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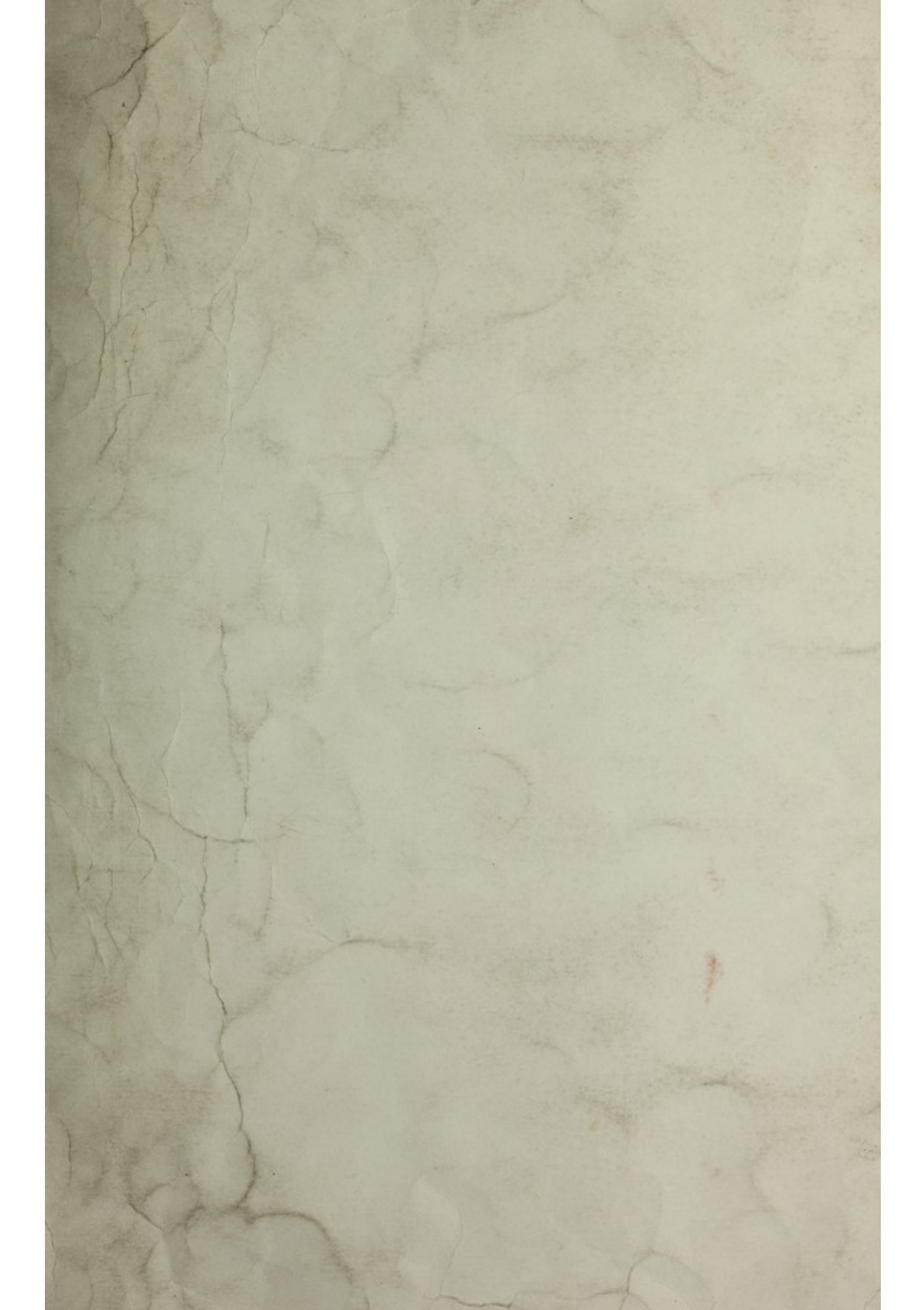
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INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

Annual Report

of the

Medical Officer of Health

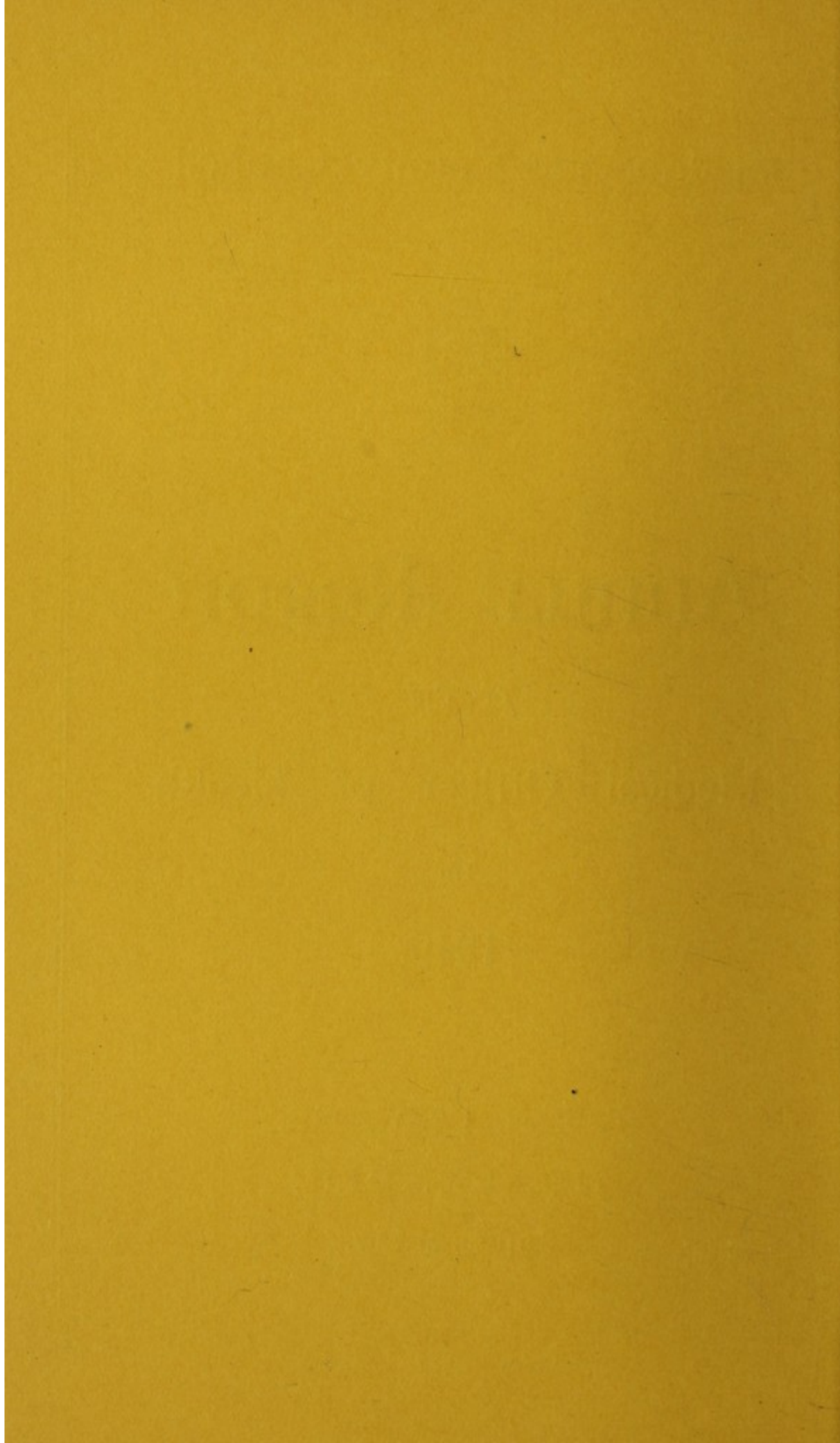
for

1949.

F. J. H. CRAWFORD,

M.D., B.Sc., D.P.H.,

Barrister-at-Law.



Radnorshire County Council.



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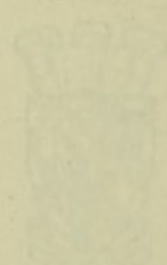
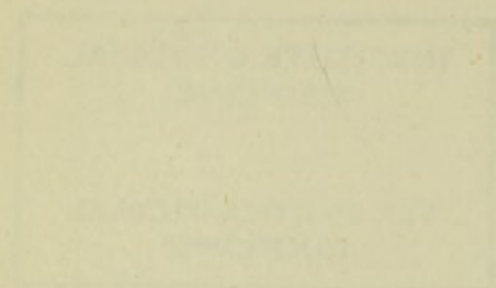
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Radnorshire County Council.

