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Radnorshire County Council.

# Annual Report

OF THE

### Medical Officer of Health

FOR THE

Year 1922,

BY

J. W. MILLER, M.D., D.P.H.,

BARRISYER-AT-LAW,

COUNTY MEDICAL OFFICER OF HEALTH.

### COUNTY OF RADNOR.

# PUBLIC HEALTH AND HOUSING COMMITTEE.

Chairman: Councillor B. P. Lewis.

Aldermen A. Edwards, A. Moseley, C. Powell, J. Price, C. Coltman-Rogers and J. W. Stephens; Councillors J. Evans, A. T. Hamer, John Hamer, R. Hughes, J. P. Price, R. T. Rogers, W. A. Sims, Major Thompson and Col. Venables Llewelyn.

## MATERNITY AND CHILD WELFARE AND MIDWIVES ACT COMMITTEE.

The Members of the Public Health and Housing Committee, Mrs. Venables Llowelyn, Mrs. C. Coltman-Rogers, Mrs. W. A. Sims, Mrs. T. A. Price, Mrs. Williams and Dr. John Murray.

# DISTRICT MEDICAL OFFICERS OF HEALTH FOR 1922.

T. W. Graves, M.R.C.s, Wylcwm Street, Knighton.

J. J. McCormick, M.B., CH.B. Havod Awen, Llandrindod Wells.

E. A. Milner, M.D., C.M. The Garth, Kington.

W. Black Jones, M.D., D.P.H.
Tyn-y-Borllan, Builth Wells.

J. A. K. Griffiths, M.B., M.R.C.S., L.R.C.P. Wylewm House, Knighton.

B. Fawssett, L.R.C.P., M.R.C.S.
The Laurels, New Radnor.

T. E. Hincks, M.B., CH.B. Broad Street, Hay.

A. Gordon Richardson, M.B., C.M. Bryncoed, Rhayader URBAN DISTRICT. Knighton

Llandrindod Wells

Presteigne

RURAL DISTRICT. Colwyn

Knighton

New Radnor

Painscastle

Rhayader

### SANITARY INSPECTORS FOR 1922.

NAME. C. E. Lewis	DISTRICT. Knighton Urban	QUALIFICATIONS.
W. Jordan	Llandrindod Wells Urban	Cert. R. San. Inst. Cert. Inspector of Meat & other foods
J. S. Foster	Presteigne Urban	-
III. P. Morris	toda Pall, selled se ere	Cert. R. San. Inst.
W. Evans	Colwyn Rural	-
D. Davies	Knighton Rural	-
J. B. Lingen	New Radnor Rural	is a supplied that
F. Meredith	Painscastle Rural	A TO THE DISTORT
R. Worthing	Rhayader Rural	mistly number to

Clerk to the County Council: H. Vaughan Vaughan.

Impector of Midwives: Mrs. A. M. Pantoll, Cert. c.M.B., Certs. R. San. Inst.

Inspector under the Sale of Food and Drugs Act: R. Philip Gough.

County Analyst: Herbert J. Evans, B.Sc., A.I.C.

Clerk to the Medical Officer of Health : C. W. Lloyd.

\*Resigned March 6th. \$C menced duties October 1st.

## TO THE CHAIRMAN AND MEMBERS OF THE RADNORSHIRE COUNTY COUNCIL.

GENTLEMEN,

I have the honour to present my second Annual Report for the year 1922, on the Health Administration of the County.

Birth Rate: This was 18'9 for the whole county compared with 20'6 for England and Wales.

Death Rate: This was 13.7 for the whole county compared with 12.9 for England and Wales.

Particulars of the causes of death are given on Page 8; the largest number of deaths occurred from Diseases of the Circulatory System followed closely by Diseases of the Respiratory System (other than Phthisis); Tuberculosis, Infectious Disease, (other than Tuberculosis) and Cancer were responsible for nearly one quarter of the total deaths.

Infantile Mortality Rate: This was 73 per 1000 births for the whole county compared with 77 for England & Wales.

More accurate comparison can be made for figures covering a five yearly period, particulars are given in page 9. The percentage of infants artificially fed is much too high viz: 33%, the large majority should be breast-fed. There are still areas in Radnorshire where there is great difficulty in obtaining the services of a midwife (page 15.)

Infectious Diseases: There can be no doubt that Scarlet Fever and Diphtheria have spread in the county, through inadequate Isolation Hospital accommodation; this matter was discussed in pages 21—23 Annual Report for 1921 and is referred to in the present Report on page 19. Economy can only be effected through co-operation between the various Sanitary Authorities; unfortunately there is very little done in this direction.

Smallpox: This disease is referred to on page 18, there were no cases in the county during the year, but there is considerable risk of the disease speading from other districts, where the disease has been prevalent owing to the action of anti-vaccination cranks; Gloucester is a good example.

Not half of the infants are being vaccinated, and apart from the inconvenience an outbreak of Smallpox would cause, there would be a considerable monetary loss; it is therefore necessary that all persons not vaccinated or revaccinated within the last ten years should be vaccinated without delay.

Tuberculosis: Full particulars are given in pages 19 to 27.

From enquiries made by the Nurses, it is evident that sufficient precautions are not taken in regard to the prevention of the spread of the disease; this specially applies to Isolation and disposal of Sputum.

It was ascertained that of the 74 cases of Phthisis investigated, all had resided in Radnorshire and contracted the the disease in the County, with the exception of 6 males who had lived in Birmingham, Bristol, Talgarth, Swansea, Tredegar and near Swansea (ex-army), and 3 females who resided in Peterchurch (Herefordshire), Cardiff, and Penarth.

I referred to Food and Housing in my last Annual Report there is still a pressing need for additional houses for the working classes with 3 bedrooms (see pages 21 and 31).

Venereal Diseases : Reference is made on page 27.

Sanitary Inspection. This was referred to in Page 4, last Annual Report.

In conclusion I desire to express my thanks to the members of the Staff for their loyal co-operation and assistance.

I have the honour to be,
Your obedient Servant,

J. W. MILLER, M.D., D.P.H.,

County Medical Officer of Health.

Public Health Offices, County Buildings, Llandrindod Wells, July 7th, 1923.

#### AREA AND POPULATION,

Full particulars were given on pages 5-7, Annual Report for 1921. The estimated population of the County given by the Registrar General for 1922, is 21,857. The population of the three Urban Districts is estimated as follows:—Knighton, 1,686; Llandrindod Wells, 2,801; Presteigne, 1,152. The population of the 5 Rural Districts is as follows:—Colwyn. 2,080; Knighton, 4,230; New Radnor, 2,669; Painscastle, 2,249; Rhayader, 4,990; total Urban 5,639, total Rural 16,218.

#### BIRTH RATE.

The total number of births registered in the County during 1922 after due correction was 413 compared with 443 in 1921; the rate was 18'9 per 1000 compared with 20'5 for 1921.

Of the 413 births (208 males and 205 females); 107 (53 males and 54 females) occurred in the Urban and 306 (155 males and 151 females) in the Rural districts.

