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RADNORSHIRE COUNTY COUNCIL.

Annual Report

OF THE

Medical Officer of Health,

FOR THE

YEAR 1919

AND

Vital Statistics for the Years

1918 AND 1920.

BY

LAURENCE W. POLE, M.B., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH.

To the Chairman and Members of the Radnorshire
County Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual
Report for the year 1921 on the Health Administration of
the County.

The issue of this Report has been delayed owing

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I am appending the table of Vital Statistics for
the years 1918 and 1921. As I resigned my appointment
as County Medical Officer of Health on November 1920, I
cannot give any details of reports from District Medical
Officers for the year 1920.

I have the honour to be, Mr. Chairman and Gentlemen,

Your obedient servant,

L. W. FOLEY, M.B., Ch.B., D.S.

April, 1922.

Late County Medical Officer of Health.

COUNTY OF RADNOR.

Public Health and Housing Committee.

Chairman : Councillor B. P. LEWIS.

(*Ex-officio*) : Alderman C. COLTMAN-ROGERS,
Chairman of the County Council.

(*Ex-officio*) : Councillor THOMAS DAVIES,
Vice-Chairman of the County Council.

Alderman ARTHUR EDWARDS. Alderman JAMES PRICE.

Alderman J. W. STEPHENS.

Councillor W. M. BAYLIS. Councillor H. J. CLEE.

Councillor The Rev. GEO. ROBERTS. Councillor H. J. SPAREY.

Councillor Major S. N. THOMPSON. Councillor C. H. WILLIAMS.

District Medical Officers of Health.

NAME.

URBAN DISTRICTS.

T. W. GRAVES, M.R.C.S., L.S.A.,
Wylcwm Street, Knighton.

KNIGHTON.

H. A. DEBENHAM, M.R.C.S., L.R.C.P.,
Warden Court, Presteign.

PRESTEIGN.

JOHN MURRAY, M.B., C.M.,
Havod Awen, Llandrindod Wells.

LLANDRINDOD WELLS

RURAL DISTRICTS.

W. BLACK JONES, M.D., D.P.H.,
Tyn-y-Berllan, Builth Wells.

COLWYN.

J. A. K. GRIFFITHS, M.B., M.R.C.S., L.R.C.P.,
Wylcwm House, Knighton.

KNIGHTON.

RICHARD HARDING, L.R.C.P., L.M., L.R.F.P.S.,
The Laurels, New Radnor.

NEW RADNOR.

T. E. HINCKS, M.B., Ch. B.,
Broad Street, Hay.

PAINSCASTLE.

A. GORDON RICHARDSON, M.B., C.M.,
Bryncoed, Rhayader.

RHAYADER.

Clerk to the County Council : H. VAUGHAN VAUGHAN.

Inspector of Midwives : Miss JOAN M. WATSON.

Inspector under the Sale of Food and Drugs Act : R. PHILIP GOUGH

County Analyst : HERBERT J. EVANS, B.Sc., A.I.C.,
1 Barkfield, Freshfield, Lincs.

To the Chairman and Members of the Radnorshire
County Council.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1919 on the Health Administration of the County.

The issue of this Report has been delayed owing to the delay in receiving the Annual Reports from the District Medical Officers of Health. It has been necessary to prepare this Report, although all the District Reports have not been sent to me. The last Report received reached me in March, 1921.

I am appending the tables of Vital Statistics for the years 1918 and 1920. As I resigned my appointment as County Medical Officer of Health in November 1920, I cannot give any digests of reports from District Medical Officers for the year 1920.

I have the honour to be, Mr. Chairman and Gentlemen,

Your obedient servant,

L. W. POLE, M.B., Ch.B., D.P.H.,

April, 1921.

Late County Medical Officer of Health.

Population—The population of the County, as estimated by the Registrar General, was, in 1919, 21,752 (for Birth-Rate purposes) and 20,881 (for Death Rate). In estimating population for the calculation of death rates, non-civilians whether serving at home or abroad are excluded. The birth-rate population includes non-civilians enlisted in this Country whether serving at home or abroad.

The population of the County as estimated by the Registrar General shows a gradual decrease, this decrease affecting all the Districts in the County with the exception of the Urban District of Llandrindod Wells which shows a slight increase. When the results of the Census in 1921 are known the effect of the recent war on the population will be accurately ascertained.

Transferable Deaths—Information regarding these is sent by the Registrar General quarterly. This enables District Medical Officers of Health to ascertain exactly the death-rates of their districts. Deaths of persons registered outside the County whose usual place of residence is in the County are included in the County records, and, similarly, deaths of non-residents are excluded from the County records. These transferable deaths are taken into consideration by the Registrar General in making up his annual returns for the use of County and District Medical Officers of Health.

Birth-Rate—395 births were registered in 1918 giving a birth-rate of 17·3 per 1000 of the population. In 1919 the birth-rate was 17·8, the number of births being 387. The rate for 1919 is higher than that for the previous year although the total number of births for 1919 was smaller, but it has to be remembered that the population on which the birth-rate was based in the latter year was considerably less than for 1918, and the higher birth-rate for 1919 must be considered in this light. In England and Wales the birth-rate in 1919 was 18·5 per 1000.

Infant Mortality—This shows a gradual decrease as in the year 1913 the Infant Mortality was 94·7 per 1000 births. In 1918 it was 63·3 per 1000, and in 1919, 59·4 per 1000. In England and Wales the corresponding rate in 1919 was 89 per 1000. The table setting out the causes of death, shows that in 1919, 14 infants died as the result of congenital debility and prematurity, that is, 66 per cent. of all deaths of infants under the age of 12 months.

Death-Rate—344 deaths were registered in the year 1918, equal to a death-rate of 16·8 per 1000 of the population.

In 1919 there were 287 deaths, 13·7 per 1000.

In England and Wales the death-rate in 1919 was 13·8 per 1000.

Cases of Infectious Diseases notified during the year 1918.

	Scarlet Fever	Diphtheria	Enteric Fever	Puerperal Fever	Erysipelas	Tuberculosis		Measles	Ophthalmia Neonatorum	Whooping Cough
						Pulmonary	Other			
Urban—										
Knighton ...	1					2		1		
Llandrindod Wells ...	1	1	*1			2		34		
Presteigne ...						†3		32	1	
Total Urban ...	2	1	1			7		67		
Rural—										
Colwyn ...	1			1		5		27		
Knighton ...	4					9		6		
New Radnor ...	1	5			1	4		55		
Paincastle ...		11				2		3		5
Rhayader ...										
Total Rural ...	6	16		1	1	20		91		5
Total County ...	8	17	1	1	1	27		158	1	5

* Military.

† Includes Military Case.

Cases of Infectious Diseases notified during the year 1919.

	Scarlet Fever	Diphtheria	Enteric Fever	Puerperal Fever	Erysipelas	Tuber- culosis		Measles and German Measles	Influenza	Pneu- monia		Malaria	Dysentery	Typhoid Fever	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Other Diseases, etc.	
						Pulmonary	Other			Acute Primary	Acute Influenzal							Chicken Pox	
Urban—						C. M. C. M.													
Knighton ...	3	5				1	1	3	3	1	2		1			1			2
Llandrindod Wells ...	13	1	2			3	2	2		1	1	1			1				
Presteigne ...			1	1		3		1		1		1							
Total Urban ...	16	6	3	1	1	7	3	6	3	3	3	2	1		1	2			2
Rural—																			
Colwyn ...		1				2	1	5											
Knighton ...	2				1	2	3	2		4	1			1			1		4
New Radnor ...	1					2		2	1	9		1							
Paincastle ...	1					2													
Rhayader ...	2					1									1				
Total Rural ...	6	1			1	7	4	7	1	13	1	1		1	1		1		4
Total County ...	22	7	3	1	1	14	7	13	32	16	4	3	1	1	2	2	1		6

Cases of Infectious Diseases notified during the year 1920.

	Scarlet Fever	Diphtheria	Enteric Fever	Puerperal Fever	Erysipelas	Tuberculosis			Measles and German Measles	Influenza	Pneumonia		Whooping Cough
						Pulmonary	C. M.	C. M.			Acute Primary	Acute Influenzal	
Urban—													
Knighton ...	4	9				2			52		1		5
Llandrindod Wells ...	1	1				5		1			2		
Presteigne ...	4	5											
Total Urban ...	9	15				7	1		52		3		5
Rural—													
Colwyn ...						2		3					
Knighton ...	20	1			1	2			39		5		6
New Radnor ...		2		1					10		4		
Paincastle ...	1	1				3			26		2		
Rhayader ...	6												
Total Rural ...	27	4		1	1	7	3		75		11		6
Total County ...	36	19		1	1	14	4		127		14		11

ZYMOTIC DISEASES.

The foregoing tables set out the notifications of Infectious Disease received during 1918, 1919 and 1920.

