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Contributors

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THE URBAN DISTRICT
COUNCIL OF PONTYPOOL.

10 OCT 1950

PUBLIC HEALTH REPORT

FOR THE YEAR 1949.

F. J. HALLINAN,

M.B.E. (MIL.), M.B., B.CH., B.A.O., D.P.H.,
AREA MEDICAL OFFICER NO. 7 AREA,
MONMOUTHSHIRE.

DISTRICT MEDICAL OFFICER,
PONTYPOOL URBAN DISTRICT.

MARKET BUILDINGS,
CRANE STREET,
PONTYPOOL, MON.

JUNE, 1950.

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THE URBAN DISTRICT
COUNCIL OF MONTYPOOL

PUBLIC HEALTH
REPORT
FOR THE YEAR 190

F. J. HALLINAN
MAYOR

THE URBAN DISTRICT
COUNCIL OF PONTYPOOL.

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PORTYPOG WREATH DISTRICT COUNCIL

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PONTYPOOL URBAN DISTRICT COUNCIL.

Area of District	15,907 acres
Rateable value (1.4.49)	£165,712
Estimated net product of 1d. rate 1949-50 ...	£605
Population (estimated: mid 1949)	42,650
Birth rate per 1,000 population (1948)	17.6
Birth rate per 1,000 population (1949)	17.4
Number of live births (1948)	744
Number of live births (1949)	740
Number of illegitimate births (1948)	20
Number of illegitimate births (1949)	13
Number of still births (1948)	26
Number of still births (1949)	23
Number of deaths (1948)	478
Death rate per 1,000 population (1948)	11.2
Number of deaths (1949)	531
Death rate per 1,000 population (1949)	12.5
Infant mortality rate (1948)	34.9
Infant mortality rate (1949)	37.8
Phthisis death rate per 1,000 pop. (1948) ...	0.4
Phthisis death rate per 1,000 pop. (1949) ...	0.5

PONTYPOOL URBAN DISTRICT COUNCIL.

COUNCILLORS

Chairman MRS. MARGARET DAVIES, J.P.
Vice-Chairman R. SMITH.

WARDS

GARNDIFFAITH

I. H. TUCKER
D. J. PRITCHARD
Mrs. G. D. MORGAN

ABERSYCHAN

W. HIGGS
R. SMITH
Mrs. M. SMITH

SNATCHWOOD

C. H. NEWMAN
E. I. PEAKE
Mrs. M. DAVIES

WAINFELIN

G. R. TRIM
J. E. BUTCHER
Mrs. M. SLADE

PONTYPOOL

W. G. HILLIER
J. T. WARE
A. S. STRICKLAND
W. ROSIE

PONTYMOEL

Mrs. M. L. LEE
C. H. GREY

GRIFFITHSTOWN

L. LEWIS
A. J. JENKINS
Mrs. C. MARTIN

NEW INN & SEBASTOPOL

A. C. JONES
L. C. LEWIS
H. BULLIMORE

Council Meeting—last Tuesday in each month at 6 p.m.

Clerk to Council H. COOK (Solicitor)
Deputy Clerk W. A. STEVENS
Treasurer and Chief Financial Officer T. R. JAMES
Engineer and Surveyor T. EDWARDS, M.I.Mun.E.
Deputy Engineer and Surveyor W. BROWN, A.M.I.Mun.E.
Architect P. EDWARDS WALKER, A.R.I.B.A.,
A.R.I.C.S.
Rating and Valuation Officer W. J. WALLACE
Superintendent Collector J. B. HARRIS
Parks, Cemetery and Allotments Superintendent
W. R. DADGE, F.Inst.P.A.
Public Librarian M. J. DAVIS

PUBLIC HEALTH COMMITTEE

The Committee is a major one comprising all members of the Council.

Chairman Councillor G. R. Trim.

Vice-Chairman Councillor J. E. Butcher.

Public Health Committee Meeting—Tuesday following the first Monday in each month.

Medical Officer of Health F. J. Hallinan,
M.B.E. (Mil.), M.B., B.Ch.,
B.A.O. (N.U.I.), D.P.H. (Wales).

Chief Sanitary Inspector F. G. Meek, M.R.S.I., M.S.I.A.

Sanitary Inspector B. Gilford, M.R.S.I., A.M.I.S.E.

Sanitary Inspector J. M. Jones, Cert.R.S.I.

Clerk to Department G. Bevan

**Annual Report of the Medical Officer of Health to the Urban
District Council of Pontypool, for the year ending December 31st,
1949.**

**To the Chairman and Members of the Pontypool Urban District
Council:**

Mr. Chairman, Ladies and Gentlemen,

The Annual Report for the year 1949 has been prepared in conformity with Articles 6 (3) and 17 (5) of the Sanitary Officers (Outside London) Regulations, 1935, and also in accordance with circular 2/50 (Wales) d/d 25.1.50 of the Ministry of Health (Welsh Board of Health).

**APPOINTMENT OF FULL-TIME MEDICAL OFFICER
OF HEALTH.**

Prior to January 1949 the Urban District of Pontypool was served by a part-time Medical Officer of Health who was not restricted from participation in private practice, but on January 1st 1949, a full-time Medical Officer of Health was appointed for the first time who was to act as District Medical Officer to the combined Pontypool and Blaenavon Urban Districts and as Area Medical Officer to No. 7 Area under the L.H.A., which is Monmouthshire County Council.

The Medical Officer's time was apportioned in the order of eight elevenths to Pontypool Urban District, two elevenths to Blaenavon Urban District and one eleventh to Monmouthshire County Council. In his capacity as District Medical Officer of Health he was charged with personal responsibility for the environmental hygiene of the combined districts on the one hand and on the other hand, as Area Medical Officer, with the local supervision in No. 7 Area of the decentralised health services of the Local Health Authority under the direction of the County Medical Officer of Health, Monmouthshire. The process of decentralisation by the L.H.A. has been gradual, and by the close of the year embraced District Nurses, County Midwives, Domestic Help Service, Medical Appliances, Immunisation and Vaccination.

The field of preventive medicine offers an ever broadening interest for the enthusiastic Medical Officer of Health, but under present conditions of remuneration the Public Health Service is unlikely to attract many recruits of the requisite calibre, or even retain those whom it has already got, unless there are quick changes to elevate our position in this respect to a status comparable with that of our colleagues in other branches of medicine. It must be realised that to qualify for these positions many years have been spent both in gaining our basic medical and post-graduate qualifications in addition to the years spent acquiring experience in hospitals, both general and fever, as well as in posts as Assistant Medical Officers of Health. Many medical men have entered Public Health in the post-war period after long service in one or other of the Armed Forces with a high degree of keenness for the work, but the edge of this enthusiasm is rapidly being blunted by financial worries due to inadequate remuneration.

It is earnestly hoped that Whitley machinery will soon accelerate and grind a little faster in an effort to effect a betterment in the scale of remuneration before many Medical Officers are forced by financial straits to seek a career in another branch of medicine, either at home or abroad.

PHYSICAL FEATURES.

The Pontypool Urban District covers an area of 15,907 acres and is situated on the Eastern outcrop of the South Wales coal-fields. The coal mines in the district are some distance from the populated areas, being situated on the hillside.

The altitude varies from 1,789 feet above ordnance datum at Mynydd Varteg Fawr in the Abersychan Parish to 178.7 feet at the Soar, Cwmbwrrwch, in the Panteg Parish.

GENERAL STATISTICS AND SOCIAL CONDITIONS.

The Registrar General's estimate of the population as at mid 1949 was 42,650, of whom 9,644 were under 15 years of age.

