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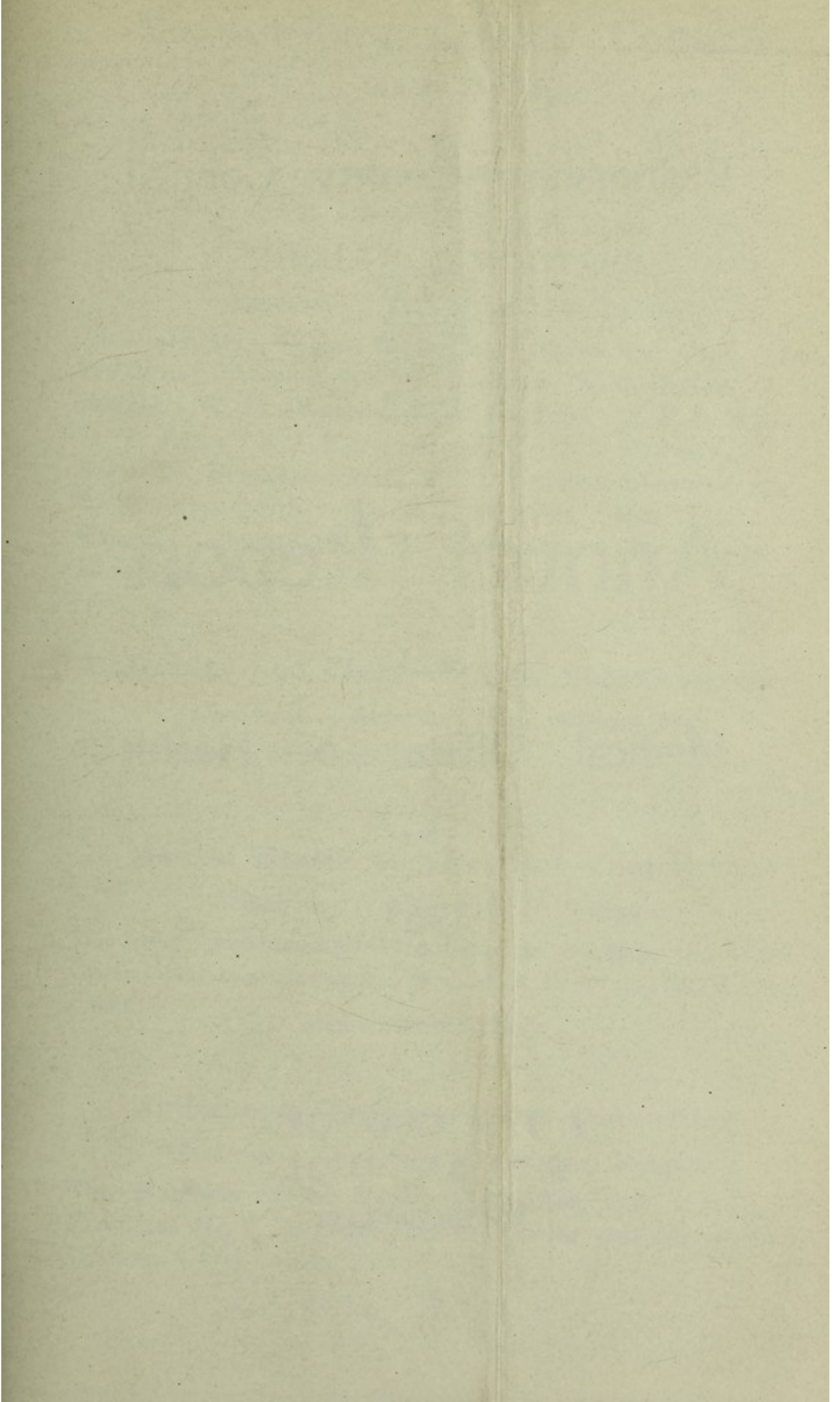
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Radnorshire County Council



# Annual Report

of the

Medical Officer of Health

for

1951.

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

# Radnorshire County Council.

(As on 31-12-51).