One death occurred from Scarlet Fever, and 2 from Diphtheria, all of these occurred in Knighton Urban District.

In his Report, Dr. Graves (Knighton Urban District) states:—

"The two outstanding features during the year were the epidemic of Influenza and that of Diphtheria. The epidemic of Influenza was a legacy from the Year 1918. It commenced in October of that year and it was carried on to May, 1919. I do not know the number of cases, but as far as I know there were very few houses in all the District without one case in the house, and in some cases every member of the house was affected. The type was much like that of 1891, with febrile symptoms of a rheumatic character. These were in a majority but some percentage developed lung complications and there were two deaths from Pneumonia following Influenza."

"A preventative serum is issued by the Ministry of Health and is procurable from the County Medical Officer of Health. It has not been, so far as I know, used up to the present here, but in the light of more recent knowledge I am of opinion, judging of literature which I have seen on the subject, that in the case of another epidemic it would be well to use it."

Dr. Graves submitted a Special Report to the Knighton Urban District Council dealing with the prevalence of Diphtheria in the District and detailing the steps which, in his opinion, the District Council should take for the control and suppression of the disease.

In this Report, Dr. Graves points out that the probable causes of the outbreak of Diphtheria were:—

- (1) Infection imported from outside the District;
- (2) Infection by carriers;
- (3) Outside influences, *i.e.*, insanitary conditions of houses or surroundings, carelessness with regards to the storage of food, and defective drainage and sewerage.

Dr. Graves further considered that the drought that prevailed during the year was in some measure responsible for the prevalence of the disease as there was a very great shortage of water.

With regard to the isolation of patients, Dr. Graves makes the following statement (Special Report):—

“No means of preventing the spread (of Infectious Disease) will compare with the provision of a properly equipped Hospital, and this I think you ought to consider seriously, as at present it does not exist. Your Hospital (a Joint Hospital serving three districts) is, I believe, at present only capable of admitting five patients and these of one kind of Infectious Disease. This is not of much use. While it is occupied by one kind of infection there is, owing to the impossibility of admitting another kind, all you need for spreading the second kind, and this, after the first case, is what happened here.”

Dr. Graves points out the urgent need for the District Council to take into consideration the provision of a properly equipped hospital for the treatment of Scarlet Fever and Diphtheria, with accommodation for the two sexes.

Dr. Griffiths (M.O.H., Knighton R.D.) also comments upon the need for isolation accommodation:—

“The accommodation here is insufficient owing to the fact that cases of only one disease can be taken at the same time. I would recommend the Council to make a strong representation to the Joint Hospital Board to provide more accommodation.”

The Joint Hospital Board comprises representatives from the Knighton U.D., the Knighton R.D., and the Teme R.D.

Dr. Debenham (M.O.H., Presteign U.D.) reports:—

“Following on the severe epidemic of November and December, 1918, Influenza was prevalent in the early months of 1919, and two deaths occurred in the District.”

A case of Cerebro-Spinal Meningitis occurred in the District—a child 5 years old. The M.O.H. considered that the infection was probably imported by the child's father on his return from the Army although bacteriological examination gave a negative result in his case. No further spread took place.

In August 1919, a case of Typhoid Fever was reported. The infection was known to have been contracted outside the District. No further spread occurred.

Dr. Debenham reports that the Isolation Hospital, situated half-a-mile from the town, is no longer kept in readiness for emergency cases, and is at present let to householders. This does not appear to him a sound policy, as he recalls to this Council the last outbreak of Small Pox which, for want of an Isolation Hospital, cost the District over £400 in rates.

TUBERCULOSIS.

14 cases of Pulmonary Tuberculosis, and 7 cases of Non-Pulmonary Tuberculosis were notified during 1919. The number of deaths were respectively 16 and 7, giving a death-

rate for Pulmonary Tuberculosis of 0.76 per 1000 and for Non-Pulmonary Tuberculosis of 0.33 per 1000.

The Tuberculosis Physician (Welsh National Memorial Association) for Breconshire and Radnorshire, visits each of the "stations" twice each month and sees patients reported to him by the medical men practising in the County, and children reported to him by the S.M.O. The following tables give the statistics for the County which have been supplied by the W.N.M.A.

TUBERCULOSIS.

YEAR 1919.

I. Number of Persons examined for Diagnostic purposes :

(a) Under observation at beginning of year	M	13	
	F	10	
		—	23
(b) New cases examined during the year	M	54	
	F	55	
		—	109
(c) Number found to be suffering from Tuberculosis:—			
Pulmonary ...	M	18	
	F	21	
		—	39
Non-Pulmonary ...	M	5	
	F	7	
		—	12
(d) Number with no evidence of Tuberculosis ...	M	23	
	F	15	
		—	38
(e) Number under observation still pending diagnosis at the end of 1919 ...	M	21	
	F	22	
		—	43

2. Number and Form of Treatment recommended by Tuberculosis Physician.

(a) Number found to be suffering from Pulmonary Tuberculosis during 1919	M	18	
	F	21	
		—	39
(b) Treatment recommended:—			
Domiciliary ...	M	4	
	F	7	
		—	11

Institutional	...	...	M	6	11
			F	5	
Hospital	...	...	M	2	7
			F	5	
Sanatorium	...	...	M	6	10
			F	4	
(c) Number found to be suffering from Non-Pulmonary Tuberculosis during the year 1919					
	...	...	M	5	12
			F	7	
(d) Treatment recommended :—					
Institutional	...	...	M	4	10
			F	6	
Hospital	...	...	M	1	2
			F	1	

3. Number of Contacts examined with the Result of Examination.

(a)	Number under observation pending diagnosis at the beginning of the year 1919	...	...	M	—	5
				F	5	
(b)	Number examined during 1919	...		M	14	27
				F	13	
(c)	Number found to be suffering from Tuberculosis :—					
			Pulmonary ...	M	2	3
				F	1	
			Non-Pulmonary ...	M	—	2
				F	2	
(d)	Number with no evidence of active Tuberculosis	...	...	M	6	15
				F	9	
(e)	Number still under observation pending diagnosis at the end of 1919	...		M	6	12
				F	6	

4. Number of children attending Public Elementary Schools who were referred by the School Medical Officer for examination by the Tuberculosis Physician with the result of the Examination.

(a) Number under observation pending diagnosis at the beginning of 1919		...	M	—	
			F	3	
				—	3
(b) Number examined during the year 1919		...	M	9	
			F	10	
				—	19
(c) Number found to be suffering from Tuberculosis :—					
	Pulmonary	...	M	1	
			F	3	
				—	4
	Non-Pulmonary	...	M	—	
			F	4	
				—	4
(d) Number with no evidence of active Tuberculosis		...	M	2	
			F	—	
				—	2
(e) Number still under observation pending diagnosis at the end of the year 1919		...	M	6	
			F	6	
				—	12

5. Results of Sanatorium treatment for Pulmonary and Non-Pulmonary cases.

(a) Number under treatment at the beginning of the year 1919 :—					
	Pulmonary	...	M	3	
			F	2	
				—	5
(b) Number admitted during 1919 :—					
	Pulmonary	...	M	4	
			F	2	
				—	6
	Non-Pulmonary	...	M	—	
			F	1	
				—	1
(c) Number discharged :—					
	Fit for work. Pulmonary	...	M	5	
			F	2	
				—	7

(d) Number still under treatment at the end of 1919.	Improved.	Pulmonary ...	M	1	
			F	1	
				—	2
	For disobedience:				
		Pulmonary ...	M	1	
				—	1
		Pulmonary ...	M	—	
			F	1	
				—	1
		Non-Pulmonary ...	M	—	
			F	1	
				—	1

6. Result of Hospital treatment of Pulmonary and Non-Pulmonary cases.

(a) Number under treatment at beginning of year 1919:—					
		Pulmonary ...	M	4	
			F	—	
				—	4
(b) Number admitted during 1919:—					
		Pulmonary	M	2	
			F	3	
				—	5
		Non-Pulmonary	M	1	
			F	2	
				—	3
(c) Number discharged:—					
	Improved.	Pulmonary ...	M	5	
			F	2	
				—	7
		Non-Pulmonary ...	M	1	
			F	—	
				—	1
	Worse.	Pulmonary ...	M	1	
			F	—	
				—	1
(d) Number of Deaths:—					
	Certified as Primarily due to Tuberculosis				
		Non-Pulmonary ...	M	—	
			F	1	
				—	1
(e) Number still under treatment at end of 1919.					
		Pulmonary ...	M	—	
			F	1	
				—	1
		Non-Pulmonary ...	M	—	
			F	1	
				—	1

7. Result of Institutional treatment of Pulmonary and Non-Pulmonary cases.

(a) Number under treatment at the beginning of the year	Pulmonary ...	M	15	
		F	3	18
	Non-Pulmonary ...	M	11	
		F	5	16
(b) Number admitted during the year	Pulmonary ...	M	6	
		F	7	13
	Non-Pulmonary ...	M	7	
		F	6	13
(c) Number discharged:— Improved.	Pulmonary ...	M	6	
		F	—	6
	Non-Pulmonary ...	M	7	
		F	4	11
(d) Number of deaths:— Certified as Primarily due to Tuberculosis.	Pulmonary ..	M	1	
		F	1	2
	Non-Pulmonary ...	M	—	
		F	1	1
(e) Number still under treatment at the end of 1919.	Pulmonary ...	M	14	
		F	9	23
	Non-Pulmonary ...	M	11	
		F	6	17

8. Results of Treatment of Pulmonary and Non-Pulmonary cases treated at Home by the Medical Practitioner in consultation with the Tuberculosis Physician.

