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MONMOUTHSHIRE COUNTY COUNCIL

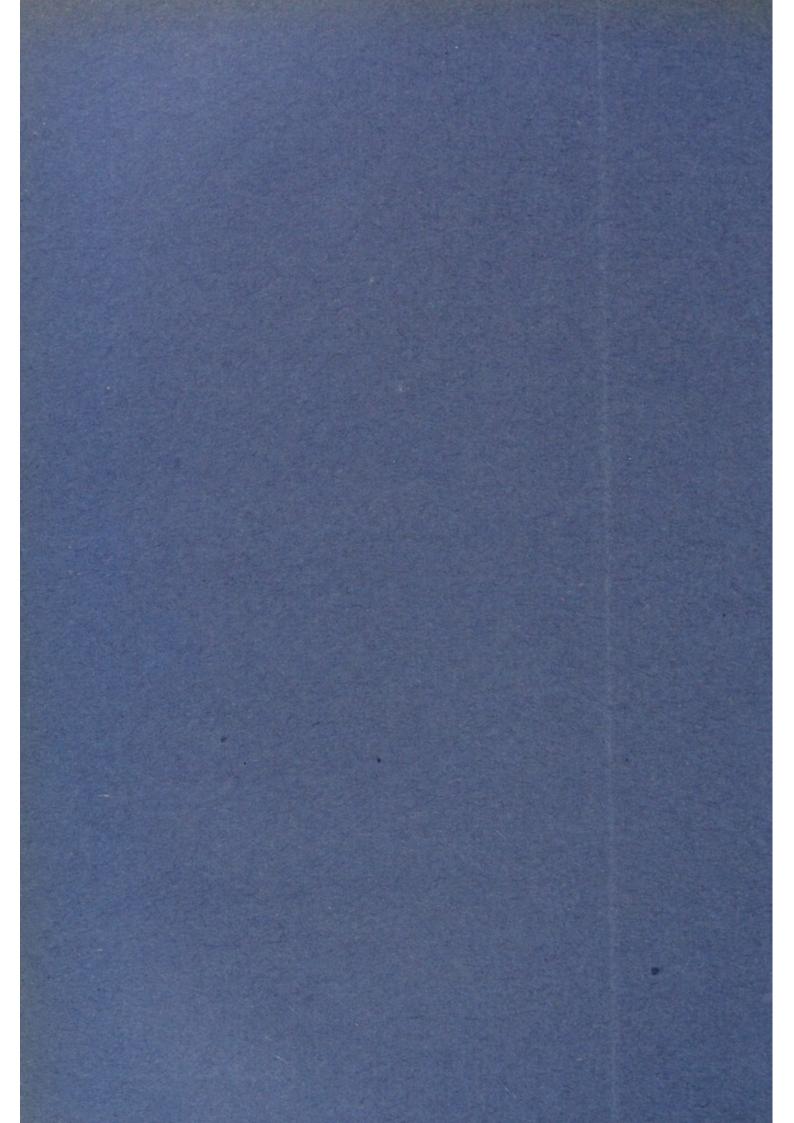
PUBLIC HEALTH REPORT FOR THE YEAR 1925.

D. ROCYN JONES,

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

County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.
26th AUGUST, 1926.





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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

QF THE

COUNTY OF MONMOUTH FOR THE YEAR 1925.

SCOPE OF THE REPORT.

Circular 648 (Wales) of the Ministry of Health (Welsh Board of Health) requests that the Annual Reports of Medical Officers of Health for 1925 should be "Survey" Reports, and that Medical Officers of Health should be prepared to deal comprehensively with:—

- (a) the measure of progress made in the area during the preceding five years in the improvement of the public health;
- (b) the extent and character of the changes made during that period in the public health services of the area (e.g., housing, water supply, sewerage, scavenging and refuse disposal, food inspection, or other services affecting the environment of the inhabitants; and schemes for the treatment of tuberculos's and venereal diseases, provision of isolation hospitals, or other services directed to the prevention or cure of disease in individuals);
- (c) any further action of importance in the organisation or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health.

The Circular has been followed in regard to the work for which the County Council is directly responsible, but as very few of the reports of the District Medical Officers contain information under all the sections named in headings (a), (b) and (c), it is not possible to deal comprehensively with those subjects.

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

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (acres) 345,048.

Population (1921 Census) 358,436.

Do. (Estimated 1925) 375,400.

Number of structurally separate dwellings occupied (1921), 66,925.

Number of private families (1921) 75,898.

Rateable value, £1,663,543.

Sum represented by a penny rate, £6,931.

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. The Eastern and Southern portions of the County are practically agricultural communities.

The industrial conditions in the Western coal areas during recent years have necessitated the granting of a considerable amount of Poor Law Relief, particularly in the area of the Bedwellty Union.

The District Hospitals and the Royal Gwent Hospital at Newport are well patronised by residents of the County, as also are the well organised medical arrangements of the Collieries and Works.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1925, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	1,0	Rate per 000 of lation.	Death per 1,0	Rate 00 living.	Deaths under one year per 1,000 births.		
ENGLAND & WALES .	1925 18·3	(1924) (18·8)	1925 12·2	(1924) (12·2)	1925 75	(1924) (75·)	
105 County Boroughs and Great Towns, including London	18.8	(19.4)	12.2	(12-3)	79.	(80.)	
157 Smaller Towns (1921 adjusted populations, 20,000 —50,000)	18.3	(18.9)	11.2	(11.2)	74.	(71.)	
grainful ages a strangers Fell to	18.0	(18.7)	11:7	(12-1)	67	(69.)	
MONMOUTHSHIRE .	21.5	(22.3)	10.6	(10.6)	83-8	(75.6)	

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 1925 was 8,100, made up as follows:—

	Leg	ritimate	Illeg	itimate		rotal .	Grand Total
	Male	Female	Male	Female	Male	Female	
Urban Districts	 3582	3431	116	98	3698	3529	7,227
Rural Districts	 418	433	8	14	426	447	873
Total	 4000	3864	124	112	4124	3976	8,100

In 1924, there were 8,368 births; in 1923, 8,737 births; in 1922, 8,805 births; in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births; in 1917, 8,402 births; in 1916; 8,848 births; in 1915, 10,194 births; in 1914, 9,455 births. The birth-rate for 1925 is 21.5 per 1,000 persons living. In 1924, the rate was 22.3; in 1923, 23.5; in 1922, 23.8; in 1921, 28.3; in 1920, 29.2; in 1919, 22.9; in 1918, 24.8; in 1917, 23.1; in 1916, 25.7; in 1915, 28.59; in 1914, 30.2.

For the Urban Districts of the County the birth-rate was 22.04 per 1,000 for 1925, and for the Rural Districts 18.34, compared with 22.9 and 18.5 respectively for 1924, and 24.2 and 19.2 for 1923.

It will be observed that during the past five years there has been a steady decline in the birth-rate, which for 1925 was the lowest ever recorded.

The number of births of illegitimate children was 236, which gives a rate of 29·1 per 1,000 of the total births and '63 per 1,000 of population. Last year the number was 244, equal to 29·2 per 1,000 births and '65 per 1,000 population. For the year 1923, the figures were 274, equal to 31·4 per 1,000 births, and '74 per 1,000 population.

The birth rate for England and Wales was 18.3.

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

The general death rate, calculated upon the estimated population of 375,400, works out at 10.6 per 1,000 living. In 1924 the rate was 10.6; in 1923, 10.4; in 1922, 11.4; in 1921, 11.3; in 1920, 11.9; in 1919, 11.7; in 1918, 15.3; in 1917, 11.7; in 1916, 12.9; in 1915, 15.3; and in 1914, 12.8. For the Urban Districts the rate for 1925 was 10.6, and for the Rural Districts 10.4.

Corresponding with the decline in the birth rate, there has been an appreciable drop in the death rate, which for 1925 was 0.7 below that of 1921.

The death rate for England and Wales was 12.2.

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

Causes of Death.	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and up- wards
All Causes	3980	679	201	157	142	214	447	879	1261
Enteric Fever	9			1	2	3	2	1	1
Small Pox									
Measles	74	15	38	17	4			1	
Scarlet Fever	8		2	111	6				
Whooping Cough	88	42	26	16	4				
Diphtheria	39	1	3	19	15	11	20	27	36
Influenza	116	9	3	6	4 2	11 3	and the second	10	1
Encephalitis Lethargica	17		1	1	1000	A Property			
Meningococcal Meningitis	1			1					
Tuberculosis of the Respir-	238	1000	3	2	9	74	105	39	6
atory System Other Tuberculous Diseases	66	5	6	10	14	12	10	9	1
Cancer, Malignant Disease	320		1		2	2	26	159	131
Rheumatic Fever	25		1		3	6	8	5	3.9
Diabetes	20					4	1	6	
Cerebral Hæmorrhage, etc.	218	1					7	75	135
Heart Disease	457			1	10	11	46	135	254
Arterio-sclerosis						1	1 1	19	63
Bronchitis	339	59	10	3	2	1	15	69	180
Pneumonia (all forms)	322	99	67	27	12	9 3	33 5	39	18
Other Respiratory Diseases	55		2	8	3	1 3	0	10	1 10
Ulcer of Stomach or	93		1		1	2	5	13	1 2
Duodenum	20	16	10	8	1		2	6	2
Diarrhœa, etc	82	46	10	1	4	5	5	4	
Appendicitis and Typhlitis	19 10			1				5	1
Cirrhosis of Liver	00		2		5	2	19	32	20
Acute and Chronic Nephritis	8		200			1	1 7		
Puerperal Sepsis	1	1	1		1				
Parturition, apart from	18	1	1		1	1 4	14		1
Puerperal Fever	977	275		1	1			1 :::	1 ::
Congenital Debility, etc	100	5	9	19	13	23	46	42	2
Violence, apart from Suicide Suicide	31					4		16	216
Other Defined Diseases	739	122	17	16	25	33	60	147	31
Causes ill-defined or unknown	10		2			1		5	1 3

The reports of the District Medical Officers of Health do not show that there was any unusual or excessive mortality during the year.

Measles and Whooping Cough were epidemic during the year, and large numbers of deaths were caused thereby. This was expected, as 1924 was a mild year for these diseases. The number of deaths from Cancer remains at the high figure which has characterised recent years.

INFANTILE MORTALITY.—The total number of deaths under one year of age throughout the Administrative County was 679, 630 in the Urban Districts and 49 in the Rural Districts.

The rate per 1,000 births was 83.8, which is 8.2 higher than last year's rate. In the Urban Districts the rate was 87.2 per 1,000 births, and in the Rural Districts 56.1 per 1,000 births.

In 1924, the Infantile mortality rate was 75.6; in 1923, 73.0; in 1922, 83.4; in 1921, 91.5; in 1920, 87.9; in 1919, 88.0; in 1918, 97.6; in 1917, 84.3; in 1916, 88.4; in 1915, 128.5; in 1914, 106; in 1913, 115; in 1912, 105; in 1911, 149; in 1910, 112; in 1909, 104; in 1908, 142 per 1,000 births.

The rate for England and Wales was 75.

The Infantile Mortality Rate was higher than the previous year's figure, but it is still below that for 1921. Epidemics of Measles, Whooping Cough, and Infantile Diarrhœa were responsible for the increase. The average rate for the 25 years, 1891—1915, was 137.4. The average for the ten years, 1916—1925, was 85.64.

The number of deaths of illegitimate children under one year of age was 30, or 3.7 per 1,000 of all births, and 127.1 per 1,000 of illegitimate births. Last year the number of deaths was 27, or 3.23 per 1,000 of all births, and 110.7 per 1,000 of illegitimate births.

The measures adopted by the County for the reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1925, which has already been published and presented to the Council. A perusal of this report will show that the marked progress in infant welfare, which was well under way in 1921, is being fully maintained.

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	13 months	3-6 months	6-9 months	9—12 months	Total under 1 year
Urban Districts	175	50	24	23	272	81	90	99	82	624
Rural Districts	10	5		1	16	12	9	3	5	45
	185	55	24	24	288	93	99	102	87	669

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

	1119		Rate per 1000			
Causes of Death.		Urban Districts.	Rural Districts.	Administrative County.	Births—Admini- strative County.	
Infectious Diseases Diarrhœal Diseases Wasting Diseases Respiratory Diseases Tubercular Diseases Other Causes		62 45 256 145 5 117	5 1 - 19 - 13 11	67 46 275 158 5 128	8·3 5·6 33·9 19·5 ·6 15·8	
Totals		630	49	679	83-8	

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.

The following is a statement of the Hospital accommodation available for the Administrative County:—

(1) Tuberculosis.

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

The Cefn Mably Hospital completes the number of Institutions which the Association planned to provide for persons suffering from tuberculosis in Wales and Monmouthshire. It consists of the old historic mansion of Cefn Mably—gifted by Lord Tredegar—and of a new pavilion erected near by. Accommodation is provided for 110 patients; 54 beds are allocated to men, 46 beds to women, and 10 beds to children. It stands on an excellent site, nestling in a bower of trees on the brow of a hill, it faces south, and commands a magnificent view of the surrounding country and of the Bristol Channel. The exterior of the mansion retains its

ancient appearance, but the interior has undergone a complete transformation, so as to adapt it for hospital purposes. The wards are commodious, well lighted, well ventilated—the whole place having a cheery effect and an entire freedom from that gloom usually associated with ancient buildings.

The formal opening by Lord Tredegar took place on 24th June, 1924, in the presence of a large and representative gathering of people interested in the campaign of the Association against tuberculosis.

It is interesting to note that the suggestion that Cefn Mably might be a suitable institution for the hospital treatment of tuberculosis cases was first mooted at a meeting of the Public Health and Housing Committee of the Monmouthshire County Council, held at the County Hall, Newport, on Monday, the 17th day of January, 1921, Sir Leolin Forestier-Walker being in the Chair.

A discussion arose upon the urgent need of hospital accommodation for Monmouthshire patients owing to the impossibility of proceeding with the contemplated hospital at Pontypool Road, when Councillor Edgar Davies suggested to Sir Leolin that Lord Tredegar, who had recently purchased Cefn Mably Estate from Lord Wharton, might be disposed to gift the mansion for a tuberculosis hospital for Monmouthshire.

Sir Leolin, who had previously and privately expressed a similar opinion, with his usual generosity, decided to approach his Lordship on the matter, with the result that Lord Tredegar, true to the tradition of the House of Morgan, generously donated the mansion for the treatment of tuberculosis cases of Monmouthshire, and, if necessary, those of the adjoining counties as well—a gift destined to be of immeasurable value and comfort to the broken humanity of Gwent and Morganwg.

(2) Maternity.

There is no Maternity Hospital in the County at the time of writing, but arrangements are being made whereby The Coldra, near Newport, which has been presented to the County Council by Sir John W. Beynon, Bart., C.B.E., for use as a Maternity Hospital, will, it is hoped, be opened in October next.

(3) Children.

The County has no Children's Hospital, but 12 beds have been reserved at the Royal National Orthopædic Hospital, London, for the crippled children of Monmouthshire, and these beds are fully occupied by County Patients.

(4) Fever.

The following are the Isolation Hospitals at present in the County:-

Abergavenny Joint Hospital, Llanfoist (owned join	tly				
by the Abergavenny Town Council and Aber	ga-				
venny Rural District Council)		2	wards,	12-13	beds
Abertillery Urban Hospital, Coedcaeddu		2	,,	12—14	,,
Bedwellty Urban Hospital, Coedmoeth		6	,,	55	,,
Chepstow Joint Hospital, St. Arvans (owned jointly					
by Chepstow Urban and Rural District Councils)	5	,,	20	,,
Ebbw Vale Urban Hospital, Beaufort		5	,,	10—12	,,
Monmouth Borough Hospital, Buckholt		3	,,	10—12	,,
Nantyglo and Blaina Urban Hospital, Coalbrookvale		3	,,	5—7	,,
Tredegar Urban Hospital, Ash Vale, Nantybwch		2	,,	20	"

Cases from Abercarn, Bedwas and Machen, Caerleon, Llanfrechfa Upper, Llantarnam, Panteg, Risca and Usk Urban Districts, and Magor, Pontypool and St. Mellons Rural Districts are admitted to the Newport Borough Isolation Hospital, Allt-yr-yn, Newport, when accommodation is available, but in the reports of the majority of these districts comment is made upon the difficulty of securing adequate facilities at that Institution. The charge in such instances to the Local Authority concerned is about £3 3s. 0d. per case per week.

In the Rhymney Urban District an ordinary dwelling house is being utilised for infectious cases.

Overcrowded dwellings render home isolation increasingly difficult and facilities in the Administrative County for the isolation of the infectious sick are still totally inadequate. Several of the Isolation Hospitals now in use are unsuitable for the purpose

At a Public Enquiry convened by the County Council on the 3rd October, 1921, which was attended by representatives of practically all the Urban and Rural District Councils in the County, the urgent need of a County Scheme for the provision of Isolation Hospital accommodation for the County was established, but the Commissioners reported that, while they were convinced of the necessity of such a scheme, they were unable to recommend that any Order should then be made having regard to the financial position of the County.

(5) Small Pox.

The County Council have leased a small building at Cefn, near Newport, which has for many years been kept by the St. Mellons Rural Pistrict Council, for use as a Small Pox Hospital when required. The accommodation is limited, and arrangements have been made with the Corporation of Newport for the admission

of County cases to the Borough Small Pox Hospital, which is upon the same site, as far as the available accommodation will permit. The County building will be utilised according to the circumstances prevailing.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS.

There is a Maternity Hostel for unmarried mothers at Nantyderry, provided by voluntary effort, and to which the County Council contributes a donation of £400 per annum. It has an accommodation for 16 women, who remain at the Hostel for varying periods not exceeding 6 months, so that they may be trained and reclaimed and placed in desirable situations. In the majority of instances the infants are adopted, every care being exercised that the homes and their circumstances are in every way suitable.

AMBULANCE FACILITIES.

- (a) The Newport Borough Ambulance is available for County cases which are admitted to the Borough Isolation Hospital. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Abertillery, Tredegar, and Ebbw Vale Urban District Councils. The latter two are horse-drawn vehicles.
- (b) The Collieries at Ebbw Vale, Six Bells, Cwmtillery, Tredegar, Cwmbran, and the Rhymney Valley have ambulances which are used for Colliery accident cases and under certain arrangements for the transport to Hospital of the 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.

Bedwas and Machen Urban District Council have decided to purchase a motor ambulance during the present year.

The motor ambulance of the Joint Committee of the Order of St. John and British Red Cross Society, which is kept at Cross Keys, is available for use anywhere in the County for non-infectious and accident cases.

CLINICS AND TREATMENT CENTRES.

The County Council have established 41 Maternity and Child Welfare Centres in the County. Full details are given in the County Maternity and Child Welfare Report.

The County Education Committee have 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 15 County Tuberculosis Visiting Stations are detailed later in this Report.

There is one Treatment Centre for Venereal Diseases—at the Royal Gwent Hospital, Newport.

