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Contributors

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Radnorshire County Council.



Annual Report

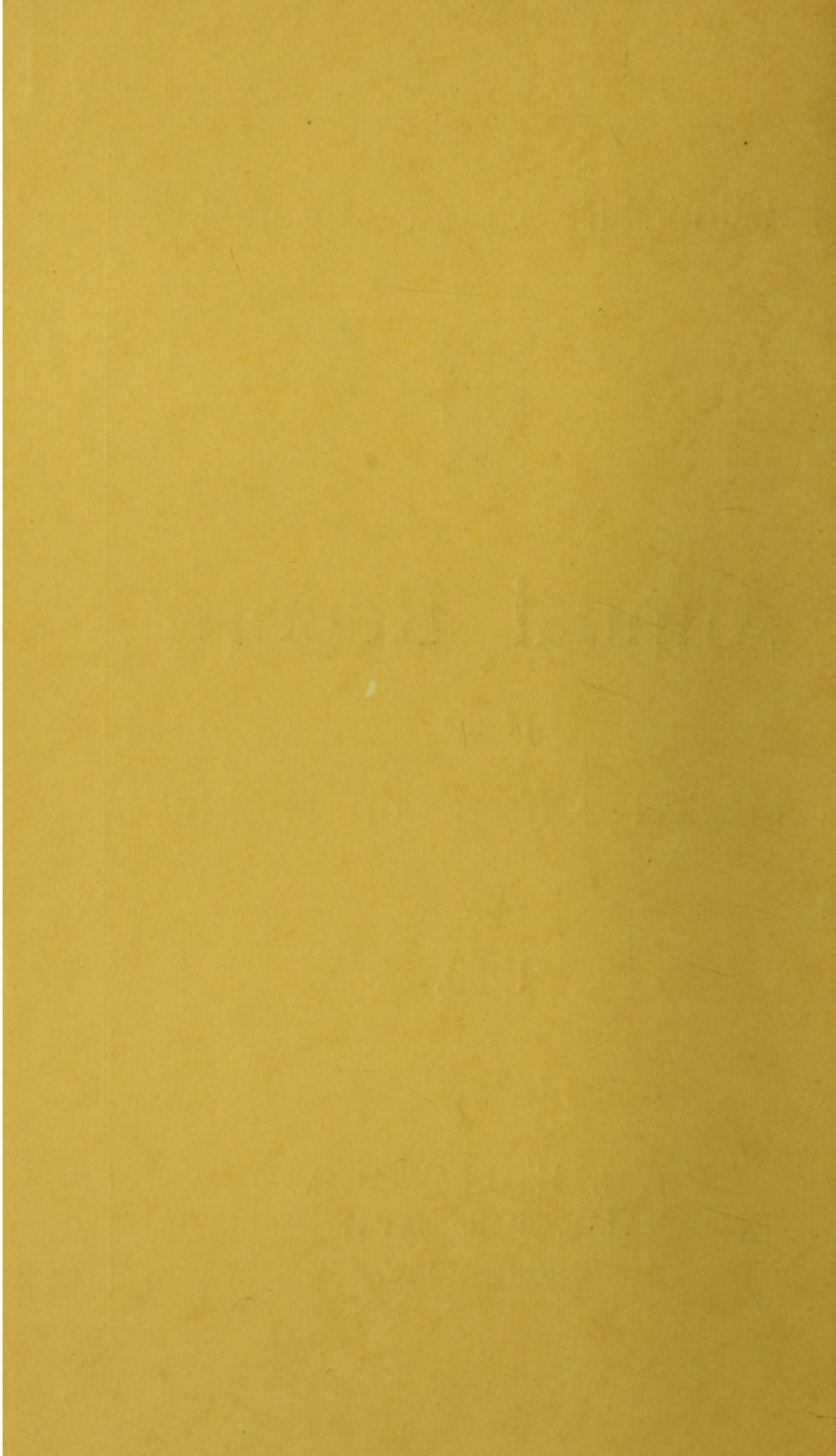
of the

Medical Officer of Health

for

1950.

F. J. H. CRAWFORD,
M.D., B.Sc., D.P.H.,
Barrister-at-Law.



Radnorshire County Council.



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Barrister-at-Law.

Radnorshire County Council.

(As on 31-12-50).

HEALTH COMMITTEE.

Chairman : Councillor T. P. Davies.

Aldermen Mrs. Gibson-Watt, J. Prothero and Capt. Harri Williams; Councillors S. W. Brisbane, W. G. Bufton, O. P. Davies, W. H. Edwards, R. G. Griffiths, R. P. L. Hughes, V. T. Jones, E. T. Kinsey Morgan, Brigadier C. M. D. Venables-Llewelyn; and 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 : Alderman Mrs. Gibson-Watt.

The Members of the Health Committee.

Mental Health Services Sub-Committee.

Chairman : Alderman J. Prothero.

The same Aldermen and Councillors as compose the Health 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	M. Dilys Owen, B.Sc., M.B., Ch.B., 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. (retired 30-9-50). D. Ivor Williams, M.B., Ch.B., (appointed 1-10-50).
School Dental Officer :	Frank Jones, L.D.S. (app'd 15.5.50)
Dental Attendant :	L. Jean Lloyd, (appointed 15.5.50)
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, (died 4.12.50)
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. T. Kinsey Morgan, C.C.
Clerical Staff :	R. Percy Bufton, Chief Clerk ; W. J. Meredith, Rosalind N. Middleton, Frances M. Allen, and G. E. H. Steventon.

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 in their areas on behalf of the County Council.

Nursing Areas.	Names of Nurses.	Qualifications.
Knighton	†Sister E J Moseley	S.R.N., S.C.M.
	(Transferred to Llan'dod Wells 28-2-50)	
	†Sister E. M. Edwards, (appointed 1-3-50)	S.R.N., S.C.M., Q.N.S.
Llangunllo	†Sister E. M. Price, (appointed 1-7-50)	S.R.N., S.C.M.
	†Sister B. C. Green (resigned 30-4-50)	S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
Beguildy	†Nurse E. E. Jeenes (appointed 22-6-50)	S.R.N., S.C.M.
	Nurse A. Saunders	S.C.M.
Boughrood	Nurse E. M. Summers (Died 14-11-50)	S.C.M.
Clyro	Nurse C. Dodd	S.C.M.
Painscastle	†Nurse S. A. Davies	S.C.M.
Cwmbach	†Nurse M. A. Price	S.C.M.
Hundred House	†Nurse M. K. Chaplin (Released to take H.V.Cert and District Training)	S.R.N., S.C.M.
	Nurse E. M. Worts (appointed 1-1-50)	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 Wells	†Sister S. S. Bowen	S.R.N., S.C.M., Q.N.S.
	†Sister E. J. Moseley (Transferred from Knighton 1-3-50)	S.R.N., S.C.M.
	Nurse J. R. Griffiths (resigned 28-2-50)	S.C.M.
Newbridge-on- Wye	†Sister V. M. Hamer	S.R.N., S.C.M., H.V. Cert.R.S.I., Q.N.S.
New Radnor	†Sister M. Miller	S.R.N., S.C.M., H.V. Cert.R.S.I., 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.
	Sister F. M. Lewis, (appointed 1-4-50)	S.R.N., T.A. Cert. Q.N.S.,
Nantmel and Llanwrthwl	†Nurse L. C. Jones	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 : J. Mostyn, M.C., M.A., T.D.

County Surveyor : J. A. Paterson, J.P., D.L.

County Architect and County Planning Officer :

C. W. Watsham, F.I.A.S. (resigned 23-4-50)

Frank J. Edwards, L.R.I.B.A., (appointed 24-4-50).

Welfare Officer and Clerk to the Children's Committee :

W. J. Beavan.

Children's Officer : Esther Brunsdon, Ph.D.

HEALTH OFFICERS OF DISTRICT COUNCILS.

MEDICAL OFFICERS OF HEALTH (part-time) :

Urban Districts :

Knighton J. S. I'A. Chesshire, M.B., Ch.B., D.R.C.O.G
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	Henry Jones, M.R. SAN. INST., M.I.S.E. Council Offices, Knighton.
Llan'dod Wells	R. J. Morris, M R. SAN. INST., P.A.S.I., A.R.I.C.S 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. (resigned 8-12-50).
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 Report on the health of the County of Radnor for the year 1950.