(a) Number under treatment at the beginning of 1919.	Pulmonary	M	4	
		F	3	7
(b) Number examined during the year	Non-Pulmonary	M	1	
		F	1	2

(b) Number admitted during the year 1919.		Pulmonary ...	M	7	
			F	11	
				—	18
		Non-Pulmonary ...	M	1	
			F	—	
				—	1
(c) Number discharged:—					
Improved.		Pulmonary ...	M	2	
			F	—	
				—	2
(d) Number of deaths:—					
Certified as primarily due to Tuber-					
culosis.		Pulmonary ...	M	1	
			F	5	
				—	6
		Non-Pulmonary ...	M	1	
			F	—	
				—	1
(e) Number still under treatment at the					
end of the year 1919.		Pulmonary ...	M	8	
			F	9	
				—	17
		Non-Pulmonary ...	M	1	
			F	1	
				—	2

TUBERCULOSIS.

YEAR 1920.

I. Number of persons examined for Diagnostic purposes :

(a)	Under observation at beginning of year	M	21	
		F	22	
			—	43
(b)	New cases examined during the year	M	50	
		F	29	
			—	79
(c)	Number found to be suffering from Tuberculosis:—			
	Pulmonary ...	M	15	
		F	10	
			—	25
	Non-Pulmonary ...	M	7	
		F	5	
			—	12
(d)	Number with no evidence of Tuberculosis	M	18	
	... ..	F	19	
			—	37

(e) Number under observation still pending diagnosis at end of year 1920	...	M	31	
		F	20	
			—	51

2. Number and Form of Treatment recommended by Tuberculosis Physician.

(a) Number found to be suffering from Pulmonary Tuberculosis during 1920	...	M	15	
		F	10	
			—	25

(b) Treatment recommended:—				
Domiciliary	...	M	5	
		F	4	
			—	9
Institutional	...	M	3	
		F	3	
			—	6
Hospital	...	M	5	
		F	2	
			—	7
Sanatorium	...	M	2	
		F	1	
			—	3

(c) Number found to be suffering from Non-Pulmonary Tuberculosis during 1920	...	M	7	
		F	2	
			—	9

(d) Treatment recommended:—				
Domiciliary	...	M	2	
		F	2	
			—	4
Institutional	...	M	1	
		F	—	
			—	1
Sanatorium	...	M	1	
		F	—	
			—	1
Hospital	...	M	3	
		F	—	
			—	3

3. Number of Contacts examined with the result of Examination.

(a) Number under observation pending diagnosis at beginning of year 1920	...	M	6	
		F	6	
			—	12
(b) Number examined during year	...	M	6	
		F	3	
			—	9

					Total
(c)	Number with no evidence of actual Tuberculosis	...	...	...
				M	7
				F	1
					8
(d)	Number still under observation pending diagnosis at the end of the year 1920	...	...	...
				M	5
				F	8
					13

4. Number of children attending Public Elementary Schools who were referred by the School Medical Officer for examination by the Tuberculosis Physician with the result of the Examination.

(a)	Number under observation pending diagnosis at the beginning of 1920	...	...	...
				M	6
				F	6
					12
(b)	Number examined during the year 1920	...	...	...
				M	2
				F	3
					5
(c)	Number found to be suffering from Tuberculosis:—		Pulmonary	...	
				M	1
				F	—
					1
(d)	Number with no evidence of active Tuberculosis	...	...	...
				M	2
				F	5
					7
(e)	Number still under observation pending diagnosis at the end of the year 1920	...	...	...
				M	2
				F	4
					6

5. Results of Sanatorium treatment for Pulmonary and Non-Pulmonary cases.

(a)	Number under treatment at the beginning of Year 1920.		Pulmonary	M	—	
				F	1	1
			Non-Pulmonary	M	—	
				F	1	1
(b)	Number admitted during 1920.		Pulmonary	M	8	
				F	1	9
			Non-Pulmonary	M	2	
				F	—	2
(c)	Number Discharged:—					
	Fit for work		Pulmonary	M	2	
				F	1	3
	Improved		Non-Pulmonary	M	1	
				F	—	1
	Left off treatment against advice.					
			Pulmonary	M	1	
				F	—	1
(d)	Number still under treatment at the end of the Year 1920	...	Pulmonary	M	4	
				F	1	5
			Non-Pulmonary	M	—	
				F	1	1

6. Results of Hospital treatment of Pulmonary and Non-Pulmonary cases.

				Total		
(a)	Number under treatment at beginning of Year 1920	Pulmonary	M	—		
			F	1	1	
		Non-Pulmonary	M	—		
			F	1	1	
(b)	Number admitted during 1920.	Pulmonary	M	4		
			F	2	6	
		Non-Pulmonary	M	6		
			F	1	7	
(c)	Number Discharged :—	Improved	Pulmonary	M	1	
				F	1	2
		Improved	Non-Pulmonary	M	6	
				F	1	7
				Left off treatment against advice.		
			Pulmonary	M	—	
				F	1	1
(d)	Number of Deaths :— Certified as primarily due to Tuberculosis.	Pulmonary	M	1		
			F	1	2	
		Non-Pulmonary	M	1		
			F	—	1	
		(e)	Number still under treatment at end of 1920.	Pulmonary	M	2
F	—				2	
Non-Pulmonary	M			3		
	F			2	5	

7. Results of Institutional treatment of Pulmonary and Non-Pulmonary cases.

(a)	Number under treatment at beginning of the year 1920.	...	Pulmonary	M	14	23				
				F	9					
				Non-Pulmonary	M		11			
							6	17		
(b)	Number admitted during the Year.		Pulmonary	M	6	11				
				F	5					
				Non-Pulmonary	M		—			
					F		1	1		
(c)	Number Discharged.	Improved	Non-Pulmonary	M	1	1				
				F	—					
				(d)	Number of Deaths:—		Certified as primarily due to Tuberculosis.	Pulmonary	M	1
									F	—	1

		Total	
(e) Number still under treatment at the end of the Year 1920.	Pulmonary	M	17
		F	13
			30
	Non-Pulmonary	M	10
		F	7
			17

8. Results of Treatment of Pulmonary and Non-Pulmonary cases treated at Home by the Medical Practitioner in consultation with the Tuberculosis Physician.

(a) Number under treatment at the beginning of the Year 1920.	Pulmonary	M	8	
		F	9	17
	Non-Pulmonary	M	1	
		F	1	2
(b) Number admitted during the Year 1920.	Pulmonary	M	3	
		F	2	5
	Non-Pulmonary	M	2	
		F	2	4
(c) Number Discharged :— Improved	Non-Pulmonary	M	1	
		F	—	1
(d) Number of Deaths :— Certified as primarily due to Tuberculosis.	Pulmonary	M	—	
		F	2	2
	Non-Pulmonary	M	1	
		F	—	1
	Pulmonary	M	13	
		F	10	23
(e) Number still under treatment at end of Year 1920.	Non-Pulmonary	M	2	
		F	3	5

CANCER.

The various forms of this disease are responsible for a large number of deaths, especially at ages above 45 years. The deaths from Cancer are greatly in excess in the Rural Districts of the County. 24 deaths in 1919 in the R.D., against 5 in the U.D., and 32 in 1918 against 5 in the U.D.

WATER SUPPLIES.

Dr. T. W. Graves (Knighton U.D.) has commented upon this subject in reporting upon the prevalence of Diphtheria in his District. The rainfall between 1st May and 30th November 1919 was 10'76 inches. Normally the average rainfall is about 3 inches per month. Following this drought there was a great shortage in the water supply of the town.

Dr. John Murray (Llandrindod Wells U.D.) after referring to the source of the water supply for the town and the arrangements for its purification, reports that:—

“in the meantime it just manages to supply all its wants
“but that shortly we may have to increase our storage
“capacity, as well as to enlarge the mains.”

In his Report, Dr. Debenham (M.O.H. Presteigne U.D.) states that:—

“the town is served by the Presteigne Water Company's
“Service. The source of this supply being the Coldbrook
“Spring situate about a mile west of the town. The water
“is of good quality and the quantity has been sufficient at
“all seasons. About 60 houses within the District are
“still served by wells, and about 20 carry by hand from
“the Well House Spring, the water of which is of first-rate
“quality.”