PUBLIC HEALTH OFFICERS.

The Public Health staff of the County Council consists of the following whole-time officers:—

County Medical Officer.

County Bacteriologist and Pathologist, who is also the Deputy Medical Officer.

Nine Assistant Medical Officers (engaged on School Medical Inspection and Maternity and Child Welfare work).

County Sanitary Inspector.

Inspectress of Midwives.

Venereal Diseases Inquiry Officer.

30 Health Visitors (engaged on School Medical Inspection and Maternity and, Child Welfare work).

PROFESSIONAL NURSING IN THE HOME.

No arrangements for Home Nursing are made by the County Council.

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

Newbridge	Devauden	Llantilio Pertholey	Blackwood
Tredegar	Risca	Cross Keys	Pontypool
Panteg	Ebbw Vale	Cwm	Abercarn
Aberbargoed	Abersychan	Rhymney	Caerleon
Goytrey	Abergavenny	Christchurch	Monmouth
Llanfrechfa Lower	Llanover	Usk	Trelleck
Llantilio Crossenny	Llangattock-vibo	n-avel	Tintern

General and Tuberculosis Nursing is undertaken, with the addition of midwifery in some districts.

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

MIDWIVES.

The number of midwives upon the County Roll at the 31st December, 1925, was 248. Full particulars are given in the County Maternity and Child Welfare Report.

CHEMICAL ANALYSIS.

Samples of foodstuffs, including milk, butter, margarine, etc., are sent to Mr. G. Rudd Thompson, F.I.C., Dock Street, Newport, who is the Public Analyst appointed for the County.

BACTERIOLOGICAL LABORATORY.

Facilities are offered to all medical practitioners in the County for bacteriological examinations at the County Laboratory, and the services of the Pathologist and Bacteriologist are available for assistance which may be required in the diagnosis of disease.

SANITARY CIRCUMSTANCES OF THE AREA. WATER SUPPLY.

The rainfall was plentiful during the year 1925, and few districts had cause to complain of the shortage of water.

During the past five years considerable progress has been made with the schemes to ensure a plentiful supply of wholesome water.

The Grwyne Vawr scheme of the Abertillery and District Water Board, which supplies the Abertillery Urban district and the lower part of the Western Valley, continues to make excellent progress. During 1925, 20,973 cubic yards of masonry were built into the dam, which at the end of the year had reached a height of 130 feet above stream level. The estimated quantity of masonry required to complete the work is about 29,900 cubic yards. A commencement has been made with the building of the piers on the top of the dam for carrying the arched roadway overhead. The average number of men engaged during the past year was 435.

The Grwyne Vawr water is being supplied to constituent authorities through a 16-inch steel main pending the completion of the works. In some districts local wells are used to augment the supply obtained from the Water Board.

The Shon Sheffrey spring, in the area of the Tredegar Urban District Council, which supplies that area and a considerable portion of the Bedwellty Urban District, is now filtered, and is reported to be in every way satisfactory.

In the year 1921, the water undertakings of the authorities in the Rhymney Valley, and the Rhymney and Aber Gas and Water Company, were taken over by the newly-constituted Rhymney Valley Water Board, the chief supply of which will come from the Taf Fechan Valley. A new reservoir is being constructed there which will extend up the valley so as to submerge the existing Pentwyn Reservoir. It is hoped that the works will be completed within the next year. At present the supply in some districts is intermittent in the summer months.

The Water undertaking of the Ebbw Vale District, which supplies that district, Nantyglo and Blaina, and part of the Tredegar Urban District, maintains a constant supply. The Medical Officer of Health for the Ebbw Vale district again draws attention to the dirty condition of the filter beds.

The Eastern Valleys supplies generally are satisfactory both in quality and quantity, but parts of the Panteg Urban district are in need of a better and a more plentiful provision. The Medical Officer of Health states that a difficult problem would be solved if a supply could be obtained from the mains of the Borough of Newport's Talybont scheme, which pass through the district

Difficulty has been experienced with the supply at Blaenavon, owing to defective reservoir, and this is now receiving close attention.

Observation during the period of this survey has shown that there has been considerable improvement in the condition of the wells and springs which supply the rural areas of the County, and that the District Councils are fully alive to the importance of a pure water supply. Samples for analysis are periodically taken, and the necessary measures to prevent pollution and contamination carried out.

RIVERS AND STREAMS.

This is one section of Public Health work in which no progress can be recorded, and it is significant that very few Medical Officers of Health comment under this heading in their reports.

The Avon Llwyd and the Rhymney River still serve as open sewers for the valleys through which they flow.

The position has been fully reported in previous County Annual Reports, and having regard to the restricted powers given by the Rivers Pollution Prevention Acts, very little progress can be expected.

DRAINAGE AND SEWERAGE.

The last few years have witnessed the completion of the Western Valleys Main Trunk Sewer and a subsidiary sewer for the Sirhowy Valleys, and the districts served by these are now suitably catered for.

The Rhymney Valley Main Trunk Sewer is practically completed, and the construction of subsidiary sewers is proceeding. The Avon Llwyd continues to be used as a sewer for the Eastern Valleys, and there appears to be no hope of a main trunk sewerage scheme for some time. Several of the sewers in the Panteg Urban District discharge into sedimentation tanks, but others still discharge directly into the Avon Llwyd.

CLOSET. ACCOMMODATION.

It can be said that considerable progress has been made of recent years in the conversion of privies and earth closets to water closets, the fixing of flushing tanks in place of hand flushing, and the re-placement of old closet pans by those of the pedestal types. Cases where one closet served two or more houses are also less frequent than formerly.

SCAVENGING.

Every Urban District in the County has a scheme for the collection of house refuse, which is disposed of generally by tipping upon land. Suitable sites for tipping are becoming more and more difficult to find, and in some areas the existing tips are a distinct menace to public health. Motor lorries are replacing horse-drawn vehicles in several areas, but it does not appear that they are always provided with adequate covers to prevent a nuisance arising from the refuse being blown about as a result of the increased speed of these conveyances. There are refuse destructors at Abertillery and Pontypool, while the Bedwellty Council deal with unsound food, etc., at an incinerator at Cwmsyfiog Other districts are considering the possibilities of this method of refuse disposal.

There has been an improvement in the refuse collections from industrial portions of some Rural Districts, which in the past have had cause for complaint.

Reference is made in the reports of three Medical Officers to the inclination of householders to deposit rubbish on back roads, vacant land, or into streams, rather than put it in their ashbins or other receptacles for collection by the scavenger. Mention is also made of the untidiness of main streets due to the litter of light rubbish, such as fruit and papers.

SANITARY INSPECTIONS OF DISTRICTS.

Dwelling Houses, etc.

Reports show that considerable activity was displayed by the Sanitary Inspectors. Inspections of premises, etc., have been made, and many statutory notices served, as well as a large number of informal notices. In the large majority of cases the notices were complied with in a reasonable time. In others, statutory action had to be taken to enforce compliance.

Occasionally, notices calling for extensive and expensive works were permitted to stand over on account of weather conditions, or to await improved financial circumstances.

Smoke Abatement.

This is a matter which it would appear has received no attention in the County districts.

Schools.

The sanitary condition of the schools is subject to district sanitary inspections, while the School Medical Inspectors and the County Sanitary Inspector of the County Council also deal with it at their periodical visits to the schools. Close co-ordination exists between the District Medical Officers and the County Medical Officer with a view to the prevention of the spread of infectious diseases amongst school children.

HOUSING.

The past five years have shown that efforts have been made in all the districts, with the exception of Caerleon and Monmouth Urban and Abergavenny and Magor Rural, to cope with the shortage of housing accommodation, but these efforts in the majority of the districts have only touched the fringe of the trouble. The industrial disturbances of recent years have completely upset the economic conditions of the Urban Districts, and have had the effect of retarding progress through the want of finances, and the present crisis in the coalfield must tend to make the position more acute.

Circular 648 (Wales) of the Ministry of Health requests District Medical Officers to include in their Annual Reports full particulars of the housing conditions of their areas. The following is a precis of the information given. It is to be regretted that a few of the reports do not deal at any length with the subject, and that at the time of writing reports have not been received from all the districts.

TABLE SHOWING THE NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

District.		istance under the ng Acts.	Otherwise	Total
District	By Local Authority.	By other bodies or persons	erected	
URBAN.	DATE OF LAND AND ADDRESS OF THE PARTY OF THE	1000		
Abercarn	The ad at m	put we	and the Landy De	Marine Lat.
Abergavenny	90	14	_	34
Abersychan	. 24	36	2	62
Abertillery			- 10 may	THE PARTY NAMED IN
Bedwas and Machen	a lat harden	-	_	24
Bedwellty	90	75	_	105
Blaenavon	-	-//	4	4
Caerleon	CO TO THE REAL PROPERTY.	-	1 1100	1
Chepstow	S to be removed and	5	2	7
†Ebbw Vale	-	The same of the same of	1000	-
Llanfrechfa Upper	Plan - Hill		7.	7
Llantarnam	play to	1000	8	8 3
Monmouth			3	
Mynyddislwyn		-	-	40
Nantyglo and Blaina	20	THE SECOND SECOND		20
Panteg		55	7	82
Pontypool	40	1	13	54
†Rhymney	_			The Property of
Risca		40		40
Tredegar	-	2	3 7	5
Usk	Carlo Televis	a chief at		7
RURAL.				
Abergavenny		-		and services
Chanatarr		5 48	4	9
Magon		40	90	48
Monmonth	Sept Marie Control	AND REAL PROPERTY OF STREET	26	26
Pontypool	AND THE RESIDENCE	9	4 16	4
St. Mellons		2 47	93	18
***	A STATE OF THE PARTY OF THE PAR	Contract of the contract of th	99	140

⁺ No report received.

General Housing Conditions.

The extent of the shortage of houses in the County is shown in some small degree in the subsequent remarks on overcrowding. It would appear that only the

following districts have in hand any housing schemes, and that these will be found to be totally inadequate:—

Llantarnam Urban	 	10 Council houses to be erected and 10 by private enterprise.
		private enterprise.
Mynyddislwyn Urban	 	79 houses to be erected.
Panteg Urban	 	20 Council houses to be erected.
Pontypool Urban	 	15 Council houses in course of erection.
Rhymney Urban	 	32 houses to be erected by private enter- prise.
Risca Urban	 	56 houses in course of erection by Local Authority and 120 by other bodies with State assistance.
Tredegar Urban	 	100 Council houses to be erected and 50 by private enterprise.
St. Mellons Rural	 	22 Council houses to be erected at Roger- stone. Private enterprise is busy at Rumney, Malpas, and St. Woolos.

New collieries are in process of sinking in the Sirhowy Valley, which undertakings, in spite of accommodation provided by the Colliery Company, will add to the existing difficulties in this Valley for some years to come.

Overcrowding.

This is general throughout the County, and is particularly pronounced in the following districts. The reason in every case is that the supply of houses does not meet the demand—a heritage of the War, which has been increased not only by post-war financial conditions, but also by extortionate cost, and profiteering rings in post-war housing materials.

Abersychan, Bedwel	nd Aberga-	
venny Rural		Overcrowding in certain areas.
		The
		was 5.89.
Ebbw Vale		900 houses required.
Llantarnam		In 150 cases houses are occupied by 2 and sometimes 3 families.
Nantyglo and Blains	a	30 per cent. of the houses are overcrowded

Rhymney	 	At a Housing Survey it was ascertained that 355 houses were occupied by 2
		families in each, and 13 houses by 3 families each; 129 families each living in one room; 47 instances of 2 families occupying one room, and in one case 3 families were living in one room.
Risca	 	At least 500 additional houses required.
Tredegar	 •••	During house-to-house inspections made in 1924 and 1925, more than 50 per cent. of the 2,071 houses inspected were found to be occupied by more than 2 persons per room, including the living room.
St. Mellons Rural	 	Overcrowding at Rogerstone, Rhiwderin, and Bassaleg, mainly due to railway developments in the districts.

Fitness of Houses.

The general standard of housing may be classed as fair. There are localities in practically every one of the districts in which the standard is very low. Many houses are dilapidated through age and neglect, and the latter circumstance has been somewhat influenced by the general industrial depression, with its rent arrears and high costs of labour and material.

Practically everywhere there are to be found premises tenanted which are unfit for human habitation, and which have been condemned by the local authorities, but owing to the absence of other accommodation they have to remain occupied.

The principal defects in the unfit houses consist chiefly of leaking roofs, rotting roof timbers, damp walls, dilapidated floors, windows and doors, insufficient headroom, lack of adequate through-ventilation, and defective rain water troughing.

There are still back-to-back and back-to-earth houses in occupation. Cases continually arise where tenants by their negligence and wilfulness are responsible for the obstruction of drains and defects of sanitary fittings.

Notices requiring the remedying of defects were served as follows:-

20

District	Notices served	Complied with by the Owners	Dist ict	Notices served	Complied with by the Owners
Urban.					
Abercarn Abergavenny Abersychan Abertillery Pedwas and Machen Fedwellty Blaenavon Caerleon	153 104 5 412 12 470 44	146 104 1 406 Not stated 462 37	Nantyglo and Blaina Panteg Pontypool Rhymney Risca Tredegar Usk	90 52 137 208 381 344 9	30 45 108 194 145 105 9
Caerleon Chepstow Ebbw Vale Llanfrechfa Upper Llantarnam Monmouth Mynyddislwyn	26 62 3 56 33 45	26 56 3 56 33 Not stated	Rural. Abergavenny Chepstow Magor Monmouth Pontypool St. Mellons	14 25 22 20 2 29	14 20 18 20 2 29

In some districts the Councils get the defects remedied by serving notices under the Public Health Acts, but generally action under the Housing Acts is preferred. Subsequently, if the works have not been carried out, the Authorities execute the necessary repairs and charge the cost to the owners. This procedure is adopted by the Abersychan Council, and in the year 1925 they executed repairs to 35 houses, at a total cost of £1,504. Bedwellty Council carried out repairs to 8 houses, and Abertillery Council to 6 houses.

In certain districts the leasehold conditions cause difficulty in carrying out schemes of re-construction; in others, the owners of cottage property are so impoverished by non-payment of rent that they have no money for repairs.

The following table shows the number of dwelling-houses in each district found (a) to be in a state so dangerous or injurious to health as to be unfit for human habitation, and (b) not to be in all respects reasonably fit for human habitation, exclusive of those referred to under (a):—

District	(a) Unfit for habitation	(b) Not reason- ably fit for habitation	District	(a) Unfit for habitation	(b) Not reason- ably fit for habitation
Abercarn	3 42 150 Not 2	9 5 412 stated 470 92 40 61 4 - 8	Nantyglo and Blaina Panteg Pontypool Rhymney Risca Tredegar Usk Rural.	30 4 39 74 118 194	300 6 113 A verv large number 56 197
Monmouth Mynyddislwyn	Not	stated	Abergavenny Chepstow Magor Monmouth Pontypool St. Mellons Totals	$ \begin{array}{r} 4 \\ 6 \\ 10 \\ 4 \\ \hline 4 \end{array} $ 838	28 25 14 6 — —

Unhealthy Areas.

This subject is mentioned in very few of the reports. One slum area has been cleared at Pontypool, but 3 more remain to be dealt with. In the Ebbw Vale district several areas are cited, with a total acreage of S and involving 65 working-class houses.

WORK OF THE COUNTY SANITARY INSPECTOR.

The County Sanitary Inspector during the year under review was Mr. W. E. Thorn, A.R.S.I., M.S.I.A., who assisted the County Medical Officer in his sanitary investigations.

His duties during the year may be summarised as follows:-

Investigations of-

Sanitary conditions of Schools.

Pollution of Rivers and Streams.

Causation of Outbreaks of Infectious Disease.

Water Supplies of the County.

Tuberculosis in Cattle.

Nuisances arising from-

Drainage, Sewerage and Sewage Disposal.

Refuse Collection and Disposal.

The Keeping and Slaughtering of Animals, etc.

Offensive Trades.

Inspections of-

Dairies and Cowsheds.

Diseased Foodstuffs (at the request of the District Sanitary Inspectors).

Dwellings where insanitary conditions, overcrowding, etc., were reported.

Home conditions of persons suffering from Tuberculosis, etc.

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 36 Schools were disinfected after closure due to infectious diseases.

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

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

Much has been accomplished since the year 1921 to improve the conditions of the sale of milk to the public, and it can be said with every confidence that the Acts of Parliament relating thereto and passed during the recent years have been of considerable value.

The bulk of the milk sold in the industrial portions of the County is imported by train, and although from the point of view of cream quality it is generally good, much remains to be done in the way of securing increased cleanliness.

The County Food and Drugs Inspectors periodically take samples of milk for analysis, and the Clerk of the County Council undertakes the necessary action when the County Analyst reports deficiency in fat or added water. Details of proceedings taken under the heading of Sale of Food and Drugs during the year are given later.

A scheme inaugurated by the County Medical Officer for the taking of "informal" samples of all milk sold in the County has been in operation since the end of the year 1921, and aims at improving the care and attention given to milk, so that a high standard of purity may be the rule rather than the exception.

253 samples were taken under this scheme during the year 1925, one sanitary area being selected at a time and samples taken from every milk producer and milk seller in that district. 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. 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 is asked to be 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 Inspector or the County Sanitary Inspector has attended 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 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.

In cases where the bacteriological examination of an "informal" sample yields evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways, the Clerk to the Local Sanitary Authority is advised to send a warning letter to the milk seller.

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; increased attention to details of cleanliness and better conditions of production, storage and distribution having resulted. The fullest benefit will not be gained from this scheme, nor improvements maintained, until repeat samples can be periodically taken.

During the carrying out of the scheme it has become more and more evident that the existing requirements as to the Registration of milk sellers are far from satisfactory. Names continue on the Registers of persons who have ceased to sell milk for years, and, on the other hand, many vendors have been discovered distributing milk without having been registered at all, some owing to the business having changed hands, others through ignorance of the necessity for registering. The idea that registration in one area entitles one to sell milk anywhere is often met with. The Sanitary Authorities are in some cases partly to blame in this matter, in that notices in the Press (or handbills) as to the necessity for registration are not published "from time to time" as stated in the Dairies, Cowsheds and Milkshops Order. In any case, the existing method would be much simplified if milk sellers were required to send in at the beginning of each year a notification to the effect that they intend carrying on this particular business during the ensuing year.

The following districts have been inspected during the past five years:-

Urban.

Abercarn

Abergavenny

Abersychan

Abertillery

Bedwas and Machen

Bedwellty

Caerleon

Chepstow

Llanfrechfa Upper

Llantarnam

Nantyglo and Blaina

Panteg

Pontypool

Risca

Rural.

Magor

St. Mellons

Further details in regard to the samples taken in 1925 will be found in the Report of the County Bacteriologist.

Three purveyors of milk in the Panteg Urban District were brought before the District Council to show cause why they should not be removed from the Register for breaches of the Regulations. They were let off with a caution.