The majority of the workers in the district are engaged in heavy industry such as coal mining, by-product plants, steel works, railway works and glass making. The introduction of a large factory into the area in the post war period by British Nylon Spinners Ltd., for the manufacture of nylon yarn has been a big asset.

The district is well served by rail and road transport.

Area (acres)	15,907
Population (estimated mid 1949)	42,650
Number of inhabited houses (1949)	11,012
Rateable Value (1.4.49)	£165,712
Sum represented by penny rate (1949-50)	£605

ESTIMATED POPULATION (MID 1949) OF ADJACENT URBAN DISTRICTS.

Abergavenny M.B.,	8,597	Abercarn	18,620
Abertillery ...	28,070	Bedwelty ..	28,910
Blaenavon ...	9,975	Cwmbran ...	12,950
Ebbw Vale ...	29,440	Monmouth M.B.,	5,360
Tredegar ...	20,090		

VITAL STATISTICS.

		Births				
		1949	1948	1947	1946	1945
Number of live births	...	740	744	816	788	719
Birth rate per 1,000 population	...	17.4	17.6	19.8	18.1	19.1

The total number of live births registered locally during 1949 and allocated to this district was 338, comprised of 190 males and 148 females.

The number of inward transferable live births registered outside the district was 402, comprised of 212 males and 190 females.

The total live births assigned to this District for 1939 by the Registrar General was 740, comprised of 402 males and 338 females.

The number of legitimate live births according to the Registrar General's return was 727, comprising 396 males and 331 females.

The number of illegitimate live births according to the Registrar General's return was 13, comprising 6 males and 7 females.

The number of stillbirths allocated to the district by the Registrar General for 1949 was 23, comprising 12 males and 11 females. Of the 11 female stillbirths 3 were illegitimate.

The stillbirth rates per 1,000 population for the Administrative County of Monmouthshire and the Pontypool U.D. were 0.58 and 0.54 respectively.

There were 4 fewer births in 1949 than in 1948.

The natural increase (i.e. excess of births over deaths) for the district for 1949 was 209.

Table I. Showing the births registered in and allocated to the P.U.D. during 1949 according to sex, month and quarter of occurrence, together with the inward transferable births.

Month	Male	Female	Total	Quarterly births
January	19	12	31	
February	11	17	28	90
March	17	14	31	
April	28	6	34	
May	16	11	27	84
June	15	8	23	
July	21	14	35	
August	18	11	29	88
September	10	14	24	
October	17	12	29	
November	10	16	26	76
December	8	13	21	
Total	190	148	338	338
Inward transferable births	212	190	402	
Grand totals for the year 1949	402	338	740	

Deaths

The total number of deaths assigned to this district for 1949 was 531, comprising 286 males and 245 females. This figure shows an increase of four deaths over 1948 when the deaths numbered 527.

Table II shows how these 531 deaths have been assigned to the various causes of death.

There were no deaths from typhoid, paratyphoid, cerebrospinal fever, scarlet fever, whooping cough, diphtheria or measles.

There was one death from acute poliomyelitis in a female child aged 22 months allocated to the district by the Registrar General. This child was admitted to a general hospital in a moribund condition and certified as dying from "acute influenza" according to the local registrar's returns. This diagnosis was subsequently revised when the result of the pathologist's findings on brain and cord sections became available.

It will be seen from Table II that there were no deaths from maternal causes in the district during 1949.

The maternal mortality rates for the Administrative County of Monmouthshire for 1949 were:—

Per 1,000 total births (live and still):—

PUERPERAL SEPSIS	OTHER MATERNAL CAUSES	TOTAL
0·16	1·33	1·49

There were six deaths due to road traffic accidents (three males and three females).

The crude death rate (i.e. the number of deaths registered per 1,000 population per annum) for the district for 1949 was 12.5.

The same rate for the Administrative County of Monmouthshire was 12.1 while the rate for E. & W. was 11.7, and for the 126 County Boroughs and Great Towns (including London), 12.5.

Table II. Showing the deaths from all causes, infant deaths, total births and stillbirths allocated to this district for 1949.

CAUSES OF DEATH	M.	F.
1 Typhoid and paratyphoid fevers	...	...
2 Cerebro spinal fever	...	...
3 Scarlet fever	...	...
4 Whooping cough	...	...
5 Diphtheria	...	...
6 Tuberculosis of respiratory system	16	6
7 Other forms of tuberculosis	1	1
8 Syphilitic diseases	2	1
9 Influenza	1	2
10 Measles	...	...
11 Acute poliomyelitis and polio-encephalitis	...	1
12 Acute infective encephalitis	...	...
13 Cancer of buc. cav. and oesoph; (M) uterus (F)	1	5
14 Cancer of stomach and duodenum	14	5
15 Cancer of breast	...	13
16 Cancer of all other sites	25	18
17 Diabetes	1	2
18 Intra-cranial vascular lesions	16	35
19 Heart diseases	94	76
20 Other diseases of circulatory system	6	6
21 Bronchitis	21	11
22 Pneumonia	16	5
23 Other respiratory diseases	6	6
24 Ulcer of stomach and duodenum	5	1
25 Diarrhoea, (under 2 years)	2	2
26 Appendicitis	2	...
27 Other digestive diseases	7	5
28 Nephritis	4	2
29 Puer. and post-abort. sepsis	...	...
30 Other maternal causes	...	...
31 Premature birth	4	4
32 Con. mal. birth inj. infant dis.	5	4
33 Suicide	2	2
34 Road traffic accidents	3	3
35 Other violent causes	4	4
36 All other causes	28	25
TOTAL ALL CAUSES	286	245
Deaths in infants under 1 year of age:		
Total	15	13
Legitimate	15	12
Illegitimate	...	1
Total births		
Legitimate	396	331
Illegitimate	6	7
Still births—total		
Legitimate	12	8
Illegitimate	...	3

Estimated population mid 1949 for birth and death rates, 42,650

INFANT MORTALITY

	1949	1948	1947	1946	1945
Number of deaths in infants under 1 year ...	28	26	34	33	31
Number of births ...	740	744	816	788	719
Infant mortality rate ...	36.84	34.94	41.66	41.88	43.11

There were 28 infant deaths during the year which was an increase of two over the 1948 figure. Twenty-seven deaths occurred in legitimate infants and one death in an illegitimate infant. Of these deaths 11 occurred outside the district and were inward transfers.

The infant mortality rate for this district for the year was 37.8 compared with a rate of 42.7 for the Administrative County of Monmouthshire.

Table III gives an analysis by cause of these 28 infant deaths in age groups. It will be noted from this table that the greatest single cause of infant death was prematurity at birth. This cause of infant deaths has proved very resistant to reduction despite improved ante-natal care, etc., and takes its heaviest toll of life in the first days of the first week of life.

Table IV gives a comparison of the infant mortality rates for the Pontypool Urban District with the Administrative County of Monmouthshire and England and Wales etc.

The total of 28 infant deaths were comprised of 15 males and 13 females.

Table III. Showing the infant deaths (i.e. deaths in infants under 1 year of age) assigned to this district during 1949, by cause and in age groups.