In general in the County, with the exception of the towns, Knighton, Llandrindod Wells, Presteigne and Rhayader, the water supply is obtained from wells and springs. During the drought in 1919, some parts of the County suffered very badly from insufficiency of water.

SEWAGE DISPOSAL.

Knighton U.D. All the sewage from this town passes into the river in an untreated way. In consequence of this the stream is greatly contaminated below the outfall of the sewer. I made a careful inspection of the river-bed for some distance and found it to be extremely foul and as for some time, previous to my inspection, there had been very little rain, the fouling of the river-bed was very manifest. I communicated with the Clerk of the District Council and pointed out that his Council was seriously infringing the law as laid down in the P.H. Acts and River Pollution Acts. Subsequently the Council obtained advice from an expert engineer who prepared plans and estimates but nothing further transpired. The fouling of the river still remains a dangerous nuisance.

Dr. Murray (M.O.H., Llandrindod Wells) states that the systems for sewage purification:—

“have not been satisfactory of late and have taken up a
“good deal of the attention of the Surveyor. According
“to the population of the District there is not enough
“filtration area, nor is the effluent allowed to run over
“fields before it reaches the river.”

The sewage from the town of Presteigne is treated by broad irrigation on land which has been prepared by subsoil drainage. Sixteen acres on the farm at Whitehall are available for treatment, and the M.O.H. states that the system is devoid of nuisance.

The sewers have an upshaft system of ventilation and they are regularly flushed from the Water company's flushing tanks.

Generally in the County dry closets—buckets, etc., are the rule—or else the pit system is used. Both of these, unless carefully managed, are liable to prove a nuisance. This is sometimes well exemplified in School premises.

CLOSET ACCOMMODATION.

Generally in the County with the exception of the four towns, the dry system—pit, bucket, etc., is the rule. Unless carefully managed this system is liable to prove a nuisance. This is sometimes exemplified in School premises.

The majority of the houses in Llandrindod Wells Urban District possess water-closets connected with the main drains.

Dr. Debenham (M.O.H. Presteigne U.D.) says :—

“The majority of houses are still dependent on the privy system; very slowly do water closets replace the privies in spite of the opportunity afforded by an ample water supply. About 50 houses are still supplied with slop closets. For this form of convenience there seems no justification whatever; they are always objectionable and frequently insanitary and a standing nuisance to the community should an epidemic of Typhoid Fever visit the town. The privy, though objectionable, has some justification for its existence in that it acts as a septic tank and thus destroys other specific disease germs entering therein, but the slop closet, as I see in the District, is an unqualified evil. I note that in some cases householders attempt to mitigate this æsthetic nuisance of privies by pouring in disinfectants. This method destroys the septic action, and with its destruction removes the one advantage that can be claimed by this closet from the sanitary standpoint.”

HOUSING.

During the continuance of the War very little attention was given to the Housing conditions of the people. Too often the War was made the excuse for neglect in the performance of duties and this neglect can be seen in the state of many houses now unfit which might still have been in a quite serviceable state if occasional repairs had been effected. After the War had finished other reasons for non-interference with insanitary housing conditions came into prominence. Besides the fact that many houses were not considered worthy of much expense to make them fit, local authorities were little inclined to put into effective force the powers they possessed under the Housing Acts. The Government Housing Schemes were going to make a new heaven upon earth so why need local authorities do anything further. I am confident that over-reliance on what the Government were supposed to be going to do held the hand of local authorities to a considerable extent. I am not forgetting that an objection was raised by property owners that the price of materials was higher than in pre-war days but the grounds for this statement were not, in my opinion, at work during the War to any considerable extent.

Dr. Murray (M.O.H. Llandrindod Wells U.D.) reports :
"The character of the housing in the Llandrindod Wells
"Urban District is of an exceedingly good character.
"The town is a comparatively new town and necessarily
"the houses are modern houses. They are well built and
"well supplied with water and their sanitary arrangements
"are continually being inspected. There has been one case
"of overcrowding."

"The number of houses inspected during the year
"was 300. The general character of the defects found in
"these houses was dampness of walls and floors, defective
"drainage, and insufficient ventilation. While there is no
"shortage of the larger class of house there have been
"several applications for houses of the working-class type.
"During the year under review no definite measures were
"taken to provide for this shortage, but the U.D.C. has been
"contemplating a building scheme under the Housing Acts
"in the near future."

Dr. J. A. K. Griffiths (M.O.H. Knighton R.D.) says:—
"There is a sufficiency of houses of the working-class type,
"in fact, there are several unoccupied houses in the district ;
"unfortunately they are generally in isolated or inaccessible
"places, and therefore useless for men who have to live near
"their work. Housing conditions generally may be said to
"be not so good as before the war, owing to the difficulty
"in getting repairs executed. Nine houses were reported on
"as unfit for habitation, but in no cases were closing orders
"made owing to the fact that alternative accommodation
"could not be provided which was of any use to the
"occupiers."

Dr. Black Jones (M.O.H. Colwyn R.D.) states in his
report that :—

"there is a demand for houses in the following parishes :—
"Llanelwedd, where the Council propose to erect 8 houses ;
"Disserth, where 4 are to be erected ; Llansaintffraed,
"where 4 are to be erected."

No action was taken under Section 17 of the Housing
Acts of 1909 and 1919.

SCAVENGING.

Dr. Murray (M.O.H. Llandrindod U.D.) is of opinion
that the arrangements for the removal of household refuse have
been satisfactory, but that it is essential that the removal of
refuse should be completed before the visitors begin to visit
pump rooms to take the waters. The M.O.H. recommends the
use of a Horsfall Destructor for the treatment of refuse.

Removal of refuse in the Knighton U.D. is undertaken
by the District Council, but the "tip" is not in a suitable place.
All refuse is carried to a special place near the bank of the river
Teme which is greatly contaminated by refuse falling into it.

I reported upon this to the District Council, and suggested that tipping rubbish, often containing decaying organic matter, should be discontinued, but no steps were taken to remedy the state of affairs.

In Presteign U.D. house refuse is removed twice weekly by the Council's carts.

I communicated with the Clerk to the Rhayader R.D. with reference to the need for the removal of house refuse from the houses in the town. Accumulations of house refuse can be seen behind many of the houses. Judging from the appearance of many of these heaps, it would seem that householders regard the back yards as the proper places for the disposal of refuse.

In rural districts the disposal of house refuse is a matter for the individual to undertake, but the possibility of nuisances arising from its disposal is naturally less than in the more or less congested places where no arrangements are made for removal.

SLAUGHTER-HOUSES.

The M.O.H. Knighton U.D. is of opinion that the slaughter-houses are clean and well kept.

Dr. Murray (M.O.H. Llandrindod U.D.) reports :—

“There are 3 slaughter-houses on the register, and they are provided with every convenience for carrying out their business, but it is very difficult to keep private slaughter-houses in a thoroughly sanitary condition from the public health point of view. Powers have been obtained in a Parliamentary Bill for the erection of a public slaughter-house, and in the near future this will be erected.”

Dr. Black Jones (M.O.H. Colwyn R.D.) states that :—
“there are two slaughter-houses. They are kept in a sanitary condition.”

MILK SUPPLIES.

Dr. Murray (M.O.H. Llandrindod U.D.) says in his Report :
“On the whole the milk supply so far as it concerns that within the Urban area is good, but there have always been difficulties with regard to the purity or cleanliness of the milk supply both from within and without the district. The dairies, cowsheds and milkshops within the Urban area have been inspected, and, as I have reported before, if they are to be made to comply with all the regulations of the Local Government Board, it would mean the rebuilding of nearly all of them. The number of dairies and cowsheds on the Register is 9.”

I can confirm Dr. Murray's opinion as to the standard of cowsheds in the urban area. From an inspection I made personally I consider that at least two cowsheds should be discontinued altogether as completely insanitary and quite unsuitable for the purposes of a cowshed, and all the remainder

should be reconstructed to a considerable extent. There is no proper safeguard for the cleanliness of the milk supplied to the town. The milk itself is generally of a very good quality, but the opportunities for contamination are unnecessarily great.

In general, the district M.O.H.'s report favourably upon the state of the dairies and cowsheds, but a casual glance at the surroundings of many of them does not reassure one. Collections of manure, either piled against the walls of cowsheds, or placed at a very short distance from them, are a source of contamination from flies, which use manure as their natural breeding ground, and only go elsewhere when compelled to do so. When flies come to be regarded as filthy vermin, and not as harmless insects, the public will perhaps avoid obtaining milk from places which are not properly protected against contamination by flies.

MIDWIVES' ACT.

The number of midwives on the Register at the beginning of 1919 was 20 compared with 29 in 1918. Of the midwives practising, the number who had been trained and who held the certificate of the examiners of the Central Midwives' Board was 14. During the year, 6 midwives began practice and 3 discontinued practice; the total number at the end of the year being 23. At the beginning of 1920, 23 notified their intention of practising in the county.