Particulars in regard to rates (per 1000 persons living) for the various districts are as follows:—

AREAS.	Number of Births, 1922	Birth-rate, 1922	Birth rate, 1921.
URBAN DISTRICTS:  Knighton Llandrindod Wells Presteigne  RURAL DISTRICTS:	 34 43 30	20°2 15°3 26°0	14°8 17°2 25°2
Colwyn Knighton New Radnor Painscastle Rhayader	 45 72 51 55 83	21.6 17.0 19.1 24.4 16.6	22:4 24:2 16:6 26:3 18:6
Urban Districts Rural Districts Administrative County England and Wales	 107 306 413	19.0 18.9 18.9 20.6	18.1 21.3 20.5 22.4

#### ILLEGITIMATE BIRTHS.

There were 33 during 1922 (Urban Districts 9, Rural Districts 24), equal to 7.9 per cent of the total births.

#### DEATH RATE.

The total number of Deaths which occurred in the county, after due correction for residents and non-residents, was 300 compared with 256 in 1921; the rate was 13.7 per 1000 compared with 11.8 for 1921. Of the 300 deaths, 76 (37 males and 39 females) occurred in the urban districts, and 224 (122 males and 102 females) in the rural districts.

The particulars are as follows:

AREAS.	Number of Deaths, 1922	Death-rate, 1922.	Death-rate, 1921
URBAN DISTRICTS:			
Knighton Llandrindod Wells Presteigne	 28 30 18	16.6 10.7 15.6	13.0 9.0 20.0
Colwyn Knighton New Radnor Painscastlo Rhayader	 27 59 38 25 75	12 <sup>.</sup> 9 13 <sup>.</sup> 9 14 <sup>.</sup> 2 11 <sup>.</sup> 1 15 <sup>.</sup> 0	10°2 10°8 8°7 11°8 14°3
Urban Districts	 ne	13.2	12.4
Administrative County . England and Wales	 300	13 <sup>-7</sup>	11 <sup>.</sup> 8

Full particulars of the causes of death in each district, and of the deaths at each age period are given in Tables I and II. Appendix.

The following table shows the chief causes of death for the year 1922:—

Cause of Death.	had	Number of Deaths.	Percentage
Diseases of Circulatory System (Heart Disease 38 and Arterio-sclerosis 6)		44	14.7
Diseases of the Respiratory System (including Bronchitis 21, Pneumonia 13)	- Li	39	13
Tuberculosis (including Phthisis 20)		26	8.7
Infectious Disease (other than Tuberculosis)		26	8.7
Cancer, Malignant Disease		22	7.3
Cerebral Hæmorrhage, etc.		19	6.3
Nophritis (Acute and Chronic)		15	5
Congenital Debility, Malformation and Premature Birth		15	5
Total		206	68.7

Particulars in regard to births and deaths since 1914 are given in Table I, page 39 Annual Report for 1921.

#### INFANTILE MORTALITY.

The number of deaths under one year in the County during 1922 was 30 compared with 18 in 1921; the infantile mortality rate was 73 compared with 41 for 1921.

Of the 30 deaths 6 (4 males and 2 females) occurred in the Urban Districts, and 24 (14 males and 10 females) occurred in the Rural Districts.

The particulars are as follows :-

AREAS.	No.of Deaths under one year, 1922	Rate per 1,000 births, 1922.	Rate per 1,000 births, 1921.
URBAN DISTRICTS:  Knighton Llandrindod Wells	 	93	80 42
Presteigne RURAL DISTRICTS: Colwyn		67	69
Knighton New Radnor Painscastle Rhayader	 2 6 3 3 10	83 59 54 120	40 68 34 22
Urban Districts Rural Districts Administrative County England and Wales	 6 24 30	56 78 73 77	59 35 41 83

On account of the small population of the district, a more reliable estimate of the Infantile Mortality is obtained over five yearly periods. The particulars from 1911-15, and 1916-20 are as follows:—

. CALOTTO GO TOTTO AS .		
	1911-15.	1916-20
URBAN DISTRICTS-	-110 (05 111)	
Knighton	79	92
Llandrindod Wells	42	68
Presteigne	123	79
RURAL DISTRICTS-	antra fan in ver	
Colwyn	85	44
Knighton	74	75
New Radnor	68	58
Painscastle	79	64
Rhayader	78	53
Radnorshire	75	64
Urban Districts	71	76
Rural Districts	76	61

There were 27 deaths under one year out of 380 legitimate births, equal to a rate of 71 per 1000 births, and 3 deaths out of 33 illegitimate births equal to a rate of 91 per 1000 births.

Of the 30 deaths, 15 were classified under the heading Congenital Debility and Malformation, Premature Birth; one occurred from Whooping Cough, one from Bronchitis, five from Pneumonia, four from Diarrhœa, and four from other causes.

The death-rate per 1000 births from Diarrhea and Enteritis under the age of 2 years was 9.7 compared with a rate of 6.2 for England and Wales; the four deaths occurred in the Rural Districts viz:—Colwyn 1, Knighton 2, and Rhayader 1.

Enquiries were made by the nurses in regard to 18 deaths under one year. Of 4 deaths in the Urban Districts, two male twins, (Premature born,) only lived 2 or 3 days; a female with Spina Bifida died after 3 days. The death occurred of a full time child from Asphixia, 3 days after birth; the infant was found dead in bed.

Of deaths investigated in the Rural Districts, 12 were in connection with legitimate and 2 illegitimate infants. The particulars in regard to the 12 legitimate infants are as follows:—

	Age at	Cause of	~-I	Feeding
Sex.	death.	death.	Breast	Artificial.
M.	1 month	Prematurity		Cow's milk
F.	7 days	Ditto	yes	01 7-
M.	8 days	Gastro-enterit	is	Cows' milk
M.	6 weeks	Ditto	partly	partly
F.	19 days	Convulsions	yes	11 2
F.	21/2 months	Ditto	yes	In the second
M.	9 months	Whooping Cou	gh yes	-
M.	61/2 months	Pneumonia		Cows' milk
F.	2 months	Ditto.	yes	
M.	3 months	Meningitis		Cows' milk

All the infants were full-time except the two referred to. The mother of the infant with Meningitis died 61/2 weeks after the infant was born.

Of the two illegitimate infants, a male (full-time) died at the age of 34 days from Marasmus, it was fed on cows' milk. The other infant (female) was Premature (8 months) and died at the age of 40 days; it was fed on cows' milk.

#### STILLBIRTHS.

Enquiries were made by the nurses respecting 12 stillbirths which occurred during the year. The causes can be classified under four groups:—

1 Complications of Labour;

2 Syphilis;

3 Toxaemias, including Eclampsia;

4 Other causes e.g. Alcohol and Drug Taking.

The particulars are as follows:-

No.	Presentation.	Complication.	No. of previous confine- ments.	No. of previous miscar- riages.	No. of children living.	No. of children dead.
1	Breech		4		4	
2	Foot		2		1	2
3	Foot	Prolapsed cord	6			(twins premature)
4	Vertex	Prolapsed cord	4		4	4
5	Vertex	Pressure on cord	2		1	1 (still-birth)
6	Vertex	Diseased Placenta	3	1	3	
7	Vertex	Abnormally large infant (forceps)				
.8	Vertex	Very large infant	****	****		
9		****	4		4	
10.	Vertex	Premature (twin)	****			
11	Vertex		8	****	8	
12			5		5	

With the exception of No. 8 the whole of the births were legitimate.