Although Radnorshire is rightly regarded as a healthy area the Vital Statistics for the present year show that our Birth Rate is considerably below and our Death Rate is considerably above the average for England and Wales. Moreover, our Infant Mortality Rate is higher than that for the country generally although it will be seen that most of these deaths among young children took place during the first month of life from conditions which are less easily preventable than those which are responsible for deaths during later months.

The most notable event for the County Health Department during the year was its transfer in November to the former Gwalia Hotel, now called County Hall. The abundance of accommodation in this building enabled the Health Department to be given a very satisfactory suite of offices, and for the first time, the County Dental Officer had a properly planned Dental Clinic in the town and did not have to be content with make-shift arrangements. Moreover, the other clinics were rehoused in commodious accommodation in the building and this enabled a more efficient service to be provided.

All the Health Services provided by the County Council continued to function satisfactorily. The steep rise in the work of the Home Help Service reflects the greatly increased need for this kind of assistance. The work of the Ambulance Service also increased considerably during the year.

In the body of my Report I have something to say about the work of the District Medical Officers of Health. The present arrangements are admittedly not ideal but the remedy seems to me to be that the County Medical Officer of Health should undertake also the duties of Medical Officer of Health of the districts. The fact that this would lead to a financial saving is a small point as compared with the increased efficiency of such an arrangement by which all the Health Services of the County as an area would be under uniform executive control.

I should like to express my thanks to the Honorary Ambulance Officers and the Voluntary Ambulance Staffs for the work they have done in carrying on this essential service throughout the year, and to thank the voluntary workers at the Infant Welfare Centres, and Mrs. Frank Edwards who undertakes so much voluntary work in the Orthopædic Clinic.

I am grateful also for the help of the Committee of the Radnorshire County Nursing Association, and to the Superintendent Nursing Officer and her Nurses for their splendid work, and to my clerical staff for their loyal assistance.

Finally I wish to thank the Chairmen and Members of the Health Committee, the Ambulance Transport Sub-Committee, the Maternity and Child Welfare Sub-Committee and the Mental Health Services Sub-Committee for their continued support and encouragement.

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

Climate and Social Conditions.

W. H. Howse in his book "Radnorshire" writes as follows:—"Wherever you lie to rest in Radnorshire you are near hills. Taking Wales as a whole 27 per cent of the land is over 1,000 feet above sea-level, but taking Radnorshire alone over 55 per cent of the land is over 1,000 feet, which is a higher percentage than in any other county except Breconshire (over 57).

There is not a factory chimney in the county, and it is by far the most sparsely populated county in England and Wales, having an area of about 500 square miles and a population of 20,000. I suppose in no other County is the country so unspoiled and primitive.

The late A. G. Bradley wrote that the scenery of Radnorshire compared with the best that Devonshire could show. Shelley said of the Elan Valley "Nature is here marked with the most impressive characters of loveliness and grandeur." The lakes had not been formed in Shelley's time, but they have added, if anything, to the impressiveness of the scene.

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. Some dwellings are so remote that they are more than two miles from the nearest road and this means that their inhabitants are much cut off from contact with their fellow men. Some families may indeed visit a market or other town not more than once a month, and because of the distance over which batteries have to be carried, may not possess a wireless set. Such living conditions are almost unique in Britain, but it is this isolation which is partly responsible for the low incidence of tuberculosis and infectious disease in the county.

OCCUPATIONS.

Most of the people in the county are employed in Agriculture. According to the 1931 census, 457 out of every 1,000 males aged 14 and upwards were engaged in Agriculture in Radnorshire as compared with 76 out of every 1,000 for the rest of the country. Most of these are engaged in sheep farming, but there is also a good deal of stock breeding and dairy farming. Moreover, since the 1931 census a considerable number of men in the county have obtained employment in Forestry.

General Statistics.

Area	301,165 acres.
Population, 1950 (Registrar General's Estimate)	20,404.

Particulars are as follows:—

Urban Districts—

Knighton	1,865
Llandrindod Wells	3,586
Presteigne	1,205
	6,656

Rural Districts—

Colwyn	1,710
Knighton	3,234
New Radnor	2,241
Painscastle	1,884
Rhayader	4,679
	13,748

Total County 20,404

Rateable value £194,379

Product of a Penny Rate £794

Live Births:	M	F	Total.
Legitimate	137	126	263
Illegitimate	5	3	8
Total Live Births	142	129	271

	Radnor.	E. & W.
Birth Rate per 1,000 of population	13·3	15·8

Still Births:	M	F	Total.
Legitimate	4	5	9
Illegitimate	1	—	1
Total Still Births	5	5	10

Deaths:	Radnor.	E. & W.
Death Rate per 1,000 of the population	11·8	11·6

Death Rate of Infants under 1 year of age:

All infants per 1,000 live births	33·2	28·8
Legitimate infants per 1,000 legitimate live birth	34·2	
Illegitimate infants per 1,000 illegitimate live births	—	

Deaths from Cancer (all ages) 32

Of the 9 deaths of infants under one year of age death occurred in 6 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	7	2	9
1—5	—	1	1
5—15	—	—	—
15—25	3	—	3
25—45	7	5	12
45—65	21	10	31
65—75	39	32	71
75+	59	54	113
Total deaths (all ages)	136	104	240

Infant Mortality.

The number of deaths of infants under 1 year of age in the County during 1950 was 9, compared with 9 for 1949; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 32·2, compared with 28·7 in 1949. Of the deaths 2 (males) occurred in the Urban Districts and 7 (5 males, 2 females) in the Rural Districts.

INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1950.	Rates per 1000 births.	
		1950.	1946-50.
Urban Districts :			
Knighton -	—	—	26
Llandrindod Wells	2	42	36
Presteigne -	—	—	—
Rural Districts :			
Colwyn -	3	130	57
Knighton -	2	51	51
New Radnor -	—	—	24
Painscastle -	1	37	20
Rhayader -	1	16	58
Urban Districts -	2	21	26
Rural Districts -	7	40	46
Administrative County	9	33	39

INFANT MORTALITY - FIVE YEARLY RATES.

	Radnorshire.			E. & W.
Five yearly period	Total Live Births	No. of deaths under 1 year	Rate per 1,000births	Rate per 1,000births
1936-1940	1485	75	50	55
1941-1945	1728	72	42	50
1946-1950	1572	62	39	36

Administration.

Apart from the School Health Service, for which the Education Committee is responsible, all the health services of the County Council are administered by the Health Committee.

The tendency during this Century has been for more and more duties to be placed upon the larger Local Authorities, namely County Councils and County Borough Councils, and for the other Local Authorities gradually to be shorn of their health functions.

A series of enactments has tended to leave the District Councils as regards health administration merely with responsibility for Water Supplies, Sewerage and Housing and certain other duties whose boundaries are not very clearly defined, as regards infectious disease. They are also responsible for granting Dealers Licences to milk vendors. The result of all this is that the work of Medical Officer of Health of a District Council is now very patchy and quite unsatisfying. In this county there are, of course, no whole time District Medical Officers of Health, but even to a part-time Medical Officer of Health his work in this capacity may seem disappointing and lacking in interest. Perhaps as a result part-time Medical Officers of Health throughout the country are not always as prompt as they should be in rendering the returns, and undertaking the duties which they are statutorily required to undertake. For example, the Tenth Schedule of the National Health Service Act, as modified by the National Health Service (Amendment) Act, requires a District Medical Officer of Health to send in to the County

Medical Officer of Health, a copy of every notification of Infectious Disease which he receives within 24 hours if possible and certainly within 72 hours. In, fact, with some exceptions, such notifications are not received as promptly and completely as they should be. Moreover this experience is common not only to Radnorshire but to many other parts of England and Wales. In larger counties the remedy for this and other such difficulties probably lies in the setting up divisional administration, but in this county with its population of 20,000 there is not even enough work for two whole-time public health Medical Officers, and it seems quite clear to me that the remedy is to have the County Medical Officer of Health as District Medical Officer of Health also. An objection has been raised to this idea on the ground that if the County Medical Officer were also the District Medical Officer of Health, then in the event of conflict between a District Council and the County Council, the County Medical Officer would be in a strange position as advisor to both sides. This, however, seems a highly unlikely event, because if the same man is advising both the County Council and the District Councils, conflicts should not arise. In any case, we should remind ourselves that both County and District Councils have one purpose as regards their health functions and this is to raise the standard of health in their areas as much as they can. Altogether I cannot see any argument against the County Medical Officer of Health being appointed as District Medical Officer of Health also, but I can see many arguments in favour of the Scheme. At present I spend much of my time in writing to District Medical Officers of Health, in telephoning and also in visiting them in order to try and get good co-operation between the District and County Health Services. When one man acts in both capacities excellent co-ordination is assured. The result would be that the County Medical Officer of Health would be burdened rather less than more and would be relieved of much of the frustration which is experienced nowadays. It is, in any case, wrong to divide health administration in such a sparsely populated county, and it is better that one man should be responsible for the administration of all health services in the area.