Mrs. Griffiths, the Inspector of Midwives, resigned her appointment in March, 1919, and was succeeded by Miss J. M. Watson.

Miss Watson paid frequent visits to each midwife practising in the county, paying particular attention to those who, in her judgment, failed to come up to the standard required by the Midwives' Board, and through her efforts I am confident that the midwifery service in the county has greatly improved, and greater protection has been assured to those requiring the services of midwives.

MATERNITY AND CHILD WELFARE.

Three centres have been established in the county—at Knighton, Llandrindod Wells and Presteigne. A little difficulty was experienced in carrying on the Presteigne centre, but fortunately that was overcome successfully. In all cases a medical man attends at the Infant Welfare Centre and sees the children that are brought. Meetings are held at the centres once every month. At Llandrindod Wells additional meetings are held every month, when instruction is given to mothers in making baby clothes, etc.

In the summer of 1920, baby shows were held in Knighton, Llandrindod Wells and Cwmbach near Builth Wells. All of them were well attended by the mothers, and prizes were awarded to the mothers of babies. As judge in the two first shows, the healthy growth and appearance of the baby were not the only consideration which weighed in awarding the prizes, but good mothercraft was also considered to merit reward.

NURSING SERVICES IN THE COUNTY.

As I did not consider that the Nursing Service was adequate for the needs of the County I prepared a Report which was laid before the County Council. The number of District Nurses, whole time or subsidised, was 11, and in the new scheme provision was made for 16, all to be subsidised. Whole-time nurses paid by County Council were, in my opinion, not as satisfactory in Rural Areas as nurses working in connection with a District Nursing Association. The Scheme was favourably considered by the Council but much time was necessary to work out the many details respecting new districts, and to persuade the residents in parishes to take up the work of forming new Associations. Before I left the County several new Associations had been formed and the Scheme formulated about 12 months before, was in a fair way towards realisation. Without the cordial assistance and co-operation of the Chairman (Mrs. Venables Llewelyn) of the Maternity and Child Welfare Committee, and Mrs. Coltman Rogers, of the same Committee, the inauguration of the new Scheme would have been exceedingly difficult.

The number of District Associations at the end of 1920 was 7 an addition of 2 to the number existing in 1919. The whole-time nurses numbered 5 in 1919 and 3 at the end of 1920.

The new Scheme provided for a subsidy of £50 to every District Association and the District Nurse was expected to act as the District Health Visitor and to engage in School Medical Inspection work. All of them would be under the supervision of Miss Watson, the County Superintendent Nurse and Inspector of Midwives.

VENEREAL DISEASE.

Arrangements were made with Professor Leith, Pathological Department, Birmingham University, for the examination of material sent from the County and a supply of outfits for the bacteriological examination of such material was obtained from Professor Leith. Arrangements were also made for treatment at the Hereford General Hospital. All doctors practising in the County were informed that the necessary outfits could be obtained from the County M.O.H.

During the year only one case was sent to the Hereford General Hospital but the treatment was not persisted in.

VITAL STATISTICS. 1918.

	Area in Acres.	POPULATION.						BIRTHS.		DEATHS.		INFANT MORTALITY (i.e., Deaths of Infants under one year, per 1000 Births).
		Census 1901.	Census 1911.	1901—1911.		Estimated Population, 1918.		Net Registered Births.	Rate per 1000 Population.	Net Registered Deaths.	Rate per 1000 Population.	
				Increase	Decrease	For Birth Rate	For Death Rate					
Urban Districts	...	5211	5806	595		6213	5545	71	11.4	75	13.5	84.5
Knighton	...	2139	1886		253	1717	1532	17	9.9	23	15.0	176.5
Llandrindod Wells	...	1827	2779	952		3179	2838	28	8.8	29	10.2	71.3
Presteigne	...	1245	1141		104	1317	1175	26	19.7	23	19.5	38.4
Rural Districts	...	18070	16784		1286	16640	14851	324	19.4	269	18.1	58.6
Colwyn	...	1882	2052	170		2007	1791	47	23.4	27	15.1	63.8
Knighton	...	4856	4443		413	4519	4033	80	17.7	58	14.3	75.0
New Radnor	...	2944	2758		186	2694	2404	62	23.0	47	19.5	64.5
Painscastle	...	2339	2333		6	2353	2100	52	22.1	36	17.1	38.4
Rhayader	...	6049	5198		851	5067	4523	83	16.4	101	22.3	48.2
Administrative County		23281	22590		691	22853	20396	395	17.3	344	16.8	63.3

Causes of Death in Administrative Areas in the County of Radnor 1918.

URBAN DISTRICTS.

RURAL DISTRICTS.

CAUSES OF DEATH.	Knighton.	Llandrindod Wells.	Presteigne	Colwyn.	Knighton.	New Radnor.	Paincastle.	Rhayader.
Whooping Cough ...		1					1	
Diphtheria and Croup ...						1		1
Influenza ...	2	2	4	2	5	5	4	16
Pulmonary Tuberculosis ...		2	2	5	2	3	2	7
Tuberculous Meningitis ...	1	1						
Other Tuberculous Diseases		1			1	1		4
Cancer, malignant disease ...	2	2	1	1	7	4	3	17
Meningitis ...			1					1
Organic Heart Disease ...	2	2	4	1	7	7	4	13
Bronchitis ...	3	3	2	1	6	4	3	7
Pneumonia (all forms) ...	3			1	3	2	3	3
Other Respiratory Diseases				1		2	1	1
Appendicitis and Typhlitis ...		1			1			1
Nephritis and Bright's Disease	1	2		2	2	1	1	3
Congenital Debility ...	1	2		2	3	1	2	3
Violence, apart from Suicide		1	1	1	1			1
Other Defined Diseases ...	8	9	8	10	20	16	11	22
Causes ill defined or unknown							1	1
ALL CAUSES ...	23	29	23	27	58	47	36	101

Causes of Death at Different Periods of Life in the County of Radnor. 1918.

Causes of Death.	Aggregate of Urban Districts.									Aggregate of Rural Districts.								
	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	All Ages	0—	1—	2—	5—	15—	25—	45—	65—
Whooping Cough ...	1		1							1			1					
Diphtheria and Croup ...										2				1			1	
Influenza ...	8				2	1	3	2		32				1	5	8	8	10
Pulmonary Tuberculosis...	4						3	1		19				1	4	12	2	
Tuberculous Meningitis ..	2					1	1											
Other Tuberculous Diseases ...	1							1		6					1	3	2	
Cancer, Malignant Disease	5							1	4	32						1	18	13
Meningitis ...	1							1		1							1	
Organic Heart Disease ...	8						1	2	5	32				1	1	1	6	23
Bronchitis ...	8	1						2	5	21	1					1	2	17
Pneumonia (all forms)	3	1			1				1	12	1	2	1		1	3	3	1
Other Respiratory diseases										5							1	4
Diarrhoea ...	2								2	2						1		1
Appendicitis and Typhlitis	1							1		2				1	1			
Nephritis & Bright's disease	3						1		2	9				1			2	6
Congenital Debility ...	3	3								11	11							
Violence apart from suicide	2						1	1		3				1	1		1	
Other defined diseases ...	23	1		1	1			4	16	77	5	2		2	1	5	6	56
Causes, ill-defined or unknown ...										2	1						1	
All causes ...	75	6	1	1	4	2	10	16	35	269	19	4	2	9	15	35	54	131

VITAL STATISTICS. 1919.

	Area in Acres.	POPULATION.						BIRTHS.		DEATHS.		INFANT MORTALITY (i.e., Deaths of Infants under one year, per 1000 Births).
		Census 1901.	Census 1911.	1901-1911.		Estimated Population, 1919.		Net Registered Births.	Rate per 1000 Population.	Net Registered Deaths.	Rate per 1000 Population.	
				Increase	Decrease	For Birth Rate	For Death Rate					
Urban Districts	...	5211	5806	595		5827	5594	81	13.9	76	13.6	49.3
Knighton	3664	2139	1886		253	1653	1587	26	15.7	32	20.1	
Llandrindod Wells	1509	1827	2779	952		2902	2786	28	9.6	26	9.3	71.4
Presteigne	2994	1245	1141		104	1272	1221	27	21.2	18	14.7	74.0
Rural Districts	...	18070	16784		1286	15925	15287	306	19.2	211	13.8	62.0
Colwyn	29579	1882	2052			1818	1745	31	17.0	33	18.9	96.7
Knighton	88872	4856	4443	170	413	4338	4164	91	20.9	54	12.9	76.9
New Radnor	51893	2944	2758		186	2641	2535	52	19.6	36	14.2	57.6
Painscastle	31414	2339	2333		6	2206	2118	44	19.9	22	10.3	90.9
Rhayader	91240	6049	5198		851	4922	4725	88	17.8	66	13.9	22.7
Administrative County	301165	23281	22590		691	21752	20881	387	17.8	287	13.7	59.4

Causes of Death in Administrative Areas in the County of Radnor 1919.