As on 31-12-49.

HEALTH COMMITTEE.

Chairman: Councillor T. P. Davies.

Aldermen Richard Price, Col. Sir Charles Venables-Llewelyn, Bart., and Capt. Harri Williams; Councillors S. W. Brisbane, W. G. Bufton, O. P. Davies, W. H. Edwards, Mrs. Gibson-Watt, R. P. L. Hughes, V. T. Jones, E. T. Kinsey Morgan, J. Prothero, Brigadier C. M. D. Venables-Llewelyn; Dr. M. Dilys Owen, Mrs. F. J. Edwards, Mrs. T. A. Price, Mrs. E. P. Rogers, Miss Mary Thomas and Lady Venables-Llewelyn.

Maternity and Child Welfare Sub-Committee.

Chairman: Councillor Mrs. Gibson-Watt.

The Members of the Health Committee.

Mental Health Services Sub-Committee.

Chairman: Councillor J. Prothero.

The same Aldermen and Councillors as compose the Maternity and Child Welfare Sub-Committee, together with Mrs. T. A. Price and Dr. M. Dilys Owen.

Ambulance Transport Sub-Committee.

Chairman: Councillor E. T. Kinsey Morgan.

The Members of the Health Committee, and Mrs. E. G. Freeman, Mr. F. H. Lloyd, Mr. C. Roberts and Mr. R. Lane Walker.

Staff of the County Health Department.

County Medical Officer of Health :	F. J. H. Crawford, B.Sc., Ch.B., M.D., M.R.C.S., L.R.C.P., D.P.H., Barrister-at-Law, Middle Temple.
Deputy County Medical Officer of Health (part-time).	M. Dilys Owen, B.Sc., M.B., B.Ch., D.P.H., D.R.C.O.G.
County Psychiatrist and Adviser in Mental Health (part-time)	Gordon Diggle, M.B., Ch.B., M.R.C.P.(Ed.), D.P.M.
Psychiatric Social Worker (part-time)	Gwendoline Morgan.
Tuberculosis Physician (part-time)	N. T. K. Jordan, M.D.
School Dental Officer :	Eileen Rich, L.D.S.(resig'd 31.12.49)
Superintendent Nursing Officer :	Julia Todd, S.R.N., S.C.M., H.V.Cert.R S.I., Q.N.S.
Inspector under the Food and Drugs Act : (part-time)	C. S. W. Powell.
Honorary Ambulance Officers (part-time):	
Llandrindod Wells	T. A. O. Meredith.
Knighton	S. W. Brisbane, C.C.
Presteigne	R. Lane Walker, C.C.
Rhayader	E. Kinsey Morgan, C.C.
Clerical Staff :	R. Percy Bufton, Chief Clerk ; W. J. Meredith, Rosalind N. Middleton, Frances M. Allen, Margaret M. Powell (resigned September, 1949), G. E. H. Steventon (appointed Septem- ber, 1949).

District Nurses :

The following District Nurses are employed by the Radnorshire County Nursing Association under arrangements made by the Local Health Authority. They undertake Health Visiting, General Nursing and Midwifery work in their areas on behalf of the County Council.

Nursing Areas.	Names of Nurses.	Qualifications.
Knighton	†Sister O Roberts.	S.R.N., S.C.M., Q.N.S.
	(left 8-1-49)	
	†Sister M. J. T. Oakley	S.R.N., S.C.M., Q.N.S.
	(appointed 19-1-49 left 30-4-49)	
	Nurse F. M. Lewis	S.R.N., T.A.Certificate
	(appointed 4-7-49 left 12-9-49 for District Training)	
	†Sister E. J. Moseley	S.R.N., S.C.M.
	(appointed 1-10-49)	

Llangunllo	†Sister B. C. Green	S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
Beguildy	Nurse A. Saunders	S.C.M.
Boughrood	Nurse E. M. Summers	S.C.M.
Clyro	Nurse C. Dodd	S.C.M.
Paincastle	†Nurse S. A. Davies	S.C.M.
Cwmbach	†Nurse M. A. Price	S.C.M.
Hundred House	†Nurse M. K. Chaplin	S.R.N., S.C.M.
Llanbister	†Nurse M. A. Evans	S.R.N., S.C.M.
Llandewy	†Nurse H. Evans	S.C.M.
Llandrindod	†Sister S. S. Bowen	S.R.N., S.C.M., Q.N.S.
Wells	†Nurse K. Morgan (left 14-12-49)	S.R.N., S.C.M.
	Nurse J. R. Griffiths (appointed part-time 15-12-49)	S.C.M.
Newbridge-on- Wye	†Sister V. M. Hamer	S.R.N., S.C.M., Q.N.S.
New Radnor	†Sister M. Miller	S.R.N., S.C.M., Q.N.S.
Presteigne	†Sister J. Morris	S.R.N., S.C.M., Q.N.S.
	†Nurse A. Haynes	S.C.M.
Penybont	†Nurse J. Thomas	S.R.N., S.C.M.
Rhayader	†Sister M. H. Williams	S.R.N., S.C.M., Q.N.S.
Nantmel	†Nurse L. C. Jones	S.C.M.
Llanwrthwl	Nurse E. Tudor (retired 30-9-49)	S.C.M.
St. Harmon	†Nurse S. E. Davies	S.C.M.
Supply Nurse	†Nurse D. M. Davies	S.C.M.
	† Qualified to administer Gas/Air Analgesia.	
Authorised Officers in the Mental Health Service (part-time): G. W. Griffiths, A. J. James and H. E. Morris.		

ASSOCIATED OFFICERS.

Clerk of the County Council : Philip Parker.

Deputy Clerk of the County Council :

Edmund E. Pearmain, D.F.C.

County Treasurer : T. R. Moore.

Director of Education : Major J. Mostyn, M.C., M.A., T.D.

County Surveyor : Lt.-Col. J. A. Paterson, J.P., D.L.

County Architect : Charles W. Watsham, F.I.A.S.

Welfare Officer and Clerk to the Children's Committee :
W. J. Beavan.

Children's Officer : Esther Brunsdon, P.H.D.

HEALTH OFFICERS OF DISTRICT COUNCILS. MEDICAL OFFICERS OF HEALTH (part-time):

Urban Districts:

Knighton	G. H. H. Booth, B.Sc., M.B., CH.B., (resigned 1-4-49) J. S. I'A. Chesshire, M.B., CH.B., D.R.C.O.G. (appointed 2-4-49) Wylcwm Street, Knighton.
Llandrindod Wells.	J. E. Jenkins, M.A., B.M., B.CH., Chalfont, Llandrindod Wells.
Presteigne	W. J. Walker, M.B., CH.B., Warden Court, Presteigne.

Rural Districts:

Colwyn	D. F. Cameron, M.B., CH.B., Tyn-y-berllan, Builth Wells.
Knighton	J. G. Garman, M.R.C.S., L.R.C.P., The Cottage, Knighton.
New Radnor	R. H. Jobson, M.B., CH.B. The Laurels, New Radnor.
Paincastle	W. W. Wilson, M.B., CH.B. Broad Street, Hay.
Rhayader	J. D. O'M. Poole, M.B., CH.B. Bryncoed, Rhayader.

SANITARY INSPECTORS:

Urban Districts:

Knighton	E. J. Morgans, B.Sc., M.R. SAN. INST. Town Hall, Knighton (Resigned 30-9-49)
Llan'dod Wells	R. J. Morris, M.R. SAN. INST., P.A.S.I. Town Hall, Llandrindod Wells.
Presteigne	J. H. M. Jolliffe, A.M.I. SAN. E., A.M., INST., B.E. Council Offices, Presteigne.

Rural Districts:

Colwyn	C. H. Wright, M.S.I.A. Ashfield, Builth Wells.
Knighton	D. Llewellyn, A.R. SAN. INST., M.S.I.A. Wylcwm House, Knighton.
New Radnor	J. P. Lingen, Broad Street, New Radnor.
Paincastle	Garfield G. Evans, M.R. SAN. INST. M.S.I.A. Council Offices, Hay.
Rhayader	H. J. Sleigh, A.M.I.S.E., M.R. SAN. INST., Council Offices, Rhayader

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report as County Medical Officer for the year 1949.