The County Medical Officer of Health of a small county like Radnorshire finds that his work is of two kinds. For part of the time, like his brothers in the larger counties, he works like a business executive and sits at a desk dictating letters and reports and generally occupying himself in office routine. In addition, however, he does a considerable amount of clinical work. It is the combination of administrative and clinical work which makes the duties of Medical Officer of Health of a small county so satisfying. At the same time the service can be, and is, very much more personal and intimate than that provided by a bigger authority, and this is an advantage.

In administration I have tried to make the organisation as simple as possible. Contrary to popular belief a Medical Officer of Health does not delight in a multiplicity of forms, returns and such like things. In fact every effort is made to reduce the amount of paper work which Doctors, Nurses and the public generally have to undertake in relation to the County Health Department.

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 no action has been taken in the great majority of local health authority areas to set up such health centres. One reason for this is the fact that such Health Centres are very expensive to build, and another is that the building labour force in this country is at present fully occupied in tackling the primary building problem, namely that of Housing. It is likely that it will be many years before such health centres are generally found, even in the larger towns.

The National Health Service Act, like most other enactments relating to health, was clearly drafted with large urban areas in mind, and its authors appear to have been unmindful of the fact that some people in this country live like those in Radnorshire in tiny towns and villages. Even in Llandrindod Wells it seems unlikely that we can ever have a highly developed health centre of the type which has been contemplated in London and the big towns and probably we shall have to be content with a more modest arrangement. This might be a communal surgery for three doctors, with the necessary services including clerical assistance, simple laboratory arrangements, and possibly including two or three dental surgeries.

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.

In my report for 1949 I gave particulars of Hospital accommodation available for Maternity patients in this area and commented on this.

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 thirty maternity cases were admitted to the Llandrindod Wells Hospital during the year for the following reasons:

Accidental hæmorrhage	1
Albuminuria	2
Anaemia	2
Breech presentation	1
Contracted Pelvis	11
Disproportion	1
Early rupture of membranes	1
Eclampsia	2
High blood pressure	10
Hyperthyroidism	1
Persistent occipital posterior	1
Previous complicated confinements	1
Toxæmia of pregnancy	1
Transverse lie	1
Varicose veins	2
"Unsuitable home conditions" (including no Home Help)	92

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 two maternal deaths in the County during the year.

One was a woman normally resident outside our area who was admitted to this county for her confinement; the other, a Radnorshire case suffering from toxæmia of pregnancy. In spite of early diagnosis and prompt admission to Hospital she died there from Eclampsia. She was delivered by caesarian section one hour before death.

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, 11 premature babies were born at home and 10 in hospital. Of the 11 born at home, 8 were nursed entirely at home. The District Nurses give special attention to such infants. Of the 21 premature babies born in the county during the year 3 died; 2 in the first 24 hours and one on the 17th day after birth.

ANTE-NATAL CLINICS :

During the year an Ante-Natal and Post-Natal Clinic was held once monthly in Llandrindod Wells and once monthly in Knighton by a Medical Officer with special qualifications in obstetrics. Unfortunately, owing to lack of support, these clinics had to be closed during the year.

Child Welfare Centres.

The Child Welfare Centres are now under 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. Babies and children up to the age of 5 years are welcomed.

The Medical Officer at each Centre is a General Practitioner and an endeavour is made to get every baby examined at least once a month and every toddler once in three months.

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

Place.	Time.	Medical Officer.
Knighton, Church Hall	First Tuesday and Third Wednesday in the month, 2-30 p.m.	Dr. J. G. Garman and Dr. J. A'I. Chesshire.
Llandr'dod Wells County Hall	Tuesdays 2-30 p.m.	Dr. M. Dilys Owen.
New Radnor, Walton Village Hall	Last Monday in month, 2-30 p.m.	Dr. R. R. Walker.
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.

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

	Knighton	Llan'dod Wells	Presteigne	New Radnor	Rhayader	Total
No. of Meetings	20	51	11	11	11	104
Doctor present	20	43	11	11	11	96
Average No. of Voluntary Helpers	3	3	2	2	5	—
Infants under :						
1 year	188	803	138	36	138	1303
1-5 years	354	515	121	72	145	1207
Total	542	1318	259	108	283	2510

Owing to the small attendances made at the Knighton Welfare Centre it was decided to discontinue one meeting per month with effect from September.

The function of a Child Welfare Centre is to supervise the health of babies and children up to the age of 5 years, and to offer advice to the mothers as to how they can rear their children in the healthiest possible way. The Doctor and the Nurses at each clinic are available to give guidance in regard to points of difficulty as they arise.

The primary purpose of these centres is thus educational, and they do not exist in the first instance to sell milk foods at reduced prices. Indeed the less such food is sold at a welfare centre, the more effective it might be regarded, as this would indicate that a high proportion of the mothers were breast feeding their babies. In spite of claims made by advertisements there is no universal substitute for human milk as the food for a young child, and every effort is therefore made to encourage mothers to breast feed their babies for at least six months. In the vast majority of cases, if the proper procedures are followed, breast feeding is possible and easy.

Welfare Centres, moreover, do not exist to treat sick children and the Medical Officer should, therefore, as a rule, resist the giving of medical treatment.

During the year a notable event was the opening of the central clinic at the County Hall. This had been the basement kitchen of the former Gwalia Hotel, but by the fitting of prismatic glass in the windows and the complete re-decoration of the interior, a notable transformation was effected. The whole interior is now flooded with daylight and the clinic is in fact very attractive. It includes the following rooms—An indoor Pram Shelter which also acts as Projection Room when cinema shows are given to Nurses, Mothers and others; a Waiting Room, which is fitted with a permanent built-in cinema screen; a room with two examination or dressing cubicles; the Nurses' Room, which is also arranged for eye testing; and the Doctors' Room. The last two rooms are fitted with hot and cold running water, examination couches and other necessities.

From the beginning of January the Llandrindod Wells Infant Welfare Centre, which had been held twice monthly, was held every week. This reduced the number of children attending on each occasion sufficiently for the doctor to examine every child who should be seen by her, and has relieved the congestion which was formerly a handicap. In this clinic as in the other clinics, voluntary helpers continue to give splendid service and help to make the sessions attractive by providing cups of tea and cakes or biscuits.

Care of Unmarried Mothers and their Children.

Although an unmarried mother is, as a rule, no longer a social outcast in a community, such girls, who are often young and quite inexperienced, although entitled to all the ordinary health and other services provided for mothers, often need further help.

In this area it has been felt that unmarried mothers can best receive special help from the Swansea and Brecon Diocesan Moral Welfare Association. Mrs. Gravestock, the Welfare Worker for this Organisation, undertakes the visitational work necessary, and her visits have been generally appreciated by the girls concerned. When possible, encouragement is given to the mother to have her confinement at home, or in a hospital in the county, but when for one reason or another, this is undesirable or impossible, such cases are admitted to a Hostel for a period both before and after the baby is born. The mothers are encouraged to keep their babies as a rule, although adoption at times is necessary, and can be arranged through the Diocesan Moral Welfare Association, which is a recognised Adoption Society.

Dental Care of Expectant and Nursing Mothers and Young Children.

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

The number of patients referred has been extremely disappointing, although it must be pointed out that the number of pre-school age children does not give a true account of the work. A number of these patients have been seen as four year old children in the schools. Being on the school register, such children have been classified as school children, and the work carried out for them included in the returns made for presentation to the Education Committee. It has been customary in this County to prepare for the Education Committee quarterly returns, showing the number of children inspected and treated, and the number of attendances made by the children for treatment. To omit the four year old children, especially in small schools, would in many cases give the Committee a wrong impression of the efforts made by the Head Teachers to persuade the children directly, and through their parents, to receive the necessary treatment.