URBAN DISTRICTS.

RURAL DISTRICTS.

CAUSES OF DEATH.	Knighton.	Llandrindod Wells.	Presteigne	Colwyn.	Knighton.	New Radnor.	Painsecastle.	Rhayader.
Scarlet Fever ...	1							
Diphtheria and Croup ...	2							
Influenza ...		1	2	4	4	4	1	3
Pulmonary Tuberculosis ...	2	1	1	1	3	2	2	4
Tuberculous Meningitis ...	1			1	1			
Other Tuberculous Diseases					1			3
Cancer, malignant disease ...		2	3	4	5	4		11
Rheumatic Fever ...	1							
Meningitis ...								1
Organic Heart Disease ...	4	5	2	3		3	3	5
Bronchitis ...	2	1		1	5	3		1
Pneumonia (all forms) ...	2			1	2	3	1	5
Other Respiratory Diseases		2				1		
Appendicitis and Typhlitis ...		1			3			
Nephritis and Bright's Disease	4	1	1	1	1			2
Parturition, apart from Puerperal Fever...	1				1			2
Congenital Debility ...		2	2	2	4	2	3	2
Violence, apart from Suicide		1	1					3
Suicide ...	1				1			1
Other Defined Diseases ...	11	9	6	15	22	14	11	23
Causes ill defined or unknown					1			
ALL CAUSES ...	32	26	18	33	54	36	22	66

URBAN DISTRICTS RURAL DISTRICTS

Causes of Death at Different Periods of Life in the County of Radnor. 1919.

Causes of Death.	Aggregate of Urban Districts.									Aggregate of Rural Districts.								
	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	All Ages	0—	1—	2—	5—	15—	25—	45—	65—
Scarlet Fever ...	1				1													
Diphtheria and Croup ...	2			1	1													
Influenza ...	3	1						1	1	16	2	3		1	2	3	2	3
Pulmonary Tuberculosis...	4					2	1	1		12					4	4	4	
Tuberculous Meningitis ..	1					1				2					2			
Other Tuberculous Diseases ...										4			1		3			
Cancer, Malignant Disease	5							3	2	24							13	11
Rheumatic Fever ...	1				1													
Meningitis ...										1				1				
Organic Heart Disease ...	11						2	2	7	14							4	10
Bronchitis ...	3								3	10	1	1				1	2	5
Pneumonia (all forms) ..	2						1		1	12		2	1	1	1	1	5	1
Other Respiratory diseases	2							2		1								1
Diarrhoea, etc. ...										3			2	1				
Appendicitis and Typhlitis	1				1					3				1			1	1
Nephritis & Bright's disease	6				1			3	2	4							1	3
Parturition, apart from Puerperal Fever...	1						1			3					1	2		
Congenital Debility ...	4	3			1					13	11	2						
Violence, apart from suicide	2							1	1	4			1			1		2
Suicide ...	1							1		2						1	1	
Other defined diseases ...	26						3	8	15	82	4		1	3	1	6	8	59
Causes, ill-defined or unknown ...										1							1	
All causes ...	76	4		1	6	3	8	22	32	211	18	8	6	8	14	19	42	96

VITAL STATISTICS. 1920.

	Area in Acres.	POPULATION.					BIRTHS.		DEATHS.		INFANT MORTALITY (i.e., Deaths of Infants under one year, per 1000 Births).	
		Census 1901.	Census 1911.	1901—1911.		Estimated Population for Birth and Death Rates Middle of 1910	Net Registered Births.	Rate per 1000 Population.	Net Registered Deaths.	Rate per 1000 Population.		
				Increase	Decrease							
Urban Districts	...	5211	5806	595		5817	116	19.9	88	15.1	155.1	129
Knighton	...	2139	1886		253	1650	34	20.6	28	17.0	147.0	119
Llandrindod Wells	...	1827	2779	952		2897	45	15.5	35	12.1	155.5	133
Presteigne	...	1245	1141		104	1270	37	29.1	25	19.6	162.1	135
Rural Districts	...	18070	16784		1286	15896	353	22.2	177	11.1	85.0	68
Colwyn	...	1882	2052	170		1815	37	20.3	17	9.3	27.0	27
Knighton	...	4856	4443		413	4330	97	22.4	47	10.8	103.1	72
New Radnor	...	2944	2758		186	2636	59	22.4	26	9.8	50.8	51
Painscastle	...	2339	2333		6	2202	51	23.1	20	9.1	98.0	98
Rhayader	...	6049	5198		851	4913	109	22.2	67	13.6	100.9	73
Administrative County	301165	23281	22590		691	21713	469	21.6	265	12.2	102.3	83

Causes of Death in Administrative Areas in the County of Radnor 1920

URBAN DISTRICTS.

RURAL DISTRICTS.

CAUSES OF DEATH.	Knighton.	Llandrindod Wells.	Presteigne	Colwyn.	Knighton.	New Radnor.	Paincastle.	Rhayader.
Measles ...	2				1		1	
Whooping Cough ...					1			
Diphtheria and Croup ...	1							
Influenza ...		2	1			1		1
Erysipelas ...					2			
Pulmonary Tuberculosis ...		3	1	3	3	2	2	6
Tuberculous Meningitis ...				1		1		4
Other Tuberculous Diseases ...	1	2	1			1		2
Cancer, malignant disease ...	5	2	6		9	1	2	4
Meningitis ...						1		
Organic Heart Disease ...	3	4		2	3	3	1	8
Bronchitis ...	1		3		4	2		3
Pneumonia (all forms) ...	1			2	2	1		2
Other Respiratory Diseases ...		1		1		1		1
Diarrhoea (under 2 years) ...		1						
Appendicitis and Typhlitis ...	1				1			1
Cirrhosis of Liver ...							1	
Nephritis and Bright's Disease ...	1	2			2	1		1
Puerperal Fever ...								2
Parturition, apart from Puerperal Fever...								1
Congenital Debility ...	3	4	4	1	2	3	3	3
Violence, apart from Suicide ...			1					2
Suicide ...								1
Other Defined Diseases ...	8	14	8	7	15	8	10	25
Causes ill defined or unknown ...	1				2			
ALL CAUSES ...	28	35	25	17	47	26	20	67

Causes of Death at Different Periods of Life in the County of Radnor. 192

Causes of Death.	Aggregate of Urban Districts.									Aggregate of Rural Districts.								
	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	All Ages	0—	1—	2—	5—	15—	25—	45—	65—
Measles ...	2	1			1					2					2			
Whooping Cough ...										1	1							
Diphtheria and Croup ...	1			1														
Influenza ...	3			1		1			1	2				1		1		
Erysipelas ...										2	1							
Pulmonary Tuberculosis...	4				1		2	1		16					2	7	5	
Tuberculous Meningitis ...										6			1	3	1		1	
Other Tuberculous Diseases ...	4					1	1	2		3					1	2		
Cancer, Malignant Disease	13							5	8	16						2	9	
Meningitis ...										1						1		
Organic Heart Disease ...	7							4	3	17						1	2	
Bronchitis ...	4								4	9	2		1			1	1	
Pneumonia (all forms) ..	1						1			7						2	4	
Other Respiratory diseases	1					1				3						1	1	
Diarrhoea, etc. ...	1	1																
Appendicitis and Typhlitis	1							1		2		1		1				
Cirrhosis of Liver ...										1						1		
Nephritis & Bright's disease	3							2	1	4							1	
Puerperal Fever ...										2						2		
Parturition, apart from Puerperal Fever...										1						1		
Congenital Debility ...	11	11								12	12							
Violence, apart from suicide	1								1	2						2		
Suicide ...										1						1		
Other defined diseases ...	30	2					4	8	16	65	8	1		2	3	4	10	
Causes, ill-defined or unknown ...	1								1	2						1		
All causes ...	88	15		2	2	3	8	23	35	177	24	2	2	7	9	30	34	6

SUMMARY OF ANNUAL REPORTS FOR 1920.

URBAN DISTRICTS.

KNIGHTON URBAN DISTRICT.

T. W. GRAVES, M.R.C.S., L.S.A.

SEWERAGE AND DRAINAGE.

Attention is drawn to the importance of the regular flushing of the drains; and it is pointed out that there is always water available for this purpose from the Teme Brook.

Complaints concerning drains have been received several times during the year and a thorough flushing has removed the nuisance.

WATER SUPPLY.

The water supply was insufficient during the year. There were two dry periods in May and September, during both of which it was necessary for some weeks, through the pump for the extra supply not being in order, to cut off the water supply for many hours daily. The importance of an adequate water supply is emphasized. More than twenty years ago information was sent to the Local Government Board in regard to a proposed storage reservoir. It is pointed out that if the present pump is put in order and kept so there will not be any necessity at present to make further provision although this may become necessary in the future.