Investigations have also been carried out where farmers and milk sellers have contemplated the selling of any "Graded Milks" provided for under the Milk and Dairies (Amendment) Act, 1922. Six farms in the Administrative County are now producing "Grade A" Milk, and these have been kept under systematic supervision, and the high standard demanded at the outset has continued without any diminution of interest or care. The milk from four of these farms—(Chepstew (2), Castleton (1), and Rumney (1)—is retailed at Cardiff, although the last-named supplies a few customers on the Monmouthshire side of the boundary, the licence for which has been granted. In the remaining cases the milk is both produced and retailed in the County of Monmouth. The requisite perodical visits and sampling were carried out by the County Sanitary Inspector.

Dairies, Cowsheds and Milkshops have been periodically inspected by the District Sanitary Inspectors, and in many cases remedying of defects of lighting, ventilation and drainage has resulted. Although much has been accomplished, further improvement is possible, for cowsheds generally are far from good.

MEAT.

The Public Health (Meat) Regulations, 1924, came into force on the 1st. April, 1925. Included therein are provisions for the supervision by Local Authorities of slaughterhouses and slaughtering, and the transport, distribution and handling of meat generally. Under Part 3 of the Regulations the Minister of Health has power to authorise a Local Authority to adopt a mark for placing on carcases found to be free from disease. From the reports of the District Medical Officers, inspection of slaughterhouses at the time of slaughtering appears to be carried out in Abertillery, Abersychan, Mynyddislwyn, Panteg, Pontypool, Risca and Tredegar Urban Districts, and St. Mellons Rural District. The efficiency of the supervision must depend upon the number of slaughterhouses in the district and the distances they are apart, and particularly upon the qualification of the Inspector for this work. Only four of the District Inspectors hold the special Meat Inspector's Certificate of the Royal Sanitary Institute.

A Conference of Sanitary Inspectors was held in Newport, when the Regulations became law, in order to secure a uniform interpretation of the provisions throughout the County.

Not one of the districts possesses a public abattoir, and almost every report lays stress upon the need for one if the provisions of the Public Health (Meat) Regulations are to be properly observed. At Pontypool plans have been prepared and a site selected; sanction for a loan is now awaited.

Two only of the District Councils have taken action in regard to the marking of meat—Mynyddislwyn and Bedwellty, whose marks have been approved by the Ministry. In the Mynyddislwyn area the system has not yet been put into operation. A start was made at Bedwellty, but it is reported that the butchers are not taking full advantage of the system.

Another section of the Regulations deals with the supervision of stalls, shops, stores, and vehicles which are used for the sale of meat. Very few of the reports comment upon the observance of this section.

The following table shows the number of slaughterhouses in the various districts:

			In 1920		In .	Jan. 1	925.	In I	ec. 19	925.
DISTRICT.		Registered.	Licensed.	Total.	Registered.	Licensed.	Total.	Registered.	Licensed.	Total.
Abercarn Abergavenny Abersychan Abertillery Bedwas and Mach Bedwellty Blaenavon Caerleon Chepstow Ebbw Vale Llanfrechfa Upper Llantarnam Monmouth Mynyddislwyn Nantyglo and Blai Panteg Pontypool Rhymney Risca Tredegar Usk	en	7 2 6 1 5 5 1 1 3 2 2	 5 4 5 3 2 1 2 1 3	7 1 7 4 5 3 6 1 5 .: 2 1 1 5 5 3 1 1 4 2 3	5 2 10 1 6 1 5 5 1 1 1 1 3 2 		5 1 8 5 5 3 10 1 6 .:2 1 1 5 3 3 1 1 4 3 3 3 1 4 3 3 3 1 4 3 3 3 1 4 3 3 3 3	5 2 10 1 6 1 5 5 1 1 1 3 2	$\begin{array}{c} \cdots \\ 6 \\ 5 \\ 6 \\ 3 \\ \cdots \\ 2 \\ \cdots \\ 1 \\ \cdots \\ 2 \\ \cdots \\ 1 \\ 1 \\ 3 \\ \end{array}$	5 1 8 5 6 3 10 1 6 .:2 1 1 5 5 3 1 1 4 3 3 1 4 3 3 3 1 4 3 3 3 3 3 3 3
RURAL. Abergavenny Chepstow Magor Monmouth Pontypool St. Mellons		2 8 7 5	 1 4 2 5	2 9 7 4 2 10	2 7 7 	 1 4 3 6	2 8 7 4 3 6	2 8 7 	 1 3 2 7	297327

The following table shows the quantities of meat and other foods condemned in the various Urban and Rural District during the year:—

In the	anious or	Dan and 10	ditti Diota			Contract of the last		
DISTRICT	Fish.	Meat.	Bottled and Tinned Foods, in- cluding Corned Beef, Milk, Fish, and Fruit.	Bacon.	Offal, etc.	Cooked Meat.	Fruit.	Mis- cellaneous (Vegetables chiefly).
TRBAN.	_	730 lbs.	174 tins	110 lbs	-	-	-	160 lbs. vegetables
bergavenny	-	1 carcase	16 tins	-	11 pieces	-	-	10 boxes beans
Abersychan	-	12 lbs. 244 lbs.	4 bottles 116 tins.	31 lbs	99 pieces	-	-	
Abertillery	-	1 carcase		42 lbs	39 pieces	-	-	5 cwts vegetables
Bedwas and Machen Bedwellty	-=	3347 lbs- 2025 lbs.	352 tins 2015 tins 25 bottles	195 lbs	491 lbs	15 lbs	1266 lbs.	margarine 16 lbs.
								cheese 144 eggs 5600 lbs. potatoes
Blaenavon Caerleon	and the second second	_	58 tins	=	_	=	_	=
Chepstow Ebbw Vale	04.11	8 ducks 3 fowls 2900 lbs.	86 tins	_	33 lbs.	1	14 boxes	3 bags cockles
Llanfrechfa Upper		865 lbs.	-	-	-	-	_	_
Llantarnam Monmouth Mynyddislwyn		1 joint	4 cases 170 tins		158 lbs.	111	Ξ	=
Nantyglo and Blaina	_	_	_	_	42 pieces	-	-	30 doz. eggs
Panteg		916 lbs.	135 tins 55 bottles 164 lbs	7 lbs.	80 lbs .	-	-	48 packets baking powder 168 pkts. peas
Pontypool Rhymney		.208 lbs.	965 tins	78½ lbs.	48 lbs	=	=	— —
Risca Fredegar		802 lbs 3396 lbs	315 tins 18 lbs.	_	-	= .	=	3 crates vegetables
U2k	-	-	7-	-	-	-	-	-
RURAL. Abergavenny Chepstow Magor	-	=	=		1111	1111	==	=
Monmouth Pontypool St. Mellons		1117 lbs	E	=	337 lbs.		1 =	=

Bakehouses and other premises where foods are manufactured, prepared, stored, or exposed for sale were kept under continual supervision by the District Sanitary Inspectors. No serious defects were reported during the year under review.

No cases of food poisoning were notified.

SALE OF FOOD AND DRUGS ACTS.

At the 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 T. H. Lewis, assisted by Mr. I. G. Davies, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, Llantarnam, Panteg, Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.
- District "B'," under the supervision of Inspector T. R. Davies, with an Assistant Inspector, and comprising the Urban Districts of Abercarn (part), Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (part), Nantyglo and Blaina, Rhymney, and Tredegar.
- District "C," under the supervision of Inspector J. R. Gamble, assisted by Mr. Harold S. Williams, and comprising the Urban Districts of Abercarn (part), Chepstow, Llantarnam, Mynyddislwyn and Risca, and the Rural Districts of Chepstow, Magor, and St. Mellons.

During the year 1,176 samples were examined by the County Analyst, Mr. G. R. Thompson, F.I.C., F.C.S., details of which are given in the report following:

The schedule below gives details of the samples taken for analysis and in which Police Court proceedings were instituted, arranged according to the respective districts:—

	-		
District in which sample was taken.	Nature of Sample.	Extent of Adulteration, etc. of Sample.	Result of Police Court Proceedings.
	AS PURES D	THE RESERVE OF THE PERSON OF T	
Abercarn	Milk	1.53% added water, 14.3%	Final C5 and C5 and
		deficient in fat	Fined £5 and £5 costs.
There is no pro-		110.040/ -11-1	T: 1 CF 1 CF .
Abersychan	-93	6:330/ Accient in ful	Fined £5 and £5 costs.
	"	6.33% deficient in fat	Ordered to pay £2 costs.
	"	15% deficient in fat	Dismissed.
,,	"	101% deficient in fat	Dismissed.
Abertillery	"	6'(1% added water	Fined £5.
Abertillery	"	8.67% deficient in fat	Case withdrawn owing
D 1 11			to death of Inspector.
Bedwellty	,,	14.67% deficient in fat	Ordered to pay £4 4s.
			towards costs.
Caerleon	,,	13.53% added water	Fined £2 10s.
,,	,,	20.59% added water	Fined $£2 10s$.
,,	,,	12.33% added water	
A STATE OF THE STA		12 35 /6 tadaed water	
,,	,,	18·12% added water	Offenders' Act.
	"	1012% added water	Dismissed under First
Monmouth Urban		9.60/ J.C.:	Offenders' Act.
	"	8.6% deficient in fat	Case withdrawn.
,,	"	13.33% deficient in fat	Dismissed.
Panteg	"	44% deficient in fat	Fined 10s.
Panteg	23	1.53% added water, and	Fined £5.
Donton and III 1		18.80% deficient in fat	
Pontypool Urban	33	13% deficient in fat	Fined $£5$.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	3.29% added water	Fined £2.
D1 ''	,,	17.33% deficient in fat	Fined £2.
Rhymney	,,	11.33% deficient in fat	Proceedings pending.
Chepstow Rural	,,	26.33% deficient in fat	Fined £2.
Pontypool Rural	,,	0.990/: 1-6-: 1 . 6 .	Dismissed.
	"	500/ deficient in fet	
	"	03 % denerent in rat	Fined £10.

Eleven vendors were cautioned during the year, all on account of unsatisfactory samples of milk.

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

"1,176 samples have been analysed during this period, 1,146 of these having been submitted by the Inspectors appointed under the Act, as follows:—

From	Division	'A'	 	 353
,,	,,	'B'		 432
. 23	,,	, C,	 	 361

Of these 56 were informal or trial samples.

In addition, 30 samples were submitted by Local Authorities other than the Inspectors under the Food and Drugs Act.

In accordance with my usual custom, the samples analysed are grouped in categories which are summarised below:—

Milk 804, Separated Milk 4, Milk products (comprising Condensed Milk, Cream and Butter) 51, Lard 29, Margarine 1, Sugar 8, Pudding Stuffs (such as flours, rice, tapioca, sago, arrowroot, oatmeal, baking, custard and egg powders, table jelly, etc.) 176, Beverages 34, Spices and Condiments (pepper, mustard, ginger, vinegar, etc.) 37, Peas 12, Potted Meats 5, and 15 Drugs which were mainly pharmaceutical preparations.

MILK.—In view of the supreme importance of this article as a diet for infants and invalids, and of its liability to sophistication, a large proportion of the total samples analysed was milk, the actual number being 774, and of these 33 have been reported as adulterated, 2 samples by the removal of fat and the addition of water, 8 by the addition of water only, and the remainder by the removal of fat. The watered milks contained added water in amounts ranging from 2.83% to as much as 20.59%, and those deficient in fat showed deficiencies varying from 2.00% to 59%.

It will be noted that the number of samples deficient in fat is greatly in excess of those containing added water, this fact being presumably due to the more severe attitude taken by Magistrates against the addition of water.

The percentage of adulterated milk samples—namely, 4.26%—is somewhat less than the average in the preceding years, and the total number of grossly adulterated samples is satisfactorily small.

In no case has the presence of any preservatives or colouring matter been detected in any of the milk samples.

The quality of the milks as a whole is shown by the following tables:-

(a) According to content of fat:

Under 3%	3 to 3.49%	3.5 to 3.99%	4 to 4.49%	4.5% and over.
30	303	297	105	39
(b) Accord	ding to conten	t of solids-not-fat	:	
Under 8:5%	8.5 to 8.6	9% 8.7 to 8.89	% 8.9 to 9.09	9% 9.1% & over
11	66	232	311	154

The average composition of all samples analysed for the year is:-

Fat, 3.57%; Solids-not-fat, 8.90%; Total Solids, 12.47%.

and for the purposes of comparison over previous years I give the average comparison with percentage of adulterated samples as follows:—

Year.	Fat.	Solids not Fat.	Per cent. Adulterated.
1918	3.67%	8.63%	7.59%
1919	3.73%	8.74%	5.07%
1920	3.58%	8.61%	4.38%
1921	3.52%	8.84%	5.20%
1922	3.67%	8.84%	4.60%
1923	3.66%	8.88%	4.08%
1924	3.59%	8.87%	4.81%
1925	3.75%	8.90%	4.26%

Thirty samples of milk were examined on behalf of the Panteg Urban District Council from the point of view of their cleanliness, and with certain exceptions it is very satisfactory to find that these were of a fairly high standard of quality when considered in the light of the Milk (Special Designations) Order of 1923.

Both samples of Condensed Milk satisfied the requirements of the Public Health (Condensed Milk) Regulations, 1923.

Two samples of Cream were also quite satisfactory in quality. 47 samples of Butter were examined during the year, and in no case was any foreign fat detected and the quantity of water present was not excessive. Where boric acid had been used as a preservative, the quantity was in every case below the legal limit.

The Lard samples proved satisfactory, all being highly refined, free from added water and excessive acidity.

PUDDING STUFFS.—In view of the modern tendency towards the adulteration of flour, all the samples received were submitted to a most careful examination for the presence of adulterants. A considerable proportion contained "Improvers" used for the purpose of enhancing the appearance and the baking quality of the flour, and these "Improvers" were in every case found to be of a perfectly wholesome nature to which no exception could be taken. Moreover, no traces whatever of chemical bleaching agents could be detected in any of the specimens which have been examined, and I am therefore able to strongly commend the quality of the flour as sold in this County.

Of late years a considerable improvement has taken place in the quality of the baking powders examined in my Laboratory, and it is now comparatively rare to encounter inefficient specimens of this article, all those examined having proved to be of satisfactory quality and strength.

Careful attention has been paid to the quality of the rice samples submitted, but in no case was any excessive quantity of "facing" material found, and no objectionable substances had been employed for the purpose of polishing the grain.

All the samples of honey were the genuine product of the bee, and no added glucose or cane sugar was present.

The remainder of the pudding stuffs call for no comment, as although each was submitted to a searching examination nothing was detected in any sample to which objection could be taken.

21 samples of cocoa have been analysed, and all of these proved to be of a satisfactory standard and quality. All were examined for the presence of arsenic in view of the recent outery caused through the accidental introduction of a heavy trace of arsenic into a well-known brand of cocoa, but none of the samples examined contained more than the minutest trace of arsenical compounds.

8 samples of coffee submitted proved to consist entirely of the coffee bean free from admixture with chicory.

The various condiments were all of a perfectly satisfactory standard of quality, and free from any form of adulteration.

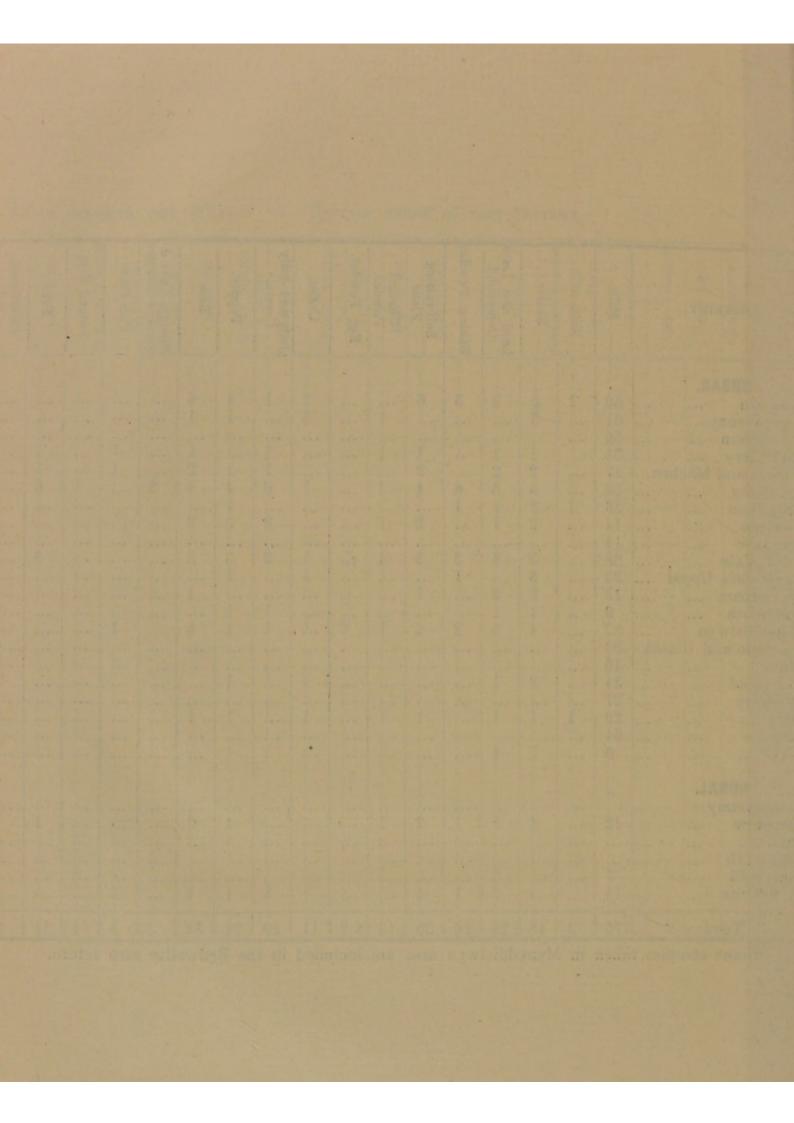
The 15 pharmacopœial preparations analysed were all found to be in accordance with the requirements of the B.P.

The 12 specimens of peas received have all consisted of the dried product as contrasted with the tinned variety, and in none of the samples under consideration has any copper or other metallic salts been detected, and it would appear from my experience of this article of food that the presence of copper is mainly confined to peas prepared in the tinned form.

In conclusion, I would like to remark on the general high quality of the foods sold in this County at the present day, as in spite of constant vigilance in searching for adulteration, inferior or injurious foodstuffs are rarely encountered.

Thus the percentage of adulterated samples amounts to only 2.89% of the total number examined, and the adulteration is confined entirely to milks."