Cause of death	under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
	Convulsions	1	...	...	1
Pneumonia	1	1	...	...	2	1	1	2	...	6
Congenital malformations	2	1	...	...	3	...	...	...	...	3
Prematurity	6	2	...	...	8	...	...	...	...	8
Pyelitis	...	...	...	...	...	...	1	...	...	1
Bronchitis	1	...	...	...	1	...	...	...	...	1
Gastro-enteritis	...	...	...	...	...	1	1	...	...	2
Marasmus	...	...	...	...	...	1	...	...	...	1
Cerebral haemorrhage	...	2	...	...	2	...	...	...	...	2
Haemorrhagic disease of newborn	...	1	...	...	1	...	...	...	...	1
Atelectasis	1	...	...	...	1	...	...	...	...	1
Asphyxia at birth	1	...	...	...	1	...	...	...	...	1
Total all causes	12	7		...	19	3	4	2	...	28

Table IV. Showing the infant mortality rates for E & W., the County Boroughs and Great Towns, the smaller towns, the Administrative County of Monmouthshire and Pontypool U.D. for 1948 and 1949.

Year	England and Wales	126 Co Boroughs and Great Towns (including London)	148 smaller towns (Resident population 25,000-50,000 at 1931 census)	Administrative County of Monmouthshire	Pontypool Urban District
1948	34	39.0	32	43.7	34.9
1949	32	37.0	30	42.7	37.8

INQUESTS

There were 33 inquests during the year and of these 6 were on residents who died outside the district.

The circumstances of the deaths are analysed and are as follows:—

	Male	Female	Total
Accidents in the coal mining industry	1	—	1
Accidents on the roads	3	3	6
Accidents on railways to employees	1	—	1
Accidents in the house (including falls accelerating death)	—	7	7
Accidents in other industries	2	—	2
Accidents on football field	1	—	1
Suicides	2	2	4

Natural Causes

Cardiac failure accelerated by accidental coal gas poisoning	—	1	1
Broncho-pneumonia	1	—	1
Coronary thrombosis	1	1	2
Cardiac failure associated with operations ...	1	1	2
Ruptured heart	1	1	2
Cancer of gall bladder	1	—	1
Vagal inhibition following thyroidectomy ...	—	1	1
Uraemia	1	—	1
Totals	16	17	33

Accidents in the house were mostly in aged persons who sustained fractures of the lower limbs necessitating immobilisation in bed, with resulting hypostatic pneumonia and death.

There was one death following burns when the clothes of a child aged 5 years caught fire in her home.

Table V. Showing the Vital Statistics for England and Wales, etc., the Administrative County of Monmouthshire and Pontypool Urban District for the years 1948 and 1949

	Birth rate per 1,000 population				Death Rate per 1,000 population		Deaths under one year per 1,000 live births	
	live Births	still Births	live Births	still Births				
	1949	1949	(1948)	(1948)	1949	(1948)	1949	(1948)
England & Wales	16·7	0·39	(17·9)	(0·42)	11·7	(10·8)	32·0	(34·0)
126 County Boroughs and Great Towns including London	18·7	0·47	(20·0)	(0·52)	12·5	(11·6)	37·0	(39·0)
148 smaller towns (Resident population 25,000—50,000 at 1931 census)	18·0	0·40	(19·2)	(0·43)	11·6	(10·7)	30·0	(32·0)
London Administrative County	18·5	0·37	(20·1)	(0·39)	12·2	(11·6)	29·0	(31·0)
Administrative County of Monmouthshire	18·2	0·58	(19·2)	(0·51)	12·1	(11·1)	42·7	(43·7)
Pontypool Urban District	17·4	0·54	(17·6)	(0·61)	12·5	(11·3)	37·8	(34·9)

ZYMOTIC DISEASES

Table VI. Shows the notifiable diseases which were notified in this district during 1949.

DIPHTHERIA

There were three cases of diphtheria notified during the year 1949, being the first notified since 1947. All three cases were removed to Isolation Hospitals and made uneventful recoveries. Two of the cases occurred simultaneously in the same family—a male in the 5—10 year age group and a female in the 4—5 year age group. The family had just returned from holidays and the infection appeared to have been contracted outside the district. Neither child had been immunised. The third case occurred in a male in the 10—15 year age group. This child had been immunised in infancy, but had not had a “booster dose” on attending school.

The immunisation of the pre-school child is now carried out at all the Infant Welfare Clinics in the District by the Medical Officer in attendance. Parents also have the option of taking their children to their General Practitioner if they so desire. The position with regard to “booster doses” on first attending school is not so happy, due to a marked shortage of Medical Staff to carry out the work. It has been shown that the giving of a “booster dose” on first attendance at school is a very important aspect of anti-diphtheria immunisation and one which we cannot afford to ignore if the children are to gain the maximum degree of protection from this invaluable weapon in the armoury of preventive medicine.

SCARLET FEVER

There were 88 notifications of scarlet fever during 1949. The cases were generally of a mild nature and occurred sporadically throughout the district, there being no localised outbreaks. Eight of the cases were removed to Isolation Hospitals because of bad home circumstances, such as overcrowding and lack of facilities for taking proper precautions against spread of infection.

Table VI. Showing the infectious diseases notified in this district during 1949, analysed in age and sex groups and giving the admissions to hospital

DISEASE	under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-35 years		35-45 years		45-65 years		65 yrs up-wards		All Ages		Cases admitted to Hospital	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		Total

Diphtheria	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
Scarlet Fever	...	...	...	...	2	...	2	5	7	17	23	19	8	5	3	2	4	...	...	...	...	...	...	...	36	52	88
Measles	3	5	4	9	15	5	8	6	12	12	20	19	2	...	...	...	...	...	...	...	...	...	...	...	56	59	115
Whooping Cough	2	1	2	5	5	3	5	3	5	3	2	3	...	...	...	...	...	...	...	...	...	...	...	...	18	18	36
Acute Poliomyelitis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Dysentery	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Acute Pneumonia	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	2	1	3
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	3	4
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	5
Food Poisoning	1	1	...	2	1	1	4	5
TOTALS	5	6	6	14	22	15	14	17	24	41	46	46	14	9	5	3	3	9	1	...	2	2	2	...	2	118	142	260
	16

MEASLES

There were 115 notifications of measles during the year with no deaths. The heaviest incidence was in the 5—10 years age group.

WHOOPIING COUGH

There were 36 notifications of whooping cough during the year. One case was admitted to an Isolation Hospital and there were no deaths recorded from this disease.

ACUTE POLIOMYELITIS

There was one notification of acute poliomyelitis during the year. This was a paralytic case in male child in the 4—5 year age group, who was removed to an Isolation Hospital and made a full recovery. There was one death in a female child aged 22 months assigned to this disease by the Registrar General on the findings of the pathologist following post-mortem examination. These two children were from the same family, which is not a common occurrence in the case of infantile paralysis. The younger child was admitted to a general hospital in a moribund state and died a few hours after admission. The cause of death as shown in the Local Registrar's returns was "Acute Influenza." This diagnosis was later revised by the Registrar General in the light of the pathologist's findings.

Within three days of this child's admission to hospital a second child was found to be suffering from paralytic polio myelitis and was admitted to an isolation hospital where it made a good recovery, there being no residual paralysis. It was felt at the time when the other child was notified as a case of infantile paralysis that the death of the younger child a few days previously from a very acute illness was in all probability due to the same cause.

DYSENTERY

There was one notification of this disease which occurred in a boy aged 9 years. The patient was originally admitted to a general hospital as a case of acute appendicitis, the diagnosis being later altered to that of bacillary dysentery.

ACUTE PRIMARY PNEUMONIA

There were 21 deaths (16 males and 5 females) assigned to pneumonia (all forms) during the year, but only three notifications of acute primary pneumonia were received.

PUERPERAL PYREXIA

There were three notifications of puerperal pyrexia during the year. One case was removed to hospital and there were no deaths assigned to this cause.