The writing of an Annual Report is one of the most important duties undertaken by a Medical Officer of Health, for, unlike most of what he does, it is not submitted for consideration and approval to any Committee of the County Council, and is a purely personal production. The Medical Officer of Health is encouraged to record in his report his own views on the matters with which he deals, although it is likely that these views will not run contrary to the expressed policy of his Council. Indeed I am sure that the views which I have expressed in this report are consistent with the Council's general policy. It should, however, be emphasized that the report is not the report of the Health Committee or the County Council but of the County Medical Officer.

It is often said that "statistics can be made to prove anything". Certainly they are an unreliable guide to the state of health of a community as small as Radnorshire. With a population of little more than 20,000, it is inevitable that annual statistics fluctuate violently, and no conclusions can be drawn except by averaging the rates over longer periods. It appears, however, that the health of the people of the county has been well maintained.

The year has been one of consolidation of the existing services and no spectacular developments are to be reported.

I should like to comment on one effect of the National Health Service Act which in my opinion will not ultimately benefit the community. I refer to the increasing number of

hospital confinements, resulting in a fall in the number of children born at home in this county. The number of domiciliary confinements has now dropped so low that, as I say in my report, it is scarcely enough for the midwives concerned to retain their efficiency. Yet the natural place and the proper place for a normal confinement is the mother's own home, so long as this is suitable. If a woman wants her confinement in Hospital for purely personal reasons, she should make arrangements with a Nursing Home.

I have tried to make this report chatty and therefore readable, and I hope it will enable members of the County Council and others to get a general impression of the work being done in the County Health Department.

I thank the Chairman and Members of the Health Committee, and the Chairmen and Members of the Maternity and Child Welfare Sub-Committee, the Mental Health Services Sub-Committee, and the Ambulance Transport Sub-Committee for the interest which they have taken in the work and the support which they have given to me in undertaking my duties.

I am grateful also for the co-operation of the Committee of the Radnorshire County Nursing Association, the Superintendent Nursing Officer and the District Nurses, and I must also thank my clerical staff for their loyal help.

I am,
Your obedient Servant,
F. J. H. CRAWFORD,
County Medical Officer.

Climate and Social Conditions.

Two-thirds of Radnorshire is classified as mountainous and the county is, in fact, mainly mountains and high moorlands with fertile valleys separating them. The average height is more than 1,000 feet above sea level.

The climate may be summarised as one which gives long periods of low temperature with a low annual mean temperature and a rather heavy rainfall, the western part having a higher rainfall than that portion of Radnorshire situated to the south and east and bordering on England.

The county is notable in having the lowest density of population in England and Wales, namely, one person to 15 acres.

The people are mainly occupied in agriculture particularly sheep farming, but in Llandrindod many are employed in the hotel and tourist industry, and in various administrative services.

Clawen Dam

General Statistics.

Area	301,165 acres.
Population, 1949 (Registrar General's Estimate)				20,261.

Particulars are as follows:—

Urban Districts—

Knighton	1,881	
Llandrindod Wells	3,438	
Presteigne	1,154	
	<hr/>	6,473

Rural Districts—

Colwyn	1,753	
Knighton	3,211	
New Radnor	2,248	
Paincastle	1,908	
Rhayader	4,668	
	<hr/>	13,788

Total County	20,261
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Rateable value £193,212

Product of a Penny Rate (estimated 1948-49) £794

Live Births:	M	F	Total.
Legitimate	149	151	300
Illegitimate	5	9	14

Total Live Births	154	160	314
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	Radnor.	E. & W.
Birth Rate per 1,000 of population	16·7	16·7

Still Births:	M	F	Total.
Legitimate	5	8	13
Illegitimate	—	—	—
Total Still Births	5	8	13

Deaths :	Radnor.	E. & W.
Death Rate per 1,000 of the population	12·3	11·7

Death Rate of Infants under 1 year of age:

All infants per 1,000 live births	28·7	32·0
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Legitimate infants per 1,000 legitimate live birth	30·0
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Illegitimate infants per 1,000 illegitimate live births	—
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Deaths from Cancer (all ages)	32
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Deaths from Diarrhoea (under 2 years of age) 2

Of the 9 deaths of infants under one year of age (males 5, females 4) death occurred in 3 cases during the neo-natal period, i.e. in the first month of life.

Number of Deaths at different Periods of Life :

Age Group	Male	Female	Total
0—1	5	4	9
1—5	1	—	1
5—15	2	—	2
15—45	16	8	24
45—65	22	19	41
65+	75	97	172
Total deaths (all ages)	121	128	249

Infant Mortality.

The number of deaths of infants under 1 year of age in the County during 1949 was 9, compared with 24 for 1948; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 28·7 compared with 74·5 in 1948. Of the deaths 3 (males) occurred in the Urban Districts and 6 (2 males, 4 females) in the Rural Districts.

INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1949.	Rates per 1000 births.	
		1949.	1936-45.
Urban Districts :			
Knighton -	-	—	36
Llandrindod Wells	3	53·6	55
Presteigne -	-	—	49
Rural Districts :			
Colwyn -	-	—	12
Knighton -	2	41	55
New Radnor -	1	35	38
Painscastle -	-	—	51
Rhayader -	3	50	46
Urban Districts -	3	26	48
Rural Districts -	6	30	44
Administrative County	9	28	45

INFANT MORTALITY - FIVE YEARLY RATES.

	Radnorshire.			E. & W.
Five yearly period	Births	No. of deaths under 1 year	Rate per 1,000births	Rate per 1,000births
1935-1939	1445	82	57	57
1940-1944	1717	72	42	53
1945-1949	1633	63	38	42

When a population is very small as in a county like Radnorshire, a rate such as the Infant Mortality rate, will inevitably vary markedly from year to year, and a wrong impression may be gained from a perusal of the figures for any one year. By working out the rates for five-yearly periods a much truer picture is obtained. From these figures it will be seen that the Infant Mortality rate has dropped significantly from what it was before the war.

Administration.

Apart from the school health service which continues to be administered by the Education Committee, all health services of the County Council, as Local Health Authority, are now under the control of the Health Committee.

There are three Sub-Committees of the Health Committee. The Maternity and Child Welfare Sub-Committee deals with the domiciliary midwifery service, health visiting and general nursing services, which are all carried out on behalf of the authority by the Radnorshire County Nursing Association. For the sake of administrative tidiness it is convenient that this Committee should be concerned with all the nursing services carried out on behalf of the Authority.

A curious result follows that the Maternity and Child Welfare Sub-Committee is responsible for the nursing of aged persons as well as those of more tender years. The Mental Health Services Sub-Committee deals with all the duties of the Local Health Authority under the Mental Deficiency Acts, such as the ascertainment of mental deficiency and the disposal of such defectives by Statutory Supervision, Guardianship and admission to Institutions. In addition this Sub-Committee is responsible for duties under the Lunacy and Mental Treatment Acts. The Ambulance Transport Sub-Committee is concerned with the provision of an ambulance and sitting case car service.

Within the County Health Department, the Superintendent Nursing Officer acts as Superintendent Health Visitor and generally supervises the work of the nursing staff. In addition she is the non-medical Inspector of Midwives.

The Chief Clerk undertakes certain Committee work and deals with accounts. He is Petitioning Officer under the Mental Deficiency Acts and has also a special responsibility in the administration of the ambulance service. Another clerk is concerned almost exclusively with the school health service, another is personal secretary to the County Medical Officer and undertakes filing. One clerk has general duties and is also particularly concerned with arrangements for vaccination and immunisation, and another is responsible for Maternity and Child Welfare and work connected with the County Nursing Association.

Health Centres.

Section 21 of the National Health Service Act states that "it shall be the duty of every Local Health Authority to provide, equip, and maintain to the satisfaction of the Minister, premises, which shall be called "health centres," at which facilities shall be available," for the provision of any or all of the following :—general medical services, general dental services, pharmaceutical services, services provided by the local health authority, the services of specialists, publication of information on questions relating to health and disease, delivery of lectures, and the display of pictures or cinematograph films in which such questions are dealt with. Nevertheless for various reasons no action has been taken in the great majority of local health authority areas to set up such

health centres. In this county it is unlikely that we shall ever see health centres in any but the three or four largest towns, and even these will be health centres of a miniature type. There has, however, been an expressed desire on the part of many Practitioners that such centres shall be set up in this county. It appears that doctors are no longer so willing as they were that their homes should be their work places, and the doctor's wife has long since ceased to delight in acting as receptionist in her husband's surgery.

Care of Mothers and Young Children.

Under Section 22 of the National Health Service Act, the Local Health Authority is responsible for providing various services concerned with the care of expectant and nursing mothers and children under school age.

It will be appreciated that in a county such as Radnorshire where the largest town has a population of only 3,400, it has not been possible to develop clinics and other services as are normally provided in more populous areas.