		_						_		_		_			_	_			1	ANLE	SHO	WING	188	N	MHEN	OF	SA	MPLES	TAKE	IN IN	EACE	Dos	TRICY.																			
District.		Milk.	Skin-milk	Butter.	Compound.	Baking Fourde	Flour.	Powder.	Egg Powder.	Coffee.	Crystals	Pepper.	- Paris	Speage Maxtun	Diver son y	Ground Kine	Condensed	Ground	Cintamon	Ban Flour	1	Minerala Orga	Determinent	Castor Oil	Blanc Mange	Powder, Margarine	Petted Paste	Topiora,	Raw Sugar	Cake Flour.	Coton.	Honey	Seidlitz Powder	Corn Flour	Malt Viscous	Dried Eggs	Camphorated	Egg Substitute	Sago	Mixed Spice	Lemonado	Olive Oil	Rucalyptus Oil	Creatin	Lomon Card	Bi-carbonate Soda	Jam.	Bref	Desiccated Coccanut.	Totals.	fex	Spin milk on the
URBAN. ercam ergavenny	en	61 56 54 17 68 33 14 14 68 23 13 9 23 33		1 2 5 2 2 3 3 2 1 4	1 2 3 1 1 2 1 4 1 1	3 1	1 2 4 2 3 1	3 1 4	2	1	1 1 8 2 2 2 1 1 1	1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 4 2 3 1 5	2 .	1	1	1			1	1	2	1			3	i	2 2 3 3			1 3 3 1 4 4	1						ï	1		1		1					1	1	112 35 20 20 60	3 1 5 1 3 1 3 1 4 2	1
ergavenny sepstow segor semouth setypool Mellons	111111	12 7		4	1	1	2	`i			3	ï					1						1		2	1	111																					400	ofice of the second	30 	9	
Totals Some same					28									2	3	1 1	1	2	6	1	3	7	3 :	2 1	2 1	7 1	3	10	-1	4	21	4	1	3 1	9	1	3	10	2	1	2	1	2	0 0	4	5	3	2	2 1	143	33	



PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

Report for the year ended 31st December, 1925.

	(1) Mills on	d Croom not	nold on l	Drocorno	Croom			
	(1) MIIK an	id Cream not (a)	sold as l	LIBSELVE	Oream.			(b)
	Num	ber of sampl	es exami	ned		Num		which a
		or the presen						as reported
		Preservati					be pre	
Milk	of Physics of	ar sah		774			Nil	
Sepa	rated Milk			4		81,000	Nil	
Crea				2			One	
Cond	lensed Milk			2			Nil	
	(2) Cream	sold as presen	rved Crea	m.				
		tances in wh			heen suhm	itted for	e analy	sis to ascer-
		in if the stat						
				N				-10 0011000
	to the text	(i) Correct	statemen	ts made	1			Nil
		(ii) Statem			Code St			Nil
						 D.		
			nd in eac					e stated on
		100			0.		Statuto	ry label.
				Nil			Farit	Nil
	(b) Det	erminations	made of	Milk Fa	t in Cream	sold as	Preser	ved Cream
	(i)	Above 35 pe	er cent.				niton!-	Nil
		Below 35 pe			4			Nil
	(c) Ins	tances where	(apart f	from ana	lysis) the	requiren	ients a	s to labell-
	ing	g or declarate	ion of pre	eserved	Cream in	Article	V (1) and the
	pre	oviso in Artic	cie v (z)	of the F	(egulations	have n	ot beer	observed.
			1	Vil				10 40 10
	(d) Par	ticulars of o	oh soss i	n mbish	41. D.		7	
	(d) Lai	ticulars of ean	and acti	on taken	the Regu	lations	have	
	-	aprica with,	and acu	on taken				
			1	Vil				
	(3) Thicker	ning substan	ces.—An	v eviden	ce of their	addition	to one	
serve	d cream :-			Vil	oc or their	addition	1 10 616	am or pre-
	Action	tolean when						
		taken where						Nil
	(4) Other ol	bservations, i	f any					Nil
								10000 P

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

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

These diseases caused 274 deaths and gave a Zymotic death rate of '73 for the County, as compared with a rate of '38 for the year 1924, '85 for 1923, '46 for 1922, '94 for 1921, 1'15 for 1920, '61 for 1919, 1'26 for 1918, '96 for 1917, '72 for 1916, 1'05 for 1915, 1'73 for 1914, 1'29 for 1913, 1'86 for 1912, 2'5 for 1911, 1'22 for 1910, '87 for 1909, 1'5 for 1908 for the County.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouthshire during the year 1925.

Population for death rate and attack (notification) rate, 375,400.

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		realization, at the	101		.00
Measles (including German				•••	00
Measles)	74	-2	Not notifiable		·13
Scarlet Fever	8	.02	519	1.38	.03
Diphtheria (including Membranous Croup) Whooping Cough Fever (including Typhus,	88	·1 ·21	. 470 Not notifiable	1.25	·07 ·15
Enteric and Continued Fevers)	9	-02	40	-11	-01
Diarrhoea (under two years of age)	56	·15	Not notifiable		
Totals	274	73	*1029	2.74	

^{*} Notifiable Diseases only.

35

COMPARISON OF INFECTIOUS DISEASES DEATH RATES IN MONMOUTHSHIRE.

				Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid
Avera	ge for	years	1907-					37 3.73
	913 inclu	isive		.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			1	-20	.02	-21	- 1	.02

The following is a summary of the weekly notifications of infectious disease received during the year from the local Medical Officers:—

		The state of the s	
	-	111111	
5: 1: : : : : : : : : : : : : : : : : :	174		15
4 : 10-4 : 1 : 10 : 1 : 1-5 : 1 : 1 + :	56	111111	56
- : :- or - : : : : - : : : + : :	15	17 1 : 1 1	1 16
	-	117111	1 01
11111111001111111111	3	111111	: 0
on : ! ! ! . ! ! . ! . ! . ! .	22	.111111	: 63
ø1-05140 : : :21-4 :-2 :22 :	89	: : :0	4 72
.: 182 183 184 187 187 188 188 188	122	70 H 62 1	8
: 624242112 : 724 - 22421 612 624 61 61 61 61 61 61 61 61 61 61 61 61 61	317	ω401ω ;∞	20
100 29 66 33	233	:40000	14
4 L 400	34	es : : : : : : : : : : : :	9 04
8 17 8 8 8 8 8 7 7 11 4 7 1 0 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	415	:ω :∞υσή	55
9475834 94758 9478 9478 9478 9478 9478 9478 9478 947	459	110112	60
21.260 9,133 29,160 39,260 39,260 13,080 2,273 5,146 37,290 4,913 7,955 16,010 11,670 12,340 11,760 26,380	327,800	9,354 9,001 5,777 6,598 5,430 11,440	47,600
	:	111111	: :
bercarn bergavenny (Borough) bersychan bersychan bertillery edwas and Machen edwellty laenavon aerleon bbbw Vale lanfrechfa Upper lanfrechfa Upper lantarnam fonmouth (Borough) fynyddislwyn fynyddislwyn fynyddislwyn fantyglo and Blaina anteg ontypool khymney isca fredegar lsk	Totals	RURAL. Abergavenny Chepstow Aagor Aoamouth Pontypool St. Mellons	Totals Grand Totals
	Head. In the Ban. In the Ban.	AN. (Borough) 21.260	AM. (Borough)

1	Ruochparitie 1	
	Polio-	111111111111111111111111111111111111111
	Encephalitis Lethargica	H 1 : HH 1H 1000 1 : 1 : HH 1 : H 1 : H 1 : H 1
	Pneumonia	04 828 17 8 17 18 18 18 18 18 18 18 18 18 18 18 18 18
100	Chicken Pox	
-	Paceperal Fever	4
DEATHS	Enterio Fever	HH. H.
DEA	Acute	111111100111111111111111111111111111111
	Cerebro-Spinal Fever	111111111111111111111111111111111111111
	simfadidqO murotanosM	111111111111111111111111111111111111111
	Tuberculosis	See Table later in this Report.
1	Scarlet Fever	[
1000	Mrysipelas	
130	Small Pox	
	Diphtheria	a : g c : a : : g c : : : 14 - 1 : . · : :
	Encephalitis Lethargica	-
	Pneumonia	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Chicken Pox	
	Puerperal Pever	
	Enterio Fever	3 1 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1
	Acute	111111111111111111111111111111111111111
	Cerebro-Spinal Fever	
PITAL	Ophthalmia Neonatorum	
HOSPI	Tuberculosis	See lable later in this Report.
TO	Scarlet Pever	10 : 1:55 : : : : : : : : : : : : : : : :
ED	Reysipelas	
TOY	xoq ilam8	
REMOVED	Diphtheria	: :: 6 :88 :: :: 111212 :: : : : : : : : : : : : :
CASES	SUSBID!	aina aina 6
9	DISTRICT	Abergavenny Abersychan Abersychan Bedwas and Machen Bedwas and Machen Bedwellty Blaenavon Caerleon Caerleon Chepstow Llanfrechfa Upper Llanfrechfa Upper Llanfrechfa Upper Mynyddislwyn Mynyddislwyn Nantyglo and Blaina Panteg Pontypool Tredegar Tredegar Usk Usk Magor Monmouth St. Mellons St. Mellons
	130 20 30	D Bu

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

-	1	- 1					38										1
		all ages	37	:	-	00	208			01	13	00	:	155	15	:	445
	1	65 and	2	:	1	:	-	:	:	:	:	1	:	-	1	1	10
		99-97	:	:	1	:	34	:	:	:	9	:	:	88	-	1	75
		35-45	-	:	1	1	30	:	:	:	:	-	:	19	-	:	51
	200	20-32	-	:	:	:	75	11	:	:	3	2	*	6	:	:	06
HS.	GROUPS.	12-20	-	:	:	:	37		:	-	co	:	:	=	1	1	53
E	3	31-01	:	:		-	6	:	:	:	1	:	:	5	1	:	16
Q	AGE	01-9	11	:		4	63	:	:		:	1		00	63	:	152
		9-4	-	:	:	7	4	:	4		1	:	***	1	:	:	14
		₽-8	7	:	:	:	67	:	:	1	:	1	:	-	1	:	11
		2-3	4	:	:	:	3	:		:	:	:	:	33	-	:	11
		2-I	3	:	:	2	00	:	:	:	:		:	24	01	:	39
		Under I year	1	:	:		63	:		:	:	1	:	45	-	:	20
		Total all ages	504	63	81	450	556	40	5	69	. 36	20	***	325	16	237	2272
		over over	- 1		9	:	10	:	:	:	:			9	1	:	22
		42-65	6	1	30	1	43	:	1	:	63		:	33	9	:	125
		32-42	12	:	16	9	76		:	:	63	60	:	14	2	-	132
(ED)	où.	20-32	38	:	14	50	192	:	:	:	00	15		32	2	4	334
NOTIFII	GROUPS.	15-20	31	1	00-	24	91	:	:	1	11	2	-	20	:	60	176
		10-12	86	-	5	98	99	:	:	:	7	:	:	12	1	1	265
CASES	AGE	01-9	500	-	-	167	57	:	-	:	4		:	43	22	7.3	549
C.A	-	9-1	46		:	37	13	:	1	:	. :	-	:	21		47	165
		₽-8	35	:	:	55	2		:	2	:	1		32		38	165
1000		2-3	24	:	-	30	3	:	***	1		1	:	34	-	23	116
		1-2	21		- 1	6	10	12	:		:	. :-		0#	-	21	114
		Under 1 year	61	:	:	9	00	28	***	:	:			38	1	26	109
				:				rum		:		1	1		rica		
36.00				:	:	:	*:	onato	Fever	litis		-	7		thar	100	als
		Disease	Diphtheria	ver		Scarlet Fever		Ophthalmia Neonatorum	Cerebro Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerparal Fever	Polioencephalitis	Pneumonia	Ancephalitis Lethargica	Chicken Pox	Totals

Apart from a mild outbreak of small-pox in the year 1923, when 8 cases occurred, there has been no undue prevalence of notifiable infectious diseases in the County during the past five years. As regards non-notifiable infectious diseases, there was a severe epidemic of influenza in all districts of the County in 1922, when 297 deaths occurred.

Small-pox,

No cases were notified during the year 1925. No vaccinations were performed by the District Medical Officers of Health under the Public Health (Smallpox) Prevention Regulations, 1917, whilst vaccination generally is observed in the breach. The Medical Officer of Health for Blaenavon, for instance, states that only 16 per cent. of the children born in that area are being vaccinated.

Scarlet Fever.

The number of cases notified was 519, and 8 deaths occurred, giving a death rate per 1,000 notified cases of 15.4. The rate for England and Wales (1924) was 10.5.

The County fatality rate for the last two years has been very high, but for the previous three years it was only 6.02, 7.03 and 6.07 respectively. The County death rate per 1,000 of population for this disease is '02 as compared with '03 for England and Wales. The Dick test does not appear to have been carried out in any of the districts, nor do the recent methods of immunisation seem to be practised. In the Abertillery district the Medical Officer of Health reports that the method of disinfection employed is a modification of that advocated by Dr. Robert Milne, but formamint tablets are used for the throat instead of carbolic acid solution.

Diphtheria.

The notification rate of this disease has been variable during the past five years; in 1921, it was 13.1, and in 1925, 12.5 per 10,000 persons living.

In the intervening years it averaged 11.5.

Similarly, the death rates per 10,000 persons living were for the 5 years 1921 to 1925 respectively 1.15, 1.11, .91, .96 and 1.03 per 10,000 persons living The death rate per 1,000 cases notified was 70, which is rather high in comparison with the rest of England and Wales (60).

During the years 1922-23-24 outbreaks of diphtheria occurred in one part of the Risca Urban District, due to the presence of "carriers" amongst the school-children. It was found difficult to get the parents to continue any form of treatment, but eventually the epidemic was wiped out.

An epidemic commenced in Llantarnam Urban District at the end of October, 1924, when 11 cases were notified. It continued through 1925, and 63 cases were notified during that year. Three deaths occurred. All cases were traced to infection from the first case, which was that of a child who had arrived on a visit from a neighbouring town. Many "carrier" cases resulted, and considerable difficulty was experienced in their control. Consequently the disease became prevalent in the Henllys district of the St. Mellons Rural area, which adjoins. During the epidemic, the County and District Authorities jointly carried out a house-to-house swabbing, whilst a strict observation was kept upon the "carriers." Cases were removed to the Newport Isolation Hospital, and a house was acquired for the isolation of some of the "carriers." This provision was effective.

Anti-toxin is kept by all the District Medical Officers of Health, and is supplied to medical practitioners on request.

The reports do not show that the Schick test is used.

Enteric Fever.

In the years 1921, 1922 and 1923, the County notification and death rates were considerably below normal, but in 1924 and 1925 an epidemic at Nantyglo and Blaina was chiefly responsible for a big rise in these rates. The notifications were 36 in 1924 and 40 in 1925, and the number of deaths 9 in each year. The number of cases in England and Wales in the year 1924 per million of population was 107, while the County figure was 96. The deaths per 1,000 cases notified in England and Wales were 120, whereas in the County of Monmouth they were 250. In 1925, the County deaths per 1,000 cases notified were 225.

The epidemic at Nantyglo at the latter end of 1924 continued right into 1925, when 14 additional cases were notified, and 4 deaths occurred.

The disease was introduced to the district from a neighbouring area of Brecknockshire, and its spread to epidemic form was undoubtedly due to the primitive sanitary conditions and sewerage arrangements appertaining to Coalbrookvale, where most of the cases occurred, aided by overcrowded dwellings, which made isolation pending diagnosis almost impossible. A special report on the subject was published by the County Medical Officer in September, 1924.

Five cases of Enteric Fever were notified in the Mynyddislwyn Urban District, where two deaths occurred. The cause of the outbreak is not stated in the annual report of the Medical Officer of Health.

In the Abertillery Urban District, 4 cases were notified, with one death. The fatal case happened to be a worker at the hot rolls in the town's tinplate works, and he was in the habit of constantly dipping his hands in sewage polluted water from the river, which is passed into the works for cooling purposes.

Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations.

The number of cases of pneumonia notified was 247. One hundred of these were from the Nantyglo and Blaina Urban area, but this has no special significance, for the notification of this disease is not uniform throughout the County. The Abertillery Medical Officer of Health reminded the medical practitioners in his area of their duties under the Regulations. No cases of malaria or dysentery were notified during the year 1925.

Encephalitis Lethargica.

In the year 1921, the notifications were 12, and the deaths 11; in 1922, notifications 7, deaths 5; in 1923, notifications 6, deaths 5; in 1924, notifications 18, deaths 14; and in 1925, the notifications were 16, and the deaths 17.

For the whole of England and Wales the case mortality in 1924 amounted to 279 deaths per 1,000 notified cases. The foregoing figures for this County show that in two years the case mortality was nearly 100 per cent., and that in 1925 there were more deaths than cases notified.

Ophthalmia Neonatorum.

Twenty-six cases of this disease were notified under the Public Health (Ophthalmia Neonatorum) Regulations, 1914. The disease is fully commented upon in the County Maternity and Child Welfare Report for the year 1925.

	Cases					Deaths while under
word by	Tr	eated	Vision Un- impaired	Vision Impaired	Total Blindness	treatm-nt from causes other than
Notified	at Home	in Hospital				Ophthalmia Neonatorum
- 26	25	1	24		,22	2

Puerperal Fever.

During the year 1925, notifications were received from the District Medical Officers of 22 cases, while in the return of deaths furnished by the Registrar-General the number due to Puerperal Sepsis was 8. In the year 1924, 15 cases were notified, with 10 deaths; in 1923, 19 cases, with 9 deaths; in 1922, 11 cases, with 14 deaths; in 1921, 17 cases, with 12 deaths; in 1920, 24 cases, with 20 deaths; in 1919, 19 cases, with 11 deaths; in 1918, 6 cases, with 3 deaths; in 1917, 4 cases, with no death; while in 1916, 13 cases were notified, 8 being fatal. The notification rate per 1,000 births in 1925 was 2.72. The notification rate per 1,000 of population equalled .06, and the death rate per 1,000 of population .02.

Full details of the cases will be found in the County Maternity and Child Welfare Report for 1925, which has already been published.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

The County Medical Officer is also the School Medical Officer for the Administrative County, and is in touch with the diseases under this heading when they occur in schools.

Measles.

Severe epidemics of this disease occur in this County approximately every other year. In 1925, there were 74 deaths; in 1924, 12; in 1923, 152; and in 1922, 7 deaths. The disease was made compulsorily notifiable at Abertillery in December, 1925.

Whooping Cough.

The number of deaths from this disease has, on the whole, shown a tendency to rise during the last five years. There were 88 in 1925, 27 in 1924, 81 in 1923, 63 in 1922, and 62 in 1921.

Influenza.

The number of deaths in the County in 1925 was 116; in 1924, 155; in 1923, 66; in 1922, 297; and in 1921, 97.

The epidemic which commenced in October, 1918, and continued until March, 1919, when 779 deaths occurred in 1918 and 329 in 1919, has not recurred to anything like the same extent, but the outbreaks of 1922 and 1924 were more severe than those of any other years for which records are available.

OTHER DISEASES.

Cancer-Malignant Disease.