ERYSIPELAS

There were five notifications of erysipelas (2 males and 3 females) during the year.

DIARRHOEA IN CHILDREN UNDER 2 YEARS

There were 2 male and 2 female deaths from this cause during the year.

FOOD POISONING

There were 5 notifications of food poisoning during 1949, but this figure probably bears little relation to the number of cases which actually occurred in the district over this period. Many cases are so mild that those affected do not desire to call

their general practitioner, with the result that the existence of a food poisoning infection does not come to be notified to the Health Department, and the necessary investigations carried out. It is a statutory duty imposed upon all medical practitioners under Sec. 17 of the Food and Drugs Act, 1938, to notify to the Medical Officer of the Local Authority any cases or suspected cases, of food poisoning occurring in their practice. It is of the utmost importance in dealing with outbreaks of food poisoning that the Health Department be informed, as soon as possible, of the occurrence of any food poisoning cases, so that investigations can be initiated prior to any suspected items of food being discarded before they can be submitted for bacteriological examination. The sooner investigations can be made the more chance there is of discovering the cause and preventing the occurrence of further cases.

In an endeavour to get prompter notification in these cases, a memorandum was sent to all general practitioners in this district during the year pointing out the disadvantages of investigating outbreaks which were several days old, where those affected have completely recovered and when all remains of the suspected food have been disposed of. It was requested that on such occasions the first intimation to the Health Department, might be made by telephone to save time, and the formal notification, on the prescribed form, forwarded by post in due course.

The five notified cases occurred in the Panteg area and formed part of an outbreak which occurred on 3.8.49 where there were 50 persons at risk. There were 21 cases ascertained and all were found to have practically recovered, with the result that no specimen of vomited material and only one faeces specimen was available for bacteriological examination. The common factor in all cases were some fish cakes which had been prepared at a local fish and chip shop and taken home and reheated before consumption. Vomiting and diarrhoea followed within five hours of ingestion of these cakes and lasted for about six hours.

On investigation (5.8.49) the fish and chip shop was found to be very clean, storage facilities good and washing facilities satisfactory.

A specimen of cooking fat and a fish cake made on 5.8.49 (none of the previous batch made on 3.8.49 was available) were sent for bacteriological examination, and the findings showed that the fat gave a scanty mixed growth of coliform organisms, enterococci and staphylococcus albus, while the fish cakes were charged with a very heavy growth of the same organisms.

It is worth noting that these fish cakes were made up from fat, cooked fish and potatoes, then covered in bread crumbs and given a quick heating to brown the outsides. Under these circumstances it is obvious that the deeper portions of these cakes were not heated to a temperature sufficient to destroy all the organisms present, but rather had the reverse effect of acting as an incubator and causing a marked multiplication of the organisms already present in the infected cooking fat.

OTHER NOTIFIABLE INFECTIOUS DISEASES

There were no cases of smallpox, malaria, ophthalmia neonatorum, cerebro-spinal fever, typhoid, paratyphoid, encephalitis lethargica or acute polio-encephalitis notified during the year.

TUBERCULOSIS

Table VII. Showing the monthly notification of tuberculosis (all forms) for the year 1949

Month of year	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
January	2	2	...	1	5
February	2	..	...	...	2
March	2	2	...	...	4
April	...	1	...	1	2
May	3	4	...	...	7
June	1	4	1	...	6
July	...	2	...	1	3
August	2	1	1	...	4
September	2	...	...	...	2
October	...	...	...	...	...
November	...	...	1	...	1
December	...	1	1	...	2
TOTAL	14	17	4	3	38

In addition the following inward transfers took place during the year:—

Males: Pulmonary **Males: Non-pulmonary** **Females: Pulmonary**
 7 1 3

The following deaths were attributed to tuberculosis in persons who had not previously been formally notified as suffering from this disease.

Males: Pulmonary **Males: Non-pulmonary** **Females: Pulmonary**
 4 1 1

One of the non-notified male pulmonary cases was diagnosed as silico-tuberculosis after post-mortem examination.

In all cases of deaths from tuberculosis within the district during 1949, where no prior formal notification had been received by the District Medical Officer, action was taken as prescribed by the Welsh Board of Health in para 5 of Part I of circular 549 (Wales) dated 31st December, 1924, to secure explanations from the Medical Attendants surrounding the circumstances under which such formal notifications had not been made, and copies of the replies were, in due course, forwarded to the Ministry of Health.

DIAGNOSIS, PREVENTION AND TREATMENT OF TUBERCULOSIS

A chest clinic is held at the Park Buildings on the forenoon of every Tuesday, when Dr. H. James, Assistant Chest Physician to the Welsh Regional Hospital Board (Tuberculosis Division), is in attendance for consultation by patients referred by their general practitioners. In addition he makes domiciliary visits to the homes of patients unable to attend the clinic and also visits the hospitals in the area when his opinion is required on patients found to be or suspected to be suffering from tuberculosis.

The chest clinic is also available to the family contacts of tuberculosis patients where adults can make arrangements to have periodic radiography of the chest and children can be tuberculin tested and radiographed if necessary. This latter service is not very fully utilised by the family contacts of active tuberculosis patients in this district, and the position is not likely to improve until such time as a Tuberculosis Health Visitor is made available to visit these homes at frequent intervals and health educate the occupants in this direction.

A very close liaison is maintained between the Area Medical Officer of Health and the Chest Physician, and frequent consultations take place, especially in regard to matters concerning the rehousing of active tuberculosis cases living in unfavourable circumstances who require representation to be made to this Local Authority to obtain a priority on their behalf.

Prevention of pulmonary tuberculosis will remain in its present unsatisfactory position until such time as mass miniature radiography is provided for, and availed of by everybody as a periodic check. In addition, sufficient institutional accommodation, adequately staffed, must be available to provide treatment for cases as soon as possible after ascertainment. There should also be suitable provision made for the segregation of the chronic infective cases who have not responded to treatment and who form the main reservoir of infection for the rest of the community.

Table VIII. Showing the new cases of tuberculosis notified, and the deaths due to tuberculosis during 1949, analysed in age and sex groups and by type of disease.

(Deaths from tuberculosis taken from the returns of the Local Registrar of Births and Deaths and inward transfers.)

Age Groups in years	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0—1	...	...	...	...	...	...	...	...
1—5	..	1	...	1	...	1	...	1
5—15	...	1	2	1	...	...	...	...
15—25	4	6	1	1	2	2	...	..
25—35	4	3	...	...	6	...	...	...
35—45	2	4	1	...	2	1	...	...
45—55	3	1	...	...	3	...	...	...
55—65	1	1	..	..	2	...	...	...
65 plus	...	...	...	...	1	1	1	...
Totals	14	17	4	3	16	5	1	1

The Registrar General's returns credit the district with six female deaths from pulmonary tuberculosis, making a total of 24 deaths from all forms of the disease and representing a death rate of 0.56 per 1,000 population per annum.

Of the above notifications 4 males and 2 females of those who submitted sputum for examination were found to be sputum positive for tubercle bacilli on first attendance at the Tuberculosis Clinic. Of those notified during 1949, 3 males and 1 female had died from pulmonary tuberculosis, and one female had died from non-pulmonary tuberculosis before the close of the year.

Table IX. Showing the yearly notifications of tuberculosis (all forms) for males and females, and also the yearly deaths from all forms of tuberculosis since 1942.