We may say that our health services generally are based to a large extent on the District Nurse and the family doctor.

HOSPITAL ACCOMMODATION FOR MATERNITY PATIENTS:

This is provided by the Regional Hospital Board and the majority of patients in the county who are admitted to Hospital for their confinement go to the Llandrindod Wells Hospital. Some are admitted to the Knighton Hospital and others to Hospitals at Builth Wells, Llanidloes, Newtown, Hereford and Shrewsbury. It is generally agreed that the only mothers who need to have their babies in Hospital are those who are likely to have a difficult or dangerous labour, and those who live in home conditions which are unsuitable. The numbers who are obstetrically abnormal might be expected to remain constant and the number of homes which are unsuitable for midwifery would not be expected to rise at the present time when new houses are slowly being built. Nevertheless, the number of confinements which have taken place in Hospital because of alleged bad home conditions, has risen steadily since the coming into operation of the National Health Service.

It would not be untrue to say that very many cases now admitted to Hospital because of alleged unsuitable home conditions, are those whose home conditions are good, and they are in fact admitted because they want to have their babies in Hospital.

Unfortunately the demand for institutional accommodation by mothers is greatest in the towns, and least in the out-lying farmsteads. Yet it may be difficult to bring help to a home situated some distance from a town and even perhaps some distance from a road, whereas help can quickly reach a home in a town.

Hospital confinements have been ever more attractive because the service since the "appointed day" has been entirely free of charge. Thus the patient receives not only medical and nursing treatment free of charge, but is also boarded free and receives free laundry. At home on the other hand, she has to board herself, and, although a home help may be provided, the patient is assessed, and may have to pay a considerable part of the cost of this service.

No admission or discharge reports were available in respect of Radnorshire patients admitted to Hospitals other than the Llandrindod Wells Hospital, but at this Hospital arrangements made prior to the Appointed Day, under which admission and discharge reports were sent immediately to the County Medical Officer, were continued. These reports have been most valuable in enabling the District Nurses to give continuity of treatment after discharge from Hospital.

One hundred and twenty seven maternity cases were admitted to the Llandrindod Wells Hospital during the year for the following reasons:

Abdominal discomfort	1
Albuminuria	1
Anaemia	1
Cardiac	1
Contracted Pelvis	4
Delayed 2nd Stage	1
Elderly primipara	1
Flat pelvis	4
Foetal distress	1
High blood pressure	5
Inevitable abortion	1
Obstructed labour	1
Pelvic deformity	1
Premature labour	1
Post maturity	1
Previous complicated confinements	9
Primipara	1
Tubercular	1
"Unsuitable home conditions"	91

MATERNITY OUTFITS.

Sterilised maternity outfits are provided for all mothers who are confined at home. These outfits are distributed by the District Nurses and are also available at the County Health Offices.

PUERPERAL PYREXIA.

No cases of puerperal pyrexia were notified during the year.

OPHTHALMIA NEONATORUM.

No cases of ophthalmia neonatorum were notified.

MATERNAL MORTALITY :

There were no maternal deaths in the County during the year.

PREMATURE BABIES :

Any child whose birth weight is $5\frac{1}{2}$ lbs or less is regarded as a premature baby regardless of the period since conception. During the year, 8 premature babies were born at home, 11 in Hospital and 1 in a Nursing Home. Of the 8 born at home, 6 were nursed entirely at home. The District Nurses give special attention to such infants.

Death occurred in 3 cases as follows :—

Died at home	...	1
„ Hospital	...	2

CHILD WELFARE CENTRES.

Child Welfare Centres are now under the the direct control of the Maternity and Child-Welfare Sub-Committee, although at each Centre there is a voluntary Committee which gives great help in the detailed work of running the Centre. Voluntary workers provide cups of tea, refreshments, etc. Not only babies, but also children up to the age of five, are welcomed.

The Medical Officer at each Centre is a General Medical Practitioner and an endeavour is made to get every baby examined at least once a month, and every toddler once in three months. It is not always realised that the purpose of a Child Welfare Centre is to teach mothers how to rear healthy children. They are not Hospital Out-Patient Departments and, therefore, as a rule no medical treatment of ailing children is given.

The following are the times and places of the Welfare Centres in the County :

Place.	Time.	Medical Officer.
Knighton, Church Hall	†First Tuesday in month, 2-30 p.m.	Dr. J. G. Garman.
Llandr'dod Wells County Buildings	1st & 3rd Tuesdays in month 2-30 p.m.	Dr. M. D. Owen.
New Radnor, Walton Village Hall	Last Monday in month, 2-30 p.m.	Dr. R. H. Jobson.
Presteigne, Shire Hall	Second Tuesday in month, 2-30 p.m.	Dr. R. R. Walker.
Rhayader, Bryngwy	Second Wednesday in month, 2 p.m.	Dr. J. D. O'M. Poole & Dr. P. Shankey.

(†Commencing on the 1st October, 2 clinics were held monthly at this Centre, namely on the first Tuesday and on the last Wednesday in the month, Dr. J. S. I'A. Chesshire attending the second session).

The total number of sessions held and attendances made at the various Centres during the year were as follows:—

	Llan'dod			New		
	Knighton	Wells	Presteigne	Radn or	Rhayader	
No. of						Total
Meetings	15	24	12	10	12	73
Doctor present	14	20	12	9	12	67
Average No. of Voluntary Helpers	4	3	3	2	5	—
Infants under :						
1 year	269	587	167	38	160	1221
1-5 years	335	358	119	73	111	1996
Total	604	945	286	111	271	3217

Care of Unmarried Mothers and their Children

A grant is made by the County Council to the Swansea and Brecon Diocesan Moral Welfare Association, whose Welfare Worker undertakes additional supervision of unmarried mothers and their children on behalf of the Local Health Authority. The Moral Welfare Worker furnishes the County Health Department with quarterly reports in respect of each mother and child supervised and carries out visits as required.

Mrs. Gravestock submits the following note on her work :

"There has been excellent co-operation with the County Health Department in the work among unmarried mother and their babies.

During the year 1949, 9 unmarried mothers were helped; 3 were admitted to Moral Welfare Maternity Hostels; 4 babies were adopted; two babies returned home with their mothers; the two latter were subsequently married.

In connection with this work 46 visits were paid to girls' homes or to officials about their cases and about 100 letters were written.

I should like to take this opportunity of thanking the Radnorshire County Council for financial aid to unmarried mothers going into Hostels and for their grant to the Swansea and Brecon Diocesan Moral Welfare Association".

Dental Care of Mothers and Young Children.

Mr. Frank Jones, the County Dental Officer, contributes the following.

"During the year under review, a small amount of dental treatment has been carried out for patients referred under the Council's Maternity and Child Welfare Scheme. Those patients living in or near the towns of Llandrindod Wells and Knighton should be reasonably well provided for, as there are four dental practitioners at Llandrindod Wells and three at Knighton.

Patients living at a considerable distance from these towns present rather a difficult problem, mainly owing to the fact that they are scattered so widely over the rural areas. Some of these patients have been seen in village schools, but such an arrangement does not appear to be satisfactory.

The maintenance of surgical cleanliness is difficult in such circumstances, lighting and toilet facilities are very inadequate and there is no recovery room in which an expectant or nursing mother might need to rest for a while after an operation.

These difficulties might be overcome by :—

1. The provision of more equipped clinics.
2. The use of an efficient mobile dental unit.
3. The free transport of the patients to and from the Clinic at Llandrindod Wells and the Welfare Centre at Knighton.

Together with suggestions 1 and 2 must be considered the dental inspection and treatment of the school population. In the meantime freely available transport for Maternity and Child Welfare patients to and from Llandrindod Wells or Knighton would assist in overcoming the difficulties and utilise more economically the services of the dental officer.

The importance of the dental supervision of all the three groups of patients who come under the care of the Maternity and Child Welfare Scheme cannot be overestimated.

The reasons why expectant and nursing mothers should be relieved of causes of infection and provided with a functional dentition will be obvious to all. Unfortunately, it is not always appreciated that a pre-school age child should receive regular dental attention. Depending on a great variety of conditions, dental decay may attack a tooth at any time. At the age of three or four and sometimes earlier, many children require dental treatment. Some children, on entering school, present one or more teeth which, owing to their septic condition, require to be extracted. The loss of teeth at such an early age not only deprives the child of an efficient masticatory organ at a time when rapid growth demands the maximum nourishment from the food taken, but also results in lack of normal growth of the jaws and a deformed permanent dentition".

TABLE.