In 7 cases the urine of the mother was examined during the ante-natal period and found to be free from albumen.

It will be seen that the majority of the deaths are accounted for by complications and that in only one case had there been a previous still-birth.

#### MATERNITY AND CHILD WELFARE.

Notification of Births.—During 1922 the number of Births retified was 418 (alive 406, still 12); of these 282 were notified by midwives, 85 by Doctors, 6 by parents, and 8 by handy-women. Altogether 91 per cent were notified.

In case of non-notification, as ascertained from the District Registrars, a communication is sent to the father and also to the Doctor and midwife in attendance, drawing attention to the provisions of the Notification of Births Act.

Health Visiting.—The whole of the County is now covered for this purpose.

The Nantmel and Llanwrthwl Nursing Association was formed in the latter part of 1922, and includes the southern part of the parish of Nantmel

A list of the nurses and their qualifications are given on page 5 of the Annual School Report for 1922. There are now 3 whole-time and 14 part-time nurses employed.

I referred to the qualifications of Health Visitors in Pages 11 and 12 of my Annual Report for 1921.

The following is a summary of the work carried out by the nurses who also were Health Visitors, during 1922:—

Expectant mothers, first visits		260
re-visits		561
Infants under one year, first visits		413
re-visits		1862
Infants 1-5 years, first visits		228
re-visits		1965
Attendances at Infant Welfare Cent	res	68
Tuberculosis-		
First visits to Tubercular patients		95
Re-visits ,, ,,		318
Attendance at Stations		27
Other Work-		
Measles		. 3
Whooping cough (first visits 101)		155
Chicken-pox (first visits 33)		42
Mumps (first visits 29)		35

In connection with 352 infants under one year information was obtained by the nurses in regard to feeding, etc., the particulars are as follows:—

Breast-fed		233	66	%
Breast-fed for a time,		24	7	%
(afterwards artificial	feeding)			
Artificially fed	10	95	27	%

The percentage of infants artificially fed is much too high, and there will not be a satisfactory diminuation in infantile mortality until the large proportion of infants are breast-fed.

Breast-feeding was given in 24 cases for the following periods and afterwards artificial feeding was adopted:—

1-2 months.	2-3	3-4	4-5	5-6	months.
8	9	3	1	3	

The reasons given for artificial feeding were in 69 cases insufficient supply of mother's milk; in fourteen cases ill-health of mother; in 23 instances by doctors' orders; in 6 instances the mothers had to go out to work; in 1 case depressed nipples; in another the mother died; in 4 cases no reason was given.

Even where there is insufficient breast milk it should be given and should be supplemented by cows' milk.

The particulars in regard to 107 infants artificially fed

Contract Contract	Transfer or or or	THE PARTY OF	
are as f	ollows:-	Cows' milk	 80
		Condensed milk	 7
		Dried milk	 10
		Patent food	 10

In the majority of cases milk was used.

The kind of feeding bottle used is very important and information was obtained in 118 cases. In 93 a boat-shaped bettle with short tube was used; in 24 a bottle with a long tube, and in one case a boat-shaped bottle with a long tube. The bottles with long indiarubber tubes are most difficult to keep clean and should never be used.

The nurses ascertained that 42 infants were provided with "comforters"; these are a frequent source of dyspepsia and other troubles. In connection with 345 infants it was ascertained that 267 (the large majority) slept with the mother

and only 78 in a cot.

The danger of overlaying through the infants sleeping with their mothers is well-known, and death occurs through asphixia.

In connection with 19 infants the clothing was unsatisfactory. Infants were not taken out in the fresh air and the rooms were not properly ventilated by open windows in 34 cases.

In 81 cases there was insufficient light and ventilation in the home; 83 houses were damp; 51 houses were dirty, and in 49 there were other insanitary conditions.

Infant Welfare Centres.—Particulars were given on pages 13 and 14 Annual Report, 1921.

The following are particulars of attendances during the 1922.

	KNIGHTON	LLAND'DOD WELLS	PRESTEIONE	TOTAL
No. of Meetings	12	*24	11	4
Total number of indivi- dual mothers who at- tended during the year	27	37	33	97
Total number of indivi- dual children who at- tended during the year	30	47	43	120
New cases (1) Under 1 year (2) 1—5 years	7 2	22 3	12 2	41 7
Old Cases (1) Under 1 year (2) 1-5 years	6 15	DISPACE TO SERVICE TO	7 22	20 52
Total number of attend- ances of children	117	805	205	627
Average attendance per	9.8	12.7	18.6	13'4

\* Doctor in attendance at 15 meetings.

I am much indebted to Mrs. Pantoll, Superintendent Nurse and Inspector of Midwives, for summarising the information in regard to the work of the Health Visitors.

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	THE MI	DWI	VES'	ACTS			
Sum	mary of Inspector's			11010	•		
Sum						100	
	Regular Inspections		idwive	S		128	
	Special visits of enq	uiry			***	9	
	Other visits		3			19	
	Letters and notices	sent				262	
No	tifications received :-	-					
	Intention to practice	,				32	
	Sending for medical					30	
	Still-births					9	
	Liability to be a sou		infect	tion		1	
	Artificial feeding of	infant	8 .			22	
	Notification of death	1				4	
	,, of having		out a	dead !		7	
	Opthalmia Neonator	rum	11111			1	
			1 1 1				41.
	In 30 instances M		nel hel	p wa	s called	i for,	the
parti	iculars are as follows:						
	Opthalmia Neonator	rum				1	
	Feeble Infants					5	
	Torn Perineum					1	
	Prolonged Labour					5	
	Mother Hysterical				***	1 2	
	Still-born					2	
	Shock (fatal acciden					1	
	Exhaustion during 2	end st	age .			1	
	Weak and uncertain	n Puls	зе .			1	
	Rigid Os		-		***	1	
	Uterine Inertia					1	
	Transverse Presenta	ation			***	1	
	Diarrhœa					1	
	Adherent Placenta		,		***	1	
	Miscarriages		-			2	
	Spina Bifida					1	
	Post-partum Hæme		е .			3	
	Right Occipito-post	erior p	positio	n of c	hild	1	
	Part of the same of	-	9.0	,		-	
						30	
Mid	wives practising:						
11110	Number of trained M	fident.	700 1170	whine	under		
	Local Nursing As						
						14	
	County Nursing I Trained Midwives	LSSUCI	loved	her (	Country	7.1	
	Council who are				Jounty	3	
					ir own	0	
	Trained Midwives	pract	asing (	on ene	IL OWIL	2	
	Bone fide Midwiges	mand	iaina			4	
	Bona-fide Midwives	-	Buign	iring	in ad-	-	
	joining Counties	17			in ad-	3	
	Joining Counties	"		•••		0	
		14					

Out of 32 notifications of intention to practice received during the year 3 left the County, 2 died, and one Bona-fide two up on account of old age; at the end of the year 26 midwives were on the Register.