Year	Yearly Notifications of Tuberculosis				Total Yearly Notifications of pulmonary and non-pulmonary tuberculosis	Yearly Deaths from Tuberculosis				Total of yearly deaths from all forms of tuberculosis
	Pulmonary		Non-pulmonary			Pulmonary		Non-Pulmonary		
	Males	Females	Males	Females		Males	Females	Males	Females	
1942	21	7	9	6	43	7	10	4	4	25
1943	26	15	4	5	50	12	8	3	1	24
1944	27	29	3	8	57	14	9	2	1	26
1945	46	22	2	6	76	10	18	3	2	33
1946	19	13	11	3	46	12	8	2	2	24
1947	16	23	5	9	53	9	10	1	1	21
1948	21	22	4	10	56	16	5	3	1	25
1949	14	17	4	3	38	16	6	1	1	24

Table X. Showing the admissions and discharges to institutions for the treatment of tuberculosis during 1949.

Institution	Admissions		Discharges	
	Males	Females	Males	Females
Chepstow Annexe	3	...	4	..
Glan Ely	1	3	...	2
Sully	2	2	2	4
Cefn Mably	4	7	3	4
North Wales San.	...	4	...	6
Energlyn	...	2	..	3
Talgarth	1	...	2	...
Kensington Hospital Pembroke	...	...	1	...
Total	11	18	12	19

The position with regard to the early admission of tuberculous patients to institutions remained very unsatisfactory, and the waiting period at the end of the year was still 8—10 months for pulmonary cases, and much longer for the surgical forms of the disease. This long waiting period was not due wholly to a shortage of hospital beds for tuberculous cases, but to the added difficulty of shortage of nursing staff.

Early admission can only be obtained when a case warrants it by virtue of the fact that it is one of medical priority, and the home conditions are not taken into account. This is an important consideration in a district such as this where there is so much overcrowding, and where so many people are still living in houses which are unfit for human habitation and which were the subject of confirmed clearance orders before 1939.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS 1925

No action was taken under the above regulations since no tuberculous employees were engaged in the milk trade.

NATIONAL HEALTH SERVICE ACT, 1946

Local Health Services under Part III of the above Act in this district are executed by the Monmouthshire County Council, which is the local health authority.

NATIONAL ASSISTANCE ACT, 1948

No action was taken by this Council during 1949 under Section 47 of the above Act for the removal to suitable premises of persons in need of care and attention.

WATER SUPPLY

The Pontypool Gas and Water Co. provides a piped supply of treated water to most of the district with the exception of a few outlying areas and isolated cottages. The quality of the water as supplied by the Pontypool Gas and Water Co., during the year was generally satisfactory, though there was found to be occasional evidence of insufficient chlorination on sampling. On the occasion of such findings representation was made to the Company's Manager and remedial action was immediately taken as verified by check sampling. Under normal circumstances the quantity of water supplied to the district is sufficient, but during particularly dry seasons such as the summer of 1949, there was a disturbing shortage, which would indicate the necessity for increased storage facilities or the provision of means whereby supplies from the better served areas could be switched to the less fortunate districts. This shortage was marked for a period of two months during the summer of 1949, especially in the higher localities of the district, such as the Abersychan and Garndiffaith wards. The Pantegasseg area depends on the Tirpentwys Colliery for its supply which has to be pumped up daily through a very precarious system of piping to a storage tank adjacent to Pantegasseg school. The source of water supply to this district is very unsatisfactory because the spring at the colliery is failing gradually and the piping system has become defective through corrosion. This pipe-line is liable to become frozen up during the winter months because the pipes are laid very near the surface and actually exposed in several places. It will be seen, therefore, that the inhabitants of the Pantegasseg area, comprising some fifty houses and farms in addition to a school, are liable to suffer from lack of a proper supply of drinking water during the summer and winter months for long periods.

Following my report to the Council on this matter in March 1949, negotiations are now under way between this Local Authority and the Pontypool Gas and Water Co., to provide a piped supply of treated water to the houses in the Pantegasseg area and this scheme should be put into effect as soon as possible.

With the further extension of the Council's building programme the demands on the district's water supply are bound to be greatly increased since all new houses have a bath installed which must naturally lead to increased consumption.

Water sampling for bacteriological examination was carried out during the year by the Council's Sanitary Inspectors and samples submitted to the Public Health Laboratory, Newport. Of the samples taken, 19, were satisfactory for a treated supply and 13 were unsatisfactory for a treated supply due to the reason already stated. Four samples of raw water from wells were submitted for examination and two were found to show evidence of pollution. The Pontypool Gas and Water Co., took 156 samples during the year. No samples were taken by this Authority's Inspectors of the raw water before treatment. The water supplied to this district is not liable to plumbo-solvent action. Approximately 10,497 houses are supplied directly from the water mains while some 65 are supplied by stand pipes.

SWIMMING BATHS

The Urban District is served by three open-air swimming baths which belong to the Council. These baths are situated at Talywain, Pontnewynydd and Griffithstown. None of these baths has a purification plant, the method adopted being weekly replenishing with fresh water and hand chlorination. As I reported to the Council during the summer of 1949 this method is very haphazard and owing to the number of variables present (e.g. infrequent changing of the water, varying load of bathers from day to day due to weather conditions, etc.) it is practically impossible to ensure that the water in these baths is of the desired standard for public swimming baths. The bacteriological examinations of the water showed this to be true. It must be realised that these baths (Pontnewynydd and Griffithstown) are extensively used by the school children during the summer months which is all the more reason for ensuring proper standards by providing the necessary purification plant under adequate supervision.

It is recommended that the Council explore the question of the provision of swimming baths with adequate purification plant and the possibility of establishing one central "all the year round" pool.

SEWERAGE

It is gratifying to note that the Eastern Valley (Mon.) Joint Sewerage Scheme got under way during 1949 and that the day is approaching when the Afon Llwyd river, which runs through the centre of Pontypool, will be relieved of the untreated sewage which is now receives from the U.D.'s of Pontypool and Blaenavon. The main trunk sewer is being rapidly constructed and the work of laying the subsidiary sewers is already progressing in the Blaenavon area. When this project, which is long overdue, is completed, the resultant cleansing of the Afon Llwyd river will relieve the district of the unpleasant effluvia which emanate from this water course at low water level during the summer months and rid the area of a persistent nuisance as a breeding ground for rats.

PUBLIC CONVENIENCES

Attention must be drawn to the present inadequacy in numbers of the public conveniences in the district and the dilapidated condition of most of the existing structures which precludes their proper cleansing and maintenance. It is realised that an ambitious scheme is on the drawing board to rectify this state of affairs, but it is desired to place emphasis on the urgent need for a quick advance to the stage of bricks and mortar in the interests of public health. The main toilets opposite the Town Hall are a discredit to an Urban District of the size of Pontypool and are very adversely commented on by visitors to the district. When these particular toilets are rebuilt, as is the intention, provision should be made for a full-time attendant to prevent the present fouling and damage which is perpetrated by the anti-social few in the community and which has heretofore gone unchecked as a result of intermittent supervision.

It is desired to comment on the very excellent toilets which were installed during the year in the Council's Market Building. These toilets are first class and should encourage a good standard of personal hygiene in the stall holders, who sell food in the Market, having regard to the adequate supply of running hot and cold water provided and the availability of paper towels from slot machines. The appropriate permanent "be clean—now wash your hands" notices have been fixed up in these toilets.

COLLECTION AND DISPOSAL OF HOUSE AND TRADE REFUSE

The collection of refuse in this district is carried out by the conventional type of motorised and covered vehicles, except in the more inaccessible parts where a horse drawn cart is still employed. The method of collection is satisfactory.