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## 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. J. Griffiths, R. P. L. Hughes, V. T. Jones, E. T. Kinsey Morgan, E. J. Newman, T. O. Nicholls, Brigadier Sir C. M. D. Venables-Llewelyn; and Dr. M. Dilys Owen, Mrs. F. J. Edwards, Mrs. M. P. Price, Mrs. E. P. Rogers, Mrs. M. Chrimes 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. M. P. 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., 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)	D. Ivor Williams, M.B., Ch.B.
School Dental Officer :	Frank Jones, L.D.S. (resigned 28-2-51) P. G. H. Griffith, L.D.S., (appointed 1-5-51)
Dental Attendant :	L. Jean Lloyd.
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)	R. W. Price (appointed 25-3-1951).
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. M. Edwards,	S.R.N., S.C.M., Q.N.S.
	†Sister E. M. Price,	S.R.N., S.C.M.
	Llangunllo	†Nurse E. E. Jeenes (resigned 15-2-51)
	Nurse H. M. Bayley (appointed 1-3-51)	S.C.M.
Beguildy	Nurse A. Saunders (retired 31-3-51)	S.C.M.
	†Nurse R. N. Jones (appointed 5-3-51)	S.R.N., S.C.M.
Boughrood	†Sister M. K. Chaplin (appointed 1-1-51)	S.R.N., S.C.M., H.V. Cert., R.S.I., Q.N.S.
	Clyro	Nurse C. Dodd (retired 30-6-51)
Painscastle	†Sister S. S. Bowen (appointed 1-8-51)	S.R.N., S.C.M., H.V. Cert., R.S.I., Q.N.S.
	†Nurse S. A. Davies	S.C.M.
Cwmbach Hundred House	†Nurse M. A. Price	S.C.M.
	†Nurse E. M. Worts	S.R.N., S.C.M.
Llanbister Llandewy	†Nurse M. A. Evans	S.R.N., S.C.M.
	†Nurse H. Evans	S.C.M.
Llandrindod Wells	†Sister E. J. Moseley	S.R.N., S.C.M.
	†Sister W. M. Hasler (appointed 1-11-51)	S.R.N., 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
†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,	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
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 A. 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 :

Frank J. Edwards, L.R.I.B.A.

Welfare Officer and Clerk to the Children's Committee :

W. J. Beavan.

Children's Officer : Esther Brunson, 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 R. 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., 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 G. Llewellyn, M.R. SAN. INST., M.S.I.A.  
Council Offices, Builth Wells.

Knighton D. Llewellyn, A.R. SAN. INST., M.S.I.A.  
Wylewm House,, Knighton.

New Radnor J. P. Lingen, (died 17-1-51)  
Broad Street, New Radnor.

R. P. Morris, M.R. SAN. INST.,  
Westfield, Kington. (Appointed 18-1-51)

Painscastle Garfield G. Evans, M.R. SAN. INST. M.S.I.A.  
Council Offices, Hay.

Rhayader H. J. Sleight, A.M.I.S.E., M.R. SAN. INST.,  
Council Offices, Rhayader  
(resigned 28-2-51)

G. H. Roberts, M.R. SAN. INST., M.S.I.A.,  
Council Offices, Rhayader.  
(appointed 1-3-51)



# To the Chairman and Members of the Health Committee.

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Report on the health of the people of Radnorshire for the year 1951.

The results of the census show that this county, although not the smallest in area, now has the smallest population of any Local Health Authority in England and Wales. Nevertheless, the problems of organising an efficient health service here are very real, and at times complicated, and lead, for example, in the nursing service, to employment of staff on a scale which would be quite unnecessary if the population were congregated in a small area.

It will be observed from a perusal of the report, that the infant mortality rate has risen markedly, and that our birth rate continues to be later, and our death rate higher, than that for England and Wales as a whole.

I make little comment on these figures. With such a small population annual statistics fluctuate violently, and can be grossly misleading, and even statistics for a five year period may give quite erroneous impressions. In general I have confined myself to factual reporting of changes in the health service as compared with previous years and have offered fewer general comments than usual. This report is, therefore, brief.

It is very disappointing that so few mothers and young children take advantage of the free dental service provided under Section 22 of the National Health Service Act through the County Dental Officer. Radnorshire is a county where, more than in any other, these facilities should be appreciated. In spite of propaganda, there is a lamentable lack of awareness of dental hygiene.

It is a pleasure to acknowledge the help which I have received during the year from my colleagues at County Hall, including my own clerical staff, and from the Officers and staff of the Radnorshire County Nursing Association.