ANTE-NATAL and POST-NATAL PATIENTS.

It is important that these patients should be seen at an early period, so that at least the removal of septic teeth might be carried out as soon as possible after the third month of pregnancy, for the protection of both the mother and the developing child. In some cases dentures are necessary after the extractions have been carried out. Here again, the sooner the infected teeth are removed, the sooner will the mouth be ready to receive the dentures, and aid the digestion of food, so urgently required during the periods of pregnancy and of breast feeding.

THE PRE-SCHOOL AGE CHILD.

The early examination of these little patients too cannot be over emphasised. There are three very important reasons for this.

1. PROPHYLAXIS. A child cannot be brought along to the dentist too early. Oral Hygiene might well be discussed with the mother even before the child cuts its first tooth. The sooner a child becomes accustomed to having its gums and teeth brushed before being tucked away for the night, the deeper will the habit of oral hygiene be instilled.

2. PREVENTIVE DENTISTRY. Only by the use of the dental mirror (and sometimes the probe) and a reasonable source of light can the early signs of dental disease be detected. To the parent the first sign of dental trouble is a very obvious hole in a tooth or the child's complaining of tooth ache. At this stage it might be impossible to restore the tooth to normal function.

Malformation of the jaws can sometimes be detected at an early age. In such cases the parent might be informed of possible impending malocclusion of the teeth and warned to have the matter kept under observation.

3. PSYCHOLOGICAL ASPECT. This has been placed last in the reasons why a child should receive early dental inspection, but it is by no means the least important. The child who makes a first visit to a dental surgery, before any pain has been felt in the teeth or jaws, very soon makes a good and co-operative patient. One who has suffered pain quite naturally resents strongly even the thought of having any tissues of the mouth manipulated, and so takes a much longer time to gain the confidence of the operator.

Too often a child's first dental inspection takes place in school. Too often in such children are found teeth so heavily infected that they are a danger to their host. In spite of all the care taken to make the removal of such teeth as pleasant as possible, it does not tend to improve the child's first impressions of either the dentist or its new school.

Towards the close of the year, I gave a talk to the Nurses on "Oral Hygiene". I feel that they do appreciate the importance of the facts brought forward in this report and that they will do much to stimulate the interest of both the parents and the children in dental matters.

TABLE.

Numbers provided with dental care. Part year ended 31st December, 1950. March 1st to May 11th—part-time, May 15th to December 31st—full-time.

Expectant and Nursing Mothers :

Inspected	1
Found to require treatment	1
Number treated	1
Attendances for treatment	5
Number of fillings	4
Number of teeth conserved	4
Number of other operations	6
Appointments broken	1

Pre-School Age Children :

Inspected	5
Found to require treatment	5
Number treated	5
Attendances for treatment	8
Number of extractions	2
Number of fillings	11
Number of teeth conserved	9
Administrations of nitrous-oxide	—
Other operations	4
Appointments broken	1

Domiciliary Midwifery.

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 thirty-seven mothers were confined in their own homes during the year, of whom 62 were maternity cases where the confinement was supervised by a doctor, and 75 were midwifery cases, that is, cases where the confinement was supervised by the Midwife.

At the end of the year 19 of the midwives employed by the Radnorshire County Nursing Association held certificates of competence to administer analgesia. All these Nurses were provided with efficient analgesic machines of the Minnitt and Queen Charlotte Hospital types to administer nitrous oxide.

Of the patients whose confinements were supervised by midwives 62 (83%) 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.

Health Visiting.

No full-time Health Visitors are employed in the County and this work is carried out by the District Nurses, three of whom possess the Health Visitor's Certificate of the Royal Sanitary Institute. These nurses obtained the Health Visitors Certificate during the year. The ultimate objective is that all Nurses employed by the Radnorshire County Nursing Association shall possess this certificate.

Home Nursing.

The responsibility of the Local Health Authority to provide a comprehensive home nursing service throughout the area is fulfilled by delegating the work to the County Nursing Association. The total number of nursing visits for the year was 25,566 compared with 23,848 for 1949. 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.

Vaccination and Immunisation.

VACCINATION.

I had occasion in my Report for 1949 to comment on the fact that the percentage of children vaccinated had slightly risen in this county since the coming into operation of the National Health Service Act, although in almost every other area in England and Wales the percentage of children vaccinated had fallen steeply. As will be seen from the statistics for 1950 this fall in the number of children vaccinated has now been experienced in Radnorshire. Nevertheless it should be realised 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 and develop the disease. Vaccination, is, therefore, even more necessary than it was 50 years ago.

During the year 71 persons were vaccinated compared with 138 in 1949. The following table shows the percentage of children vaccinated during the years 1947-50.

Year.	Percentage vaccinated.
1947	42·2
1948	42·0
1949	44·0
1950	26·2

DIPHTHERIA IMMUNISATION.

The Number of Children who completed a Full Course of Primary Immunisation during the Year was :

Age at date of final injection.	Total.
Under 5	5-14.
186	25
	211

The total number of children who were given a Secondary or Reinforcing Injection (i.e. subsequent to complete full course) during 1950 was 3.

The above figure of 211 compares not unfavourably with that for 1949 of 314, inasmuch as Diphtheria Immunisation was temporarily suspended during a period when poliomyelitis was prevalent in the County. This curtailment was carried out in accordance with a circular letter dated June 1950 issued to all Medical Officers of Health.

Ambulance Service.

Although the population of the County is small the area is large and communications are long and difficult, public transport services being relatively meagre. It could thus legitimately be expected that the ambulance service would be most costly. In fact, although this is one of the most expensive services provided by the Local Health Authority it is as compared with other counties not unreasonably costly. That the service can be run as economically as it has been, is due to the spirit of voluntary enterprise which is still happily prevalent in the country. The majority of ambulance calls are indeed dealt with by unpaid volunteers, mainly members of the St. John Ambulance Brigade.

Although the service is thus in great part voluntary, the calls are answered with great promptitude. Praise is indeed due to the voluntary ambulance officers and the drivers and attendants, who often at short notice, and at great inconvenience to themselves, carry out this very important work.

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 Wells Hospital, to which all telephone calls for ambulances throughout the county are normally made. Thence the message is at once routed to the appropriate ambulance sub-station for action.

One advantage of having the Ambulance Headquarters of the county at the Llandrindod Wells Hospital is that calls for an ambulance are answered and dealt with promptly at any time of the day or night.

Two ambulances are based on the Hospital, one 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 is, therefore, housed at a commercial garage in the town. It is clear that a garage to accommodate the second ambulance should be built 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 relief driver is also employed at the Hospital.

The Knighton Ambulance was formerly the property of the Urban District Council and was presented to the County Council. 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.

No special service of Sitting Case Cars has been organised, as it is agreed to be far more economical, in view of our scattered population, to employ private hire cars for this purpose. These are available for patients unfit to travel by ordinary transport, when considered necessary by a doctor, midwife or authorised officer in the Mental Health Service or an officer of a hospital. The Local Health Authority pays for such journeys at the rate of 9d. a mile.

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

1950 Month	— Ambulances —		—Sitting case Cars—	
	No. of Patients carried.	Total Mileage	No. of Patients conveyed.	Total Mileage
January	24	1085	86	2917
February	22	799	84	3106
March	30	1794	94	5037
April	22	955	74	4057
May	31	1278	92	4897
June	23	1194	96	4564
July	27	1783	86	4256
August	32	1514	71	3510
September	35	1718	44	2162
October	42	1520	89	4691
November	30	1494	56	4103
December	39	1815	59	4166
Total	357	16949	931	47466

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.

This Act came into force in December, 1949. Section 24 which deals with the Ambulance Service, places upon a Local Health Authority the financial responsibility for the conveyance home, either by ambulance or sitting-case car, of all patients admitted to Hospitals outside their area provided the period of treatment in hospital does not exceed three months from the date of admission. In cases, however, where the hospital stay exceeds 3 months responsibility for the return of the patient rests with the Authority in whose area the hospital is situated.