House refuse is put out for collection by householders in a bizarre assortment of containers which are most unsatisfactory for the purpose and should be replaced by the conventional type of bin with a secure lid, so as to obviate spilling on the roadway and interference by prowling cats and dogs.

The method of disposal, which is the outmoded system of uncontrolled tipping, is most unsatisfactory. These uncontrolled tips, besides being an eyesore, constitute excellent breeding grounds for rats and flies, as well as being a continual nuisance due to their tendency to catch alight. These uncontrolled tips take up much of the rodent operator's time, which could be more usefully spent, only to become reinfested again in a very short period.

The alternative method is one of controlled tipping which comprises laying the refuse down to plan and covering with an adequate layer of earth or ashes. This method obviates the nuisances created by uncontrolled tipping, and of course, can be used as a long term means of providing recreation grounds which are badly needed in this area. This method of tipping has been adopted by many neighbouring local authorities where already recreation grounds have been formed as a result or the land used as sites for factories.

The adoption of the system of controlled tipping cannot be too strongly urged to replace the present unsatisfactory method of refuse disposal in this district. The possibility of introducing a standard type of refuse bin for use in this district is also a matter which might well be pursued.

Finally, there is the promiscuous dumping of ashes and refuse by householders on the sites of demolished houses, waste land and in streams, which is very prevalent throughout the district and is most unhygienic and unsightly. It is recommended that vigorous action be taken to abate this nuisance, and if necessary, legal proceedings should be instituted against offenders as a deterrent measure.

CLEAN FOOD CAMPAIGN

A very progressive step was taken by the Council, when on 2.12.49 the first meeting was held in the Town Hall, Pontypool, attended by members of the Council, the Medical Officer of Health, the Chief Sanitary Inspector, representatives of the various traders' associations in the town, members of the Pontypool Chamber of Trade, the Trades' Council and the Food Control Committee, for the purpose of launching a Clean Food Campaign in this district. The Council must be congratulated on their initiative in giving the project their wholehearted support, and in realising the need for a step in this direction to provide the public of this district with a clean and wholesome food supply.

This first meeting produced many interesting discussions on the subject of clean food which emphasised the fact that the traders themselves were willing to give their fullest co-operation in any project which was adopted to ensure the best hygienic methods in the preparation, handling and distribution of food for human consumption in the area.

It was decided at this meeting to set up the "Pontypool Clean Food Traders' Guild" with an advisory committee comprised of members of the Council, the Medical Officer of Health, the Chief Sanitary Inspector and representatives from the various food trades in the district. The advisory committee members would hold office for a period of one year, after which the various trades would submit, if they thought fit, further nominees for election. It was also decided to draw up a Code of Practice for each food trade, the strict observance of which would determine admission to membership of the Guild, and the right to display a special plaque identifying the trader as a member of the "Pontypool Clean Food Traders' Guild."

In my report for 1950 it will be interesting to follow the further progress of the "Pontypool Clean Food Traders' Guild" from its present embryonic state through that of lusty childhood and vigorous manhood and to see if it attains the objective for which it was created.

It is my candid opinion that the statutory enactments, as they stand at present, have not proved, and are not likely to prove effective instruments in procuring the desired standard of cleanliness in the preparation, handling and distribution of food for human consumption. Even the recent model bye-laws on the subject do not strengthen the hand of a Health Department in this direction.

The law relative to food preparation, handling and distribution needs drastic revision if it is to be made an effective instrument that will attain the objects for which it was enacted. All food shops should be required to be registered with the Local Authority, thus facilitating exclusion of those premises considered unsuitable. Such premises should be required to renew registration every year, and re-registration could then be refused if adequate evidence was provided that conditions compatible with the highest standard of food hygiene had not been maintained during the preceding year. This course would mean an increase in the staff of Sanitary Inspectors but it would be money well spent if a clean food supply resulted.

Clean food campaigns and guilds are all very well, but only a few traders out of a large total will join, and then only the good ones, so that those whose standards it is desired to raise remain outside the fold.

The answer to this question of clean food and the increasing number of yearly notifications of food poisoning is more frequent inspections backed up by more stringent statutory instruments with no loop-holes.

HOUSING.

Table XI. Showing the number of houses owned by this Local Authority as at 31/12/49 etc.

	Temp. Pre-fabs.	Perm. Pre-fabs.	Tradi- tional	Total
No. of houses owned by L.A. on 31/12/49	300	208	1,982	2,490
No. of houses in course of erection on 31/12/49	...	..	148	148
No. of houses for which sanction had been given, but which had not been commenced on 31/12/49	...	...	...	...

Table XII. Showing the number of houses erected during 1949 by the Local Authority and by private enterprise.

	Temp. Pre-fab.	Perm. Pre-fab.	Traditional
By Local Authority	..	200	12
By private enterprise	2
Total	...	200	14

Number of houses under construction by private enterprise but not completed on 31.12.49—Nil.

The housing position in this Urban District remains acute despite the considerable number of new houses erected in the post-war period by the Local Authority and the main efforts of the Council must, for some years to come, continue to be directed towards the provision of adequate housing to relieve the unsatisfactory circumstances under which so many families in this area are still compelled to live.

There are well nigh on 200 houses which were the subject of confirmed clearance orders pre-1939, which are still occupied. Added to this there is the derelict P.O.W. Camp situated at the Polo Grounds, New Inn, which is still occupied by many families whose plight becomes daily worse as these temporary hutments rapidly deteriorate beyond repair. Every effort should be made in the interests of public health to rehouse the remaining families in this camp before the rigours of next winter set in. Also, there are many cases of gross overcrowding superimposed on the general housing shortage. Some 123 cases of gross overcrowding, 11 of which were coupled with pulmonary tuberculosis, were reported on individually and in full detail to the Council's Public Health Committee by the Medical Officer of Health during 1949, in the hope that remedial action might be expedited. I am glad to record that by June 1950 some 30 per cent. of these cases had been satisfactorily rehoused.

STAFFING AND ACCOMMODATION—PUBLIC HEALTH DEPARTMENT.

Staffing.

The present staff of sanitary inspectors consists of one chief sanitary inspector and two assistants. Having regard to the volume of work which has to be done in a district of this size and the large number of inspections and re-inspections occasioned by the indifferent standard of housing in this area, I am of the opinion that the work cannot adequately be covered by these three inspectors, taking into account that the Senior Inspector must spend a large part of his time on work of a clerical nature. It must be realised that one inspector's time is taken up on an average for three days each week on meat inspection alone, which means that he is available to the department for less than half his time. It is also pointed out that time consuming routine work such as disinfection after infectious diseases and disinfection of houses in cases of vermin is done by an inspector, whereas, in many districts, a sanitary foreman is provided for this type of work. Again, this Authority is a Food and Drugs Authority and is responsible for the taking of samples under the Food & Drugs Act, 1938, for submission to the Public Analyst. These samples are taken by one of your Sanitary Inspectors, and after collection and recording have to be taken by bus to Newport to be delivered to the Analyst. Sample taking is very time consuming, especially when it entails waiting for the arrival

of milk vendors, and it must be noted that none of your assistant inspectors is given a travelling allowance to enable him to use his car on this work. There is also sampling of milk for bacteriological examination (which in my opinion occurs far too infrequently in this area due to lack of staff) and fortnightly sampling of milk from the two pasteurising plants in the district.

My experience after a year as Medical Officer to this Authority confirms my opinion that the Department is under staffed and cannot be reasonably expected to cover adequately

the volume of work that has to be done, not taking into account holidays and periods of non-effectiveness due to sickness.