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	33	32	32	32
Children under five	8	8	8	8

(b) Forms of Dental Treatment provided.

	Extractions.	Anaes- thetics.		Fillings.	Scalings or Scaling and gum treatment	Silver Nitrate treatment.	Dressings.	Radiographs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expect- ant and Nursing Mothers ...	49		13	2	4		15		2	1
Children under five ...	10		6				3			

Midwives Acts.

The County Council remains the Local Supervising Authority for midwifery and as such is responsible for supervising all Midwives working in the county, including those in institutions. The supervision is carried out by the Superintendent Nursing Officer of the Authority acting as Inspector of Midwives.

Domiciliary Midwifery.

Under Section 23 of the National Health Service Act, the Local Health Authority is responsible for providing a domiciliary midwifery service. This work has been delegated to the Radnorshire County Nursing Association which employs 22 District Nurse Midwives and a relief Nurse Midwife, all of whom work under the supervision of the Superintendent Nursing Officer of the Local Health Authority.

It is interesting to note that almost two-thirds of our nursing staff are now both State Registered Nurses and State Certified Midwives. In addition, some of the nurses possess other certificates. Our aim is to give the Rural areas as high a standard of nursing as possible. This is very necessary, as medical aid is not always readily available in the rural and isolated areas.

We do not recommend the appointment of any nurse who is not State Registered, and indeed the Ministry of Health Regulations now stipulate that where combined work is carried out, including Health Visiting (as in Radnorshire) nurses holding Health Visitors Certificates must be appointed wherever possible.

Progress has been made in housing the Nurses in Council Houses. Nearly all the Urban and Rural District Councils have given us their sympathetic consideration in this matter. The County Nursing Association, as the employing Authority, is responsible for the comfort of the nurses—and, of course, a house adds greatly to this.

Every nurse is "on the telephone", and has the use of a car for her work. The old days of bicycles have passed and rightly so. The nurses in travelling are now kept sheltered from inclement weather and their health is thus less likely to break down. Priorities for new cars can be allocated to Midwives by the Ministry of Health. A note must accompany applications for priorities, as to the mechanical condition of the existing car. Unfortunately priority is only given when the car is very dilapidated, which is unsatisfactory, as a nurse may have several breakdowns on isolated roads before a priority is granted.

The equipment supplied by the County Nursing Association for the use of the nursing staff is excellent.

The County Nursing Association is affiliated to the Queen's Institute of District Nursing, and the supervision by the Queen's Institute of the nursing work carried out by the Association is welcomed, as it helps the Nurses to maintain a high standard of efficiency.

One hundred and forty-five mothers were confined in their own homes during the year, of whom 47 were maternity cases where the confinement was supervised by a doctor, and 98 were midwifery cases, that is, cases where the confinement was supervised by the Midwife.

The number of domiciliary confinements has thus fallen markedly since the coming into operation of the National Health Service Act. In the year 1947, the number of mothers who had their babies at home was 257. Thus the number of domiciliary confinements for 1949 works out at an average of less than 7 for each District Nurse, and this number is so small that it is very doubtful whether a Midwife undertaking as little midwifery as this, obtains sufficient practice in her art to retain her efficiency. Nevertheless the number of district Nurse Midwives cannot be reduced without grave danger. In addition to the fact that each District Nurse-Midwife undertakes all the nursing services in her area (midwifery, general nursing, health visiting and school nursing), communications are frequently so bad, and the Nurses have such distances to cover, that it would not be possible to reduce the numbers of District Nurses in the County with safety.

At the end of the year 17 of midwives employed by the Radnorshire County Nursing Association held certificates of competence to administer analgesia, and all these Nurses were provided with efficient analgesic machines of the Minnitt and Queen Charlotte Hospital types to administer nitrous oxide.

Of patients whose confinements were supervised by midwives 61 (62%) were given analgesia by the Nurses concerned. This is a very creditable achievement in view of the extremely difficult transport problems in Radnorshire. Some homes are two miles from the nearest road useable by a car, and in such cases the analgesic apparatus has to be carried over fields for considerable distances. The analgesia provided has, however, been very much appreciated by the patients.

Health Visiting.

No full-time Health Visitors are employed in the County and this work is carried out by the District Nurses, two of whom possess the Health Visitor's Certificate of the Royal Sanitary Institute.

During the year three District Nurses were sent for training as Health Visitors under the County Nursing Association Scheme. The ultimate objective is that all Nurses employed by the Radnorshire County Nursing Association shall possess this certificate. As required by the National Health Service Act, the scope of Health Visiting is now very wide and includes the visiting of persons in their own homes, not only for the purpose of giving advice as to the care of young children, but also for advising as to the care of persons suffering from illness and expectant and nursing mothers, and the measures necessary to prevent the spread of infection.

The Health Visitor is thus far more than the Health Visitor was in the days before the coming into operation of the National Health Service. She is now the General Adviser in Health to the whole family, and acts as midwife, school nurse, general nurse, tuberculosis visitor and mental deficiency visitor, and also regularly visits blind people in their homes. Her purview is a very wide one.

Home Nursing.

The responsibility of the Local Health Authority to provide a comprehensive nursing service throughout the area is fulfilled by delegating this work to the County Nursing Association. The total number of nursing visits for the year was 23,848. This shows an increase in work as compared with the previous year. It is likely that because this service is now free, the demand for domiciliary nursing will continue to increase to some extent.

The general nursing after-care of patients discharged from Hospital to their own homes would be much facilitated if we could receive from the hospitals prompt discharge reports concerning such patients. These would at once be sent on to the District Nurses concerned and would greatly help them in deciding what treatment was necessary.

Vaccination and Immunisation.

VACCINATION.

Before the 5th July, 1948, vaccination was in theory compulsory, although the fact that smallpox had died out in Britain led many people to neglect to take advantage of the free vaccination service. It was felt at the time the National Health Service Act was drafted that, if compulsion was removed from vaccination, and propaganda was intensified, more parents would have their children vaccinated. This has proved to be a wildly optimistic view as regards most areas, although in Radnorshire the acceptance rate for vaccination remains almost unchanged. Indeed the number of vaccinations undertaken during the year was 138, which is a slight rise as compared with the previous year. The percentages of children vaccinated were as follows :—

Year.	Percentage vaccinated.
1933	37·6
1947	42·2
1948	42·0
1949	44·0

It must be emphasized that, with the tremendous increase in the rapidity of communications between those parts of the world, such as India, where smallpox is endemic, and Britain, it is likely that, from time to time, patients incubating smallpox will land in this country, develop the disease and start an epidemic. Vaccination is, therefore, even more necessary than it was 50 years ago.

DIPHTHERIA IMMUNISATION.

A great deal of propaganda is carried out to persuade parents to have their children immunised against Diphtheria at the age of 8 months and again just before attending school for the first time. This work and the work on vaccination occupies a considerable part of the time of one clerk of the County Health Department. The response is disappointing, but this is due partly to the fact that so many children in Radnorshire live so far from the nearest Doctor's surgery or Welfare Centre or even School. In this county it seems to me that Diphtheria Immunisation should be undertaken by the District Nurses as well as by General Practitioners and the County Medical Officer. The District Nurse in the course of her routine duties visits the home of every young child in the county. She is accustomed to giving injections of various

kinds and the immunisation would take very little additional time. Moreover, the District Nurses would like to do this work and the people in the wilder parts of the county particularly would appreciate such a service. A scheme on these lines was in fact started experimentally for a very short time, but on approaching the Welsh Board of Health, they intimated that they could not sanction the carrying out of this work by District Nurses under Section 26 of the National Health Service Act, nor even under Section 28, which deals with the Prevention of Disease. Nevertheless it would be a great advantage in this County if the District Nurses could undertake diphtheria immunisation. It should be emphasized that it has never been suggested that our District Nurses should do this work instead of Medical Practitioners but only as a supplementary service.

Immunisation statistics for the year are as follows :—

Number of Children who completed a Full Course of
Primary Immunisation during the Year.

Age at date of final injection.		Total.
Under 5	5-14.	
250	64	314

Total number of Children who were given a Secondary or Reinforcing Injection (i.e. subsequent to complete full Course) during 1949	...	34
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Ambulance Service.

Although the population of the county is small, the area is large and communications are long and difficult. It is interesting to note that the number of miles of main road per 1,000 population in this area is 51·28. This is by far the highest mileage of main roads per unit of population in England and Wales, and hence the cost of the ambulance service might be expected to be inordinately high. In fact the cost of the ambulance service for the year, namely £3265, is moderate, and the reason for this is that the service to a large extent still depends upon voluntary effort. High tribute should be paid to those members of the St. John Ambulance Brigade and others in Knighton, Presteigne and Rhayader, who give up so much of their spare time to this work, and answer so promptly all calls which are made upon them.