The deaths in the County during 1925 numbered 320, the highest figure ever recorded, and the death rate was 85 per 100,000 persons living, correspondingly higher than the rates for 1924, 1923 and 1922, which were 83 in each year. The rate for 1921 was 73. The mortality rate from this disease in Monmouthshire is below that of England and Wales, which was 100 per 100,000 persons living in 1924, 97 in 1923, and an average of 90 for the years 1911 to 1914.

Anthrax and Rabies.

No cases of these diseases were notified during the year.

DISINFECTION.

Schools.

The disinfection of schools following outbreaks of infectious disease is carried out by the County Sanitary Inspector. A McKenzie spray with a solution of Kerol is used.

Rooms.

Two methods of disinfection of rooms are generally in practice in the County districts, viz., by gaseous disinfectants or by liquid disinfectants. Advantages are claimed for each system, both being equally efficient if carried out thoroughly, but there is no doubt that the latter saves a considerable amount of time and inconvenience.

Bedding, Clothes, etc.

The unsatisfactory provision for the disinfection of these articles in the County shows no sign of improvement.

In a very few districts only has provision for steam disinfection been made. Some areas adjoining the County Borough of Newport contract for the work to be done by the Borough Authorities.

Apart from disinfection by steam, the prevailing course is to include the bedding and clothing in the room to be treated with gaseous disinfectant, and where this is not done—and instances are known—the articles are not disinfected. The idea that so-called disinfectant soaps are effective germicides is present in the minds of an actounding number of people. These preparations, which are in the main little more than deodorants, should on all occasions be discouraged as means for disinfection. Liquid disinfectants are distributed by many Local Authorities to households where infectious disease occurs.

TUBERCULOSIS.

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1912, during the period January 4th, 1925, to the 2nd January, 1926, with the number of Deaths notified by the Registrar General.

		* NEW C	CASES.				DEAT	HS.	
Age Periods.	Puli	nonary.	Non-P	ulmonary.	Age Periods.	Puli	nonary.	Non-Pul	monary
	Males.	Females.	Males.	Females.	N. D.	Males.	Females.	Males.	Males
0 1 5 10 15 20 25 35 45 55 65 and upwards.	34 32 22 11 3	2 8 10 30 31 64 21 5 4	5 9 13 11 8 5 8 1 2	1 5 10 13 5 5 11 5 4 	0 1 2 5 15 25 45 65 75	2 1 32 49 32 2 1 	 1 2 8 42 56 7 3 	2 7 10 7 5 4 	3 4 3 4 5 5 5
Totals	162	175	70	60		119	119	37	29

^{*} Including Primary notifications on Form "A" and any other new case coming to the knowledge of the Medical Officer of Health.

No. of N		ions on dical Ins		
	Puln	nonary	Non-Pu	lmonary
Age Periods.	Indiana de la companya del la companya de la compan	Females.		Females.
Under 5	1		3	
5-10	8	1	6	5
1,0-15	8	8	6	111
Totals	17	8	15	16

No	of N			s on		" C	,,
Pulmo	OSPITA nary. N Females	on-Pul		. Pulme		Non-Pul	
125	129	35	20	68	34	3	6

Cases of Tuberculosis notified under the Public Health (Tuberculosis)

Regulations, 1912, during the year ended December 31st, 1925

with reports upon Examinations of Sputa, etc., at the

County Laboratory.

	Cour	Ity In		-	-		DIOD		
		PULMO	DNARY		OTH	ER T.B.	DISE	ASES.	
DISTRICTS AND SUB-DISTRICTS.	Cases Notified		of Lab.	o Specimen submitted	Notified	Result	of Lab.	No Specimen submitted	Total.
	Cases	Pos.	Neg.	S oN sub	Cases	Pos.	Neg.	No S dus	
URBAN.									
Abercarn	Olas.						0910		
Cwmcarn	1	1		1					1
Abercarn					1			1	1
Aberbeeg	1			1					1
Newbridge	4		2	2					4
Kendon	1		1						4
Llanhilleth	1			1					1
Abergavenny			100						
Abergavenny Abersychan	5			5					5
Pontnewynydd	6	11	2	3					. 6
* Garndiffaith	3	1	2		2		1	1	5
Talywain	1	1			3		1	2	4
Wainfelin	1	1							1
Abersychan	3	2	1						3
Abertillery									
Crumlin (part)	1			1	2			2	3
Llanhilleth	6	2	1	3	3			3	9
Abertillery	22	11	7	4	12	1	2	9	34
Six Bells Aberbeeg	3			3	1			1	4
Blaenau Gwent	6	2		4					6
Cwmtillery	1				1			1	1
Bedwas & Machen	1		1						1
Trethomas	11	3	4	4			to to a		11
Roduras	6	1	1	4					11
Machen	2	1000	1	1					6
Maesycwmmer	2		1	i	ï		***	1	2 3
Bedwellty	-		1	-	-		***	1	9
New Tredegar	7	5	1	1	1			1	8
Blackwood	6	3	î		2			2	8
Argoed	3	11		2					3
Cefn Forest	5		2	223					8 3 5 3 4
Fleur-de-lis	3		1	2					3
Aberbargoed	3	3			1			1	4
Hollybush	1			1					î
Markham	1			1					1
Blaenavon	10								
Blaenavon	13		1	12	5			5	18
Caerleon	1	1	1	1-50		1919	1	17.39	
Caerreon;	1	1							1

		ORTH		PULMO	DNARY			R T.B.	DISE		
DISTRICTS A	AND TS.	ASSESSED NO.	s Notified	Result		fo Specimen submitted	Notified		of Lab.	pecimen	Total.
The state of the			Cases	Pos.	Neg.	No S que	Cases]	Pos.	Neg.	ASES. AS	
Chepstow				13 13							
Chepstow			4			4	1			1	5
Ebbw Vale					1						10.34
Cwm			15	3	3	9	7	1			22
Ebbw Vale		•••	45	9	24	12	20		7	13	65
Beaufort			9	1	2	6	2 2			2	11
Waunllwyd			3	1	1	1	2	***		2	5
Victoria			3		1	2			***		3
Llanfrechfa Upper			1	1			1 7			RITT	1
Pontnewydd Llantarnam.			1			1				***	1
			0	1	1	1	1	1	91165	1	4
Cwmbran			3	1	1	1	1			1	4
Monmouth			4	2	1 3	2			De la	1000	4
Monmouth Mynyddislwyn.			4	2		2				244	-
				1 3	Marie State	1 1950	1	1000	A STATE OF	1	1
Oakdale . Pontllanfraith			2			2	1 1		****		3
Nantyglo & Blaina			~			~	1		****	+	1
			9	1	1	7	7	1		7	16
Nantyglo Blaina			7		3	4				13500	7
Panteg.				1	0	1					
Griffithstown			1	1		1					1
Pontymoile			î	i						1000]
Pontypool			1	1			1		1		
Pontypool			3	1		2		1			5
Rhymney			1	1				1	100000	100	
Rhymney		***	7	1	2	4	8	1		8	18
Abertysswg			7	2	2	4 4	1			1	1 8
Rhymney Br	idge		i	1		1					1
Risca Di	a B	1.11	10			113	1	1	E TEN		100
Pontywain			3		1	2					000
Risca			3 4	1		2 3	1				1
Crosskeys			8	1	1	6	6		2	4	14
Tredegar			1	1	1 3	133	13		1000		1
Tredegar			34	9	10	15	24	2	9		58
Sirhowy	-		8	3	4	1	3			3	1
Dukestown			2		1	1					1
Scwrfa			1	1	1		1		1	***	24.04.4
Trevil			4		1	3	1				1
Troedrhiwgw	air		3	1	3		1	1	1		1 4
Usk.	-		1500	1	198			1	Page 1	The state of	1
Usk	11.		1	1	1	1					1

-				PULM	ONAR	Y.	ОТН	ER T.B	. DISI	EASES.	
DISTRICTS A	DISTRICTS AND SUB-DISTRICTS.		ss Notified		t of Lal		s Notified		t of Lal		Total.
11 20 10 10			Cases	Pos	Neg.	No	Cases	Pos	Neg.	ov.	
RURAL.								la n	300	18	
Abergavenny			1000	1000	160		1000	100		1	
Llanwenarth	Citra *		1	1		1	1	1	1	1	1
Govilon							1			1	1
Abergavenny					1979		1		1	1	1
Llanvapley			1	1		1	1		1		11
Llanvetherine							1			1	1
Llangattock-n	igh-Us	k	1			1				\	1
Bettws Newyd							1			1	1
Chepstow							1000				
Sudbrook.			1			1	1				1
Bulwark							1			1	1
Llandogo			1			1					1
Magor.						1117			18		
Christchurch			1			1					1
Monmouth							100		198		The same
Penyclawd			1	1							1
Nortons Cross			1			1					1
Grosmont			1			1					1 2
Trelleck	***						2			2	2
Pontypool											
St. Mellons									No. 1	F12019	The same of
Malpas			1			1					1
Marshfield			2		1	1					2
Rumney			1			1					1
Coedkernew			1			1					1
Rogerstone			1	1							1
Total			337	77	92	168	130	4	24	102	467

During the year 337 cases of Pulmonary Tuberculosis were notified, and 238 deaths were registered. Of other forms of Tuberculosis, 130 cases were notified and 66 deaths registered.

Tubercular Diseases.—Notification rate per 1,000 of population:-Pulmonary Tuberculosis:-1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 2:45 2:3 2:47 2:26 1:9 1.27 .78 .86 1.05 1.18 .93 .90 Other forms of Tuberculosis:-65 .68 .65 ·37 ·27 ·21 .21 .48 .34 .51 .29 .35

Tubercular Diseases.—Death Rate per 1,000 of population:—

Pulmonary Tuberculosis:-

1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 6 '80 '94 .82 .96 .77 .68 .69 .65 .68 .63

Other forms of Tuberculosis:-

.28 .26 .27 .27 .21 .19 .18 .21 .2 .18

It will be observed that the pulmonary notification rate for 1925 is below the average for the past five years, and that the rates for this period are much below those for the years 1914—1919. The non-pulmonary rate for 1925 is above the average for the past five years, but is lower than the rates for the earlier years.

Tuberculosis is a disease which generally extends over a period of years, so that in 1914, and the years immediately following, notifications were received of chronic and long-standing cases as well as the new cases coming to the knowledge of the practitioners of the County. It can now be surmised that the old cases have been detected, and that the great majority of the cases notified in recent years are new cases only.

The notification of the disease is still anything but satisfactory, and much difficulty arises in the compilation of any comparative statistics. Some District Medical Officers of Health do not render their weekly notification forms to the County Office as regularly as they should do.

The following table is given for the purpose of comparing the County notification rates on the preceding page with those of England and Wales for a series of years. The rates are per 1,000 of population:-

SYSTEM. TUBERCULOSIS OF RESPIRATORY

Land Lotte	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
England and Wales Wales (including Monmouth)	2·07	2·10	2·18	2·17	1·81	1·65	1·57	1·47	1·49	1·47
	1·70	1·74	1·57	1·57	1·26	1·10	1·09	1·27	1·30	1·22

TUBERCULOSIS. OTHER

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
England and Wales Wales (including Monmouth)	0·65	0·69	0·66	0·58	0·47	0·42	0·42	0·43	0·48	0·48
	0·46	0·52	0·44	0·43	0·33	0·33	0·28	0·38	0·43	0·42

Only one District Medical Officer has specified in his Annual Report the ratio of non-notified tuberculosis deaths to total tuberculosis deaths—Abertillery Urban District, where 35 per cent. of the persons dying from the disease were not notified.

It does not appear from the Annual Reports received at the time of writing this Report that it has been found necessary to take any action in the Administrative County under the Public Health (Prevention of Tuberculosis) Regulations, 1925, which were made with a view to preventing a person suffering from tuberculosis being engaged in an occupation involving the handling by him of milk.

Neither was there any action taken by District Councils under the Public Health Act, 1925, Section 22, in regard to application for an order for compulsory removal of tuberculosis cases to hospital.

Mention must be made here of the steps which are being taken by the County Council to provide a tubercle-free milk. Samples are taken from milk-sellers in each district of the County and examined at the County Laboratory. Suitable action is taken in regard to the specimens which show the presence of tubercle bacilli.

Tuberculosis Scheme.

The Monmouthshire County Council, as the Statutory Authority for dealing with the Prevention of and the Treatment of cases of Tuberculosis within the Administrative County, contracts from time to time with the Welsh National Memorial Association for the treatment of cases of Tuberculosis coming under their purview, reserving to themselves their full statutory rights of administration and, when necessary, the exercise of any of its powers and duties relating to Tuberculosis.

The County Council has appointed the County Medical Officer as the Chief Administrative Officer for Tuberculosis.

- 1.—The following is a summary of the arrangements entered into with the Memorial Association:—
- (á) The Association provides dispensary treatment, including extra nourishment (where deemed necessary by the Association) at its Dispensaries and Visiting Stations, which are available for all persons resident in the Administrative County who are suffering from Tuberculosis.
- (b) The Association provides for all Tuberculous patients resident in the Administrative County recommended by the Association's Tuberculosis Physicians or Surgeons within the limits of the accommodation and facilities provided in one or other of its Sanatoria or Hospitals.

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

2.—List of Dispensaries and Visiting Stations.

East Monmouthshire Area.

Newport Pontypool	 4 Palmyra Place Park Buildings	Saturdays: 10 a.m. Tuesdays 10.30 a.m. 2.0 p.m. Thursdays 10.30 a.m.
Abergavenny Chepstow	Y.M.C.A. Buildings Tygastroggy, Moor Street	Thursdays 2.30 p.m. Fridays 2.30 p.m.
Monmouth	 St. John's Parish Room	1st and 3rd Fridays

West Monmouthshire Area.

Newport		4 Palmyra Place	
Newport	The state of	* * * * * * * * * * * * * * * * * * *	international part in the
Abertillery		Waverley Hotel	Every Wednesday at . 11 a.m.
Blaina		Council Buildings	1st and 3rd Wednesdays in the month, at 10.30 a.m.
Ebbw Vale		Central Surgery	Every Tuesday at 11.30 a.m.
Newbridge	V	30 Alexandra Place	Every Friday at 10.30 a.m.
New Tredegar		Workmen's Hall	1st and 3rd Monday in the month at 11 a.m.
Pengam		Post Office	Every Monday at 10.30 a.m.
Rhymney	1	Central Surgery	2nd Monday in the month at 12.30 p.m.
Risca		Public Hall	2nd and 4th Friday in the month at 9.30 a.m.
Tredegar		Central Surgery	Every Thursday at 12 noon.
Trethomas (Thomastown)		Dr. Barnard's Surgery	4th Monday in the month at 1 p.m.

The following are the Officers of the Association in the County:-

West Monmouthshire Area.

East Monmouthshire Area.

Dr. J. W. Hyde. Dr. J. L. Thomas. Dr. A. Carveth Johnson. Dr. R. J. Matthews.

Tuberculosis Sister:-Miss E. Williams.

3.—There is no residential institution in the area exclusively available for patients resident in the County, but Cefn Mably Hospital, on the borders of Monmouthshire and Glamorganshire at St. Mellons, was gifted by the Rt. Hon. Lord Tredegar for the services of Monmouthshire patients primarily, in consequence of the failure to provide a County Tuberculosis Hospital at Pontypool Road. The following is a list of the residential institutions owned or controlled by the Welsh National Memorial Association, all of which are available for the treatment of patients from this area:—

	No.	of Beds.		
INSTITUTION.	Pulm.	Non-Pulm.	Total.	Cases Treated.
Sanatoria.		Milet Triggi	100.00	ed with any min thought
The South Wales Sanatorium, Talgarth The North Wales Sanatorium,		and the second	304	Male pats., Pulm.;
Llangwyfan	92	142	234	Fem. do. Surg. T.B. in men,
The West Wales Sanatorium, Llanybyther The Penhesgyn Open-Air Home,	58		58	women and children. Female children and
Menai Bridge	16	7 -	16	women, Pulm. Female Children, Pulm.
Glan Ely Hospital, Fairwater, Cardiff	92	92	184	Men, women and children, Pulm. and
Cefn Mably Hospital, St. Mellons	110	_	110	Surg.
Pontsarn Hospital, Merthyr Tydfil	38		38	
Cymla Hospital, Neath	46	male mad	46	A STATE OF THE STA
Tregaron Hospital, Tregaron	32		32	
Meadowslea Hospital, Penyffordd	54	The state of the s	54	
Brynseiont Hospital, Carnarvon	38	Faring (Male and Female Pulmonary cases.
Llangefni Hospital, Llangefni	22	THE REAL PROPERTY.	38	l line and the second
Adelina Patti Hospital, Craig-y-nos			22	
Sealyham Hospital, Wolfs Castle	30		104	
Machynlleth Hospital, Machynlleth	20	Shreptai b	30	THE STREET
Kensington Hospital St. Bridge	30	100	30	the section of the section.
Mardy Hospital, Merthyr Tydel	90	100	100	Surgical cases in children.
James Liebnig Lydin	28		28	
	1094	334	1428	

- 4.—In the case of patients living in overcrowded or otherwise unsuitable dwellings, the local Medical Officer of Health is communicated with.
- 5.—Appointments are made and examinations conducted at the Visiting Stations in the case of doubtful diagnosis, and these patients are kept under observation until the diagnosis is made. Any patient unable to leave home is seen by appointment, and a report sent to the General Practitioner concerned. Provision has been made at Cefn Mably Hospital, St. Mellons, for the X-Ray examination of doubtful cases.
- 6.—When an infectious case is under observation, all the members of the family and any other contacts are requested to attend for examination.
- 7.—There is a Tuberculosis Committee of the County Council specially appointed to deal with Tuberculosis.
- 8. In addition to the Tuberculosis Sister, the Welsh National Memorial Association has entered into arrangements with the County Nursing Association whereby the District Nurses are available under the direction of the Tuberculosis Physician for the home nursing of tuberculous patients, and where this arrangement does not obtain, the services of the County Health Visitors are available through the co-ordinated scheme of the County Council.
- 9. The Welsh National Memorial Association has three Institutions particularly for the treatment of Tuberculosis of bones and joints in adults and children, viz., at—

The Llangwyfan Sanatorium, near Denbigh, North Wales.

The Glan Ely Hospital, near Cardiff.

The Kensington Hospital, St. Brides, Pembrokeshire.

Particulars of these Institutions are included in (3) above.

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

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

- 10. Care and After-Care Committees have been appointed in each District of the Area, but their activities are at present limited by the absence of funds.
 - 11. There is no local arrangement for finding employment for patients.
- 12. A certain number of shelters are available on the recommendation of the Tuberculosis Physician. The main principle governing their issue is that there must be evidence of overcrowding, and that the patient for whom the shelter is recommended is not able to have a bedroom to himself.
- 13. Ninety per cent. of the workmen in the West Monmouthshire Area are employed in or about Coal Mines, the remainder finding employment in Steel Works (Ebbw Vale, Tredegar, Pontymister and Rogerstone) and Tin works at Abertillery and Abercarn. The incidence of Tuberculosis is not specially influenced by occupation in this Area.