If, therefore, there is to be adequate sampling of milk (both under the Food & Drugs Act, samples for bacteriological examination and sampling to ensure adequate pasteurisation), water, swimming bath water, ice cream, adequate inspection of food establishments such as cafes, fish and chip shops, etc., adequate inspection and re-inspection relative to housing repairs, routine inspections of houses, frequent inspection of factories and workshops in addition to the many other items which come within the ambit of the Chief Sanitary Inspector, then my recommendation is that another assistant inspector be appointed under this Authority as soon as possible. In addition, a small van should be provided for this Department in connection with the collection of samples, etc., and for conveying materials in connection with rodent control when required.

Accommodation.

The Public Health Department is at present located on the top floor of the Market Buildings in Crane Street, being reached by a flight of no less than 48 steps. The accommodation consists of one small room comprising the Chief Sanitary Inspector's Office and shared by the Medical Officer of Health, while a somewhat larger room, with no means of ventilation other than the door, acts as a general office for the clerk to the Department and the assistant inspectors, besides being a store room for disinfectants and equipment. This accommodation is most unsuitable for a health department and besides being inadequate from the Officials' aspect it is most difficult of access for callers from the general public, many of whom are elderly persons with limited cardio-vascular and respiratory capacities, causing them to arrive in the department in a badly exhausted state.

It is strongly recommended that the Public Health Department be more suitably accommodated as soon as alternative offices become available.

FACTORIES ACT, 1937

The following tables show the inspections made of factories during the year relative to the maintenance of provisions for health. Conditions were found to be generally satisfactory and where defects were found remedial action was promptly taken.

Table XIII. Showing the number of factories and inspections thereof carried out during 1949

Premises	Number on Register	Number of		Occupier Prosecuted
		Inspections	Written Notices	
(1) Factories in which sections 1, 2, 3, 4 & 6 are enforced by Local Authorities	10	28	nil	nil
(2) Factories not included in (1) to which Section 7 is enforced by L.A.	9	12	nil	nil
(iii) Other premises in which section 7 is enforced by the L.A. (excluding out-workers premises)	12	18	2	nil
Total	31	58	2	nil

Table XIV. Showing the defects found in factories and action taken.

Particulars	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred by H.M. Inspector	
Want of cleanliness (S. 1)
Overcrowding (S. 2)
Unreasonable temperature (S. 3)
Inadequate ventilation (S. 4)
Ineffective drainage of floors (S. 6)
SANITARY CONVENIENCES				
(a) Insufficient
(b) Defective	2	2	...	...
(c) not separate for sexes
Other offences against the Act including offences relating to out-work

RECOMMENDATIONS

The following is a summary of my recommendations to the Council.

- (1) The provision of suitable alternative accommodation for the Public Health Department.
- (2) The early appointment of an additional Sanitary Inspector to the district.
- (3) The provision of a telephone at the residence of the Chief Sanitary Inspector to enable him to be more easily contacted outside normal duty hours.
- (4) The provision of a light van for the use of the department in connection with the collection of samples, etc., having regard to the fact that the assistant inspectors are not given an allowance to enable them to use their cars on duty.
- (5) The early implementation of a scheme to lay on an adequate supply of water to the Pantegasseg district.
- (6) That consideration be given to the possibility of installing purification plant at the existing Pontnewynydd and Griffithstown swimming baths, or that a new and properly equipped swimming pool be constructed as an alternative.
- (7) That the present method of uncontrolled tipping be discarded and controlled tipping be adopted for the disposal of household and trade refuse.
- (8) That the possibility of introducing a standard type of refuse bin for the use of householders in the district be explored.
- (9) That vigorous action be taken to check the prevalent habit of indiscriminate dumping of ashes and other house refuse on waste ground by some householders.
- (10) That the scheme for building new public conveniences to fill the present inadequacy in this respect and to replace some of the existing dilapidated ones in this area be pushed forward as a matter of urgency.

In conclusion I wish to thank the Sanitary Inspectors for their willing co-operation during the year.

Yours obediently,

F. J. HALLINAN.

METEOROLOGICAL RECORDS.

The following information on rainfall during the year 1949 was recorded at Cwmavon Reservoir, and kindly supplied by Mr. H. D. Linton, Water Engineer, Pontypool Gas and Water Company.

Day of Month	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	1.400	...	...	...	...	.720	...	...	.110	...	...	...
2	.590	...	...	...	...	.060	...	.910	...	...	...	...
3	...	...	...	.660	...	.273	...	.080	...	...	...	...
4	.290	...	.190	.980	...	.667	...	...	...	...	.260	...
5	.050	...	.280	.250	...	.030	.040	...	.318	...	.545	...
6	.050	...	.190	1.840	.020	...	...	.117	.060	...	.550	...
7	.008	.130	.190	860	.060	.088	...	...	.340	.040	.022	...
8	.290	.520	.430	.070	...	.047	...	.796	...	.180	.023	...
9	...	1.060	...	...	...	...	...	.350	...	1.060	430	...
10	.010	.010	...	...	...	...	...	.055	...	.025	.250	...
11	...	...	...	...	...	...	...	.427	...	.635	.010	...
12	.020	.290	...	.070	...	...	...	...	...	.480	.235	...
13	...	...	...	...	...	...	...	...	...	...	.210	...
14	...	.005	.050	...	...	...	.200	...	...	...	...	...
15	...	...	...	...	.520	...	.138	...	1.110	.080	.167	...
16	...	...	...	...	...	...	.270	...	...	...	...	...
17	...	.190	.270	.050	.580	...	.460	.090	...	.270	.340	...
18	...	...	...	...	.143	...	.050	.026	...	.988	1.800	...
19	...	...	...	...	.023	...	.030	...	...	1.710	...	...
20	.060	...	...	...	...	...	...	...	...	.960	...	...
21	...	.140	.040	...	...	...	...	...	.053	.630	1.203	...
22	.110	.190	...	.180	...	...	...	...	1.730	.760	.587	...
23	.120	...	...	...	.003	...	...	...	.663	1.146	.060	...
24	...	.160	...	...	.310	...	...	.020	...	.870	.050	...
25	...	...	...	.006	.050	...	...	...	.087	.480	...	...
26	...	...	...	.010	.577	...	...	...	...	1.980	...	...
27	...	...	...	...	.070	...	...	.305	...	.106	.130	...
28	...	...	...	...	1.370	...	...	...	...	...	.030	...
29	...	...	...	.260	.090	...	...	...	...	.035	...	...
30	...	...	...	.020	.133	...	...	.130	...	.030	...	...
31	...	...	...	...	.290	...	.220	.070	...	...	...	...
Total	2 998	2.695	1.640	5.256	4.239	1.885	1.408	3.376	4.471	12.465	6.902	

not available.

Average yearly rainfall ... 52.663 inches
Average daily rainfall ... 0.144 inches



HISTORICAL RECORD

The following record was prepared by the Historical Committee of the Board of Education, New York City, in accordance with the provisions of the City Charter, Chapter 24, Section 24-230, and the Board of Education Resolution, No. 10, of 1915.

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THE URBAN DISTRICT COUNCIL
OF PONTYPOOL.

Chief
Sanitary Inspector's Report
FOR THE YEAR 1949.

PUBLIC HEALTH DEPARTMENT,
MARKET BUILDINGS,
CRANE STREET,
PONTYPOOL, MON.

Following is my report on work carried out by the Department for the year ending December 31st, 1949.