It will be apparent that in a County such as Radnorshire where a high percentage of patients needing hospital treatment are treated outside the Authority's area such an amendment must greatly increase running costs.

During 1950, Radnorshire, as a result of the revised arrangements, was responsible for providing transport for the return of 95 patient from outside areas, covering a distance of 7,566 miles.

The number of patients conveyed and mileage covered during 1950 as compared with 1949 is as follows:—

Year.	Ambulance.		Sitting Case Cars.	
	No. of Patients conveyed.	Total Mileage.	No. of Patients conveyed.	Total Mileage.
1949	287	11745	538	33243
1950	357	16949	931	47466

In an endeavour to reduce the cost of this service I was instructed by the Health Committee to discuss with all doctors in the county the use which they made of ambulances and particularly sitting case cars, so as to ensure that patients were not being conveyed who might use ordinary public transport.

The rising cost of the service reflects the increasing pressure of demand by the public on General Practitioners, who are mainly responsible for calling out the ambulances and sitting case cars.

The words of Section 27 of the National Health Service Act are that "it shall be the duty of every Local Health Authority to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area." In Radnorshire, the County Council have always maintained that the words "where necessary in this Section of the Act mean "where necessary for medical reasons" and in spite of much pressure, the Health Committee has not agreed to ambulance and sitting case car facilities being extended to persons, who although in need of medical treatment, are not for reasons of health, unable to travel by ordinary public transport, whether or not such transport is available. For example, a patient living in an isolated village who is fit to travel by train or bus, may be sent by his doctor to consult a specialist in a town, such as Shrewsbury, outside the county. Ordinary public transport from his village may not be available on the day or at the time when he is asked to attend the Hospital, and even if it were available it might be quite impossible for him to make the double journey in the one day. To the patient and his friends it may seem unfair that he cannot take advantage of the sitting case car services, but if in this case hardship is caused the remedy surely lies with the Assistance Board.

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 seem to 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.

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.

Although we are comparatively a well educated nation, ignorance concerning health is still widespread. Health Education is one of the most important functions of our Health Visitors in their day to day contact with their patients, and it is also an important part of the work of our infant welfare centres. In each of these welfare centres, talks have been given by the Nurses on various matters concerning the care of children, and leaflets and pamphlets have been issued to the mothers attending.

In addition the County Medical Officer and the Superintendent Nursing Officer have given talks from time to time to various voluntary bodies.

Regular meetings of the District Nurses were held during the year in the County Clinic. Llandrindod Wells. These included the showing of health films, together with lectures by the County Dental Officer, or the County Psychiatrist, or some other expert on some aspect of public health work. and have been much appreciated by the Nurses. Not only are such conferences valuable as a means of educating the educators, but they have enabled the Nurses to discuss common problems.

The County Council makes an annual grant to the Central Council for Health Education, and we make much use of the posters, leaflets and pamphlets printed by this organisation, and undertake the distribution each month to a limited extent of "Better Health" the popular magazine which they publish. A valuable feature of the County Clinic at Llandrindod Wells is the Display Stand loaned to us by the Central Council for Health Education on which topics are exhibited, which are changed from time to time.

Home Help Service.

Another important part of the Health services provided under the National Health Service Act is the provision of Home Helps. In our approved scheme, they may be supplied "in all cases where such help is considered necessary by the County Medical Officer of Health, owing to the presence in the household of any person who is ill, lying in, an expectant mother, or a mentally defective or aged person. The whole or part of the cost of supplying Home Helps will be recovered from the household concerned, according to a scale of assessment of income agreed by the Authority.

In larger counties Home Helps are employed on a whole-time basis and paid a weekly wage but in a small county like Radnorshire the demand for Home Helps fluctuates so much that it would not always be possible to find continuous employment for whole-time Helps even in Llandrindod Wells. Thus the service here has been developed by using women who are willing to undertake this work on an occasional part-time basis. Nevertheless the amount of work undertaken has steadily increased. The accompanying table shows the hours worked by home helps during each month of the year.

Hours worked by

Name :	Type of case helped.	Jan.	Feb.	M
Mr. S.	Bronchitis and Senility	18	84	
Mrs. P.	Senility	—	19	
Mrs. L.	Paralysis	75	84	
Mr. & Mrs S.	Both Senility	160	30	
Mrs. H.	Tuberculosis	120	108	1
Mr. & Miss B.	Both senility	132	336	3
Mrs. J.	Tuberculosis	—	49	
Mrs. D.	Tuberculosis	—	—	
Mrs. C.	Senility and Arthritis	—	—	
Mrs. D.	Senility	—	—	
Mrs. S.	Senility	—	—	
Mrs. P.	Expectant mother	—	—	
Mrs. A.	Tuberculosis	—	—	
Mrs. E.	Maternity case	—	—	
Mrs. L.	Maternity case	—	—	
Mrs. P.	Maternity case	—	—	
Mr. & Mrs. P.	Arthritis and Blind	—	—	
Mrs. J.	Rheumatoid Arthritis	—	—	
Mrs. M.	Septic hand	—	—	
Mr. P.	Senility	—	—	
Mrs. P.	Arthritis and injury to arm	—	—	
Mrs. J.	Cerebral haemorrhage	—	—	
Mrs. B.	Maternity case	—	—	
TOTALS		505	710	

ring the Year, 1950.

pr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL 1950.
—	—	—	—	—	—	—	—	—	149
—	—	—	—	—	—	—	—	—	19
31	84	81	102	84	84	78	102	78	1006
—	—	—	—	—	—	—	—	—	190
54	144	120	90	30	114	114	150	120	1284
20	336	336	336	420	336	336	420	336	4080
—	—	—	—	—	—	—	—	—	49
—	168	168	168	210	168	216	207	168	1473
—	92½	120½	12½	—	—	—	—	—	225½
—	3	—	—	—	—	—	—	—	3
—	6	—	—	—	—	—	—	—	6
—	—	22	—	—	—	—	—	—	22
—	—	—	4	—	—	—	—	—	4
—	—	—	29	—	—	—	—	—	29
—	—	—	55	—	—	—	—	—	55
—	—	—	26	—	—	—	—	—	26
—	—	—	160	—	—	224	224	224	832
—	—	—	—	—	60½	105	—	—	165½
—	—	—	—	—	27	—	—	—	27
—	—	—	—	—	23	22	—	—	45
—	—	—	—	—	—	—	105	—	105
—	—	—	—	—	—	—	—	159	159
—	—	—	—	—	—	110	—	—	110
55	833½	847½	982½	744	812½	1205	1208	1085	10064

A problem in connection with the Home Help Service is that of the assessment of the amount of help needed by each individual household. This decision calls for great experience and tact and is carried out very efficiently by the Superintendent Nursing Officer. It must be remembered that those who ask for most help may need it least, and it is Miss Todd's duty judiciously to assess the patient's need in terms of the number of hours a week for which help is required. Frequently a request for help is made from someone living in a district where no one has volunteered to act in this way, and eventually the patient or the patient's relatives find someone who is willing to undertake this work. In such cases, provided the person concerned is considered suitable, she is employed under the official scheme at the usual rate of 2/- per hour. It may be however that the person who is to act as a Home Help is a near relative to the patient. The employment of such a person would open the door to great possibilities of abuse, and the Health Committee has laid it down that a near relative can only be employed as a Home Help under our Scheme if she gives up paid employment to act in this way.

On the whole this service has worked well and has been able to answer most of the calls made upon it. It is however difficult to see how, under the present scheme, we shall ever be able to satisfy demands for assistance from remote homesteads, where the need is often very great.

Mental Health Service.

An increasingly important part of the health services of the present day is that designed to prevent and deal with mental illness, and also to deal with mental defectiveness, which is unfortunately, as yet, not preventable. The Mental Health Services Sub-Committee is responsible for the work undertaken by the Local Health Authority in these matters.

LUNACY AND MENTAL TREATMENT ACTS.

AUTHORISED OFFICERS: Three former Relieving Officers who had considerable experience in undertaking the duties necessary to admit persons to Mental Hospitals, and who are also employed by the County Council as Registrars of Births and Deaths, act as Duly Authorised Officers in the Mental Health Service. One of these officers is at Llandrindod Wells, one at Knighton and one at Rhayader, the county being divided into three areas for this work. A continuous service is maintained at all times and when any one Officer is away, arrangements are made for one of his colleagues to act in his place.