#### MATERNAL MORTALITY.

There were 2 deaths from causes other than Puerperal Sepsis, equal to a rate of 4'8 per 1000 births; in one case the cause of death was stated to be Heart Failure.

Particulars in regard to maternal mortality for Radnorhire since 1911 are given in Page 16, Annual Health Report for 1921.

#### SUPPLY AND TRAINING OF MIDWIVES.

None are being trained at present, Nurses who have the certificate of the Central Midwives Board can be obtained by District Nursing Associations in the County through advertments in the Press.

There are several areas in the county without midwives e.g., the area comprising the parishes of Abbeycumhir, Llananno, Llanbadarn-fynydd, Llanbister, and the greater part of Llandewy-Ystradenny is served by one qualified midwife who is the whole-time Nurse and Health Visitor; in addition the area comprising the parishes of Llanbedr Painscastle, Llandewi-fach, Llowes, Clyro, Bryngwyn, Newchurch and Michaelchurch, is served by one qualified midwife, who is the whole-time nurse and Health Visitor; the parish of Colva is also isolated.

The whole-time Nurse for the Rhayader district now resides at Pantydwr and is available for cases in the northern part of this district.

#### INFECTIOUS DISEASE.

Particulars are given in the accompanying table (page 16):-

NUMBER OF INFECTIOUS DISEASES NOTIFIED CASES NOTIFIED IN EACH LOCALITY. H EACH DISTRICT.

Total County	Total Rural	RURAL  Colwyn  Knighton  New Radnor  Painscastle  Rhayader	Total Urban	URBAN  Knighton Llandrindod Wells  Presteigne	Names of Districts.
28	11	C3 for hot hot	17	13	Diplitheria including Mem- braneous Group.
63	31	9648	12	н	Scarlet
11		made prison w madeon of this mile arrangem	1	-	Enterio Fever
12	1	<b>+</b>	page opard total	to notive of a state of the sta	Puerperal Fever
ы	Ma	teles. This disc	1	H DOG	Erysipolas
24	14	ගහන	10	00 to Ct	Phthisis (Pulmon- ary Tub- erculosis)
11	AL	14 F2 14	7	Co also	Other forms of Tuber- culosis
15	7	1 0	co	P-4 (\$2- CO	Pneu- monia
1	Dies	dicta Parasasi Marila Apparell	1	1	Encephalitis Lethargica

The incidence of Scarlet Fever and Diphtheria in Radnorshire during 1922 was as follows:—

	Urban	Rural	
	Districts	Districts	County
Scarlet Fever	35	1.9	1'5
Diphtheria	3.00	.68	1.58

There were no deaths from Diphtheria in 1922; a female in the age period 5-15 years, who resided in the Knighton Rural District, died from Scarlet Fever.

Diphtheria was prevalent in Presteigne during the autumn. The first cases occurred among children attending Hereford Street School and by December 31st, 17 cases had been notified—13 children and 4 adults.

In an urban district the disease can be controlled if cases are reserved to Hospital and positive contacts excluded from day and Sunday school; it is generally found that when a school is closed the children still come together in the streets, cinemas, etc.

During the Christmas holidays the Medical Officer of Health, Dr. Milner arranged for disinfection of the School, and all books, papers, pen holders etc., that could not be properly disinfected were burnt. In his opinion mild unrecognized cases had probably been occurring for some time before the first case was recognised and notified.

Swabs were taken from suspicious cases in school by the School Nurse and precautions were taken that no children should return to school until two successive throat swabs were negative.

Dr. Milner mentions that owing to the want of an Isolation Hospital the majority of the later cases were caused through previous cases in the same house, and very few houses were infected, considering the number of cases.

Generally if the first case in a house is removed to Hospital and the positive contacts are dealt with, the spread of the disease to other members of the family can be prevented.

### PREVENTION OF THE SPREAD OF INFECTIOUS DISEASE.

In connection with cases of Scarlet Fever and Diphtheria it is most important that the homes should be visited without delay, on the same day as the notification is received, by the District Medical Officer or Sanitary Inspector, and enquiry made into the origin of the diseases. Information should be given in regard to isolation and other matters for the prevention of the spread of the disease; if the case is not removed to an isolation Hospital the home should be visited periodically until a certificate is received from the Doctor in attendance that the case is free from infection. As soon as this certificate is received arrangements should be made for disinfection.

In regard to school children; Certificates, in regard to attendance of the patient and contacts at school, should be given by the District Medical Officer of Health.

Neglect of the above precautions may be the means of the disease spreading to surrounding districts.

Pleasure Fairs: It is very important that an inspection should be made of the living vans in connection with these fairs, and a visit from the District Medical Officer of Health and Sanitary Inspector is very desirable, there is always the possibility of infectious disease (including Smallpox) being conveyed to a district. In the absence of bye-laws in regard to tents and vans, arrangements should be made in regard to latrines, water supply, refuse, etc.

Smallpox: On page 20, Annual Report for 1921, I referred to danger of this disease spreading to the county from surrounding districts. Cases have recently occurred in Hereford and Gloucester; I would strongly advise all those who have not been vaccinated within the past ten years to avail themselves of this protection without delay, and in addition similar arrangements should be made in regard to children.

I gave particulars, in pages 10 and 11 of my Annual School Report for 1922, in regard to non-vaccination of children aged 5 to 7 years, who were examined; 47% of boys and 52% of the girls were not vaccinated.

Measles: This disease was not prevalent during the year and there were no deaths.

Whooping Cough: This disease was prevalent in the parishes of Beguildy, St. Harmon's, Abbeycwmhir, and the North West part of Rhayader during the last quarter of the year and in December in West Llanbister and East Llannano. There were 3 deaths of males in the Rhayader Rural District at the age periods 0-10 and 5-15 years.

Influenza: This disease was in epidemic form during the first quarter of the year over the greater part of the County, and 31 schools were closed, Leaflets were freely distributed to all the schools including secondary and private.

Twenty-one deaths occurred; 4 (2 males and 2 females) in the Urban Districts and 17 (13 males and 4 females) in the Rural Districts. Particulars with regard to age periods are given in Table II, Appendix.

Encephalitis Lethargica: A male who was in the age group 5-15 years, died from this disease; he resided in Llandrindod Wells.

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#### ISOLATION HOSPITALS.

This matter was fully discussed on pages 21-23, Annual Report for 1921, and a communication was received dated Dec. 9th, from the Ministry of Health, stating that the Department were concerned as to the inadequacy of the accommodation at present available in the County.

