiescent	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2
	Not Quiescent	...	...	3	...	...	...	5	...	9	2	...	...	...	...	19
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	...	...	...	1	2	...	1	2	...	2	...	...	8
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals				3	...	1	5	23	4	18	10	4	7	...	...	75

TABLE 4(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1936.

## 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	5	3	...	3	...	1	8	3	1
Non-Tuberculous	...	...	...	4	2	3	4	2	3
Doubtful	...	...	1	...	...	3	...	...	4
Totals	5	3	1	7	2	7	12	5	8

\* 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, 1936

### 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	...	4	1	...	5	11			
	Not Quiescent	...	...	...	1	2	1	...	2	1	1	1	3	4	3	19			
	Died	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2			
Abdominal.	Quiescent	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2			
	Not Quiescent	...	...	...	...	...	...	...	1	...	...	1	...	...	...	2			
	Died	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1			
Other Organs.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	Not Quiescent	...	...	...	1	...	1	1	...	1	...	...	...	...	...	4			
	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1			
Peripheral Glands.	Quiescent	...	...	...	1	...	1	...	1	...	...	1	...	...	...	4			
	Not Quiescent	...	...	...	...	2	...	...	1	...	1	...	...	...	...	4			
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Totals				...	...	...	2	2	5	4	2	5	3	2	7	6	4	8	50

TABLE 5(a).

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1936

### HOSPITAL (NON-PULMONARY CASES)

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ... ..	...	...	...	1	1	...	1	1	...
Non-Tuberculous ... ..	1	...	1	...	3	5	1	3	6
Doubtful ... ..	1	1	...	...	3	5	1	4	5
Totals ... ..	2	1	1	1	7	10	3	8	11



## 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 £344/5/7 in the year 1936.

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

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

### A.—DR. P. C. P. INGRAM.

"The total number of patients attending for the first time is within five of that for the previous year. There is a further fall in the number of new



patients suffering from syphilis and the number now averages little over one a fortnight. This continuous decline—it has now been going on for several years—is one of the most satisfactory features of the work. Only six of the patients were in the early and infectious stage, as compared with thirty ten years ago. This is a very definite gain to the public health. Not only are there fewer individuals who, if left untreated, ultimately break down in health and in consequence become, probably, a charge on the community, but each of these individuals is a potential spreader of the disease resulting in further infected individuals disseminating the malady in widening circles.

The number of new patients suffering from gonorrhoea again shows an increase. In spite of the fact that a very reasonable number of patients attended regularly and passed all their 'tests for cure' there seems to be little decline in the incidence of the disease. One explanation of this is, that a relatively small amount of treatment in the case of syphilis, while quite insufficient to cure the patient will make his infectivity as regards his fellows negligible. If he stops attending then, while the disease will undoubtedly return later it will be in a form that is noncontagous. In the case of gonorrhoea, until the disease is completely cured the patient is always a spreader of the disease, and if he does not have effective treatment early in the course of his malady, a long time may elapse before he is completely cured, during all of which time he may disseminate the complaint.

The total attendances keep at a satisfactory figure, showing that many patients are ready and willing to co-operate with the Medical Officer in getting cured, and this year is again over 5,000".

#### B.—Dr. MARY H. M. GORDON.

"There is an increase over last year's figure in the number of patients attending for the first time—247 compared with 223 in 1935. This increase is almost entirely due to the larger number of non-venereal cases who reported during 1936.

An increase in the number of new cases of syphilis is noted. Of the new cases, the majority were in the later stages of the disease. 28 children attended with congenital syphilis, the majority of whom were suffering from eye lesions.

There was a fall in the number of new cases reporting with gonorrhoea but, as the ratio of new cases of gonorrhoea to new cases of syphilis was 2.4:1 approximating to the corresponding figure for England and Wales (2.4:1) one feels that most of the females in Monmouthshire who contract gonorrhoea came forward for treatment. This year showed an increase in the



number of pregnant women who contracted gonorrhoea. A special effort was made to admit these expectant mothers to hospital 4-6 weeks before confinement, in the hope that, apart from the benefit to mother and child, the rate of puerperal pyrexia and septicaemia for the County would be lessened. The majority of these expectant mothers were referred to the Treatment Centre from the Maternity and Child Welfare Clinics (including the Ante-Natal Clinics) of the County.

There is a decrease in the number of patients discharged cured after treatment of syphilis, but it must be remembered that, on the whole, the incidence of syphilis, especially of early syphilis, is decreasing. There is an increase in the number of cases of gonorrhoea discharged cured proportionate to the small increase last year which left a balance of cases waiting to be discharged.