The Eastern Valley is the most densely populated part of the East Monmouthshire Area. It has coal mines, and iron, steel, and tinplate works. The remainder of the area is chiefly agricultural.

14. The Welsh National Memorial Association has in existence an Educational Campaign which is conducted under the direction of Dr. R. Owen Morris, Superintendent of Education, assisted by two Lecturers. This Campaign is carried on chiefly by means of addresses to school children of the higher standards and also by means of a travelling exhibition. This special staff operate through the Departments of the Director of Education and the County Medical Officer.

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

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

15. Delay in coming up for examination and treatment is still too common in the case of Tuberculosis, but this is steadily becoming less marked in this Area.

Owing to shortage of cottages in this rapidly growing Area the isolation of infectious cases in the home is often very difficult and in most cases impossible.

The reports of the Tuberculosis Physicians of the Welsh National Memorial Association for the year ended March 31st, 1926, are as follows:—

Drs. J. L. THOMAS and J. W. DAVIS HYDE (West Monmouthshire Area).

The statistics for the past year are as follows:-

Number of new cases examined Number found to be tubercu		 1,351 259
Pulmonary Non-Pulmonary	 	 179 80
Number of cases sent to Hos Number of Cases sent to Sana		 283 66

The percentage of positive cases was 19·16, which must be considered as very low in comparison with that of past years, and a justification of this low percentage rate is that it implies an endeavour to get at early cases of infection. This is certainly erring on the right side.

The following figures resulting from the examination of 1,000 Von Pirquet tests are also evidence in the same direction:—

Positive Negative	 0—1 1 6	1—3 9 21	3—5 10 20	5—7 24 40	7—10 24 37	10—15 54 68	15—20 32 33	$20-25 \\ 44 \\ 18$	$25_45 \\ 108 \\ 44$	45 & upwards 20 12	Total. 329 299
riegaria	7	30	30	64	61	122	65	62	152	32	628

As will be seen, the results of over one-third of the 1,000 are not recorded, for they were not forthcoming, the reason probably being, in most cases, that the result was negative.

As in past years, one is bound to refer to the large number of deaths due to tuberculosis recorded in the Monthly Returns supplied by the Registrar General, which have not been seen by us. Evidently the notification of this disease is not always considered to be compulsory, for we have examined and treated all the cases whose notification came on to us. As the number of deaths from pulmonary tuberculosis in persons over 21 years of age and not coming under our notice was 45, there resulted a considerable opportunity of familial infection which we had not the chance of lessening by admitting the patients into Hospital or Sanatorium.

During the year a large proportion of the children sent to us with chest signs and symptons have been found to be the subjects of cardiac rather than pulmonary disease, and many of these give a history of growing pains and such evidence of sub-acute rheumatism.

In many cases a pronounced history of familial rheumatism, acute or chronic, could be elicited.

Among the children of various ages sent to us there have been several cases showing evidence that encephalitis lethargica has been the cause of the sequelæ displayed, and the psychial effects have been often more distressing than the physical. These cases present a difficult problem for the County Health Authority, which has yet not been able to provide Institutions for the necessary segregations and treatment of mentally-defective children.

Treatment of Tuberculosis.—Excepting cases of surgical tuberculosis, who have still too often to wait long periods for beds, there has been, since the opening of Cefn Mably Hospital, very little delay in getting Institutional treatment for our patients. This Hospital with its very efficient X-Ray apparatus, has indeed been a great comfort to all concerned; and its usefulness would be further increased if there were a provision of at least twenty beds for surgical cases requiring only a short stay in Hospital, as, for instance, the treatment of acute cervical adenitis and the fitting of plaster casts in cases urgently requiring them.

As regards special treatment of the disease, one cannot, unfortunately, say that, so far, any specific form of treatment has been forthcoming which warrants hopes of certain success.

Up to the present the hygienic and disciplinary life at our Institutions has been the main cause of the improvement of the patient's health. But we continue to hope that patient and continuous research will yet provide some specific remedy. Meanwhile our most important duty is to stress the preventive side of our campaign against tuberculosis.

Careful regular living in clean well-ventilated homes is the standard to be striven for, and one cannot doubt that if, in the new villages which are springing up in our area, cleanliness and right living were conditions of tenancy in the new cottages, better general health would result and the incidence of tuberculosis be lessened.

In their propaganda of the social campaign against tuberculosis, the French have a picture of the badly-lit and ill-ventilated cabaret or drinking den, where the frequenters and pot-men—and even the dogs licking up the spit on the floor—become infected by this disease.

The endeavour to lead a cleaner life must be in the end rewarded; and we must not forget that the earnest making of a difficult journey is often more important in its effects than the arrival at the end of it.

As regard the children—the hope of the nation—their school life should also be rendered safer by the provision of more open-air teaching facilities, and much good would result in prohibiting their attendance at night in the picture houses. Special sessions should be arranged for them in the afternoon, and only after a through ventilation of these buildings, which, as a rule, are designed and arranged so that the beneficial sunshine cannot enter.

The County Health Authority spares no effort in safeguarding the health of the children of all ages, and we have once more to declare the close liaison which exists between the School Medical Officers and ourselves.

During the past year there has been an increasing number of inquiries by miner patients as to the part played in their chest trouble by the stone-dusting of the mines for safety purposes, and by the inhalation of the dust produced by drills in hard-ground work.

A fairly extensive experience in colliery practice, with that added by twelve years' work in this area, has enabled one to form the following opinions:—

- 1. That a previous respiratory disability such as the emphysema resulting from the very common liability to bronchitis and broncho-pneumonia renders a miner more liable to the effects of stone-dusting by causing a loss of elasticity of the lung tissue and destruction of the cilia-lining of the air-tubes.
- 2. That a miner with a liability to tuberculosis is more subject to the effects of dust.
- 3. That obstruction in the upper air-passages is a distinct disability in the same direction.

Resulting from the above considerations, the following suggestions for avoidance of trouble due to various forms of dust may be put forth:—

- 1. Ventilation should be as thorough as possible; for miners' phthisis in naked light days was due to want of air rather than the presence of dust, the superficial seams of coal then worked being usually wet rather than dry.
- 2. Not much protection is to be expected from the use of masks, for stone dust can be shaken through the finest linen.
- 3. To blow away the dust formed by boring machines is more likely to be beneficial than the more difficult moistening.
- 4. No mouth-breather, because of the obstruction of his nose, is safe from dust trouble. Pit horses do not often suffer, because they have a proficient nasal airway and filter. The lungs of horses supposed to have died from chest trouble have been found, on examination, to be free from dust infiltration.

5. No miner, the subject of bronchial-emphysema or a liability to pulmonary tuberculosis, should be allowed to work with a boring machine.

In short, a relatively benign Anthracosis should not be allowed to develop into a pathological Pneumonokoniosis or silicosis.

For another year we have had the faithful and tireless help of Dr. Hyde in the working of the area, and he has amply deserved the promotion to the Senior Staff. In addition to a full share of the ordinary duties, he has, during the last months, spent many extra hours in preparing the Register of Patients required by the Ministry of Health. To examine and classify the records of more than 14,000 patients has been a very heavy task, to which he has applied himself with unlimited assiduity.

As in former years, we have had the conscientious and intelligent help of Miss Elizabeth Williams, as the Tuberculosis Sister, and as and when required we have had the ready services of the County Health Visitors. One of these nurses was always at our disposal on those days of the week when there was a Clinic at two Visiting Stations.

The clerical work of the area has again been well and faithfully discharged by Miss Clarice Richards.

As in former years, our working relationship with the County Health Authority has been of a very cordial nature, and this has been a great aid in the campaign against tuberculosis in this busy area.

One cannot conclude without bearing witness to the irreparable loss the Association sustained by the death of Sir David Evans. He will be greatly missed by us all, who depended so much on his always kind and most skilful advice and support. During all the years he and, indeed, all the Head Office Staff have always readily given us their kind and courteous help, and we are very grateful.

Dr. A. CARVETH JOHNSON (East Monmouthshire).

Summary of Work.

(East Monmouthshire Area and Newport).

New cases examined Found to be suffering from		osis:—	 	1,168
T) 1				18·3% 8·2%
			310	26.5%

Admitted to hospital:—Pulmonary cases Non-pulmonary cases			191 34 —
Admitted to sanatorium			225 — 43
Attendances at Institute and Visiting Station the year Visits to patients' homes during the year	ns du	2000	4,742 352

The number of new cases examined again increased during the year, and on the whole the clinics are well attended. It is still evident from the death returns that many more patients should be referred, especially in the Monmouthshire part of the area, and there are facilities for dealing with much larger numbers.

It is perhaps as well to say once again that the Institute and Visiting Stations are chiefly centres for diagnosis and the recommendation of appropriate treatment. In only a small proportion of cases is actual treatment carried out by the Tuberculosis Officer.

Dr. L. R. Clark acted as assistant in the area until the end of August, and also did extremely useful work in developing the Surgical After-Care Scheme. Later, she was able to pay monthly visits to Newport to hold a Surgical Clinic, which has been very well attended. All the old surgical cases have been looked up, and cases, as they come out of Hospital, are supervised and splints fitted or altered. In addition, all new surgical cases have been fitted with splints or plaster, so that they shall not be allowed to get into a hopeless condition before admission to Hospital. Unfortunately, the delay before admission is sometimes a long one.

Were funds available, the provision of a Surgical Pavilion at Cefn Mably Hospital would be a very great help.

Sister Grey, one of the Orthopædic Nurses from the Glan Ely Hospital, has made frequent visits to the area, and also attends the clinics. Now Dr. Clark is no longer available, I sincerely hope that adequate arrangements will be made to continue this very important part of the work, and that a Surgical expert will be available for visiting the area.

Dr. Matthews returned from Talgarth Sanatorium in September and is now settled as Assistant in the Area.

Contacts.—Once more great efforts have been made to induce all contacts to tuberculous cases to attend for examination. All families are written to, and in Newport the Corporation Health Visitor also advises all contacts to attend when visiting the homes. The response in Newport is fair, but, at a moderate estimate, there must be at least three times as many contacts as actually attend.

In the Monmouthshire part of the area the attendance of contacts is very poor.

I regard this part of the work as of the greatest importance, but it is difficult to overcome the ignorance and general apathy of a large part of the population.

In Newport, another case occurred similar to the one reported last year. After one case had occurred in a family the others were advised to attend for examination, but repeatedly refused. Finally, another girl was brought along in a cab just a week before she died form tuberculosis.

After twelve years' work with the Association I am getting some insight into the views of patients, but I still cannot quite appreciate the view of the patients who consider that they are doing the Tuberculosis Officer and the whole Association a favour by attending for examination and later undergoing treatment. This is well illustrated by the following case:—A patient, after X-Ray examination, was written to and advised to go into Hospital. The letter received in reply included the following: "I am sure you will forgive me when I say I do not wish to go into Hospital . . . I am willing to go to any other inconvenience to oblige you."

Hospital.—Cefn Mably Hospital has been visited at least once a week, and it is very pleasant to note how well the patients get on there. In addition, for the second part of the year, Dr. Davies has done all the X-Ray work for the area, the photos taken being of an extraordinary high standard and have proved of very great assistance.

Cases Examined.

	Under		Diagnosed	T.B.		Under	Instituti	ional T	reatment	
	observa- tion	New		Non-	N.A.D.	observa-		Admitte	Admitted Hosp.	
	1st April 1925.	cases.	Pulm.	Pulm.		1st April 1926.	Admitt'd San.	Surg.	Pulm.	
Men	 . 5	133	43	12	77	4	8	5	38	
Women	 . 2	156	39	10	100	5	4	2	36	
Boys	 . 3	123	2	17	106	1	1			
Girls	 . 6	135	6	8	125	1	3	7	6	
Total	 . 16	547	90	47	408	11	15	14	80	

Compared with last year, there has been a slight increase in the total number of cases examined, but 12 fewer have been found to be suffering from pulmonary

tuberculosis. The surgical cases number the same as last year. Fewer cases have been admitted to Sanatorium but more to Hospital.

Contacts.

		Number	Diagnosed as T.B.				
		Examined.	Pulmonary.	Non-Pulmonary.			
Men	 	 16	0	1			
Women	 	 34	1	2			
Boys	 	 30	0	2			
Girls	 	 30	0	0			
Total	 	 110	1:	5			

Deaths.—There were 104 deaths in East Monmouthshire from tuberculosis during the year, compared with 111 the previous year and 127 the year before that, indicating a steady fall. Of the 104 who died, 61 patients had been seen by the Tuberculosis Officer. Of those not seen, 8 died in other hospitals or asylums and there were 4 cases of meningitis. There remain 31 cases who were not referred to the Tuberculosis Officer, and so were deprived of any opportunity of receiving treatment in the Association's Institutions. This can only be regarded as extremely unsatisfactory.

Epidemiological Classification.

Men.	1193	A			C.			Wom	en.	A			C.	1	
	natio						E IT Y	Special and Company	natio sificat						
T 1	A	B	C	A	В	C	Total	_	A	В	C	A	В	C	Total
II.	2 2	5	3	_	1	4	12	II.	2 3	1	3	1	2	2	12
III.	7	-	1	11	2	3	24	III.	14	1	-	7	1	-	23
Total	11	6	4	11	3	8	43	Total	19	3	3	8	3	3	39

The classification table indicates that, as far as extent of disease is concerned, only one patient in seven was in an early stage when first seen. The majority were advanced cases, whether from extent of disease or severity of disease.

61
Age Incidence of Pulmonary Cases.

Age Groups.	Males.	Females.	Age Groups.	Males.	Females.
Under 5	0	3	40—45	8	2
5—10	3	1	45—50	7	0
10—15	0	2	50—55	0	1
15—20	5	10	55—60	0	1
20—25	7	9	60—65	1	0
25—30	5	8	Over 65	1	1
30—35	4	4		-	-
35—40	4	3	Total	45	45

Here again the majority of cases in women occur between the ages of 15 and 30, and the incidence rapidly diminishes after this. For men, while there are many cases between 15 and 30, the incidence does not diminish but rises sharply between 40 and 50.

Notification of tuberculosis is still very poorly carried out, but close co-operation is maintained with the County Medical Officer and both School and Public Health Departments, also with the District Medical Officers. I should like to express my thanks to all of these and also to the General Practitioners in the area.

In conclusion, I should like to express my appreciation of the work done by Dr. Matthews, Assistant Medical Officer, Sister Davies, and Miss Steer, the Clerk of the Institute.

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, 1925.

Table I.-DIAGNOSIS.

Table showing the number of Persons Examined for Diagnostic Purposes.

		Under observation pending diagnosis on the 1st of	Number of new cases, including contacts, examined	TOTAL.	Number found to be s ing from Tubercule	lumber found to be suffer- ing from Tuberculosis.	Number with no	Number still under observation pend- ing diagnosis last
		Jan., 1925	the Year ended 31st Dec., 1925		Pulmonary.	Other than Pulmonary.	Tuberculosis,	ended 31st Dec., 1925.
Boys	 ***	187	509	969	21	34	426	175
Men	 :	113	439	552	86	288	271	122
Girls	 :	179	438	617	22	35	348	167
Women	 ::	152	438	590	113	27	258	135
Total	 :	631	1824	2455	254	124	1303	599

Table II.-ELEMENTARY SCHOOL CHILDREN.

Table showing the number of Children attending Public Elementary Schools, who were referred by the School Medical Officers for examination by the Tuberculosis Physicians, with the result of the Examination.

	1		63
Number still under observation pending diagnosis last day of Year ended	31st Dec., 1925	25 36	61
Number with no	Tuberculosis.	79	146
d to be suffer-	Other than Pulmonary.	2.4	9
Number found to be suffer- ing from Tuberculosis.	Pulmonary. Other than	က က	9
TOTAL.		109	219
Number of children referred for examin-	Year ended 31st Dec., 1925	90 85	175
Number under observation pend-	ing diagnosis 1st Jan., 1925	19 25	44
		Boys Girls	TOTAL

Analysis of the cases shown above as suffering from Tuberculosis.

		The same of the same of			-	1	1	1	1	1	-	-	
			Total Number	Age Under Groups 5	50 60	150	r- 5∞	826	9 10 10	1100	11 021	12 13	Over 13
Pulmonary	Boys	11	00	;:	:-	-:	-:	::	::	:-		::	::
Non-Pulmonary	Boys Girls	::	014	::	- ::	::	:-	::	:01	::	::	:-	
	TOTAL	:	12	:	2	1	2	:	2	1	63	1	-

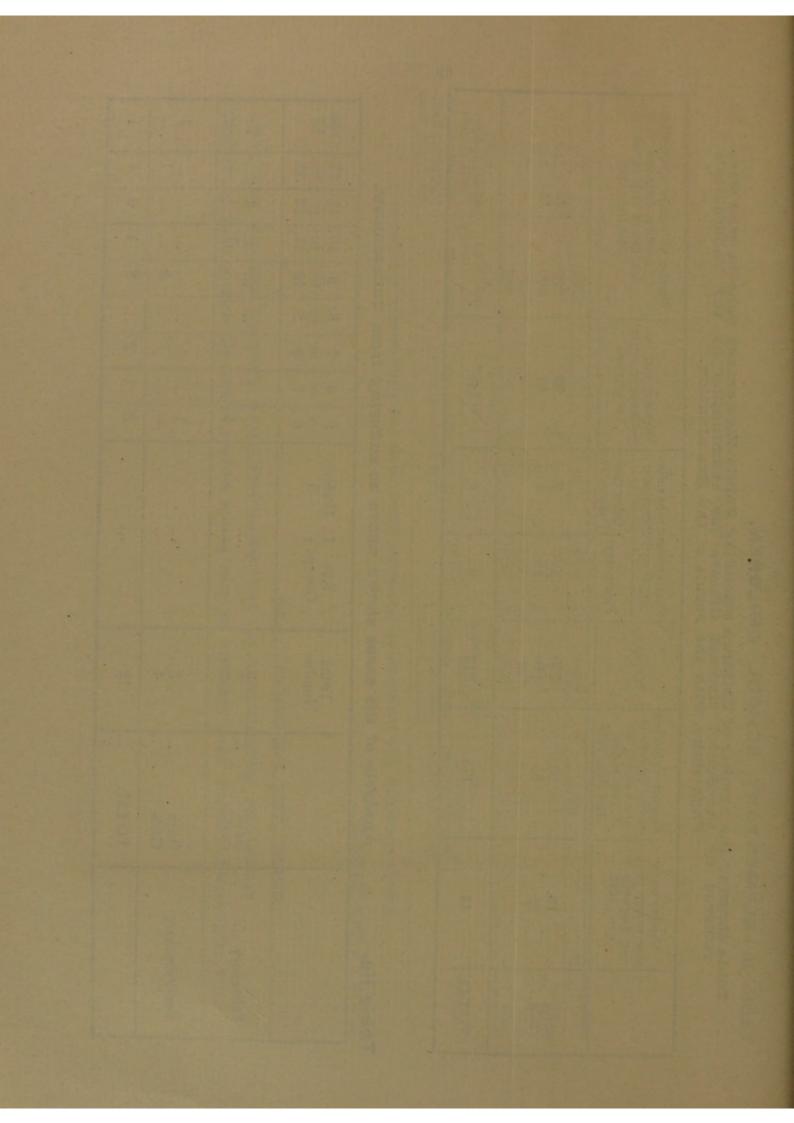


Table III.—SANATORIUM TREATMENT.