The present position is as follows:—The Llandrindod Wells and Knighton Urban District Councils would use their Isolation Hospitals for isolation of Smallpox cases, should such cases occur in their districts, and the Rhayader Rural District Council have made arrangements so that their Temporary Hospital will be available for a similar purpose, if necessary. A special committee has been appointed of representatives of the Builth Wells Urban and District Councils, and the Llanwrytd and Colwyn Rural District Councils, with a view to providing a joint Isolation Hospital and a similar conference has also been arranged between representatives of Hay Urban and Rural Councils and Bredwardine and Painscastle Rural Councils.

A communication from the Clerk to the County Council was sent to the Sanitary Authorities, without Isolation Hospital accommodation, suggesting co-operation with adjoining Authorities. The Presteigns U.D.C. have approached the Knighton U.D.C. without success; there can be no doubt that such a combination is very desirable, and I hope something will be done in the near future, as the present accommodation for the Knighton and Urban, Rural District Councils, at Knighton is unsatisfactory; the more authorities that combine the less the cost.

Under Sec. 131 of the Public Health Act, 1875, power is given to Sanitary Authorities for the above purpose and two or more Authorities may combine.

Cases from Llandrindof Wells U.D.C. and Colwyn, New Radnor and Rhayader Rural District Councils could be accommodated in a Central Hospital, under the Isolation Hospitals Acts of 1893 and 1991.

The New Radnor and Presteigne Councils have been unable to come to an arrangement with the Kington U. and R. Districts Councils, Herefordshire, for the joint use of their Hospital.

#### TUBERCULOSIS.

During 1922, 35 cases were notified relating to 24 cases of Pulmonary and 11 cases of Mon-Pulmonary Tuberculosis. Particulars in regard to districts are given in the table (page 16).

Deaths: During the year there were 20 deaths from Pulmonary Tuberculosis (10 males, 10 females) and 6 deaths from Non-Pulmonary Tuberculosis (2 males, 4 females); particulars in regard to districts and age periods are given in Tables I and II, Appendix. The rates per 1,000 of the population were:—

	Pulmonary		Non-Pu	lmonary
	No.	Rate	No.	Rate
Urban Districts	5	.88	1	18
Rural Districts	15	'92	5	'31
Whole County	20	'91	6	.27

The rate for all forms of Tuberculosis for the County was 1'19.

Particulars in regard to rates for the years 1915-19 and 1920 are given on page 25, Annual Report for 1922.

Prevention and Treatment: The large majority of the cases are visited and re-visited by the School Nurses and instructions given in regard to isolation, disposal of sputum, open windows and other matters. Up to the end of 1922, enquiries were made by the nurses regarding 74 cases of Phthisis (46 males and 28 females); of the investigated 12 (8 males and 4 females) are now dead and 5 (4 males and 1 female) have left the County.

The dates of the notifications are as follows :-

	1913	1915	1917	1918	1919	1920	1921	1922
Males			3	4	6	4	16	13
Females	1	2	1	1	4	3	8	8

The age period at notification was as follows :-

	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75
Males	-	6	3	5	13	10	7	1	-	1
Females			5		5	7	. 5	1	2	-
Total	-	9	8	5	18	17	12	2	2	1

Onset of Disease: In 32 cases the time of commencement of the disease before notification was as follows:

Months. Years.

Period 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 over 4

No. 6 3 1 1 2 2 1 1 1 — 1 4 3 3 2 1

Occupation: This was as follows :-

MALES: Farmers 9, Farm labourers 5, Farm bailiff 1, Woodman 1, Engine cleaner 1, Linesman 1, Quarryman 1, Clerks 3, Motor drivers 3, Butchers 2, Chemist's assistant 1, Clothes dealer 1, Brass cutter 1, Rate collector 1, Barman 1, Postman 1, Policeman 1, Army pensioner 1, No occupation 2. Five were school children.

FEMALES: Teachers 3, Librarian 1, Domestic servant 1, Home duties 19. Four were school children.

Twenty persons (12 males, 8 females) were married and 54 (34 males, 20 females) were single.

Hereditary Predisposition. There was a family history in 23 cases (11, father's side and 12, mother's side) i.e. 31 %. In 19 cases the following information was obtained:—

Died from Consumption. Father, 1; mother, 1; grandmother, 1; grandfather, 1; sister, 2; father, brother and two sisters, 1; 3 aunts, 2.

At the time of enquiry in one case, 2 sisters suffered from Consumption; in one case a sister had Phthisis but the disease was arrested; in 2 cases a mother; in 2 cases a daughter and son suffered from the disease, and in 4 cases a brother.

Previous Illnesses: Of 13 males, one had suffered previous to the onset of the disease from Pneumonia, 2 from Bronchitis, 2 Pleurisy, 2 Influenza, 1 Dysentery, 1 Rheumatic Fever, 1 General Debility, and one from Gastritis. One had been gassed on Army service in France and another had suffered from a shrapnel wound in the chest. Of 10 temales, one had suffered from Pneumonia, 3 from Bronchitis, 2 Pleurisy, 1 Influenza, 1 Intestinal Disease, 1 Anæmia and another from General Debility. The male and female with General Debility had been delicate from childhood.

Social Habits: A male and a female were stated to be fairly temperate as regards alcohol and a male intemperate.

Sanitary Condition of Houses visited: Particulars in regard to living rooms (excluding scullery or shop) and bedrooms are as follows:—

17 houses had 1 living room.
30 , , 2 living rooms.
22 , , , 3 , , ,

" 9 houses had 5 bedrooms. 2 houses had 1 bedroom. 5 ,, " , 2 bedrooms. 6 bedrooms. 3 bedrooms. 7 bedrooms. 

The number of occupants including the patient was as follows:

2 houses had 1 person. 4 houses had 7 persons. .12 

The average number of persons per house was 5. There were 3 marked cases of overcrowding viz, :-

7 adults and 6 children occupied 2 bedrooms (patient since died); 3 adults and 2 children occupied a bed sitting foom (patient used a hut in the garden); 6 adults and 2 children occupied 2 bedrooms.

Three of the houses were back to back and in connection with 3 there was no through ventilation.

Twelve houses were damp and one dirty. In connection with another house there was a nuisance through an accumulation of manure in the vicinity.

The lighting of the patient's bedroom in the majority of cases was satisfactory; in 5 cases fairly satisfactory.

In 73 houses the windows were made to open and in 3 cases could not be opened.

The windows were open in 71 houses. The sanitary condition of the home was stated to be satisfactory in 36 houses, in 15 fair, and in 4 bad.

Isolation: Forty-six patients had a separate bedroom and of the remaining cases 16 had not a separate bed.

Disposal of Sputum: AT HOME. In 25 cases burnt and in 5 received into a flask containing disinfectant.

AT WORK. In 5 cases burnt.

Source of Infection. In 10 cases the disease developed during the great war; In 4 cases the probable source was from other members of the family affected with the disease at home, and in one case from a fellow workman. There had been Phthisis in 5 houses during present tenancy, and in 4 houses during previous tenancy.

Financial Circumstances: Five persons suffered from habitual privation, and 2 were out of work.