Four new cases of gonorrhoea vulvar vaginitis in children reported. Gonorrhoea in children is very resistant to treatment and in spite of regular treatment cases tend to relapse. Hospital treatment was given wherever possible.

There was a marked decrease in the number of defaulters this year, due largely to the efforts of the Lady Inquiry Officer who visits patients at their homes and persuades them to persevere with treatment".

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:

	1936.	1935.
To new cases which came to her knowledge and which had not undergone treatment ... ..	483	423
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1662	1642
To members of Voluntary Agencies, District Nurses, etc	294	266
Total ... ..	2439	2331



Since his appointment in July, 1918, Nurse Walters has visited 6,890 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 874 specimens were examined for private practitioners during the year 1936.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1936 are as follows:—



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

		1936.										Previous Year 1935.		
		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	..	6	—	517	963	190	123	519	487	12	13	2830	2908	
Practitioners	...	2	—	124	190	29	9	314	173	19	14	874	873	
From County Borough of Newport—														
Treatment Centre	...	16	1	325	250	128	38	283	279	4	5	1329	1727	
Practitioners	...	1	—	45	130	13	15	226	201	7	5	643	712	
From Other Districts—														
Glamorganshire	...	—	—	4	3	1	—	4	1	—	—	13	7	
Brecon	...	—	—	—	3	—	1	6	1	—	—	11	19	
Surrey	...	—	—	—	—	—	—	—	—	—	—	—	1	
Gloucestershire	...	—	—	1	—	—	—	—	—	—	—	1	3	
Cardiff	...	—	—	11	2	1	—	6	—	—	—	20	16	
London	...	—	—	—	1	—	—	—	—	—	—	1	—	
Totals		...	25	1	1027	1542	362	186	1358	1142	42	37	5722	6266

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

			1936.	1935.
Novarsenobillon	.6 grm. =	...	50	22
„	.45 „ =	...	2	—
„	.3 „ =	...	12	22
			—	—
<b>Totals</b>		...	<u>64</u>	<u>44</u>
Stabilarsen	.6 grm. =	...	10	4
(Boots)	.45 „ =	...	5	2
			—	—
<b>Totals</b>		...	<u>15</u>	<u>6</u>
Sulphostab				
(Boots)	.45 „ =	...	—	20
			—	—
<b>Totals</b>		...	<u>—</u>	<u>20</u>

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



## 2.—TREATMENT CENTRE.

(ROYAL GWENT HOSPITAL, NEWPORT).

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

	1936.			1935.		
	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 ...	29	31	60	44	28	72
"       "   Soft Chancre ...	4	—	4	14	—	14
"       "   Gonorrhoea ...	151	75	226	126	92	218
Not suffering from venereal disease ...	50	141	191	55	103	158
Total ...	234	247	481	239	223	462
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	7	4	11	21	9	30
Soft Chancre ...	4	—	4	9	—	9
Gonorrhoea ...	70	27	97	64	17	81
Not suffering from venereal disease ...	41	136	177	53	97	150
Total ...	122	167	289	147	123	270
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	22	47	69	24	56	80
Soft Chancre ...	1	—	1	4	—	4
Gonorrhoea ...	43	46	89	73	78	151
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	66	93	159	101	134	235
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	2077	2403	4480	2266	2175	4441
"       "   Soft Chancre ...	34	—	34	92	—	92
"       "   Gonorrhoea ...	2869	1066	3935	2491	1152	3643
Not suffering from venereal disease ...	95	277	372	93	216	309
Total ...	5075	3746	8821	4942	3543	8485



	1936.			1935.		
	Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—						
Syphilis ... ..	70	82	152	161	219	380
Gonorrhoea ... ..	298	660	958	322	389	711
Soft Chancre ... ..	—	—	—	7	—	7
Not suffering from Venereal disease ... ..	—	—	—	—	—	—
Observation Cases ... ..	—	—	—	—	—	—
<b>Total</b> ... ..	<b>368</b>	<b>742</b>	<b>1110</b>	<b>490</b>	<b>608</b>	<b>1098</b>
6.—Number of persons treated with Salvarsan substitutes ... ..	55	191	246	85	134	219
7.—Number of doses of Salvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Kharsuphan						
Sulphostab						
Arseno Argenticum						
dose .05 ... ..	—	7	7	—	—	—
dose .1 ... ..	4	34	38	6	46	52
dose .15 ... ..	53	25	78	70	68	138
dose .2 ... ..	6	274	280	16	202	218
dose .25 ... ..	—	91	91	—	—	—
dose .3 ... ..	42	202	244	68	115	183
dose .45 ... ..	121	213	334	117	282	399
dose .6 ... ..	84	47	131	135	2	137
dose .75 ... ..	—	—	—	28	—	28
Name of Drug—Bismuth { dose .2 grm				995	1136	2131
Quin. Iod. { dose .3 grm.	874	930	1804	—	—	—
<b>Total</b> ... ..	<b>1184</b>	<b>1923</b>	<b>3007</b>	<b>1435</b>	<b>1851</b>	<b>3286</b>
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 ...	6	—	6	20	3	23
" " gonococci ...	517	963	1480	500	970	1470
Complement Fixation Test ...	190	123	313	227	146	373
For Wassermann reaction ...	519	487	1006	513	489	1002
Others ... ..	12	13	25	18	22	40
<b>Totals</b> ... ..	<b>1244</b>	<b>1586</b>	<b>2830</b>	<b>1278</b>	<b>1630</b>	<b>2908</b>