Table showing results of Sanatorium Treatment

				Number under Treatment. 1st Jan.,	Number admitted during the Year	TOTAL.	Number d fit for	lischarged work	Number Improved (Not fit for
				1925	ended 31 Dec., 1925		Pulm	onary	work).
				Pulmonary	Pulmonary	Pulmonary	Tubercle bacilli absent from sputum	Tubercle bacilli present in sputum	Pulmonary
	Boys Men Girls Women	***		5 22 3 11	21 42 11 20	26 64 14 31	9 15 6 14	10	3 1 3
Ī	Total		-	41	94	135	44	11	7

Table IV.-HOSPITAL TREATMENT.

Table showing results of Hospital Treatment

			Nun un Treat 1st d	der	Num admit during Ye	ted g the	то	TAL	Numb	er discharg for work	ged		ent to	Nun	nber
			Jan.,			ded c., 1925			Pulm	onary	ary				
			Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Tubercle bacilli absent from sputum	Tubercle bacilli present in sputum	Non-Pulmonary	Pulmonary	Nom- Pulmonary	Pulmonary	Non- Palmonary
Boys Men Girls Women	***	***	35	10 6 17 8	13 142 18 105	24 20 25 12	16 171 33 146	34 26 42 20	2 3		1 1 3	1 15 2 4		7 63 17 50	16 10 13 7
Tota	1	- 111	88	41	278	81	366	122	5	-	5	22		137	46

Patients Treated (Sanatorium and Hospital) at:

Glan Ely Hospital Pontsarn Hospital Mardy Hospital North Wales Sanatorium St. Bride's Hospital	 73 3 1 38 29	Talgarth Sanatorium West Wales ,, North Wales Surgical Block Adelina Patti Hospital	 86 9 13 2	Cwmla Hospital
				an an

of Pulmonary Cases.

mary		Number left	Number	Admitted for	Number	of Deaths.	Number still
Number Stationary	Number Worse	off treatment against advice	discharged for disobedience	observation and discharged as non- tuberculous	Certified as primarily due to tuberculosis	Certified as primarily due to causes other than tuberculosis	under treatmen last day of Year ended 31st Dec., 1925.
Pulmonary	Pulmonary	Pulmonary	Pulmonary	Pulmonary	Pulmonary	Pulmonary	Pulmonary
5		2 5		ï	3		9 17
1	1	1 2		1	i ·		3 7
7	2	10		2	4		36

of Pulmonary and Non-Pulmonary Cases.

	nary	Wester	2	mo.	against ce	discharged	e o o	for	as lous			Number	of Death:		Num	oer still
Name of the Contract of the Co		Managhan Mr.		Number left off	advice	Number disch	for disobedience	Admitted f	discharged as non-tuberculous	pri	mari	fied as ly due to culosis	primari causes o	fied as ly due to ther than culosis	last Yea	reatment day of rended c., 1925
Pulmonary	Non- Palmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary		Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
9 19 4 17	1 4 4	5 2 13		1 8 1 9	1 3	2		15	2 2		1 3 2 10	 1 1		î	4 29 5 30	16 8 21 6
42	9	20		19	4	3		24	4		6	2		1	68	51

Places of Residence of these Patients:-

		Places of Re	sidenc	o or ene			RURAL I	ISTRIC	TS-
URBAN DISTRI	CTS-						Abergavent		2
Abercarn Abergavenny Abersychan Abertillery Bedwas & Machen Bedweilty Blaenavon	32 14 26 100 24 86 12	Caerleon Chepstow Ebbw Vale Llanfrechfa Upper Llantarnam Monmouth Mynyddislwyn	15	Pontypool Raymney Risca	 	27 13 19 12 33 78 1	Chepstow .		9 5 11 678

Table V.-INSTITUTE TREATMENY.

Table showing Results of Institute Treatment of

1	trea!	er under tment lay of , 1925	durin Year	admitted ig the ended ec., 1925	то	TAL.	Number fit fo	discharged r work.	Nur	nber
	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
Boys Men Girls Women	45 303 71 233	133 90 139 74	13 68 17 50	23 17 19 19	58 371 88 283	156 107 158 93	9	1 5 	7 1 1	8 2 7 2
Total	652	436	148	78	800	514	14	12	9	19

Table VI.-HOME TREATMENT.

Table showing the results of treatment of Pulmonary and Non-Pulmonary cases, treated at

			Number under Treatment 1st day of Jan., 1925		Number admitted during the Year ended 31 Drc., 1925		TOTAL.		Number discharged fit for work		Number Improved	
			Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Nom- Pulmonary
Boys Men Girls Women			11 171 23 101	42 56 50 44	2 28 2 17	5 7 8 8	13 199 25 118	47 63 58 52		1		
Tota	1	-	206	192	49	28	355	220		2		

Pulmonary and Non-Pulmonary Cases.

Number Stationary				Number left					Number of	of Deaths		Number still under treatment	
			nber	off treatment against advice		Lost sight of or left area		Certified as primarily due to tuberculosis		Certified as primarily due to causes other than tuberculosis		last day of Year ended Dec. 31st, 1925	
Pulmonary	Non-	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonacy	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
2	3	2 18 2 12	3 5 4 3	2 1		8 3	8 1 5	1 64 9 55	1 3 2 7	3 1	1 1 3 1	49 312 69 241	141 92 139 76
3	5	34	15	3		11	14	129	13	4	6	671	448

home by the medical practitioner in consultation with Tuberculosis Physician.

	and the same of				ber left				Number o	Number still			
Number Stationary		Number Worse		off treatment against advice		Lost sight of or left area.		Certified as primarily due to Tuberculosis		Certified as primarily due to causes other than Tuberculosis		under treatment last day of Year ended 31st Dec., 1925	
Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary	Pulmonary	Non- Pulmonary
2	3 2	ï	1 1	ī 		7	1 1 1	1 43 5 30	3 3 2	1 1	i 	12 144 19 86	41 56 52 50
5	5	2	2	1		7	3	79	8	2	1	261	199

VENEREAL DISEASES.

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

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

Males.—Tuesdays at 4.30 p.m.

Wednesdays at 2 p.m.

Thursdays (old cases only) at 4 p.m.

Fridays at 6 p.m.

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

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

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

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

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

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

There is every indication that the scheme is sufficient to meet the needs of the County. The number of new cases seen at the Centre and the total attendances for the past five years are as follows:—

	New Case	es.	Diag		Total	Attenda	inces.	disch	arged af	of
М.	F.	Total.	Positive Cases.	suffering from V.D.	М.	F.	Total.	M.	F.	Total
379	120	499	467	32	4831	1707	6538	43	0	-
229	139	368	288	80	3651			000000000000000000000000000000000000000		52
239	133	372	281	91	3737	- diament	Carried to	TO LOCAL		75
273	164	437	300	137	3359	1				67
281	160	441	291	150	4256	2786	7042	113	83	244 196
	M. 379 229 239 273	M. F. 379 120 229 139 239 133 273 164	379 120 499 229 139 368 239 133 372 273 164 437	M. F. Total. Positive Cases. 379 120 499 467 229 139 368 288 239 133 372 281 273 164 437 300	M. F. Total. Positive Cases. Not suffering from V.D. 379 120 499 467 32 229 139 368 288 80 239 133 372 281 91 273 164 437 300 137	M. F. Total. Positive Cases. Not suffering from V.D. M. 379 120 499 467 32 4831 229 139 368 288 80 3651 239 133 372 281 91 3737 273 164 437 300 137 3359	M. F. Total. Positive Cases. Not suffering from V.D. M. F. 379 120 499 467 32 4831 1707 229 139 368 288 80 3651 2002 239 133 372 281 91 3737 2094 273 164 437 300 137 3359 2596	M. F. Total. Positive Cases. Not suffering from V.D. M. F. Total. 379 120 499 467 32 4831 1707 6538 229 139 368 288 80 3651 2002 5653 239 133 372 281 91 3737 2094 5831 273 164 437 300 137 3359 2596 5955 281 160 441 201 150 405 5955	New Cases. Diagnosis. Total Attendances. disch com tr M. F. Total. Positive Cases. suffering from V.D. M. F. Total. M. 379 120 499 467 32 4831 1707 6538 43 229 139 368 288 80 3651 2002 5653 64 239 133 372 281 91 3737 2094 5831 56 273 164 437 300 137 3359 2596 5955 133 281 160 441 201 150 495 a 272 a 286 5955 133	M. F. Total. Positive Cases. Not suffering from V.D. M. F. Total. M. F. Total. M. F. 379 120 499 467 32 4831 1707 6538 43 9 229 139 368 288 80 3651 2002 5653 64 11 239 133 372 281 91 3737 2094 5831 56 11 273 164 437 300 137 3359 2596 5955 133 111 281 160 441 291 150 4256 2796 5955 133 111

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

A.-Dr. P. C. P. Ingram.

There has again been an increase in the work done at the Clinic. Of persons attending for the first time, there is a small net increase, a decrease in the number of females being more than made up by a larger number of new cases among the males. The total attendances of all patients shows a considerable increase, particularly among the males, which for the first time have passed 4,000, and is largely due to improved attendance per patient, and is gratifying in showing that they appreciate what is being done for them and try to help in their cure. In the female department I am again much indebted to the Female Enquiry Officer for the way she has followed up the cases and assisted in their regular attendance.

It would not be fair I think, in spite of these figures, to consider that Veneral Disease in the County is on the increase. Though the number of medical men in practice in the County who are competent to, and do, treat the diseases is probably increasing, yet in an industrial neighbourhood such as is served by the Clinics the majority will avail themselves of the facilities offered there, and the size of the clinics give probably a fir idea of its incidence, and, as is seen, the increase in the work of the cross is due more to an an increase of attendances per patient than in actual new cases of the disease.

The drugs used as Salvarsan substitutes remain the same as last year. There is a considerable increase in the number of doses of Bismuth compounds,

the satisfactory results obtained from its use (it is generally used in conjunction with a Salvarsan substitute) having led to its substitution for Mercury.

125 more specimens were examined in the Laboratory—an increase corresponding pretty closely with the general increase in the work done.

B.-Dr. Mary H. M. Gordon.

I took over the care of the Female Treatment Centre on 29th September, 1925, and was in charge during the last three months of the year under review. The figure for the total attendances for the quarter in question when compared with the three previous quarters has been well maintained, and, if anything, is somewhat higher.

Similarly the figure for new patients is practically the same as during the previous nine months. There has been an increase in the number of patients suspected of suffering from Gonnorrhoea, and the evidence certainly does not point to a diminution in this disease.

There are still many patients who, after attending for a certain length of time, cease to attend before completing treatment. This number, it is observed, is fairly constant, and the Lady Enquiry Officer does not spare any pains in tracing the patients, and, when possible, persuading them to attend again.

It will be noticed that the number of female patients treated with Salvarsan substitutes is slightly less than during the previous six months, but it is doubtful at present whether this means a diminution in the incidence of Syphilis amongst the female population of the County.

Several different types of arsenical compounds were used in the treatment of Syphilis in conjunction with Mercury of Biereol, and no untoward effects were observed in any of the cases.

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

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

Number of visits paid in the Administrative County:

	1925	1924
To new cases which came to her knowledge and which had not undergone treatment	419	453
To old cases in which visits to the Treatment Centre had been discontinued before completion of treat-		400
ment, also to old cases still under treatment	1720	1782
To members of Voluntary Agencies, District		
Nurses, etc		404
To suspicious cases (under observation)	18	49
Total	2482	2688

Since her appointment in July, 1918, Nurse Walters has visited 2,746 new cases.

The medical practitioners of the County approve most cordially the scheme, 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 505 specimens were examined for private practitioners during the year 1925.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1925, are as follows:-1.—COUNTY LABORATORY, COUNTY HALL.

SPECIMENS EXAMINED.

										_			
AVL 00 10				The same of			1925		25 25		aima	1	1-1-1-1
5m 16 6	-	0	letection of chaetes.		detection of ococci.	Wasse	or ermann etion hilis).	Ot Examir	her -	тот	TAL.	GRAND TOTAL.	Previous Year (1924).
			Fe-		Fe-		Fe-		Fe-		Fe-		
From County of Monmouth	h_	Males	males	Males		Males		100000000000000000000000000000000000000	males	Males	males		1
Treatment Centre Practitioners		53	4	490 88		555 235	486 80	19 4	-	1117 329	781 176	1898 505	1779 375
From County Borough Newport-	of						1		ica i	Dept.			
Treatment Centre Practitioners		10	9	432 115		485 252	181 86	20 2	2 -	1051 381	280 151	1337 532	1375 352
From Other Districts— (All from Treatment	-	13/3			130						, , , ,		
Centre)		1	1	12/2			1319						
Glamorganshire Breconshire			-	7	-	8 3		-		17 3	1 3	18 6	21 11
Other Counties		1 1	_	1		1	-		_	2		2	9
Totals		183	13	1133	546	1539	837	45	2	2900	1398	4298	3922
							/						

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

			1925.	1924.
Novarsenobillon	'6 grm.	=	302	 226
,,	.45 ,,	=	39	 15
	3 ,,	-	62	 . 16
Galyl	4 ,,	-	_	 42
			403	 299

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

2.—TREATMENT CENTRE. (ROYAL GWENT HOSPITAL, NEWPORT).

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

		1925.			1924.		
man beautiful and resident the last	Males.	Females.	Total.	Males.	Females.	Total	
.—Number of persons deart with at or in connection with the Out-patient Clinic for the first time and found							
to be:— Suffering from syphilis ,, ,, soft chancre ,, gonorrhœa	79 8 130	39 1 34	118 9 164	59 26 128	$\frac{50}{37}$	109 26 168	
Not suffering from venereal disease	64	86	150	60	77	13	
Total	281	160	441	273	164	43	
-Number of persons discharged from the Out-patient Clinic after comple- tion of treatment for:-	a de					THE REAL PROPERTY.	
Syphilis Soft chancre Gonorrhœa	$\begin{array}{c} 4\\6\\36\end{array}$	$\frac{2}{9}$	6 6 45	16 10 34	$\frac{10}{7}$	20 10 41	
Not suffering from venereal disease	67	72	139	73	94	16	
Total	113	83	196	133	1111	24	
-Number of persons who ceased to attend the Out-patient Clinic with- out completing treatment, and who							
were suffering from:— Syphilis	87	78	165	80	64	14	
Gonorrhœa Not suffering from venereal	107	40	147	18 99	• 37	13	
disease	-	-			_	-	
Total	198	118	316	197	101	29	
-Total attendances of all persons at the Out-patient Clinic who were:-						1	
Suffering from syphilis	1958	2021	3979	1547	2068	361	
,, ,, soft chancre	51 2043	476	53 2518	138 1496	418	13 191	
Not found to be suffering from venereal disease	205	287	492	178	110	28	
'L'otal	4256	2786	7042	3359	2596	595	

Photo SEC. No. and all Landson	1	- Colon	1925.	1000	1924.			
	1	Males.	Females.	Total.	Males.	Females.	Total.	
5.—Aggregate number of "In-patie days" of treatment given to pe	nt er-			o Tag	THE REAL PROPERTY.	72 50	of Gibls	
sons suffering from:-			1	215	100	000	400	
Syphilis		212	133	345	199	283	482	
Gonorrhœa		198	291	489 21	278 34	416	694	
Soft Chancre		21		21	94		94	
Total		431	424	855	511	699	1210	
6.—Number of persons treated wit	h	990	209	448	208	917	405	
Salvarsan substitutes	***	239	209	440	200	217	425	
7.—Number of doses of Salvarsan su	b-							
stitutes given:—				NAME OF	TO STATE OF THE PARTY OF THE PA			
Name of Drugs—Novarsenobillon Silversalvarsan				HPG (S)				
Stabilarsan Stabilarsan	I P							
Sulfarsenal	129							
Jane 01			Bon London			To Marie		
3 OF			55			66		
Jone 1			92			92		
doso .15			19			13		
does .18			46			6		
dose ·2			115			214		
dose '3			214	13.5		432		
			61	- 77		7		
				FX 35		1		
			453	SHIP I		542		
			001	STEERS		-		
dose ·6			601	Barren		357		
Name of Drug—Biereol			TO SERVICE	1.35		3		
doso los			292	San San		149		
done 5ee			130	17.03		142 49		
m-1-1			2078					
	1.	Malas		mar I	-	1923		
8.—Examinations of Pathological material:—	1	Males.	Females.	Total.				
Specimens from persons attendir	ıg			CONTRACT OF				
at the Treatment Centre which we								
sent for examination to an ind	6-							
For detection of spirochaetes		53	4	57		73		
monogoni.		490	291	781		702		
For Wassermann reaction		555	486	1041		981		
Others		19		19		23		
Lotal]	1117	781	1894		1779		

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

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

Their reports are as follows :-

A.-Dr. W. J. Roche.

"This is the third year that I have lectured on Venereal Diseases in Monmouthshire, and I am pleased to say that the lectures are a greater success each year.

The average attendance at the lectures was very much higher than last year. Abertillery headed the list with an attendance of 300; the average attendance at the lectures was about 100 people.

It was pleasing to note that this year the number of young men present was well in advance of previous years, and the interest they took in the lectures was proved by their intelligent questions at the conclusion of the address.

There were altogether eleven lectures—very few considering the population of the County. I understand that, when application has been made in one or two districts for the help of local gentlemen to arrange lectures, it has been stated that there was no need for such lectures in the district. Surely this is a futile argument, as Venereal Disease is increasing every year in the County, and many a young man has avoided this terrible scourge by the knowledge which he has received at the lectures, and many a father as a result of this knowledge has been able to educate his boys and girls, so that they may avoid the pitfalls which spell ruin for many a young man and woman.

It is to be hoped that next session those who have power will give every help to organise these lectures, which I am convinced do a great amount of good.

The ignorance of the general public concerning Venereal Disease is appalling, and many Chairmen have remarked that numbers of my statements have surprised them. I feel certain that the audiences which I have addressed are no longer ignorant of the gruesome facts of Venereal Diseases.

Besides lecturing, I distribute on every occasion interesting and simple booklets and pamphlets on Venereal Disease, and I suggest to the men who

take them that they should read them themselves and afterwards pass them on to others for perusal.

On many occasions Chairmen and proposers of votes of thanks not alone thanked me for my lecture, but wished me to congratulate Dr. Rocyn Jones and the members of the Council for instituting a campaign which they were convinced was doing much good in diminishing this terrible scourge."

B.-Dr. Laura Rees.