NOTICES SERVED

Number Notices Sect. 9 H.A. 1936	93
" " " 93 P.H.A. 1936	236

DEFECTS IN DWELLINGS

Houses repaired externally	224
Houses repaired internally	212

DRAINAGE

Drains examined	26
Drains opened and cleansed	10
Drains connected to sewer	3
New drains provided	4
Defective drains repaired	18
Defective W.C's. put in order	27
Defective flush tanks repaired or renewed	8
New tanks supplied to W.C's.	12
New panss applied to W.C's.	4
New lavatories provided	4

INSPECTION OF COUNCIL HOUSES

253 Council Houses were inspected during the year, and with few exceptions these houses are well maintained.

OTHER NUISANCES

Accumulation or refuse removed	6
--------------------------------------	---

TENTS, SHEDS AND VANS

The small number of vans and sheds occupied as dwellings have been inspected, and cleanliness kept to a reasonable standard. Action in regard to these dwellings is held up by the present housing conditions consequent upon the war.

FACTORIES, WORKSHOPS AND WORKPLACES

Inspections of workshops and workplaces has been carried out, and below is a report on inspections made—

Premises	No. of Inspections	Notices served	Action necessa y
Factories (including Laundries)	28	2	nil
Workshops	12	—	nil
Workplaces	18	—	nil

All notices served in connection with these premises were complied with.

INSPECTION OF BAKEHOUSES

Thirty-four visits were made to the bakehouses, and in no case was it necessary to serve Notice for the abatement of nuisance. In two cases Liming and General Cleanliness were not up to standard, but this was remedied without service of Notices.

FRIED FISH SHOPS

Thirty-eight visits were made to these premises, and in every instance they were found to be clean and well maintained.

CINEMAS

Number of cinemas in the area	5
Number of inspections made	28
Notices served and complied with	nil

INSPECTION OF MEAT AND OTHER FOODS

Below is my report of meat inspected at the Council Slaughter House, Abersychan, showing the number of cattle killed and meat condemned.

MEAT CONDEMNED

Beef ...	13,425 lbs	Lamb ...	32 lbs.	Mutton ...	862 lbs.
Veal ...	34 ,,	Pork ...	414 ,,		
				Total ...	<u>14,767</u> ,,

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ...	943	415	928	10436	85
Number inspected ...	943	415	928	10436	85
All diseases except Tuberculosis					
Whole carcasses condemned ...	2	6	3	16	1
Carcasses of which some part or Organ was condemned ...	46	108	6	645	8
Percentage of the number inspected affected with disease other than Tuberculosis ...	5.1	26.2	.9	6.3	10.6
Tuberculosis only					
Whole carcasses condemned ...	4	13	1	—	2
Carcasses of which some part or organ was condemned ...	32	77	—	—	—
Percentage of the number inspected affected with Tuberculosis ...	3.3	18.5	.10	—	2.3

OFFAL CONDEMNED

Cattle—574 livers, 322 lungs, 99 melts, 117 heads and tongue, 9 complete offal, 1 tongue, 36 other organs, 27 hearts, 23 tails, 31 skirts, 70 udders.
Sheep—2373 livers, 1433 lungs, 46 plucks, 33 heads.
Calves—1 complete carcass and offal, 3 livers, 2 plucks.
Pigs— 2 plucks, 1 complete offal.

OTHER FOODS CONDEMNED

153 tins milk, 57-lbs. bacon, 32 stones fish, 33 tins beans, 8 tins salmon, 255-lbs. chitterlings, 21 tins peas, 228-lbs. corned beef, 28-lbs. English beef, 10 jars jam, 12 tins raspberries, 8 tins plums, 64 tins tomatoes, 483-lbs. imp. beef, 18 tins meat loaf, 8 tins tomato juice, 100-lbs. beans, 12 tins meat 12½-lbs. pork, 24 pots paste, 8 tins rhubarb, 8 tins sundries.

INFECTIOUS DISEASES

All cases of Infectious Disease notified were dealt with by the Department, terminal disinfection carried out, and all precautions taken against the spread of the disease.

Sixteen cases of Infectious Disease were removed to the Isolation Hospital. Environmental Reports were made on all cases of Tuberculosis notified.

WATER SUPPLY

Four samples of water were taken from springs and wells in various parts of the area, and submitted to the County Analyst for examination—

Two samples were found to be satisfactory and Two samples unsatisfactory. These supplies were untreated water.

Thirty-two samples were taken from the Company's Main Supply and 18 were unsatisfactory.

156 samples were taken by the Company's Inspectors, and all were satisfactory.

Generally the water supply to the area is of good quality and well maintained.

HEAT TREATED MILK

Fifty-eight samples of Heat Treated Milk were taken during the year.

Seven samples were found to be below the standard required for Heat Treated Milk, usually due to loss of temperature during the process of pasteurisation, which was rectified, and following check samples proved satisfactory. 51 samples were of the required standard.

FOOD AND DRUGS ACT, 1834—1938

Thirty-four samples of milk were taken under the above Acts, and submitted to the Public Analyst. All samples were genuine milks and no action was necessary against vendors or producers. The quality of milk supplied in the area is generally good.

Eighty-five samples of various other foods were also sent for analysis, and all found to conform to the standards laid down, and were of the quality and substance demanded by the purchaser.

ICE CREAM

Twenty-four samples of ice-cream were submitted to the Public Health Laboratory for Bacteriological Examination, and placed in provisional grades as set out below—

Grade 1	Grade 2	Grade 3	Grade 4
9	2	2	10

One sample was not examined due to leakage.

Six samples of ice-cream were submitted to the Public Analyst for examination for Fat Content, and the results are set out below—

Sample No.	Fat Content
1	5.6%
2	0.8%
3	5.4%
4	1.3%
5	0.1%
6	6.2%

It was expected that these samples would show at least 3% Fat, but as no standard of fat content has been set by the Ministry, no action can be taken.

With regard to the Provisional Grades, Grade 4 is considered very unsatisfactory, but as the grading has to be considered over an extended period, it is possible that the number in that category will be greatly reduced.

ROOMS WHERE FOOD IS PREPARED AND WORKS CANTEENS

The kitchens of cafes and catering establishments were inspected. The need for fly proofing and use of covered bins was stressed. The premises are kept in a clean state, and a good standard of hygiene observed.

Works Canteens are excellently managed, and no complaints have arisen.

ERADICATION OF BED BUGS

Eight complaints of Bug Infestation were dealt with, and the use of Cimex Blocks and a good insecticide spray proved successful in abating the nuisance.

RODENT CONTROL

During the year the department has complied with the Orders of the Ministry of Agriculture and Fisheries, relative to the destruction of Rats and Mice.

Two Maintenance Treatments were carried out in the Council Sewers. 397 Manholes were bated, and the number of pre-bait takes were 28 in the first treatment, and 8 in the second treatment. This shows that the position regarding the sewers from infestation is very satisfactory, and general improvement is shown from the time this method of treatment was adopted.

Seventy-eight Business Premises were treated, and no major infestation reported. The result of baiting these premises was very satisfactory.

346 Private Dwellings were successfully treated.

The Refuse Tips and depots belonging to the Council called for 45 Treatments, which were carried out with excellent results.

Generally speaking the rat-population of the area has shown a marked decrease and the method of treatment is eminently satisfactory.

I should like to thank the business people of Pontypool, and the Officials of the Ministry of Agriculture and Fisheries for the help they have given to the department.

SCHOOLS

Inspection of Schools has been carried out, and no nuisances found to exist in the premises.

I am,

Ladies and Gentlemen,

Your obedient servant,

F. G. MEEK

(Chief Sanitary Inspector).