The Ambulance organisation seems at first sight to be somewhat complicated. The service is provided throughout the county on an agency basis by the Welsh Home Service Ambulance Committee of the British Red Cross Society and the Order of St. John, day to day executive control being vested in the County Medical Officer. The Ambulance Transport Sub-Committee of the Health Committee makes recommendations to the Welsh Home Service Ambulance Committee from time to time as to measures which should be taken to maintain and improve the efficiency of the service.

The operational Headquarters are at the Llandrindod Wel's Hospital. All telephone calls for ambulances throughout the county are normally made to this address whence the message is at once routed to the appropriate ambulance sub-station for action.

Two ambulances are based on the Hospital, one of these belonging to the Welsh Home Service Ambulance Committee, the other belonging to the Local Health Authority. The garage at the Llandrindod Wells Hospital will, however, accommodate only one vehicle, and the second vehicle is, therefore, housed at a commercial garage in the town. It is obvious that a garage to accommodate the second ambulance should be erected at the main ambulance station and this should include residential accommodation for a second driver.

One whole-time ambulance driver is employed and he undertakes certain duties in the Hospital. The second driver undertakes this work as part-time employment only. It has not yet been found necessary to implement the Local Health Authority's approved proposals under which three whole time ambulance drivers, (who would, however, also do other hospital duties), would be employed at the Hospital and one-third of whose salaries would be payable by the Local Health Authority through the Welsh Home Service Ambulance Committee.

The great advantages of having the Ambulance Headquarters of the County at the Llandrindod Wells Hospital have been generally recognised. For example, telephone calls for an ambulance are answered and dealt with promptly at any time of the day or night.

The Knighton Ambulance was formerly the property of the Urban District Council and was presented to the County Council free of charge. This vehicle is manned by part-time drivers and attendants, some of whom are employees of a local garage.

The Presteigne ambulance vehicle is the property of the County Council, and is manned by part-time drivers and attendants who are members of the Presteigne Division of the St. John Ambulance Brigade.

The Rhayader ambulance vehicle is the property of the Welsh Home Service Ambulance Committee, and is staffed by part-time drivers and attendants who are members of the Rhayader Division of the St. John Ambulance Brigade.

The southern area of the county, that is the Painscastle Rural District and the Parishes of Newchurch and Michaelchurch-on-Arrow are served, by arrangement with the Breconshire Local Health Authority, by their ambulance station at Hay.

The monthly mileages undertaken by ambulances and sitting case cars during the year were as follows :—

Month	— Ambulances —		—Sitting case Cars—	
	No. of Patients carried.	Total Mileage	No. of Patients conveyed.	Total Mileage
1949				
January	36	1359	30	1886
February	30	939	35	1903
March	22	879	32	2504
April	20	506	31	1927
May	13	381	49	3696
June	21	1173	54	3998
July	18	1427	46	2282
August	21	756	53	3299
September	27	1171	40	2594
October	33	1166	57	4181
November	24	1061	60	2520
December	22	927	51	2453
Total	287	11745	538	33243

Prevention of Illness, Care and After-Care.

The wording of Section 28 of the National Health Service Act is so wide that all the work of a Health Department might very well be included within it. Nevertheless the duties of the Local Health Authority which fall within this section are very limited, and concern mainly the after-care of tuberculous persons discharged from sanatoria and hospitals, and also the after-care of patients discharged from mental hospitals and mental deficiency institutions. The after-care of patients who have been dealt with under the Lunacy and Mental Deficiency Acts will be dealt with in the section of the report dealing with duties under Section 51 of the Act.

The community care of tuberculous patients living in their own homes is a duty which, in spite of the fall in the number of cases of tuberculosis, has been increasing during the last few years. The reason for this is that hospital boards have found it difficult to recruit Nurses to staff sanatoria, which appears to be a relatively unattractive branch of nursing, and hence more tuberculous patients have had to be nursed at home than formerly.

A further comment might be made, and that is that the outlook of the Regional Hospital Boards in regard to tuberculosis is somewhat different from that of a local health authority. The Regional Hospital Boards regard tuberculosis as a disease which needs treatment and therefore gives priority, in admitting cases to sanatoria, to those who are likely to be cured. A Local Health Authority would agree that such patients need priority of treatment, but equally would also give priority of admission to those patients who are in a highly infectious state and are a source of danger to others. So a Medical Officer of Health, if he had sanatorium beds at his disposal, would give priority of admission equally to curable patients and to those infectious cases who had young children living with them.

Patients suffering from tuberculosis who are being nursed at home are supervised by the District Nurses and are entitled to the loan by the Local Health Authority of such articles as beds, mattresses, blankets, and the provision of extra nourishment and clothing. It should be added that in other types of illness also, the County Nursing Association loan to patients who are nursed at home, such articles of sick room equipment as are required.

HEALTH EDUCATION.

A very important duty of a Health Department is to teach healthy living. It is sometimes said that the old slogans such as "Where there's Dirt, there's Danger", and "Coughs and Sneezes spread Diseases", are now unnecessary. I do not agree with this view. Much illness is preventable by taking quite simple measures. For example, the mere washing of the hands after the use of a water closet, would eliminate the majority of the all too frequent cases of food poisoning (fortunately as a rule of a mild type) which occur nowadays. Dirty conditions in hotel and restaurant kitchens and among food handlers generally, are responsible for many cases of illness.

A Health Education service is difficult to develop in a small county like Radnorshire, but undoubtedly in the future much more attention will have to be paid to this branch of the work.

At present the Health Education efforts of the Health Department are confined to the distribution of literature and the giving of talks, although, of course, the work of the Health Visitors and the Child Welfare Centres is also educational. The leaflets which have been distributed are mainly those prepared by the Central Council for Health Education and these are attractive and cleverly compiled. Film shows were also given during the year at one centre in an attempt to estimate whether this method of health propaganda was effective. The impression gained was that, provided the films were followed by a talk which underlined the lessons of the films the expenditure of time and trouble on the part of those concerned was worth while.

The County Medical Officer and the Superintendent Nursing Officer gave talks on health topics to voluntary societies and organisations from time to time.

The County Council makes an annual grant to the Central Council for Health Education.

Home Help Service.

It has been estimated, unofficially, that for a properly developed Home Help service, one whole-time Help should be employed for every 1,000 of the population served.

It seems to me unlikely that Home Helps will ever be employed in this county on such a scale, as the largest town here has a population of only 3,400, and most of our people live in small villages and hamlets. Hitherto we have been able to meet expressed demands for help by the enrolment of persons who are willing to give part-time help as occasion requires. Such women receive no retaining fee in view of the fact that on the whole their services are used very infrequently, but are paid when employed at the rate of 2/- per hour. The whole or part of this is recovered from the person helped in accordance with a scale of assessment of income. No charge is made for administration. Patients are always warned when a Home Help is employed, that part or the whole of the cost of this service may be recovered from them, but in spite of this, surprise is often expressed that the service is not free. It is perhaps unfortunate that we cannot provide a free Home Help service when mothers are confined at home. This would help to reduce the present strong financial attraction to the Hospital in such cases. The Superintendent Nursing Officer acts as Organiser of Home Helps, decides whether a Help is necessary, and the number of hours work a day which is required. Home Helps are employed in each case on the authority of the Chairman of the Maternity and Child Welfare Sub-Committee.

No. of occasions on which Home Helps were	
provided during the year	... 20

No. of hours worked during the year	... 2626
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Mental Health Service.

The functions of the Local Health Authority under the Mental Deficiency Acts, 1913-1938, and the administration of the mental health service in accordance with the National Health Service Act, 1946, are undertaken on behalf of the Health Committee by the Mental Health Services Sub-Committee.

LUNACY AND MENTAL TREATMENT ACTS.

AUTHORISED OFFICERS: Three former Relieving Officers of experience who continue to be in County Council employment as Registrars of Births and Deaths were appointed as Duly Authorised Officers. One of these officers is stationed at Llandrindod Wells, one at Knighton and one at Rhayader, each being responsible for one third of the county for this work. During the year, the Authorised Officers arranged for the admission of 14 cases to the Mid-Wales Hospital. Four voluntary patients were also admitted during the same period.