During the year, the Authorised Officers arranged for the admission of 6 cases to the Mid-Wales Hospital. Eight voluntary patients were also admitted. It is interesting to see throughout the country, the steadily increasing proportion of patients who are admitted to Mental Hospitals as voluntary patients. Such statistics reflect the rapidly changing outlook in regard to mental illness.

Only a few years ago patients who were mentally afflicted were regarded by their relatives with shame. Very often a family would make the most extraordinary efforts to conceal from their neighbours the fact that one of their members was suffering from mental disease, and the result of this attitude was that, all too frequently, patients admitted to Mental Hospitals were dragged along like criminals, with the help, very often, of the Police. Nowadays, as will be seen from the above statistics, as many patients enter a Mental Hospital of their own free will as have to be admitted by compulsion. This means that many more patients come to the Hospital before their health has completely broken down, and while their prospect of recovery is good. Indeed the recovery rate in a mental hospital compares favourably with that in a general hospital.

A Mental Hospital is very different from a lunatic asylum of 200 years ago. It will be a surprise to many people in these humane days, to know that it was then considered to be the correct procedure to deal with many cases of mental illness by flogging and other means of torture, and that even King George III was flogged by orders of his doctors on many occasions when he was insane.

Vast changes have taken place in the care of the mentally afflicted and nowadays one hears indeed, of patients from the more rural parts of Radnorshire, who look back with nostalgia on the jolly times they spent in the Mid Wales Mental Hospital, where they were able to join in dances and attend concerts, and film shows, which never before in their lives had they had the opportunity of enjoying.

Dr. Gordon Diggle, our Visiting Psychiatrist, and part-time Adviser in Mental Health, contributes the following report:—

“During 1950 a weekly Psychiatric Out-Patient Clinic has been held in Llandrindod Wells. The area served by this clinic covers most of Radnorshire and part of Breconshire.

1. STATISTICS.

New Cases	36	Attendances	110
Ex-hospital patients	8	Attendances	16

2. Although the numbers are small the Clinic does, I think, justify its existence, as otherwise the patients would have to travel long distances to other Clinics. The Clinic has enabled several patients to be treated as out-patients who otherwise would have required in-patient treatment; while in other cases it has been possible, when hospitalisation was essential, to avoid certification by persuading the patient to come voluntarily into hospital.

3. Although no formal Child Guidance Clinic is held, nor do I consider one necessary, a few children have been seen who were reported either by the School Medical Officer, or by the child's own Doctor, when special problems have arisen.

Somewhat against current opinion I believe that the function of a psychiatrist as regards children is very limited, and that one can very easily do more harm than good. I feel strongly that children should only be referred to a Psychiatrist when there is grossly abnormal behaviour, or when other methods have failed to correct a child's behaviour. A Psychiatrist should be the last resort, not the first.

4. Another somewhat unexpected function of the Clinic has been interviewing relatives of patients in Mental Hospital. Several relatives of patients are unable to make the journey to Talgarth but are very glad to be able to see a Medical Officer from the Hospital. A personal interview is much more satisfactory than correspondence."

The supervision of patients in their own homes is carried out by Miss Gwendoline Morgan, the part-time Social Worker for this area. She is paid by the Regional Hospital Board and contributions in respect of her salary are made by the three counties of Brecon, Radnor and Montgomery, who make use of her services on a part-time basis. Her work has been much appreciated.

Miss Morgan reports as follows :—

"The main duties of the worker for the Local Health Authority has been the supervision of patients discharged from Mental Hospitals. The Social Worker forges a link between the hospital and the home with a view to lessening the strain when the patient returns from a supervised institutional life to his responsibilities in the world. Advice and encouragement is given in domestic and occupational problems,

difficulties with neighbours and financial worries are discussed, and where necessary the patient is encouraged to attend the Clinic for Out-patient treatment.

Up to date 15 patients resident in Radnorshire have been supervised and 98 visits have been paid.

In addition patients have been referred to the Psychiatric Social Worker by hospitals outside the district and by other agencies.

Closely related to this, is the work done for the Mid-Wales Mental Hospital at Talgarth. On the admission of a patient to the hospital, the relatives are visited by the Psychiatric Social Worker in order to compile a detailed report of the environmental conditions ; physical and mental history ; behaviour traits ; personal and family history, etc., so that an all round picture of the patient in his normal setting can be presented to the Medical Officer at the hospital.

Mentally defective patients on leave from defective colonies are supervised and employment is found for cases who are stable enough to earn their own living under guidance. Finding sympathetic and reliable employers is one of the most difficult prospects which the Psychiatric Social Worker has to face. So many people, who on the surface seem genuinely anxious to help, eventually turn out to be only concerned in getting a good worker at a low rate of pay and it needs careful investigation before a patient is placed, and then close supervision to ensure that living conditions are satisfactory ; that at least part of the wages are received regularly and the remainder used for clothing and the patient's personal needs.

A certain amount of kindred Social Work is undertaken in advising and helping relatives in their attitude towards patients, or in the settlement of matrimonial or family difficulties in the home.

SUMMARY.

{	No. of home visits to patients admitted to the	
	---Mid-Wales Hospital from Radnorshire	16
	No. of patients discharged from Mid-Wales Hospital	15
{	No. of visits paid	98
{	No. of patients visited, referred by other agencies,	
	Medical Officers of Health, Local Practitioners,	
	Churches and other Hospitals	6
{	No. of visits paid	34

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 2 cases (1 male, 1 female) 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, 1950, was as follows :

Sex.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Males	21	6	2	29
Females	9	5	2	16
	—	—	—	—
Total	30	11	4	45

Defectives from the County are in the undermentioned Certified Institutions.

Institution.	M.	F.	T.
Pantglas Hall ...	—	9	9
Stoke Park Colony, Bristol	4	—	4
Royal Earlswood Institution, Surrey	1	—	1
Brentry Colony ...	1	—	1
Rampton ...	—	1	1
Forden ...	7	1	8
Caersws ...	1	2	3
	14	13	27

Two defectives were under Guardianship at the end of 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. The cost of transport in these cases is defrayed under the County Ambulance Service arrangements.

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. In addition, all blind persons are visited each month by the appropriate District Nurse who gives general supervision.

BLIND REGISTER.

There were 39 registered blind persons in the County on the 31st December, 1950, as compared with 36 in 1949.

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

Sex.	Age Periods.							Total
	0—	15—	25—	35—	45—	55—	65+	
Males	1	1		1	2	5	11	21
Females				2	2	4	10	18
Total	1	1		3	4	9	21	39

The new blind person under the age of 15 is a child of 4 years of age who was involved in a shooting accident. It is hoped soon to arrange for his admission to a Residential Special School for Blind Children.

Mr. Edkins, the Secretary and Superintendent, contributes the following report on the work of the Birmingham Royal Institution for the Blind in this county during the year.

“The blind people on the register include 1 Home Worker and 1 Trainee.

During the year the following Socials and Outings were arranged:

March 10th. A Social was held at Llandrindod Wells. Tea and entertainment were provided, and transport to and from their homes of 16 blind folk. An interesting talk was given on Ceylon by Mr. Ferando of the Ceylon Government Welfare Department. Total attendance with guides and staff - 27.

June 28th. A day's outing was arranged to Aberystwyth by coach, attended by 18 blind people. Morning coffee was provided at Llangurig. A four course lunch was served at Aberystwyth. During the afternoon those who wished were provided with deck chairs on the beach, and others were taken for a sea trip. High tea was served at 5 p.m. The return journey was commenced at 6 p.m. and tea and biscuits were provided at Llangurig. Perfect weather was enjoyed. Total attendance with guides and staff - 32.

December 20th. A special Christmas Party was arranged at Morris's Cafe, Llandrindod Wells, attended by 22 blind people, some of whom brought husbands and wives as guides. An excellent dinner, including soup, turkey, plum pudding, mince pies and coffee was served at 1 p.m. During the afternoon music and singing were enjoyed, and a special

treat was the visit of Miss James with her Choir from the Primary School, by permission of A. E. James, Esq., M.B.E., the Headmaster, and kindly arranged by Mrs. D. T. Evans. A substantial tea was served at 5 p.m., and the Christmas Cake was cut by the oldest blind man present, Mr. Joseph Smith, aged 88 years. The party finished at 6 p.m. with the singing of Auld Lang Syne. Total attendance with guides and staff - 38.