"The subject of Venereal Diseases was dealt with in a popular way at thirteen centres—Abersychan, Blaenavon, Blackwood, Cwmfelinfach, Cwmtillery, Caldicot, Ebbw Vale, Fleur-de-Lys, Garndiffaith, Griffithstown, Pontlanfraith, Argoed, and Llanhilleth.

The lectures were well advertised beforehand, and very great credit is due to the ladies who organised the meetings at each centre.

The average attendance was somewhere between 50 and 60 per lecture, in spite of very unfavourable weather on several occasions.

One of the Secretaries wrote me beforehand enquiring whether the lecture would be suitable for girls and young women of the "Evening Continuation Classes," and on my agreeing to make it so, the whole classes (aged 15—18 years) attended.

These young women appeared to appreciate the subject quite as much as the older ones, and I heard afterwards that some of their parents present were very grateful for this arrangement by which their daughters received enlightenment which the parents found difficult to give.

In other Centres, discussions following the lectures showed a desire among social workers and parents for the further spread of knowledge, particularly to young people.

On the whole, questions were few, and sometimes there was a tendency to wander into irrelevant questions.

Comments were made on compulsory notification and on the eugenic laws of the Northern Countries, which demand medical certificates before marriage.

A few women approached me with more private or personal questions at the close of the meeting, but in only one case was I asked for practical information for a definite case to attend a V.D. Clinic.

One often felt that little immediate good could follow these lectures but that considerable ultimate benefit would be effected by the spread of information which should warn women of the dangers surrounding them, and so pave the way for the prevention of these pestilential diseases."

MATERNITY AND CHILD WELFARE.

This work is fully dealt with in the special report published on 10th June, 1926.

BLIND PERSONS ACT, 1920.

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

A register is kept of the blind persons in the Administrative County, and at the 31st March, 1926, there were 380 blind persons on the register. All of them have been visited by one of the Assistant Medical Officers for the purpose of obtaining a complete record and classification as required by the Ministry of Health-

The return shows that there were 227 males and 153 females who are blind within the meaning of the Act. In age periods they are as follows:—

0-5	5—16	16-21	21—30	30—40	4050	50—60	60—70	70 & Upwards.
5	27	19	11	26	44	56	96	96

The following table shows the age periods in which blindness commenced:

0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70 & upwards	Unknown
51'	15	18	27	18	38	54	48	-61	39	11

Of the total of 380, and excluding those 16 years of age and under, 41 persons were employed; 17 trained, but unemployed; 19 under training; 25 had received no training but were trainable; and 246 were unemployable. Several cases suitable for training have been referred to the County Higher Education Committee and arrangements made for their training at Institutions.

Cases of necessity amongst blind persons of the County are considered by the County Committee, and grants were made during the financial year 1925-26 to 65 persons, the total amount of the grant being £919 11s. 0d.

PUBLIC HEALTH LABORATORY.

Facilities are offered to all Medical Practitioners in the Administrative County for bacteriological examinations, and the services of the Pathologist and Bacteriologist are available for any other assistance which may be required in the diagnosis of cases of disease. The following table shows the number of specimens examined during the year and also in the previous year. 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:—

The second sections		No. Ex	amined.	No. Po	sitive.	No. Ne	gative.
Nature of Specimen.		1924	1925	1924	1925	1924	1925
Con a company of the control of the	NO.				ADDER SO	TO THE P	Street,
Wasserman Test for Syphilis		2151	. 2376	796	1091	1355	1285
Smears and Urines for Gonococcus		1533	1679	303	309	1230	1370
Serum for Spironema Pallidum		202	197	58	75	144	122
Sputa for Tuberculosis, etc.—		~0~	10,			ATT.	122
For Tuberculosis Physicians		2286	1895	422	337	1864	1558
County Cases		372	499	58	66	314	433
Concentration Methods		71	52	_ i		014	665
Mixed Infections		50	81		1		Terminal I
Throat Swabs for Diphtheria		4878	6463	177	377	4701	6086
Widals		52	101	10	29	42	
Hairs for Ringworm	1668	88	95	39 1	46	49	72 49
Blood Films and Counts	•••	70	77	- 1	40	49	49
Automaina		10	2	100000000000000000000000000000000000000	10000	The state of	
Tissues for Section	***	205	182			-	-
Urines for Chemical Examination		295			1 10 2 301	Charles and	The same
Pus	***		350	a nors	O STO	1000000	212 TH
Effusions		108	133	THE STREET	200 1000	0-10-17	South
Vaccines		20 126	22	F VITTO			- T
Waters		28	118		-	-	-
Milks			35	-			NAME OF THE OWNER OWNER OF THE OWNER
***		209	354	-	-	-	-
Cerebro-Spinal Fluids		414	54	A DOTTO	at a first	Control of the last	100
Miscellaneous		414	440	-1	-		-
Total	1000	13,159	15,205		0. 2.134	-	
10tai	•••	10,100	10,000		-	-	-

vd The County Pathologist reports that:-

The total number of specimens examined in the County Laboratory during the year 1925 shows an increase of 2,046, as compared with the year 1924, this increase being chiefly due to the larger number of swabs examined for Diphtheria; although several other classes of specimens also show an increase.

Under the Venereal group it will be noticed that the number of exudates from sores yielding a positive result for he Spironema Pallidum is higher than in the previous year, showing that the decrease in lesions of the skin and mucous membranes which had been observed has not been maintained. A study of these cases shows the following features:—Of the 75 positive cases, 45 resided in the County Borough of Newport, 29 in the County of Monmouth, and one was a sailor coming under the heading of "Port." Of the same 75 infections, 33 were contracted in the Borough of Newport, 5 in the County of Monmouth, 4 in other Counties, and 2 in foreign countries. In the case of the remaining 31 infections, no definite history could be obtained.

The figures for Gonorrheeal specimens indicate an increase in the number of attendances at the Clinic, but no increased incidence of the disease.

The number of "positive" examinations in cases of Pulmonary Tuberculosis is somewhat smaller than last year, but for practical purposes the figures show that the incidence of this disease has not undergone any notable diminution.

The incidence of Diphtheria during 1925 was less than in 1924, the total notifications being 470, as compared with 514 for last year, a decrease of 44, or slightly more than 8 per cent: It will be noticed that the number of "positive" swabs was 377, which, when compared with the figure 470, shows that the Medical Practitioners made a greater use of Bacteriological methods in their diagnoses than was the case last year, when a Bacteriological diagnoses was only carried out in a third of the cases.

MILK.—The milk examinations were continued during 1925, the object of the investigation 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 Foods and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

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

- 1. The enumeration of the total number of bacteria.
- 2. The estimation of the B.Coli content.

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

Of the 354 samples of milk examined at the County Laboratory, 253 belong to this research, and from the results obtained they can be classified as follows:--

1.	Those which conform to the standard laid down by the Ministry of Health for "Certified Milks"	20
2.	Those which conform to the standard laid down for "Grade A" milks	79
3.	Those which conform to the standard laid down for "Grade A" milk as regards the total number of bacteria, but contain B.Coli in 1/100cc though not in less (This group would constitute borderline cases).	24
4.	Those which are unsatisfactory in that they possess a high lacterial content (this in several cases numbering many millions), but are satisfactory in respect of their B.Coli content	37
5.	Those which are unsatisfactory because of a high B.Coli content, though not containing more than 200,000 bacteria per cc	17
6.	Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli content	76

Therefore, of the 253 samples of mixed milks as retailed to the consumer 99, or 39 per cent., were of a satisfactory standard of purity; 130, or 51 per cent., were frankly unsatisfactory; while 24, or 10 per cent. approximately, formed a border-line group.

These figures, when compared with last year's, show an even higher percentage of unsatisfactory milks. There is no doubt that continuous examinations and re-examinations will be necessary to bring about an improvement in the specimens, and it is proposed during the coming year to intensify these investigations for the purpose of making these analyses more numerous and continuous.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the Bacillus Tuberculosis, this was discovered on five occasions by means of the animal inoculation test. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Inspector and officials of the Local Authority, and the diseased animals in each instance identified, removed from the herd, and dealt with satisfactorily.

Of the 182 tissues for sections, 68 are grouped as malignant growths; 17 were cancers of the breast, 18 were carcinomata from other regions of the body, such as uterus, ovary, intestine, etc.; 15 were epitheliomata from regions such as lips, œsophagus, skin, tonsil, etc.; 9 were sarcomata (round-celled and spindle-celled); one a myeloma, and two melanotic sarcomata. In this group are also included one rodent ulcer, two endotheliomata, one perithelioma, one hypernephroma, and one ovarian teratoma.

This class of specimen does not call for any particular comment.

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

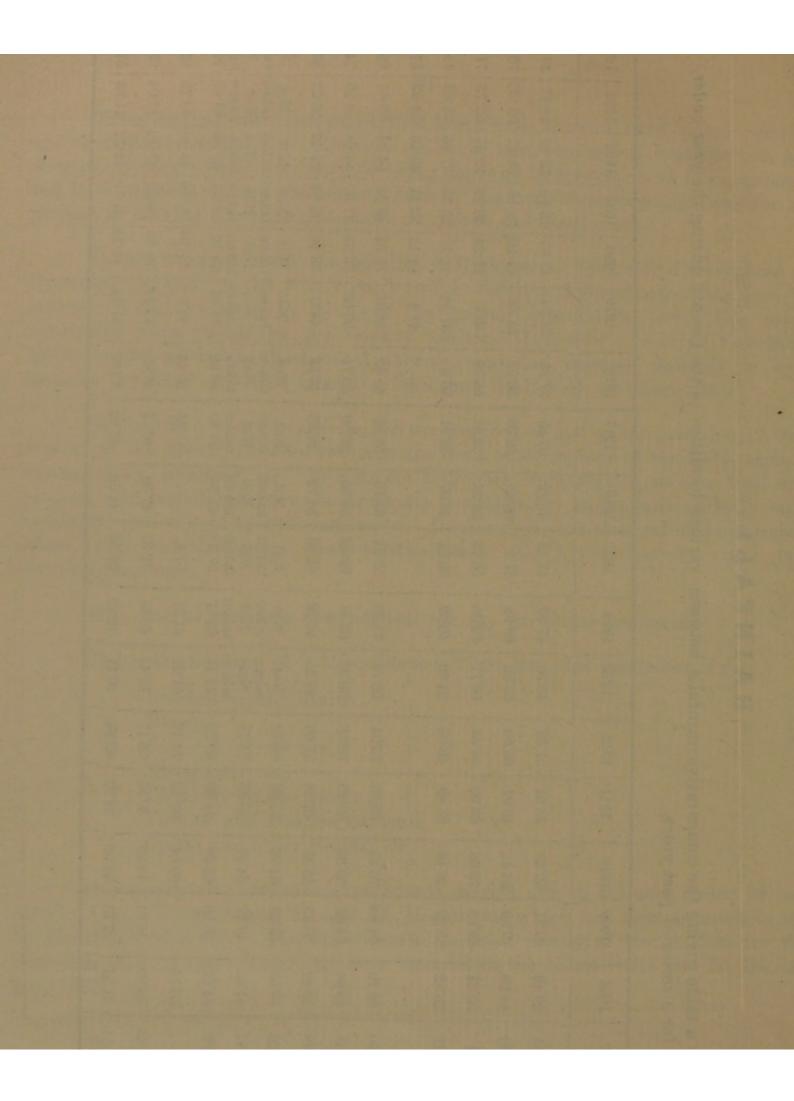
Cerebro-Spinal Fluids, Fæces, Secretions from eye, Blood Cultures, Blood for Sugar content, Vomits and Gastric contents, Cystic and other Fluids, etc.

This group also includes experiments carried out on animals under 39 and 40 Vic. Cap. 77, Certificates A3 and B1, licence for which has been granted to me by the Home Secretary. The experiments consisted mostly of inoculations for the detection of B. Tuberculosis, and were reported to the Home Office on 31st December, 1925.

RAINFALL.

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

Name of place at which records were taken.	1907	1908	1909	1910	1161	1912	1913	1914	1915	9161	1917	1918	1919	1920	1951	1922	1923	1924	1925
Abergavenny	35-34	29.42	29.71	20.58	35.34	51.39	45.26	47.03	43.42	37.92	33.32	37.28	31.04	47.87	23-79	33.19	40.37	19-17	41.50
	55.20	44.30	49.88	66.41	49.95	00.69	63.83	96,69	57.6	63.85	52.38	56.93	18.19	69-10	_		-	70.40	11.00
Abertillery	63.4	53.21	68.09	29.62	66.95	84.64	12.99	72.26	56.73	63.24	52'91	62.89	49.1	71.24	40-99	52.47	55-75	61-12	60-79
Chepstow, The Cedars	33.61	28.85	35.50	36.46	31.85	49.38	34.80	40.92	35.81	46.07	32.81	6.98	37.54	42.12	23-55	37.85	35.85	49-28	38.00
Cwmcarn (Maesderwen)	1	1	T	1	1	7	1	1	1	1	1	1	47.4	64.15	33-91	49.16	51-83	89.19	1
Ebbw Vale Henliys, Pantyreos	98-50	52.20	89.19	76.21	63.26	73.94	66.74	99.12	59.54	63.10	20.05	69.19	48.84	75.21	43-11	54.51	53-17	98.39	56.49
Reservoir Little Mill, nr. Ponty-	53.61	F6.9F	54.84	59.04	52.92	89.02	90.09	62.41	29.79	28.69	46.29	59.74	20.05	63.93	37-57	55.64	58-26	74-91	55.56
pool Newbridge, Troedy-rhiw	42.59	36.45	38.32	18.99	42.50	99.12	44.25	46.50	42.88	54.79	39.53	40.06	6.44	46.26	25.94	27.42	20-51	50-24	50.25
	51.26	40.23	45.39	90.19	45.65	64142	Not	Not	Not	Not	Not	Not	_		_	Not	Not	Not	Not
	52.17	41.53	40.11	64.97	48.25	71.75	Not	Not	Not	Not	Not	taken			Laken		taken	taken	taken
- 24	57.06	44.62	99.09	66.59	52.39	69.50	taken 64.01	62.07	taken 57.59	taken 61'64	taken 51.33	taken 56.68	taken 51'84	taken 69.10	taken t	57.83		taken 72.62	taken 60.21
House Wentwood, Newchurch	1	50.14	1	19.69	60.12	74.47	60.19	19.19	51.4	.1	41.95	50.44	40.8	51.70	27.49	45.82	60-73	65.67	57.02
Gathering Ground Wentwood Reservoir	42.82	35.80	40.04	48.35	39.22	56.17	45.43	48.64	42.37	47.38	40.04	47.6	43-26	49.82	29.33	47-22	45.04	62-26	47.34
Llanvaches	36.84	31.57	37.31	41.59	34.73	48.96	39.17	42.32	37.55	44.20	37.22	43.67	41.14	46-13	25-71	42.25	41.88	91-19	41.47



	O NO				В	RTH	3				DE	ATHS		1	NFANTILE	MORTA	ITY.	rate i- on.	attend die	1000	
DISTRICT	ESTIMATED OPULATION.	LEG	ITIMAT	E ILI	EGITIM	TE	TOTAL	GRAND	Rate		1		Rate per 100	Тота	DEATHS	UNDER (NE YEAR	Death of est	of estin of estin sundoth and oth ar disea	ey dis	Medical Officer of Health
	PE	Male	Fem	ale Ma	le Fen	ale Ma	Fema		of population	2-	Fema	le Total	of popula tion	Legiti	Illegi- timate	Total.	Rate per 1000 births.	Zymotic per 1000 mated po	Tubercula per 1000 population Philansy Tubercul	espirato cathra of est	a. S.
URBAN. bergaveny bergaveny bersychan bersycha	 . 913 . 2916 . 3926 . 3936 . 3390 . 1308 . 2273 . 5144 . 37290 . 4913 . 7955 . 5055 . 16010 . 16920 . 11670 . 7516 . 12340 . 17760	8 83 303 303 392 107 448 132 16 41 418 50 81 51	7 27 35 11 41 13	8 8 8 8 8 8 14 6 5 6 19 5 6 10 10 10 10 10 10 10 10 10 10 10 10 10		31 40 11 46 13 1	9 80 1 290 5 365 7 429 7 429 7 429 7 429 5 135 7 7 8 418 47 2 211	169 601 768 232 896 270 24 98	25-1 17-4 20-6 19-5 24-7 26-1 20-6 10-5 19-0 22-6 19-7 18-8 24-7 26-0 19-3 21-6 26-0 19-3 21-6 21-6 21-6 21-6 21-6 21-6 21-6 21-6	78 153 196 56 199	58 134 142 40 149 76	136 287 338 96 348 161	10·7 14·8 9·8 8·6 10·2 10·2 12·3 7·4 14·7 10·4 12·6 9·5 17·8 9·9 11·1 10·4 10·7 12·3 9·6 11·0 8·5	44 11 57 61 19 80 25 	2 1 7 7 1 1 2 2 2 3 1 1 3 1 1 1 1	466 122 644 622 200 822 277 9 711 155 100 9 45 322 133 133 28 23 449	85 9 71 0 10 6 80 7 86 2 91 5 100 0 91 8 83 9 153 0 63 2 94 7 113 3 94 1 156 2 79 7 86 9 67 0 78 4	1·03 ·99 ·65 ·74 1·12 ·15 ·54 1·02 1·01 1·58 1·62 ·99 ·64 1·12 ·15 ·15 ·15 ·15 ·16 ·16 ·17 ·17 ·17 ·18 ·18 ·19 ·19 ·19 ·19 ·19 ·19 ·19 ·19	666 1.75 -699 1.02 -966 -599 -233 -444 1.36 -63 1.39 -62 -63 -59 -67 1.30 -62 -83 -59 -67 1.30 -99	231	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenn R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith T. Baillie Smith, M.B., Ch. B., D.P.H., Abertille B. O. Barnard, M.B., Machen D. Rees Roberts, M.B., New Tredegar J. Reynolds, M.B., C.H.B., B.S., Caerleon T. L. Drapes, M.R.C.S., L.R.C.P., B.A., Chepsto F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale A. W. Hayles, M.R.C.S., L.R.C.P., B.A., Chepsto F. Garlton Jones, M.B., Ch.B., C. wmbran W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmout R. E. Roberts, M.B., B.S., L.S.A., Cwmfelinfact J. O. Fitzsimons, L. R.C.P., & L.M., L.R.C.S. & L.M., T. J. McAllen, M.B., Cal.B., Pontypool [Blaim Do. G. C. W. C. S. & L. R.C.P., R. R. W. S. W. V. de A. Redwood F.R.C.S., L.R.C.P., Rhymne; N. N. Wade M.D. C. B. Risca
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and Totals, 1925	 375400	4000	3864	124	112	4124	3976	8100	31.5	2189	1791	3980	10 0	619	30	679	83.8	.73	81	1.91	
ils for Year 1924	374340	4208	3916	181	123	43.29	4039	8368	:2:5	2169	1793	3902	10.6	606	27	633	75:6	-38	-88	0.12	