Thanks are also due to the many voluntary workers in the health service in this county, including honorary ambulance officers, ambulance staffs, voluntary workers at the Child Welfare Centres, and Mrs. Frank Edwards who for so long has undertaken voluntary work in the Orthopædic Clinic.

Finally I acknowledge gratefully the support and encouragement given to me in my work by the Chairmen and members of the Health Committee and its Sub-Committees, which deal with Maternity and Child Welfare, the Mental Health Services and Ambulance Transport.

I am,

Your obedient Servant,

F. J. H. CRAWFORD,  
County Medical Officer.

## General Conditions, Climate and Occupations.

Radnorshire is situated in the middle of the Welsh border. Its extreme length from North to South is 30 miles, and from East to West 33 miles, the total area being 301,165 acres.

The average height above sea level is over 1,000 feet, and although the biggest mountain rises only 2,166 feet, smaller hills are numerous and these make communications difficult. In spite of the fact that the mileage of trunk and maintained roads per person of the population is by far the highest for any county in the country, there are still farmsteads which are as remote from the usual appurtenances of urban life as they were 300 years ago. This isolation is no doubt in part responsible for the low incidence of infectious disease, including Tuberculosis. On the debit side this isolation means that when sudden illness arises, it is more difficult to bring help, as Doctors, Nurses and Ambulances cannot be so readily available as in a town, and the distances to the nearest Hospital may be considerable.

The rainfall for the year was as follows :—

Recording Station.	Altitude in feet above sea level.	Rainfall in inches.
ELAN VALLEY	832	68·18
RHAYADER	781	51·80
LLANDRINDOD WELLS	722	43·77
PRESTEIGNE	480	38·37

Occupation figures based on the Census are not yet available, but the principal industry is farming and approximately half the male population is engaged in such work, mainly sheep farming and also cattle raising. Arable land is almost entirely devoted to the production of foodstuffs for stock—oats, roots, clover and hay being the chief fodder crops obtained.

There are no large factories in the county.

## General Statistics.

Area ... .. 301,165 acres.  
 Census Population ... .. 19,998.

Particulars are as follows:—

	Males	Females	Total	Censal Increase or Decrease 1931-51 (Persons).					
				Numbers.		Percentage of 1931 population.			
				Inc.	Dec.	Inc.	Dec.		
URBAN:									
Knighton	925	946	1871	35	—	8'2	—	—	—
Llandrindod Wells	1481	1732	3213	288	—	9'8	—	—	—
Presteigne	604	653	1257	155	—	14'1	—	—	—
RURAL:									
Colwyn	892	837	1729	—	246	—	—	12'5	—
Knighton	1707	1538	3245	—	710	—	—	18'0	—
New Radnor	1169	1086	2255	—	326	—	—	12'6	—
Painscastle	949	923	1872	—	277	—	—	12'9	—
Rhayader	2379	2177	4556	—	244	—	—	5'1	—
Urban Districts	3010	3331	6341	478	—	8'2	—	—	—
Rural Districts	7096	6561	13657	—	1803	—	—	11'7	—
Administrative County	10106	9892	19998	—	1325	—	—	6'2	—

Rateable value	...	...	...	£195,999
Product of a Penny Rate				£804

Live Births:	M	F	Total.
Legitimate	135	142	277
Illegitimate	7	10	17
	<hr/>		
Total Live Births	142	152	294

	Radnor.	E. & W.
Birth Rate per 1,000 of population	14·7	15·5

Still Births:	M	F	Total.
Legitimate	2	2	4
Illegitimate	—	1	1
	<hr/>		
Total Still Births	2	3	5

Deaths:	Radnor.	E. & W.
Death Rate per 1,000 of the population	13·9	12·5
Death Rate of Infants under 1 year of age:		
All infants per 1,000 live births	47·6	29·6
Legitimate infants per 1,000 legitimate live births	50·5	
Illegitimate infants per 1,000 illegitimate live births	—	
Deaths from Cancer (all ages)	38	

Of the 14 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	11	2	14
1—5	2	1	3
5—15	1	1	2
15—25	3	1	4
25—45	4	8	12
45—65	32	23	55
65—75	30	38	68
75+	52	68	120
	<hr/>		
Total deaths (all ages)	135	143	278

## Infant Mortality.

The number of deaths of infants under 1 year of age in the County during 1951 was 14, compared with 9 for 1950; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 47.6 compared with 32.2 in 1950. Of the deaths 3 (males) occurred in the Urban Districts and 11 (8 males, 3 females) in the Rural Districts.

### INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1951.	Rates per 1000 births.	
		1951.	1946-50.
Urban Districts :			
Knighton -	3	130	26
Llandrindod Wells	-	—	36
Presteigne -	-	—	—
Rural Districts :			
Colwyn -	1	53	57
Knighton -	2	43	51
New Radnor -	4	93	24
Paincastle -	2	67	20
Rhayader -	2	34	58
Urban Districts -	3	31	26
Rural Districts -	11	56	46
Administrative County	14	48	39

### Administration.

All the health services provided by the County Council are administered by the Health Committee, except for the School Health Service which comes under the control of the Education Committee. For convenience of administration the Health Committee deals with matters of general policy and also with Vaccination, Immunisation (Section 26 of the National Health Service Act), Care and After-Care (Section 28 of the National Health Service Act), and the Welfare of the Blind (Section 29 of the National Assistance Act, 1948).

The other services are dealt with primarily by Sub-Committees of the Health Committee. Thus the Ambulance Transport Sub-Committee deals with the provision of ambulances and sitting case cars and arrangements for transport by railway of patients who are entitled to these services. The Maternity and Child Welfare Sub-Committee deals with all the arrangements under Sections 22, 23, 24 and 25 of the National Health Service Act, and also with Section 29 (Domestic Help). The Mental Health Service Sub-Committee deals with the County Council's duties under Section 51 of the National Health Service Act: All these Committees meet quarterly on the same day, the Sub-Committees meeting first and the Health Committee immediately afterwards.

A Sub-Committee of the Maternity and Child Welfare Sub-Committee, called the Fees Committee, deals mainly with the assessment of families who have been supplied with Home Helps.

The County Medical Officer has no whole-time Assistant but his part-time Deputy, who acted as County Medical Officer of Health during the last War, undertakes relief duty when the County Medical Officer is away on annual leave or for other reasons.

Within the Health Department in County Hall, the Superintendent Nursing Officer undertakes the administration of the nursing services and the service of Home Helps.

The Dental Officer is assisted by a whole-time Dental Attendant who also acts as his Secretary.

The Nurses employed by the County Nursing Association are strictly not on the staff of the County Council, although in fact they undertake all their duties on behalf of the County Council.

Our Adviser in Mental Health and Psychiatrist is part-time and he is assisted in a part-time capacity by a Psychiatric Social Worker, employed jointly by the Welsh Regional Hospital Board and the three counties of Brecon, Montgomery and Radnor.

The three part-time Duly Authorised Officers in the Mental Health Service are employed otherwise as Registrars of Births and Deaths. In their mental health work they are responsible to the County Medical Officer.

## 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.

No health centres have as yet been built, or planned, by Radnorshire or indeed by the great majority of local health authorities.

## 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 3,200, it has not been possible to develop clinics and other services as are normally provided in more populous areas. In fact our health services generally are based mainly on the District Nurse and the Family Doctor.

## HOSPITAL ACCOMMODATION FOR MATERNITY PATIENTS.

One hundred and thirty-six maternity cases were admitted to the Llandrindod Wells Hospital during the year for the following reasons:

"Abnormalities"	2
Anaemia	1
Complicated Breech	1
Contracted Pelvis	1
Epileptic Fits	1
High blood pressure	8
Post maturity	2
·Previous complicated confinements	8
Prolonged labour	1
Small measurements	7
Toxæmia	2
"Unsuitable home conditions"	100
Uterine Fibroid	1
Uterine hæmorrhage	1



"Unsuitable home conditions" were thus the alleged reason for the admission of nearly four-fifths of the mothers admitted to this hospital for their confinement, and this is the experience of other hospitals. In fact these patients included some whose homes are more suitable for a confinement than the majority. The two real reasons for this large proportion of "unsuitable home conditions" cases are first, that confinement in hospital is cheaper than confinement at home, and secondly, that medical practitioners find it more convenient to deliver mothers in hospital.

Patients from the county were also admitted for their confinements to Hospitals at Knighton, Builth Wells, Hereford and Llanidloes.

#### 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, 5 premature babies were born at home and 12 in hospital. Of the 5 born at home, 4 were nursed entirely at home. The District Nurses give special attention to such infants. Of the 17 premature babies born in the county during the year 6 died ; 4 in the first 24 hours and 2 on the second day after birth.