Prevention and Treatment: I mentioned in page 25 of my Annual Report for 1921, that a Tuberculosis Register was kept at the Office. Arrangements have been made for visits, and re-visits, of the nurses to the homes of persons affected with Tuberculosis, and instructions are given in regard to isolation, disposal of sputum, open windows and other matters.

The work of Tuberculosis Officer for Breconshire and Radnorshire under the Welsh National Memorial Scheme is carried out in an efficient manner by Dr. Jordan, who visits the following stations fortnightly:—Knighton, Llandrindod Wells, New Radnor and Rhayader, in addition Radnorshire cases are seen at the stations at Builth Wells and Hay; patients in other districts are also seen from time to time. Particulars are given in the tables, which follow.

From pages 11 and 17, Report for 1921, it will be seen that in some sanitary areas there are very few notifications; it is most important that the disease should be diagnosed at an early stage, and where there is any difficulty the opinion of the Tuberculosis Officer can be obtained.

#### TUBERCULOSIS.

1	Numbe	r of Persons examined for Diagnostic p	urpe	0505	3:
-		Under observation at beginning of year	M		
	(4)	Officer observation at beginning of year		17	
					47
	(b)	New cases including contacts examined			
	(0)	during year	M	70	
			F		
					106
	(c)	Number found to be suffering from			
	(0)	Tuberculosis :- Pulmonary	M	16	
			F	12	
				-	28
		Non-Pulmonary	M	5	
			F	2	
				-	7
	(d)	Number with no evidence of			
		Tuberculosis	M		
			F		
					67
	(e)	Number under observation still pending	3.5		
		diagnosis at end of year 1922	M		
			Te.	17	E4
				_	51
2	Numba	r and Form of Treatment recomm	and		ber
-			end	ca	by
	Tuber	culosis Physician:			
	(a)	Number found to be suffering from			
	2000	Pulmonary Tuberculosis during 1922	M	16	
		Disputer under bestment at beginning	F	12	
	200			-	28
	(b)	Treatment recommended:			
		Domiciliary	M		
			F	6	
		Mon-Lagurance.		-	11
		Institutional	M		
			F	3	
		77 -14-1	3.0	0	4
		Hospital	M F	2	
			P	1	3
		Sanatorium	M	7	3
		banatorium	F	3	
			T	-	10
	(c)	Number found to be suffering from Non-			10
	10	Pulmonary Tuberculosis during 1922	M	5	
		Improved the transfer of the t	F	2	
	1			-	7
	(d)	Treatment recommended :-			
		Domiciliary	M	2	
			F	-	
					2
		23			

		Institutional Hospital	Nil. M 2 F 1
		Sanatorium	M 1 F 1 - 2
3	Number tions.	r of Contacts examined with result of	Examina-
	(a)	Number under observation pending diagnosis at beginning of year 1922	M 1 F 4 5
	(b)	Number examined during year	M 14 F 7 — 21
	(c)	Number found to be suffering from Pulmonary Tuberculosis	M 2 F 1 — 3
	(d)	Number with no evidence of active Tuberculosis	M 7 F 6 - 13
	(e)	Number still under observation pending diagnosis at end of year 1922	M 6 F 4 - 10
4	who we exami	r of Children attending Public Elements were referred by the School Medical nation by the Tuberculosis Physician of the Examinations.	Officer for
	(a)	Number under observation pending diagnosis at the beginning of 1922	M - F 3 - 3
	(b)	Number examined during year 1922	M 12 F 7 — 19
	(c)	Number found to be suffering from Tuberculosis, Pulmonary	M 1 F 3 - 4
	(d)	Number with no evidence of active Tuberculosis	M 2 F 4
	(e)	Number still under observation pending diagnosis at the end of year 1922	— 6 M 9 F 3
		. 04	— 12

5		of Santorium treatment fo	r Pulmo	nary	a	nd
	(a)	Number under treatment at inning of the year 1922	the beg-			
		Pulmonary		M F	7	
	(14)	Non-Pulmonary Number admitted during 1922		N	il.	8
	(b)	Pulmonary		M F	6 2	8
	(c)	Number discharged fit for work Pulmonary		M F	8 3	11
		Non-Pulmonary		M F	-	11
	(d)	Number discharged improved P	ulmonary	F	-	
	(e)	Number discharged worse		M F	-	
	(f)	Number still under treatment a of the year 1922 Pulmonary	t the end	M F	5	
				D.	_	5
6		s of Hospital Treatment of Pul onary cases.	lmonary	and	N	on-
	(a)	Number under treatment at be of the year 1922	eginning			
		Pulmonary		M F	2	
		Non-Pulmonary		M F	1	2
	(b)	Number admitted during 1922 Pulmonary	during d	M F	4 2	
		Non-Pulmonary		M F	3 2	6
	(c)	Number sent to sanatorium	Su Was	M F		5
	(d)	Number-discharged:— Improved Pulmonary		MF	1	
		stable to pay their stall way form			_	1
		Improved Non- Pulmo	nary	M F	1 2	

(e)	Stationary Pulmonary .		M F	1	1
	Number of deaths:— tified as primarily due to Tuberculos Pulmonary	]	M F	1 -	1
(g)	Number still under treatment at en 1922 Pulmonary		M	3 2	5
	Non-Pulmonary		M F	2	2
	s of Institutional treatment of In-Pulmonary cases:	Pulmon	ar	у	and
(a)	Number under treatment at begins of year 1922.	ning			
	Pulmonary		M F.		40
	Non-Pulmonary		M F	9 7	16
(b)	Number admitted during the year Pulmonary		MF	5	5
	Non-Pulmonary		M F		1
(c)	Number discharged Improved Pulmonary		MF		9
	Non-Pulmonary		M F	3	4
(d)	Number still under treatment at end of year 1922	the			
	Pulmonary	in the	MF	20 16	36
	Non-Pulmonary		MF	6 7	13

- 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 1922 Pulmonary M 16 F 11 M · 3 Non-Pulmonary 3 6 (b) Number admitted during year 1922 M 6 Pulmonary F 6 12 M 3 Non-Pulmonary F 1 (c) Number of deaths :-Certified as primarily due to Tuberculosis Pulmonary ... ... F 3 7 Non-Pulmonary M F Number still under Treatment at end of M 18 1922 Pulmonary ... F 14 32 Non-Pulmonary M 5 F 4 9

#### VENEREAL DISEASES.

Prevention: No Lectures were held during the year.

Particulars in regard to these diseases were given in pages
30 and 31, Annual Report for 1921.

Treatment: Arrangements have been made for treatment of both sexes at the Herefordshire General Hospital on Wednesdays from 12 noon till 1 p.m. and on Saturdays from 5 to 7 p.m.

Where there are difficulties on account of affected persons being unable to pay their railway fare, the fares may be paid by the County Council. A grant of 75% is received from the Ministry of Health towards the cost of prevention and treatment.

In 1922 one person was treated at the Hereford General Hospital for Syphilis, and another person for a disease other than Venereal; altogether 10 attendances were made at the clinic and 8 doses of Salvarsan were injected. It is most important that lectures should be given on the Prevention of Venereal Diseases; those given in 1921 were much appreciated and I was requested to arrange for lectures to women as well as men.