PSYCHIATRIC CLINIC: A weekly psychiatric clinic is held at Llandrindod Wells on Fridays. The Medical Superintendent of the Mid-Wales Hospital, Dr. Gordon Diggle, who is the County Council's part-time adviser in mental health, is the visiting Psychiatrist. Forty-four patients attended on 94 occasions. In addition 6 Radnorshire patients attended on 14 occasions at the Newtown Clinic held by Dr. Hand.

The modern view is that much mental illness is preventable. Many people inherit a tendency to mental disease, but this inherited factor can remain latent unless brought to light by environmental stresses which are greater than the individual can tolerate. It is the function of modern psychiatry to attack mental ill health in its early stages and to take measures to prevent its onset or development. Many psychiatric disorders can be prevented by the early recognition that environmental stress to the individual is becoming too great and the taking of measures to reduce this stress. This is the sort of work which is done in the psychiatric clinic, and there is no doubt that in several cases, the psychiatrist has been able to tackle mental illness in its early stages before anything was noticeably wrong to persons outside the patient's immediate environment, and so has prevented the onset of frank mental disease.

It is cheering to recognise the changed outlook in psychiatry in the last few years.

The emphasis is now on prevention of mental disease and on treatment of the individual patient. Previously the emphasis was almost entirely on certification and confinement in an Institution as a protection to society.

Patients who have been discharged from mental hospitals need supervision and this should be undertaken by a psychiatric social worker. The Local Health Authority had proposed under this section of the Act, that a psychiatric social worker should be employed by the National Association for Mental Health, and used in the three Mid-Wales Counties of Brecon, Montgomery and Radnor. Unfortunately, during the year, the National Association for Mental Health informed us that they were unable to undertake this work as they had promised, and, therefore, from May to October no proper supervision of such cases was undertaken in this area. Fortunately a scheme was agreed under which the Regional Hospital Board employs a social worker based on the Mid-Wales Hospital at Talgarth, and this worker is employed in the three Mid-Wales counties, part of her salary being paid by the Local Health Authorities concerned, in proportion to their population.

Miss Gwendoline Morgan took up her duties as psychiatric social worker on the 1st November, 1949, and has done most useful work.

Dr. Diggle and Miss Morgan keep in close touch with the County Medical Officer in dealing with patients in this area, and good co-operation is therefore assured.

DUTIES UNDER THE MENTAL DEFICIENCY ACTS.

General supervision of mental defectives in their own homes is undertaken by the District Nurses and also by the County Medical Officer as required.

During the year 7 cases were reported to the Mental Health Services Sub-Committee and these were placed under Statutory Supervision.

The total number of Mental Defectives on the register on the 31st December, 1949, was as follows :

Sex.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Males	21	9	1	31
Females	9	5	2	16
	—	—	—	—
Total	30	14	3	47

Defectives from the County are in the undermentioned Institutions.

Institutions.	M.	F.
Pantglas Hall ...	—	10
Stoke Park Colony, Bristol	4	—
Royal Earlswood Institution, Surrey	1	—
Brentry Colony ...	1	—
Rampton ...	—	1
Forden ...	7	1
Caersws ...	1	2
	<hr/> 14	<hr/> 14

One defective was placed under Guardianship during the year.

Two defectives were awaiting institutional accommodation at the end of the year.

TRANSPORT.

The County Ambulance Service undertakes the transport of patients suffering from mental illness and defectiveness as required. The Authorised Officers have their own cars, and in addition hire saloon cars when required, and the cost of transport in these cases is defrayed under the County Ambulance Service arrangements.

Orthopaedics.

Regular Orthopaedic clinics run by the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, continue to be held at the County Buildings Clinic, Llandrindod Wells. They have been much appreciated. A fear was expressed when the National Health Service Act came into operation, that because we were in the area of the Welsh Regional Hospital Board, we should no longer be able to make use of the Oswestry Orthopaedic Hospital, which is in the Birmingham Regional Hospital Area. It is gratifying that we can continue to take advantage of this splendid service. Orthopaedic cases needing hospital treatment were admitted to the Oswestry Orthopaedic Hospital as hitherto.

It is good that the Regional Hospital Board boundaries are not untraversable.

Infectious Diseases.

Table III at the end of the Report shows the number of cases of Infectious Diseases notified in each Sanitary District in the County during the year.

Regulations made under the National Health Service Act require District Medical Officers of Health to send a copy of every notification of infectious disease received by them to the Local Health Authority within 24 hours and provide that the fees paid by the District Councils for such notifications shall be reimbursed by the Local Health Authority. On such notifications being received in the County Health Department the Health Visitors visit the homes, to ensure that all necessary measures have been taken to prevent the spread of infection and to advise the patients generally.

Tuberculosis.

Particulars of new cases of tuberculosis and deaths from the disease in the area during 1949 are as follows:—

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F	M	F	M	F	M	F
0-								
1-		1	1					
5-								
15-	5	2						
45-	1		1		1			
65+					1			
Total	6	3	2		2			

The following table shows the total number of cases on the County Register at the end of the year :

Age Periods	Respiratory		Non- Respiratory		Total All forms
	M	F	M	F	
0—					
1—		1	1		2
5—		1	1	1	3
15—	19	16	7	5	47
45—	9	5	2	3	19
65+		2	2		4
Total	28	25	13	9	75

Radnorshire has always had a lower incidence of Tuberculosis than any other County in Wales. The death rate per 1,000 of the population for the year 1949 was '01 as compared with the rate for England and Wales of '45

Venereal Disease.

There is no clinic or centre for the treatment of Venereal Disease in the County. Such cases are dealt with by arrangement with the Herefordshire County Council and the Salop County Council at their clinics at Hereford and Shrewsbury.

Particulars of Radnorshire patients treated at these clinics during the year as follows:

Clinic.	Syphilis.	Gonorrhoea.	Other Conditions
Shrewsbury	—	—	1
Hereford	7	—	9
Total	7	—	10

Cancer.

Thirty-two patients died from cancer, giving a mortality rate (per 1,000 of the population) of 1'6.

In a very interesting monograph prepared by Dr. A. R. Culley, Medical Member of the Welsh Board of Health, it is shown that the incidence of cancer of the skin is significantly higher in this area than in any other in Wales, whereas cancer of the prostate, rectum, uterus and breast are significantly less common here than elsewhere. Altogether, the incidence of cancer of all forms is significantly less here than in the whole of England and Wales. The reason for this is not clear.

Inspection and Supervision of Food.

Under the Food and Drugs Acts inspection and supervision of food is carried out by the County Inspector of Weights and Measures. During the year there were two prosecution for food offences under these Acts. These were in connection with two samples of milk taken from two vendors

which contained a considerable quantity of added water. One vendor, taken before the Rhayader Court, was fined £5 and £6 10 0 costs; the other, taken before the Llandrindod Wells Court was fined £25, and £10 4 0 costs, this being the second offence within the year.

During the year 358 samples were taken by the Inspector of Food and Drugs for analysis. The following table gives particulars of the samples taken and the number found to be genuine :

Nature of Sample.	No. of Samples taken.	No. found to be genuine.	Nature of Sample.	No. of Samples taken.	No. found to be genuine.
New Milk	173	159	Ground Almonds	2	2
Cake and Pudding			Semolina	1	1
Mixture	13	13	Spaghetti Pearls	1	1
Butter	17	17	Nescafe	1	1
Cheese	18	18	Coffee	1	1
Beet Sugar	11	11	Tinned Grape Fruit	1	1
Demerara	5	5	Cocoa	1	1
Cube Sugar	5	5	Vi-Cocoa	1	0
Granulated Sugar	3	3	Tin of Clams	1	1
Moist Brown and			Tomato Spread	1	1
Icing Sugar	2	2	Tomato Juice	1	1
Tea	10	10	Vegetable Salad	1	1
Bread	7	7	Cinnamon	1	1
Margarine	4	4	White Pepper	1	1
Mustard	3	3	Bisto	1	1
Tinned Soup.	3	3	Bristling	1	1
Powdered Soup	1	1	Cooking Fat	1	1
Mixed Veg. Soup	1	1	Prunes	1	1
Golden Syrup	8	8	Sild	1	1
Pepper	4	4	Snoek	1	1
Dried Fruit	4	4	Gelatine	1	1
Biscuits	3	3	Sardines	1	1
Sausage	2	2	Barley Powder	1	1
Mincemeat	2	2	Health Salts	1	1
Baked Farfel	1	1	Dried Egg	1	1
Fish Paste	3	3	Vinegar	1	1
Stuffing	2	2	Baking Powder	1	1
Meat Paste	3	3	Vita Gravy	1	1
Concentrated			Chocolate Wafers	1	1
Chicken Broth	2	2	Chocolate Block	1	1
Pate de Foie	2	2	Rice	1	1
Bi-carbonate of Soda	2	2	Tunny Fish	1	1
Custard Powder	2	2	Stoned Dates	1	1
Condensed Milk	2	2	Sultanas	1	1
Ice Cream	2	2	Beans in Tomato	1	1
Honey	2	2	Sauce		

Laboratory Arrangements.