#### No. of premature babies who DIED

who were born in	(a) Hospital	5
	(b) Home	*1
No. died in Hospital		6
No. died at Home		Nil.

\* This baby was transferred to Hospital and died there.

## ANTE-NATAL CLINICS.

No Ante-Natal clinics are now held in the County.

## CHILD WELFARE CENTRES.

A new Child Welfare Centre was opened during the year at Newbridge-on-Wye. Normally this would be considered far too small a village to be the site of such a Centre, but local enthusiasm was so great that one was established experimentally towards the end of the year in the buildings of a former Prisoner-of-War camp, which were very suitable for this new purpose.

During the year the Rhayader Child Welfare Centre transferred from the Children's Home to Greefields. The new premises are nearer the centre of the town and three rooms are available instead of two. Moreover, the accommodation which had been used by the Infant Welfare Centre at the Children's Home was not always available for this purpose.

Each Child Welfare Centre has a Medical Officer who is a General Practitioner and is assisted by the District Nurse who is really the key person for each centre, and by voluntary workers, whose help is invaluable. The voluntary workers provide cups of tea and biscuits for the mothers who attend, and generally help to make a visit to the Centre a social event to which the mothers look forward.

Every baby is examined every month by the Doctor at a Centre, and Toddlers are examined as a rule once in three months, or more frequently if the mother needs help.

Welfare Centres are held at times and places as follows :

Place.	Time.	Medical Officer.
Knighton, Church Hall.	First Tuesday in month 2-30 p.m.	Dr. J. G. Garman
Llandr'dod Wells County Hall	Tuesdays 2-30 p.m.	Dr. M. Dilys Owen.
*Newbridge-on-Wye P.O.W. Hut	First Friday in month 2-30 p.m.	Dr. W. B. Morgan
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, Greenfields	Second Wednesday in month, 2 p.m.	Dr. J. D. O'M. Poole & Dr. P. Shankey.

\*First Meeting held on December 6th, 1951.

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

	Knighton	Llandrindod Wells	Presteigne	Newbridge- on-Wye	New Radnor	Rhayader	Total
No. of Meetings	14	49	11	1	12	11	98
Doctor present	13	44	11	1	12	11	92
Average No. of Voluntary Helpers	3	3	3	4	3	5	—
Infants under :							
1 year	134	523	178	7	94	136	1072
1-5 years	231	420	174	17	139	89	1070
Total	365	943	352	24	233	225	2142

The functions of a Child Welfare Centre are frequently misunderstood and it should, therefore, be emphasised, that their purpose is not to treat ailing children, but to assist mothers to bring up their children in the healthiest possible way. Where a sick child which obviously needs medical treatment is brought to the clinic, the mother is referred to the Family Doctor. The purpose of a child welfare centre, is therefore, primarily and almost entirely educational, and the sale of welfare foods, dried milk, etc., which may seem to occupy a rather prominent place in Welfare Centres is a very secondary part of their work.

Frequent talks on health topics are given by the Nurses in attendance at the Welfare Centres.

One of the principal aims of a Welfare Centre, and of Health Visiting also, is to encourage mothers to breast feed their babies. It is regrettable that in spite of all efforts the percentage of babies who are fed in this way does not increase.

## CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The day is happily almost past when an unmarried mother was regarded as an outcast and made to suffer for her sins. In fact, these girls are often very young and inexperienced, and need all the help which can be given to them. The normal Maternity and Child Welfare services are, of course, available, but in addition special help is often required, and this is provided in a very sympathetic and tactful way by Mrs. Gravestock, the Moral Welfare Worker of the Diocesan Moral Welfare Association. She visits unmarried mothers in the area and helps them where necessary by getting admittance to homes for their confinements, in helping them with legal difficulties which arise, and so on. This is the sort of activity which can be done most effectively by a voluntary association, particularly by one which is organised on a Christian basis, and we are grateful to Mrs. Gravestock for the work which she undertakes. In recognition the County Council makes to the Swansea and Brecon Moral Welfare Association an annual grant of £30.

Mrs. Gravestock contributes the following report :

“Unmarried mothers helped	...	5
Admitted to Hostels	... ..	0
Babies adopted	... ..	1
Babies home with mothers	... ..	4

All the mothers who have taken their babies home are doing well by the children and they are very well and healthy; they have been visited once or twice in each quarter and in one case many more times while arranging adoption.