Considering the small number of blind in the county and their ages and many infirmities, the attendance at our functions has been very good, and it is hoped to have at least four or more similar events in 1951.

The number attending is steadily increasing, which is very encouraging.

During the year, I have been in the county on six occasions in connection with various activities, visiting new cases and giving special attention to any old ones who required it.

Our Wireless Engineer has installed 6 All-Electric or Battery Sets, and all in the county who were without a wireless have now been supplied.

Free servicing has been arranged, and replacement batteries supplied without charge.

The following special equipment has been supplied:—

Mrs. Wellings, Knighton ... Folding Invalid chair.
Mr. Tidman, Llandrindod Wells, Braille Shorthand Machine.

Mr. Tidman was brought to Birmingham for a course in Telephony and is now working as Telephonist at County Hall.

Various cases have been referred to the National Assistance Board and so far as we are aware all the blind people are in receipt of the maximum income available.

The total cost of the socials, parties, etc., has been £123 17 5 and the balance of £26 2 7 to bring the total up to the £150 paid by your Authority would be more than accounted for by the Administrative and Travelling expenses incurred, but so far as possible we have tried to use the money available for activities of direct benefit to your blind people".

At the end of the previous year, on the initiative of some of the blind people in the county, the Radnor Association for the Blind was inaugurated. Starting in a modest way the Society has undertaken valuable work as the following report of Mr. A. E. Mills, the Honorary Secretary, will show:—

"This Association was formed in December, 1949. The funds are collected by the National Institute for the Blind with the co-operation of the County Association. The proceeds to date have not been large and as the community is very scattered, the committee decided that the most beneficial way of employing the money raised would be, in conjunction with the Birmingham Royal Institution for the Blind, to provide parties, with meals and entertainment, for the blind, at approximately quarterly intervals in Knighton and Llandrindod Wells.

One blind person, Miss Morris of Knighton, has during the past year learnt Braille. She has had weekly lessons from the Chairman of the Association, Mrs. Mills, who is herself a blind person.

It has been arranged for as many of the blind as possible to be visited at regular intervals by a member of the committee living in their district.

The future prospects of the Association depends largely on the funds forthcoming, and as these are all dependent on private charity and as money is scarce, our resources are not likely to be large. However, with our small blind population, even a small amount can make an appreciable difference and there is no doubt that the blind people themselves are fully alive to and appreciative of the difference the formation of a County Association has brought into their lives".

Orthopaedics.

Regular Orthopaedic clinics run by the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, continue to be held at the County Hall 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 good that the Regional Hospital Board boundaries are not barriers and 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.

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.

It is regretted that the notification by Practitioners to District Medical Officers of Health, and by District Medical Officers of Health to the County Medical Officer of Health, is not by any means as complete or prompt as it should be. As a result much valuable preventive work cannot be undertaken.

Tuberculosis.

Particulars of new cases of tuberculosis and deaths from the disease in the area during 1950 are as follows:—

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F	M	F	M	F	M	F
0-								
1-								
5-	1							
15-	11	4	1	2	2	1	1	
45-	2		1		1			
65+	1							1
Total	15	4	2	2	3	1	1	1

The death rate per 1,000 of the population for the year 1950 was '29 compared with the rate for England and Wales of '36.

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—					
5—	1	1	1	1	4
15—	23	18	9	7	57
45—	9	5	3	2	19
65+	3	2	2		7
Total	36	26	15	10	87

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.

The very low incidence of Venereal Disease in the County is reflected in the attendances of Radnorshire patients at the Treatment Centres given below :

Clinic.	Syphilis.	Gonorrhoea.	Other Conditions
Hereford	—	—	2
Shrewsbury	—	1	—
Total	—	1	2

Cancer.

Thirty-two patients died of cancer during the year, giving a mortality rate (per 1,000 of the population) of 1.56.

Poliomyelitis.

During the year, Radnorshire like the rest of the country, was affected by the epidemic of Poliomyelitis. Seven cases of the disease were notified during the months of September and October of which three were males and four were females. The ages were 28, 27, 25, 23, 5 and 3 years respectively. Of these cases 1 occurred in the Llandrindod Wells Urban District, 2 in the Knighton Urban and 4 in the Knighton Rural District. The number of cases notified gives an incidence for this County of 34.3 per 100,000 of the population as compared with 14.7 per 100,000 for the whole of Wales.

Particulars of the notification are as follows :

Initials.	Sex.	Age.	Date of on-set.	Diagnosis.	On Discharge from Hospital.	Sanitary District.
T.L.	M	27	7.9.50	Paralytic	Paralytic	KnightonRD
F.S.	M	25	10.9.50	Non-paralytic	Non-paralytic	„
G.E.B.	F	5	13.9.50	Paralytic	Paralytic	Llandrindod Wells UD
D.D.M.	M	3	30.9.50	Paralytic	Non-paralytic	KnightonUD
A.R.	F	28	13.10.50	Non-paralytic	Non-paralytic	KnightonRD
G.G.P.	F	27	23.10.50	„	„	„ „
M.J.	F	23	24.10.50	Paralytic	—	„ „

Although 2 of the cases on discharge from Hospital had slight paralysis this quickly cleared up. The last case was not admitted to hospital as the attack was of an extremely mild nature.

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.

Of the 383 samples which were taken for analysis during the year 364 were found to be satisfactory.

Three samples of milk were found to be deficient in non-fatty solids. In each case the Analyst was able to show, by the results of the Hortvet Freezing-point Test, that the deficiency was due to natural causes. Twelve samples of milk were found to be deficient in fat content in varying small amounts, but in four samples a fat deficiency of 15 per cent was shown. Subsequent investigation of the latter cases indicated that the deficiencies were not due to deliberate action or gross negligence on the part of the vendors concerned. In view of this no legal proceedings were taken under the Act.

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	186	167	Gelatine	2	2
Cake and Pudding			Bread	1	1
Mixture	7	7	Ham	1	1
Butter	20	20	Aspirins	1	1
Cheese	23	23	Beans in Tomato		
Tea	15	15	Sauce	1	1
Margarine	6	6	Macaroni in	1	1
Mustard	6	6	Tomato Sauce	1	1
Sugar	11	11	Tomato Sauce	1	1
Cube Sugar	4	4	Tomato Soup	1	1
Castor Sugar	1	1	Dried Soup	1	1
Demerara	3	3	Golden Raising		
Beet Sugar	2	2	Powder	1	1
Granulated Beet	2	2	Raising Powder	1	1
Fish Paste	7	7	Self Raising Flour	1	1
Clams	2	2	Dessert Powder	1	1
Sardines	2	2	Bourn-Vita	1	1
Kippered Herrings	1	1	Liver Salts	1	1
Pilchards	1	1	Chocolate Spread	1	1
Bristling in Oil	2	2	Sandwich Spread	1	1
Fried Fish in Oil	1	1	Chocolate	1	1
Salmon Spread	1	1	Windsor Soap	1	1
Tinned Herrings	1	1	Oxo	1	1
Tinned Salmon	1	1	Lemon	1	1
Bisto	2	2	Glycerine	1	1
Gravy Browning	1	1	Honey	1	1
Custard Powder	2	2	Bi-carbonate of Soda	1	1
Blanc Mange Powder	3	3	Soup Powder	1	1
Meat Paste	6	6	Tinned Cucumber	1	1
Bacon	4	4	Conserved Brussel		
Castor Oil	2	2	Sprouts	1	1
Soda Mint Tablets	2	2	Tapioca	1	1
Syrup	4	4	Spaghetti	1	1
Coffee	3	3	Porage Oats	1	1
Biscuits	4	4	Evaporated Milk	1	1
Semolina	2	2	Condensed Milk	1	1
Pepper flavoured			Figs	1	1
compound	2	2	Dates	1	1
Ice Cream	2	2			
Barley Crystals	2	2			
Gravet	2	2			

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 on behalf of the Local Health Authority laboratory investigations of a non-bacteriological nature.

Nursing Homes.

The County Council still remains the Authority responsible under the Public Health Act, 1936, for the supervision of Nursing Homes. At the end of the year there were only two Nursing Homes in the County. One Nursing Home in Llandrindod Wells was closed by the Proprietor on leaving the district. No new applications for registration were received. These Nursing Homes contain 21 beds for maternity and other cases and 7 babies were born in them during the year.