SUPERVISED PREMISES—Dairies and Cowsheds.

These were inspected during the year. The Dairies were found to be clean. In some cases the Cowsheds were not clean and attention is also directed to manure heaps in the vicinity of the houses; and to the danger of fly-infested manure close to the buildings in which cows are milked. A special report on Cowsheds and Dairies has been submitted to the District Council and it is suggested that the Sanitary Inspector should be instructed to regularly inspect the Cowsheds and carry out the instructions of the Medical Officer of Health.

UN SOUND FOOD.

One consignment of Bacon was seen and condemned as unfit for human food and destroyed.

Attention is drawn to the protection of food from flies, and it is recommended that all food especially milk should be covered during the hot weather.

INFECTIOUS DISEASE.

This was prevalent during the early part of the year. There were eight cases of Diphtheria and four of Scarlet Fever. The Diphtheria was a legacy from the outbreak in 1919 and is attributed to insanitary conditions due to insufficient water supply for flushing.

In regard to the four cases of Scarlet Fever, in two cases there was a possible source of infection, in one instance through contact with a case in a neighbouring village, and in the other to school contact away from the district.

There were during the year a large number of colds of the Influenza type, nearly all with Rheumatic symptoms, nine of them very serious. Measles was very prevalent in the Spring and it was found necessary that the Schools should be closed for some weeks.

SANITARY INSPECTIONS.

No particulars of the number of visits are given, in regard to Housing and Supervised Premises.

LLANDRINDOD WELLS URBAN DISTRICT.

Medical Officer of Health :

JOHN MURRAY, M.B., C.M.

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

The upland character of the Urban District and the slope upon which it lies are two very important qualities, which—in the opinion of the Medical Officer of Health—tend to make it an exceedingly healthy place. Reference is made to protection on the North from cold winds, the pureness of air, and absence of smoke. The social conditions of the people are extremely good. Excluding the necessary occupations of shop-keeping and building, the chief occupations are Hotel and Boarding House keeping.

The number of inspections made was 220 ; defects and nuisances were discovered in 14 cases. The general character of the defects found in these houses was dampness of walls and floors, defective drainage, and insufficient ventilation.

While there is no shortage of the larger class of house, there have been several applications for houses of the working class type.

An enquiry has been held under the authority of the Ministry of Health and permission has been obtained for the building of 14 houses of an approved type, and it is hoped that these will be erected in the course of the next few months.

There is very little overcrowding and there are none of the slum dwellings of the older towns.

SEWERAGE AND DRAINAGE.

The sewerage system at the Level Crossing end of the town and at Rhydlynddu has not been quite satisfactory of late, and has taken up a good deal of the Surveyor's time.

According to the population of the district there is not sufficient filtration area, nor is the effluent allowed to run over the fields before it reaches the river.

Practically every house is on the water carriage system.

POLLUTION OF RIVERS AND STREAMS.

There is practically no pollution of the River Ithon above the intake of the Water Supply. The only village whence drainage passes into the river is Penybont, 8 to 10 miles above the intake.

SCAVENGING.

The arrangements for the removal of household refuse have been satisfactory.

It is pointed out that during the height of the season, it is very essential that the work should be completed before the water-drinkers go to the pump room. It is not desirable that people returning from their morning treatment should meet the dust carts passing along the streets. The household refuse is disposed of by the Horsfall Destructor.

WATER SUPPLY.

This is obtained chiefly from the River Ithon and partly from Springs outside the Town at the Telpin.

The intake at the River is above any possible source of contamination. The water is led into a Screening Chamber, it is then passed through Mechanical filters and finally filtered through sand before reaching the mains. Chemical analyses of the water have been satisfactory. At present the amount of water is adequate but shortly the storage capacity may have to be increased and the mains enlarged.

SUPERVISED PREMISES.

The number of Dairies and Cowsheds on the Register is 9 ; these as well as the Milk Shops have been inspected. If they are to be made to comply with all the Regulations of the Ministry of Health the re-building of nearly all of them would be necessary. There have always been difficulties with regard to the purity or cleanliness of the milk, both from within and without the District.

Common Lodging Houses. There are none registered in the District.

Workshops and Workplaces. A list of workshops, bakehouses, etc., is given ; the ventilation has been found to be satisfactory. There is sufficient lavatory accommodation according to the requirements of the Factory and Workshops Act.

Slaughter Houses. There are three on the register, and the difficulty of keeping private slaughter houses in a thoroughly sanitary condition is pointed out. Powers have been obtained by the District Council to erect a Public Slaughter House, and this is to be undertaken in the near future. Meat Inspection has been carried out under the supervision of the Inspector of Nuisances and the advice of the Medical Officer has been obtained when necessary ; 233 lbs. of frozen mutton, 24 lbs. of pork, and 96 lbs. of bacon were seized and destroyed.

Offensive Trades. There are none in the District.

Other Premises. Visits have been made to premises where foods are manufactured, prepared, stored, or exposed, for sale, and the conditions have been found to be satisfactory.

SCHOOLS.

There are two Elementary and two Secondary Schools ; their sanitary condition was found to be satisfactory.

INFECTIOUS DISEASE.

The District has been singularly free from infectious diseases.

An Isolation hospital is available for the treatment of Scarlet Fever and Diphtheria. Seven patients suffering from Measles were treated at the Hospital.

MATERNITY AND CHILD WELFARE.

There is a Voluntary Centre in the town carried on by the District Nursing Association.

A local practitioner attends monthly to give advice and makes an inspection of the children brought to the centre ; alternate fortnightly meetings are held at which Health talks to the mothers are given.

PRESTEIGNE URBAN DISTRICT.

Medical Officer of Health :

H. A. DEBENHAM, M.R.C.S., L.R.C.P.

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

A considerable portion of the District is Rural. The town is situated in the valley of the River Lugg in the midst of an Agricultural District. There are no manufactories, nor offensive trades in the District.

HOUSING.

There are 308 inhabited houses. The number of houses inspected is not stated, no closing orders were made. In the case of 10 houses there were defects in connection with roofs and privies.

WATER SUPPLY.

The town has the service of the Presteigne Water Co., the source of which being situate one mile west of the town at the Coldbrook Spring. The water is hard but of a good quality for domestic use, and the supply is adequate.

About 60 houses are served by wells and in respect of 30 houses the water is carried from the Wall House Spring. This water is of good quality.

SEWERAGE AND DRAINING.

The sewers, which have an upright system of ventilation, and are supplied with flushing tanks, have remained in good order.

The crude sewage is discharged on to the farm at White Hall, a mile distant from the town. It is here treated by broad irrigation in land prepared for the purpose by deep sub-soil drainage, and 16 acres are available for that purpose.

The system is stated as efficient, and suited to the requirements of the District, and is devoid of nuisance.

The majority of the houses are still dependent on the privy system, in spite of the facilities of an adequate water supply, and an efficient sewage disposal.

About 50 houses are supplied with slop closets, which are frequently a source of nuisance.

SCAVENGING.

House refuse is removed twice weekly by the Urban Council carts. Privies and cesspools are cleaned out by the householders.

RIVER POLLUTION.

During severe floods there is a risk of overflow from the sewerage tanks at the pumping station into the river Lugg; but this only occurs when the river is in full flood, and this tends to minimise any offence or danger therefrom.

SUPERVISED PREMISES.

Dairies and Cowsheds. Seven dairies have been inspected and seven cleansed.

Workshops and Bakehouses. Six have been inspected.

Lodging Houses. One has been inspected twice and cleansing and white-washing carried out. It is not stated if there is a common lodging house or not.

Slaughter-Houses. Two have been inspected; no unsound food has been dealt with.

Offensive Trades. There are nine in the District.

SCHOOLS.

The sanitary condition and water supply was found to be satisfactory.

INFECTIOUS DISEASE.

During the early part of the year, Influenza was epidemic. This was followed in March by two cases of Influenza. Four cases of Diphtheria occurred in the Autumn, and towards the end of the year, and as three were in connection with Greenfields School, the closing of the school was advised until after the Christmas Holidays. No further cases have occurred.

There is an Isolation Hospital, with two beds, situated half-a-mile from the town, which is now available for cases

Five cases of infectious disease were investigated by the Sanitary Inspector and five houses disinfected.

SANITARY INSPECTIONS.

In addition to the inspections, which have already been referred to in connection with Supervised Premises, the following have been made and action taken.

NUISANCES.

Complaints investigated	...	7
Nuisances abated	...	7
Privies ordered to be cleansed	...	8
„ cleansed	...	7
„ unsatisfactory	...	1
Miscellaneous nuisances abated	...	10

Seven statutory and one informal notice were served; seven notices were complied with and one is still outstanding.

RURAL DISTRICTS.

COLWYN RURAL DISTRICT.