In this county there is no laboratory of the Public Health Laboratory Service. Hence we make use of the Public Health Laboratories at Aberystwyth, Hereford and Shrewsbury. These are run on behalf of the Ministry of Health by the Medical Research Council. The County Analyst, Mr. H. J. Evans, of Carmarthen, undertakes laboratory investigations of a non-bacteriological nature.

Blind Persons.

Under Sections 29 and 30 of the National Assistance Act, 1948, the Health Committee is charged with the administration of a scheme for the provision of welfare services for blind and partially sighted people.

Most of this work, including domiciliary visits, supervision of home workers, and training of blind persons, is carried out on behalf of the Authority by the Birmingham Royal Institution for the Blind, to which the Authority makes an annual grant. It may be said without fear of contradiction however, that the value of the service which we receive from this Institution greatly exceeds the amount of the grant, and I should at this point like to pay tribute to the very personal interest which the Superintendent, Mr. Edkins, and the Supervisor of Home Workers, Mr. Messenger, take in every blind person in the county. In addition, all blind persons are visited each month by the appropriate District Nurse who gives general supervision.

At the end of the year, on the initiative of some of the blind people themselves, a Radnor Association for the Blind was inaugurated.

BLIND REGISTER.

There were 36 registered blind persons in the County on the 31st December, 1949, as compared with 23 at the end of 1948.

The age groups of persons on the register were as follows:—

Sex.	Age Periods.							Total
	0—	15—	25—	35—	45—	55—	65+	
Males		1		1	2	4	10	18
Females				2	1	6	9	18
Total		1		3	3	10	19	36

The increase in the number of persons on the Blind Register as compared with the previous year results from the fact that the county was thoroughly surveyed and a number of blind people were found who had not previously been registered. There has been no real increase in the incidence of blindness in Radnorshire.

During the previous year the County Council had adopted a scheme for the provision of deaf welfare services through the Worcestershire and Herefordshire Association for the Deaf. For several reasons, however, this arrangement was found to be not altogether satisfactory and was accordingly terminated in November, 1949.

Nursing Homes.

Although Hospitals were transferred to the Minister of Health under the National Health Service Act, this did not repeal that part of the Public Health Act, 1936, under which registration and supervision of Nursing Homes is the responsibility of the County Council.

There were three registered Nursing Homes in the county, and one registered Maternity Home. The latter had to be closed during the year because of lack of nursing staff. No new applications for registration were received. These Nursing Homes contain 26 beds for maternity and other cases, and 15 babies were born in them during the year.

Eleven visits of inspection were paid to these Nursing Homes during the year by the Superintendent Nursing Officer. Such visits are important and on each occasion the books are carefully scrutinised to see that all records are kept as required by the Public Health Act, 1936, and full inspection of the home is carried out. All were found to be conducted in a satisfactory manner.

Nurseries and Child Minders Regulation Act, 1948.

Under this Act the Local Authority must register and may supervise

- (1) Premises, other than private dwellings, called "Day Nurseries" where children are received to be looked after for the day or substantial part thereof or for any longer period not exceeding six days.
- (2) Persons, called "Daily Minders" who for reward receive into their homes children under the age of 5 to be looked after for the day or substantial part thereof or for any longer period not exceeding six days.

No applications for registration under this Act were received during the year, and no Day Nurseries or Daily Minders are registered with the Authority.

TABLE I.
Causes of Death in Administrative Areas in the County of
Radnor for 1949.

Causes of Death	Urban Districts				Rural Districts								County.						
	Knighton.		Llandrindod Wells.		Presteigne		Colwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.	Total.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Whooping Cough																			
Tuberculosis of respiratory system					2												2		2
Other tuberculous diseases																			
Influenza ...		1					1								2		1	3	4
Measles ...																			
Cancer, malignant disease ...	1	5	1	5	2	1	1	1	1		1	1		3	4	5	11	21	32
Diabetes ...	1														1		2		2
Intracranial vascular lesions	2	1	4	8	1		2	2	2	2	3	1		1	1	1	15	16	31
Heart disease ...	2	6	4	8	2	1	4	4	5	4	2	3	1	3	10	8	30	37	67
Other circulatory diseases ...	1		2	1		1	1	1		1	1			3			5	7	12
Bronchitis ...	1	1	1	2					1						1	2	4	5	9
Pneumonia ...		1		2							2	2			1	1	3	6	9
Other respiratory diseases ...	1						1						1				2	1	3
Appendicitis ...			1											1				2	2
Other digestive diseases ...	1				1								1			3	3	3	6
Nephritis ...			1	2		1	1										3	2	5
Premature Birth				1													1		1
Con: malformations, birth injury, infant disease ...				1						1		1			1	1	2	3	5
Suicide ...	1												1				2		2
Other violence ...	1			1	1				1				2		1		6	1	7
All other causes	3	3		2	2	1	1	3	6	2	1	2	4	1	3	7	20	21	41
Syphilitic disease	1																1		1
Diarrhoea (under 2 years) ...				1											1		2		2
Road Traffic Accident						1				1			1				3		3
Ulcer of Stomach or duodenum...									1		1				1		3		3
All causes ...	16	20	17	29	13	5	10	12	18	10	11	10	11	12	25	30	121	128	249

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1949

Causes of Death.	Aggregate of Urban Districts.									
	All Ages.		0-	1-	5-	15-	45-	65+		
	M	F	M	F	M	F	M	F	M	F
Tuberculosis of Respiratory System	2							1	1	
Syphilitic Disease	1								1	
Influenza		1						1		
Cancer, Malignant disease	4	11				1	1	2	4	1
Diabetes	1							1		
Intracranial vascular lesions	7	9						1	1	6
Heart Disease	8	15					1	1	1	7
Other Circulatory Diseases	3	2								3
Bronchitis	2	3						1	1	3
Pneumonia		3								3
Other Respiratory Diseases	1							1		
Diarrhœa (under 2 yrs)	1		1							
Appendicitis		1							1	
Other Digestive Diseases	2					1		1		
Nephritis	3	2				1		1	1	1
Premature Birth	1		1							
Con. malformations, birth injury, infant disease	1		1							
Suicide	1					1				
Road Traffic Accidents	1					1				
Other violent causes	2	1				2		1		
All other causes	5	6						1	1	4
All Causes	46	54	3				7	2	11	25

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1949

Aggregate of Rural Districts.

Causes of Death.	All Ages.		0-		1-		5-		15-		45-		65+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Influenza	1	2									1			2
Cancer, Malignant disease	7	10									3	3	4	7
Diabetes	1												1	
Intracranial vascular lesions	8	7							1	1			7	6
Heart Disease	22	22							1	1	1	2	1	20
Other Circulatory Diseases	2	5									1		1	5
Bronchitis	2	2	1										1	2
Pneumonia	3	3									1	1	2	2
Other Respiratory Diseases	1	1										1	1	
Ulcer of Stomach or duodenum	3								1		1		1	
Diarrhoea (under 2 yrs)	1		1											
Appendicitis		1							1					
Other Digestive Diseases	1	3		1					1				1	1
Nephritis														
Premature Birth														
Con. malformations, birth injury, infant disease	1	3		3	1									
Suicide	1								1					
Road Traffic Accidents	2						1		1					
Other violent causes	4						1		2		1			
All other causes	15	15							4	2	1	2	10	11
All Causes	75	74	2	4	1		2		9	6	11	8	50	56

TABLE III.

Number of cases of Infectious Diseases notified in each
Sanitary District during the year.

Districts.	Scarlet Fever.	Acute Pneumonia.	Erysipelas	Measles.	Chicken Pox.	Whooping Cough	Puerperal Fever.	Poliomyelitis.	Dysentery.
Urban Districts :									
Knighton -		1	1	6	1	2			
Llandrindod Wells -	1								
Presteigne -	1	4	1	18	3			1	1
Total Urban -	2	5	2	24	4	2		1	1
Rural Districts :									
Colwyn -	2			4					
Knighton -	4					1		1	
New Radnor -									
Painscastle -									
Rhayader -	1	13		13		30	1		
Total Rural -	7	13		17		31	1	1	
Total County -	9	18	2	41	4	33	1	2	1

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