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 published.

## BLIND PERSONS ACT, 1920.

The number of blind persons upon the County Register at the 31st March, 1937, was 790—381 males and 409 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 1936-1937, weekly grants were made to 433 persons, the total amount of the grants being £10,137, of which £1,092 was allocated to Public Assistance for domiciliary relief to sighted dependent wives and children under 16 years of age.

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 for 1936. A whole day was spent there and luncheon and tea provided. The same arrangements will be carried out in July, 1937.

The Association also made a Coronation gift of 2/- to each blind person on the register to supplement a grant of 3/- made by the County Council.

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 and three-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 stage in connection with the winding up of the affairs of the Newport and Monmouthshire Blind Aid Society has been reached, and application under the Charities Act has been made for registration of the new Joint Association. It had been anticipated that the Joint Association would have been registered during the year but serious delay was experienced in writing up the de-registered Newport Society which ultimately led the Charity Commissioner superceding the old Trustees in June, 1936, by nominees of the Joint Committee. The new Trustees immediately realised some of the assets of the Old Society and also recommended that Ffrwd Vale, Newport, be made available for the new Joint Association. It is hoped that the Charity Commissioner will ultimately approve of the suggestion of the Trustees and that the new Joint Association will there-upon be registered. It is hoped that the new Association will commence to function before the end of this year (1937).







# Blind Registrations as at 31st MARCH, 1937.

TABLE I.—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	2	9	12	21	8	5	13	23	33	56	25	27	52	87	99	186
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
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...	...	...	...	...	...														

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.	1	1	2	9	12	21	8	5	13	23	33	56	25	27	52	87	99	186	10
F.	1	1	2	9	12	21	8	5	13	23	33	56	25	27	52	87	99	186	10
Total	2	2	4	21	24	42	16	10	26	46	66	112	50	54	104	174	198	372	20
(i)	379	(i)	409	(i)	788	(i)	1021	(i)	1310	(i)	1603	(i)	1866	(i)	2123	(i)	2371	(i)	2643
(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2

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

Employed					Undergoing Training.					No training but Trainable	Unemploy- able		TOTAL								
By Blind Institutions.			Total employed (d)	All others not included in (a) & (b) (c)	Industrial (e)	Secondary (f)	Professional or University (g)	Trained but unemployed (h)													
Workshops (a)	Home Workers (b)																				
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.	(i)	(j)	M. F. T.									
—	—	2	25	27	5	4	9	1	2	3	7	3	10	7	7	14	324	380	704	371	767

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.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
9	7	16	5	5	10	10	3	1	4	3	29	56
(i)	379	(i)	409	(i)	788	(i)	1021	(i)	1310	(i)	1603	(i)
(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)

TABLE V.—Occupations of Employed.

Within Institutions for the Blind	Total											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
M.	2	2	6	1	2	2	2	3	1	6	23	25
F.	2	2	6	1	2	2	2	3	1	6	23	25
Total	4	4	12	2	4	4	4	6	2	12	46	50
(i)	379	(i)	409	(i)	788	(i)	1021	(i)	1310	(i)	1603	(i)
(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)	2	(ii)

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

In Schools for the Blind	Normal		Mentally Defective		Physically Defective	
	M.	F.	M.	F.	M.	F.
M.	12	9	...	...	...	...
F.	12	9	...	...	...	...
Total	24	18	...	...	...	...
(i)	379	(i)	409	(i)	788	(i)
(ii)	2	(ii)	2	(ii)	2	(ii)

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.	2	1	3	6
F.	2	1	3	6
Total	4	2	6	12
(i)	379	(i)	409	(i)
(ii)	2	(ii)	2	(ii)