Medical Officer of Health :

W. BLACK JONES, M.D., D.P.H.

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

The District is broken up by ranges of hills which attain an altitude of over 1000 feet ; there is considerable moorland.

The District is of an agricultural character ; the only industries are two quarries in the Parish of Llanellwedd.

HOUSING.

There are 457 houses in the District of which 108 are for the working classes.

The general standard of houses is stated to be good. One case of over-crowding at Howey is referred to, and the family are moving to a larger house.

Five houses require repairs and four verbal notices were given to the owners. Action was taken under Sect. 7 of the Housing Act 1909 as follows :—

(a) No. of houses inspected	...	...	5
(b) No. of houses considered unfit for human habitation	...	...	5
(c) No. of houses the defects of which were remedied without making of closing orders	...	...	5

Action was taken under Sect. 28 of the Housing Act 1919, as follows :—

No. of Orders for repairs issued 3, after which the repairs were carried out by the owners.

No closing nor demolition orders were made.

In the parish of Llanellwedd, plans were prepared and estimates obtained for the erection of 8 houses, but as the tenders were high the Ministry of Health has not yet sanctioned the scheme.

In the Parish of Disserth 4 houses have been erected and are practically complete, and 3 others are in the course of erection by private enterprise.

In the Parish of Llansaintfraed 4 houses are in course of erection.

WATER SUPPLY.

At Builth Road Junction there are a number of new-built model cottages for the employees of the L. & N.W. Railway, which have their own water supply; excluding these houses the water supply is derived from wells and springs.

SEWERAGE AND DRAINAGE.

The number of privies is 357, and of water closets 100.

In the Parish of Llanellwedd, there are several houses in the vicinity of Builth Wells Railway Station, the drainage of which is unsatisfactory. A Special Report on this matter was presented to the District Council in March 1916, and the construction of a sewer is recommended, but no steps have yet been taken to carry out this suggestion.

SUPERVISED PREMISES.

Cowsheds and Dairies. The dairies have been inspected periodically and their condition is stated to have been satisfactory.

Bakehouses. There are only two and they are clean and hygienic.

Slaughter-Houses. There are two and they are kept in a sanitary condition.

SCHOOLS.

There are six Elementary Schools. The water supply and sanitary condition of four is stated to be satisfactory. The water supply of the school at Howey and Aberedw are unsatisfactory, and the District Council is taking steps to improve the supply at Aberedw.

INFECTIOUS DISEASES.

The cases of Infectious Diseases have been few in number; the incidence of Influenza has been light.

There is no Isolation Hospital in the District.

SANITARY INSPECTIONS.

Twenty-nine inspections in respect to nuisances were made by the Sanitary Inspector; seventeen informal notices were served and sixteen nuisances were abated.

KNIGHTON RURAL DISTRICT.

Medical Officer of Health :

J. A. K. GRIFFITHS, M.B., M.R.C.S., L.R.C.P.

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

The District is mountainous and purely agricultural. The majority of the houses are scattered farm-houses and cottages.

HOUSING.

Seven houses at Llanbadarn-fyndd reported in 1919 have been allowed to remain occupied in view of the contemplated erection of new houses by the Council. There is no shortage of houses except at Llanbadarn-fyndd and this will not be felt unless the above mentioned houses are closed before the new houses are built. One house was reported unfit for human habitation and this has since been made fit.

WATER SUPPLY.

This is generally from shallow wells or springs ; in some of the villages the water is laid in pipes.

SUPERVISED PREMISES.

Dairies and Cowsheds. There are only two registered milk sellers and the milk they supply is sold outside the district. It is often difficult for poor people to get a sufficient supply of milk especially in case of illness. The premises of the two registered milk sellers were inspected periodically and always found to be clean and sanitary.

Slaughter-Houses. There are none in the District.

Bakehouses. There are none in the District.

Workshops. These consist of Blacksmith's and Carpenter's shops.

SCHOOLS.

The Elementary Schools are stated to be in good sanitary condition except Llanbister Council School, where the drainage is unsatisfactory and no water supply is laid on, and Beguildy, where the water supply is unsatisfactory.

INFECTIOUS DISEASES.

Twenty-seven cases of Scarlet Fever were notified in September, October and November, mostly in Llanbister Parish; and they were generally of a mild type and there were no deaths. There was 1 case of Diphtheria and 5 cases of Pneumonia.

There is a joint Isolation Hospital for the Urban and Rural Districts of Knighton.

SANITARY INSPECTIONS.

Forty inspections of Houses were made by the Sanitary Inspector in connection with Infectious Diseases and also 80 other inspections; he reported 25 nuisances chiefly relating to dampness of houses. Twelve notices to abate nuisances were served, all of which were complied with.

NEW RADNOR RURAL DISTRICT.

Medical Officer of Health:

R. HARDING, L.R.C.P., L.M., L.R.F.P.S.

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

The physical features of this Area, often previously described, are constant; the District is comprised of 15 parishes, most of it mountainous; 4 of these contain fewer than 100 inhabitants, 5 between 100 and 200, and only 2 have over 300 inhabitants. It is 81 square miles in extent, with about 2600 inhabitants occupying 613 houses, thus showing a distribution of population of 32 persons and 6.5 houses per square mile.

The staple industry is Agriculture with no remote probability of any other industry replacing it.

HOUSING.

The year appears to have been eventful, except, perhaps, in housing matters. The Commissioners at first asked that a Scheme for 4 new dwelling houses should be carried out by the Council but when the whole facts of the position were placed before them and the Medical Officer of Health personally discussed the position with the Commissioners' representative, the suggestion was withdrawn and no further action was taken.

Two dwellings were found to be in such a poor structural condition that the owner has been notified that, unless within 3 months he puts these in a reasonable state of habitation, a closing order will be made.

Beyond this, nothing appears to call for comment.

PAINSCASTLE RURAL DISTRICT.

Medical Officer of Health:

T. E. HINCKS, M.B., Ch.B.

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

The district is a purely rural one, with a sparsely scattered population. Agriculture is the only industry. The amount of Poor Law Relief in the District is low.

HOUSING.

It is stated that there does not appear to be any shortage of housing accommodation. No cases of overcrowding have come to the notice of the Medical Officer of Health. The general standard of housing in the district is not satisfactory; many of the houses are of ancient structure and have not been kept in a good state of repair; the general defects are dampness, insufficiency of light and ventilation, and these defects cannot be remedied without an entire reconstruction on modern principles.

Two new houses have been erected and two re-built in Llanstephan. In six other cases improvements have been effected on representation.

WATER SUPPLY.

The supply on the whole is stated to be adequate, and in most cases within reasonable reach of the houses. In several districts there are combined supplies.

SEWERAGE AND DRAINAGE.

There is no organised drainage or sewerage system within the district. Except in the case of the larger houses the usual closet accommodation is the privy pit, several of these have been converted into the pail and dry earth system. Two cases where closet accommodation was deficient have been remedied.

SCAVENGING.

None is carried out in the district of the local Authority.

SUPERVISED PREMISES.

There are no registered Dairies, Cowsheds, Milkshops, nor Slaughterhouses in the district.

SCHOOLS.

The Elementary Schools have been inspected and found clean, sanitary, and provided with adequate water supply.

INFECTIOUS DISEASE.

One case of Scarlet Fever, one of Diphtheria, and three of Pulmonary Tuberculosis, have been notified during the year. An epidemic of Measles occurred in the early part of the year. Arrangements have been made with the Hay Urban District Council for the admission of such cases of infectious disease as cannot be satisfactorily isolated at home.

This arrangement is stated to be satisfactory and sufficient for the needs of the district. A case of Scarlet Fever was admitted to the Hospital during the year.

SANITARY INSPECTIONS.

Sixteen inspections were made by the Sanitary Inspector; ten notices were served and complied with. Ten houses which were unfit for habitation were inspected for housing defects under the Public Health and Housing Acts; these houses were rendered fit after informal action had been taken.

RHAYADER RURAL DISTRICT.

Medical Officer of Health :
A. G. RICHARDSON, M.D.

Report not received.

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REMARKS.

Public Health Office,

July, 1921.

Under sub-section (2) of section 68 of the Housing Town Planning, etc., Act, 1909, the duties of a County Medical Officer were prescribed by the Local Government Board in a Circular sent to County Councils in England and Wales, dated July 29th, 1910.

In section (7) it is laid down, that in addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain a digest of all Annual Reports and Special Reports made by the Medical Officers of Health of all County Districts within the country. The only portion of the Annual Report that I have prepared is that containing the digest of the Reports given above, except of New Radnor which is by Dr. Harding.

It would be a great convenience if Medical Officers would comply with the requests of the Ministry of Health, that their Annual Reports should be completed not later than the 31st March of the year following that to which the Report relates. It is the desire of the Ministry of Health that the Annual Reports should be printed.

J. W. MILLER,

County Medical Officer of Health.