#### CANCER.

There were 22 deaths under the heading Cancer and Malignant Disease; 4 deaths (2 males, 2 females) occurred in the urban and 18 (7 males, 11 females) in the rural districts. The rates per 1000 of the population are as follows:—

Urban Districts	a so mente	die	.71
Rural Districts	alth.on o		1.11
Whole County			1.01

Particulars in regard to districts and age periods are given in tables I and II, Appendix. Information in regard to deaths in previous years is given in page 31, Annual Report for 1921.

Whatever the origin, there can be no doubt that the chief causative influence in its production is chronic irritation.

#### RESPIRATORY DISEASE.

There were 39 deaths from Respiratory Diseases other than Tuberculosis, 8 occurred in the Urban, and 31 in the Rural Districts, the particulars are as follows:

	Urban	Urban Districts.				ricts.
	M	F	T	M	F	T
Bronchitis	2	3	5	8	8	16
Pneumonia	2		2	7	4	11
Other	1	-	1	2	2	4

The rates per thousand of the population were :-

		Rate
Urban Districts	A SOMEONIA	 1'42
Rural Districts	LICE SE	 1.91
Whole County		 1.78

#### BACTERIOLOGICAL WORK.

Seven throat swabs were examined by the Clinical Research Association, London, for the presence of Diphtheria bacilli and were found in 3 cases.

Two specimens were sent to the Bacteriological Department of the University of Birmingham for examination for the Wasserman test for Syphilis, and one was positive. Another specimen examined for Spirochetes was negative.

Two samples of water were examined bacteriologically by the Clinical Research Association, one was satisfactory and the other sample showed evidence of pollution.

#### SALE OF FOOD & DRUGS ACTS.

I have received the following report for 1922 from Mr. R. P. Gough, the Inspector under the Food and Drugs Acts for the County.

Milk and Cream Regulations:

1. Milk and Cream not sold as preserved Cream :-

No. of samples examined for Number of samples in which

the presence of preservatives a preservative was reported as being present.

Milk 88 Cream Nil. Nil.

2. Cream sold as Preserved Cream :--

Two samples of Preserved Cream were taken during the year 1922 and submitted for analysis, both were reported to be genuine.

The following table shows the number of samples taken and the number found to be genuine:-

Nature of Sample.		Number of Samples taken.	Number found to be genuine.	Nature of Samples.	Number of Samples taken.	Number found to be genuine.
New Milk		88	69	Milk Cocoa	1	1
Cream		2	2	Ginger	2	2
Butter		10	10	Salmon Paste	1	1
Cheese		7	7	Celery Soup	1	1
Margarine		7	7	Sugar	1	1
Lard	***	6	6	Oxo Cubes	1	1
Coffee		4	4	Mixed Spice	2	2
Tea		2	2	Cocoa	3	2
Vinegar		1	1	Egg Substitute	2	2
Bicarbonate of Soda		2	2	Jelly	1	1
Cream of Tartar			1	Baking Powder	2	2
Pepper	***	3 2	3	Salt	1	1
Custard Powder			2	Blanc Mange Powder	1	1
Mustard		3	3			

Total number of samples taken 157 Total number found to be genuine ... 137

Remarks: It will be seen that with the exception of 19 samples of New Milk and one sample of Cocoa all the other samples were genuine.

The action taken in regard to these is as follows :-Found to be Number Number Number Amount adulterated warned prosecuted convicted of Fines 20 18 2 £4

With regard to the sample of Cocoa reported by the analyst to contain 18 parts per million of arsenic. I visited the Trader's premises to take a formal sample but was informed that the manager had been directed by Healquarter's to withdraw the remaining stock from sale.

In view of the Analyst's report I visited the majority of the shops in the County in order to ascertain if they had a stock of this commodity but in all cases the old stock had been returned.

#### COWSHEDS, DAIRIES AND MILKSHOPS.

Particulars were given in page 34, Annual Report for 1921, of the number of these premises in the various sanitary districts of the County, also an account of reports by the District Medical Officers of Health on cowsheds, dairies and milkshops.

The Milk and Dairies (Consolidation) Act 1915, which would have had an important effect in raising the standard of cleanliness of milk and which also dealt with Tuberculesis of the cow, has been postponed until the 1st of September, 1925.

The Milk and Dairies Amendment Act of 1922, provides under Section 3 for the issuing of licences as follows:—

- By County and County Borough Councils (and in certain circumstances by Urban and Rural District Councils) to producers of "Grade A" milk.
- 2. By Sanitary Authorities to :-
  - (a) Distributors of "Certified Milk."
  - (b) Distributors of "Grade A" milk including Grade A (Tuberculin Tested) and Grade A (Pasteurised).
  - (c) Distributors of "Pasteurised Milk,"

Circulars 356 and 362 have been issued by the Ministry of Health to the Authorities concerned explanatory of the powers and duties under Section 3.

County Councils deal with licences to sell "Grade A" milk. Paragraph 4 of the Order issued by the Ministry of Health is: "Subject to the provisions of the Order and without prejudice to the power to grant licences conferred on the Minister by Section 3 (1) of the Milk and Dairies (Amandment) Act 1922, every County Council and County Borough Council is hereby authorised to grant licences to producers to sell milk as "Grade A." Provided that in any cases in which the minister is satisfied that a County Council are unwilling or do not propose to exercise in any District the power of granting licences hereby conferred on them, the minister may authorise the District Council to grant such licences in place of the County Council".

At a meeting of your Public Health and Housing Committee held on January 12th, 1923, it was decided to recommend that the Council do not exercise the powers of granting licences conferred on them by Section 3, but leave the matter to the other parties concerned.

It is important that cows should be tested with the tuberculin test, and the cows which re-act should be excluded from the herd. In at least one case this has been carried out and none of the cows re-acted; this result is very satisfactory. A good deal of infection in regard to cases of Non-Pulmonary Tuberculosis is derived from cows' milk.

Under the direction of the Mr. D. Thomas, Agricultural Organiser for Radnorshire, classes are held in Dairying and instruction given in regard to cleanliness in milking; this imformation should prove very valuable.

#### MEAT INSPECTION.

There is no Public Slaughter House in the County, but the provision of such a building is under consideration by the Llandrindod Wells Urban District Council.

I referred to Private Slaughter Houses in pages 34 and 35, Annual Report for 1921. Reference was also made to the absence of information in the reports of the District Medical Officers of Health and Sanitary Inspectors, in regard to unsound carcases, including those condemned on account of Tuberculosis.

#### HOUSING.

Additional houses for the working classes are needed, especially in the three Urban Districts and in Rhayader. Information in regard to this matter was given in pages 35 & 36 Annual Report for 1921.

One of the causes of consumption is bad housing.

Dr. Milner in his Annual Report for Presteigne mentions that two houses in Presteigne have been closed as unfit for habitation and, he understands, have been re-occupied without permission, and without a certificate that the repairs asked for in the notice have been carried out. A complete tanitary survey of the District has been arranged for.