Visits were paid every three months to these Nursing Homes by the Superintendent Nursing Officer who carried out a full inspection on each occasion. 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.

Rural Water Supplies and Sewerage Act, 1944.

Under the Rural Water Supplies and Sewerage Act, 1944, the following schemes for the provision of water supplies and sewerage were submitted to the County Council by the Local Authorities :

District Council.	Particulars of Scheme.	Estimated Cost.	Decision of County Council.
Colwyn R.D.	Water supply	£42,600	Referred back to Colwyn for re-siting of pipe line. Scheme approved.
Painscastle R.D.	Joint water supply for Hay and Painscastle.	£298,500	Basis of contribution to be agreed with Breconshire
New Radnor R.D.	Sewerage Disposal	£15,500	Two schemes, one for village and one for 14 houses. Both approved subject to incorporation one with the other.
Rhayader R.D.	Sewerage Disposal	£48,200	Approved.

TABLE I.
Causes of Death in Administrative Areas in the County of
Radnor for 1950.

Causes of Death	Urban Districts				Rural Districts						Count							
	Knighton.		Llandri'dod Wells.		Presteigne		Coiwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Tuberculosis of respiratory system												1			3		3	1
Tuberculosis, other		1													1		1	1
Whooping Cough			1														1	
Measles ...						1											1	
Other infective and parasitic disease	1																1	
Malig'nt neoplasm stomach ...	2					1									1		3	1
lung, bronchus										1							1	
breast ...											2				2			4
Other malignant & lymphatic neoplasm			3		1	3	1	3	1	4		1	1	3	2		17	6
Leukæmia, Aleukæmia ...														1			1	
Diabetes ...	2								1								2	1
Vascular lesions of nervous system		1	2	8	1	1		1	1	1	1	2	2	3	7		9	22
Coronary disease angina ...	3	2	3	1	1	1				2		1		6			16	4
Hypertension with heart disease			1	1	1				1								2	2
Other heart disease	2	1	3	4		5	5	1	3	3	3	2	5	2	4	13	25	31
Other circulatory disease ...	1				1			1			1		1				4	1
Influenza ...		2		1	2						1	1					3	4
Brought forward ...	11	7	13	15	6	8	10	4	6	7	13	7	10	5	21	25	90	78

TABLE I.—contd.
Causes of Death in Administrative Areas in the County of
Radnor for 1950.

Causes of Death	Urban Districts				Rural Districts				County.										
	Knighton.	Llandriod Wells.	Presteigne	Colwyn.	Knighton.	New Radnor.	Painscastle	Rhayader.	M.	F.	Total.								
Killed forward ...	11	7	13	15	6	8	10	4	6	7	13	7	10	5	21	25	90	78	168
Pneumonia ...															1		1	1	2
Leucitis ...			1		3						1	1	1	2			7	2	9
Other diseases of respiratory system															1			1	1
Disease of stomach and duodenum				2						1							3		3
Chronic Nephrosis			2	1						1						2	2	4	6
Hyperplasia of prostate	1				2				2					1			6		6
Pregnancy, Child- birth, abortion										1								1	1
Genital mal- formations							1	2									2	1	3
Other defined and undefined diseases	1	1	2	1	2	1	2	7	3	1	4	1	2	16	12		28		28
Motor Vehicle accidents		1						1			1	1		3	1		4		4
Other accidents	1							1				1	2	2	3		5		5
Suicide ...						1	2							3			3		3
War operations of War							1							1			1		1
Total Causes ...	14	9	20	17	13	8	12	5	17	17	16	10	17	6	27	32	136	104	240

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 195

Causes of Death.	Aggregate of Urban Districts.															
	All Ages.		0-		1-		5-		15-		25-		45-		65-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, other		1														
Whooping Cough ...	1		1													
Other infective and parasitic diseases	1															
Malignant neoplasm, stomach	2															1
Other malignant and lymphatic neoplasms	3	1														3
Diabetes ...	2															1
Vascular lesions, nervous system	3	10												1	2	
Coronary disease, angina	7	4												3	1	
Hypertention with heart disease	2	1												1	1	
Other Heart disease	5	10									1				2	
Other Circulatory Diseases	2														1	
Influenza ...	2	3													1	
Bronchitis ...	4													1		
Ulcer of stomach and duodenum	2										1		1			
Nephritis and Nephrosis	2	1														1
Hyperplasia of prostate	3															
Other defined and ill-defined diseases	5	2	1											1	1	
Motor vehicle accidents		1														
All other accidents ...	1													1		
All Causes	47	34	2								2		8	2	14	1

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1950.

Causes of Death.	Aggregate of Rural Districts.																	
	All Ages.		0-		1-		5-		15-		25-		45-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	3	1								2	1	1						
Tuberculosis, other	1									1								
Ischaemic heart diseases	1		1															
Malignant neoplasm, stomach	1	1														1	1	
" " lung bronchus	1											1						1
" " breast		4											3					1
Malignant and lymphatic neoplasms	14	5						1	1	3	1	5	2	4	2			2
Anemia, Aleukaemia	1												1					
Strokes		1												1				
Cerebral lesions, nervous system	6	12										1	2	1	4	4	4	6
Coronary disease, angina	9											3		5		1		
Hypertension with heart disease		1																1
Heart disease	20	21								1			4	4	16	16		
Circulatory Diseases	2	1										1			1	1		1
Influenza	1	1												1				1
Pneumonia	1	1											1			1		
Pharyngitis	3	2												3	1			1
Other diseases of Respiratory system		1											1					
Diseases of stomach and duodenum	1												1					
Nephritis and Nephrosis		3												2				1
Hypertrophy of prostate	3															3		
Pregnancy, childbirth, abortion		1										1						
Congenital malformations	2	1	2	1														
Undeclared and ill-defined diseases	11	10	2	1								2		3	2	6	5	
Motor vehicle accidents	3							2								1		
Other accidents	1	3			1					1					1			1
Suicide	3											2		1				
Deaths from operations of War	1											1						
All Causes	89	70	5	2	1			3		5	5	13	8	25	17	38	37	

TABLE III.

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

Districts.	Acute Pneumonia.	Scarlet Fever.	Erysipelas	Poliomyelitis.	Chicken Pox.	Diphtheria.	Measles.	Whooping Cough	Food Poisoning
Urban Districts :									
Knighton -		1		2					1
Llandrindod Wells		2		1				29	
Presteigne -	2				6		1		
Total Urban -	2	3		3	6		1	29	1
Rural Districts :									
Colwyn -		4					12	5	
Knighton -		1	1	6	1				
New Radnor -		3	1				16		
Paincastle -							3		
Rhayader -	18					1	7		
Total Rural -	18	8	2	6	1	1	38	5	
Total County -	20	11	2	9	7	1	39	34	1

TABLE IV.

Area.	Live Births.			Still Births	
	No.	Birth Rates		No.	Rates per 1000 total births.
		1950	1950		1946-50
Urban Districts :					
Knighton	22	11·8	16·5	—	—
Llandrindod Wells	47	13·1	14·9	—	—
Presteigne	28	23·2	17·4	2	66·6
Rural Districts :					
Colwyn	23	13·4	14·2	2	80·0
Knighton	39	12·0	17·2	3	71·4
New Radnor	23	10·3	14·5	—	—
Painscastle	27	14·3	16·7	—	—
Rhayader	62	13·2	16·0	3	46·1
Urban Districts :	97	14·6	15·8	2	20·2
Rural Districts :	174	12·6	16·0	8	44·0
County :	271	13·3	15·9	10	35·6

TABLE IV.

Area.	No. of Deaths	Crude Death Rates	
		1950	1946-50
Urban Districts :			
Knighton	23	12·3	15·2
Lland'dod Wells	37	10·3	12·6
Presteigne	21	17·4	14·9
Rural Districts :			
Colwyn	17	9·9	11·5
Knighton	34	10·5	10·3
New Radnor	26	11·6	10·3
Painscastle	23	12·2	10·8
Rhayader	59	12·6	12·8
<hr/>			
Urban Districts :	81	12·2	13·8
Rural Districts :	159	11·6	11·3
County :	240	11·8	12·1

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