Dr. Black Jones in his Annual Report for the Colwyn Rural District Council mentions that 2 houses have been rendered fit for habitation in consequence of informal action.

In the Annual Report of Dr. Fawsett for the New Radtor Rural District Council, there are no special comments in legard to Housing,

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Dr. Hinckes, M.O.H. for Painscastle Rural District refers to 28 houses inspected by the Sanitary Inspector during the year, in connection with which 6 notices were given.

At the time of writing the reports of the Medical Officers of Health for Llandrindod Wells, Knighton U.D.C., Knighton R.D.C., and Rhayader R.D.C. had not been received.

It would be a great advantage if the particulars asked for by the Ministry of Health in regard to Housing were given.

#### WATER SUPPLIES.

Mention is made in the Report of the Medical Officer of Health for New Radnor Rural District that a new source of supply has been obtained for Evenjobb.

A new source of supply of water for Howey, in the Colwyn Rural District, is under consideration.

#### SEWERAGE.

This matter has been referred to in previous Reports, there has been no new work during the year.

#### MENTAL DEFICIENCY, 1913.

Ascertainment of Defectives.—In a circular letter from the Board of Control dated 25th September, 1922, it was pointed out that the number of cases reported was small when considered in relation to the population, and it was suggested that the following sources of information should be utilised for the purpose: Police and Poor Law Authorities, Hospitals, Dispensaries, Sanatoria and Medical Practitioners; Common Lodging Houses, Shelters, Refuges, Charitable Institutions; Local Societies for the benefit of Defectives, for the Prevention of Cruelty to Children and so forth; Ministers of Religion, Probation Officers and District Nurses and Visitors; Labour Exchanges, Friendly Societies and Workclass organisations; and Insurance Committees.

Circular letters were sent out to the various persons and Associations mentioned asking for information in regard to the four classes of Deficiency Act of 1913. I had previously ascertained some of the cases through information supplied by Head Teachers of the Elementary Schools, School Attendance Officers and School Nurses.

As the result of the information received, I visited a large number of persons and found that a small proportion did now come under the Act.

As a result of the investigation I have ascertained that there are 33 persons, who come within the Act, viz: 22 Imbeciles (15 males, 9 females); 3 Idiots (females) and 8 Feebleminded (5 male, 3 females).

The age periods are as follows :-

 . 1	2	3		30-40 5 5	2	4	1	-
2	2	7	2	10	4	4	1	1

Of the above persons a boy aged 10 years was sent to Stoke Park Colony, Bristol on August 11th, 1922, under Sec. 2 (v) of the Act of 1913, and a girl aged 14 years was sent to Talgarth Hospital for Mental Diseases on March 29th, 1923.

In 15 cases the relatives and friends received Poor Relief.

The majority of the cases were well looked after and in only two instances, females aged 14 and 38 years, was institutional treatment desired; the former case has already been referred to.

TABLE I.

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF RADNOR, 1922.

11111 000	-				1101				-	-	-
0		RBA	TS.	RU	RAL	DIS	-	COUNTY.			
Causes of Death.	Knighton	Liandrin- dod Wells	Presteigne	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	M	F	Total
Scarlet Fever					1					1	1
Whooping Cough								3	3		3
Influenza		2	2	2	5	1	2	7	15	6	21
Encephalitis Lethargica	-	1					18.3		1		1
Tuberculosis of Respiratory System	1	2	2	4	6	1	3	1	10	10	20
Other Tuber'lous Diseases	200	1	ots	1	2			2	2	4	6
Cancer, Malignant disease	3	1		3	6	2	2	5	9	13	22
Rheumatic Fever	1	37	1			1		- 8	1		1
Diabetes	1	Story	res.	1		1	1		1	3	4
Cerebral Hæmorrhage, &c.	1	103	1	1	5	1	6	4	8	11	19
Heart Disease	3	6	2	3	4	3	3	14	19	19	38
Arterio-sclerosis	-	1		1		3	1	1	4	2	6
Bronchitis	5		1	2	9		1	4	10	11	21
Pneumonia (all forms)	1	1		1	4	2	3	4	9	4	13
Other Respiratory Diseases		1	8	1	1	-	-23	2	3	2	5
Diarrhœa, &c. (under 2 yrs)	124		1	1	2			1	2	2	4
Appendicitis and Typhlitis		2			18		18		2		2
Cirrhosis of Liver Acute & Chronic Nephritis Puerperal Sepsis	1	2	3	1	2	1 2	2	2	1 8	7	1 15
Other Accidents and Diseases of Pregnancy and Parturition						1	- 10	1		2	3
Congenital Debility and Malformation, Prema-	iii	3	1		3	8	3	2	8	7	15
ture Birth Suicide	2				1	1	15	2	6		6
Other deaths from Violence		2	1				1	2	3	3	6
Other defined diseases	10	5	6	5	8	15	31	18	33	34	67
Causes ill-defined or unknown	MAN						1		1		1
All Causes	28	30	18	27	59	38	25	75	159	141	300

TABLE II.

USES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE
COUNTY OF RADNOR 1922.

	COL	IN	IX		Or		162	m	IN C	110	-	1922			-	_					_
Causes of	Aggregate of Urban Districts.					1	Aggregate of Rural Districts.														
Death.		Ages	0-	1-	2-	5-	15-	25-	45-	65-0	5-	Agos	0-	1-	2-	5-	15-	25-	45-	65-	75-
at Fever											-	1				1					
og Cough	***											8	1			2					
areza.		4						1		2	1	17			1	1	1		6	4	4
, talitis Lethargica		1				1															
System Respirate	ory	5				1		3		1		15					2	10		3	
- Toberculous Diseas	ses	1					1					5					5				
wr. Malignant Disca	90	4							1		3	18						1	6	5	6
- tie Fever												1				1					
Cotes		1							1			3							2		1
Illumorrhage et	c	2								2		17						2	2	5	8
ws Disease		11	-				1	2	3	2	3	27					1	2	7	9	8
elerosis		1									1	5							1	2	2
or title		5								2	3	16	1		1			1		6	7
and is all forms)		2	1		100			1		1		11	5	1		1		1	8		
a Respiratory Disea	ses	1							1			4						2			2
Ac. (under 2 y	rs.)											4	4								
- 1 tis and Typhli		2					1	1													
Total of Liver				1								1				4			1		
Chronic Nepl	uritis	6		-	1			1	1	1	3	9					1	1	1	3	9
Sepsis Locatents & Disea	one i											2						2			
Debility and Premature 1	Mal-) Birth	4	4					-				11	11						1000		
		2		-	-		1		1			4						2	1	1	
deaths from Viole	nco	3	1		-	1					1	3		-						1	2
and discuses		21	1		-			1	3	3	13	46	2		1	2	2	3	3	7	20
and fined or unl	(now)		-		-		-			1		1									1
3000		176	6	-	-	3	4	10	11	14	- 28	204	24	1	8	-8	12	27	33	46	70

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