Two cases of married women needing as much care as the unmarried ones have been assisted. One, a widow, is keeping her baby and the other whose husband has deserted her has had the baby adopted.

One girl from 1950 has had several visits and the final arrangements have been made to adopt her baby who was in Dr. Barnardo's Home”.

## DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Mr. P. G. H. Griffith, the County Dental Officer, contributes the following report:—

"The number of patients referred continues to be disappointing. The figures of pre-school age children does not give a true account of the work as a number of four-year-old children have been treated in school and being on the school register have been classified as school children.

### EXPECTANT AND NURSING MOTHERS.

It is important that these patients be seen as early as possible so that as a minimum the removal of sources of infection might be ensured. It is to be hoped that the small demand for treatment is a reflection of the success of the General Dental Service.

### PRE-SCHOOL AGE CHILDREN.

There has been a small increase in the number of these children attending the clinic.

It is of importance that children should make their first visit as early as possible, and this point is emphasized to parents.

I gave a talk to the Nurses on Oral Hygiene. I feel that with their co-operation there will be a gradual improvement in the numbers of mothers and infants taking advantage of the Dental Scheme".

### TABLE.

#### (a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	2	2	2	2
Children under five	—	—	9	9

#### (b) Forms of dental treatment provided:

	Expectant and Nursing Mothers.	Children under five.
Extractions	1	9
Anæsthetics—Local	—	—
General	—	—
Fillings	—	12
Scallings or Scaling and Gum treatment	1	—
Silver Nitrate treatment	—	21
Dressings	—	—
Radiographs	—	—
Dentures provided—Complete	—	—
Partial	—	—

## Domiciliary Midwifery.

Domiciliary Midwifery like other nursing services is carried out on behalf of the Local Health Authority by the Radnorshire County Nursing Association.

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 twenty-seven mothers were confined in their own homes during the year, of whom 45 were maternity cases where the confinement was supervised by a doctor, and 82 were midwifery cases, that is, cases where the confinement was supervised by the Midwife.

At the end of the year all but one of the midwives employed by the Radnorshire County Nursing Association held certificates of competence to administer analgesia. These Nurses are 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 76 (93%) 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.

Reference is made in a previous page to the large number of confinements now taking place in hospital, allegedly due to unsuitable home conditions. Unless steps are taken by the Regional Hospital Board to deal energetically with this problem it seems possible that within the next decade the domiciliary midwifery service will be killed. Even now there are scarcely enough domiciliary confinements to keep the midwives concerned in practice.

Of the 23 nurses employed by the Radnorshire County Nursing Association, 13 are now living in houses provided for them. We have made progress recently in this direction as it is an asset when appointing new nurses to be able to offer them suitable accommodation. Moreover, the fact that every nurse has a car to use for her duties is a great inducement to nurses to remain in these somewhat lonely districts especially now when there is such a shortage of nursing staff throughout the country.

## Health Visiting.

No full-time Health Visitors are employed in the county and this work is carried out by the District Nurses, four of whom possess the Health Visitor's Certificate of the Royal Sanitary Institute. The ultimate objective is that all Nurses employed by the Radnorshire County Nursing Association shall possess this certificate. One Nurse was sent for Health Visitor's training during the year. She completed the course and was successful in passing the qualifying examination.

## Home Nursing.

The responsibility of the Local Health Authority to provide a comprehensive home nursing service throughout the area is fulfilled through the County Nursing Association. The total number of nursing visits for the year was 32,584 compared with 25,566 for 1950. This shows an increase in work as compared with the previous year. The demand for domiciliary nursing appears likely to continue to increase because this service is now free.

### NURSING SERVICE STATISTICS.

The following are statistics showing the work of the Nurses employed by the Radnorshire County Nursing Association during the year :

#### (a) Supervision of Midwives by the Supt. Nursing Officer :

Regular Inspections of Midwives	...	69
Special Visits to Nurses	...	39
Other Visits	...	47
Visits to Nursing Homes	...	9
Visits to Hospitals	...	32

#### Notifications received of :

Artificial feeding	...	42
Liability to be a source of infection	...	4
Sending for medical aid	...	4
Intention to practice	...	31
Deaths of infants	...	8
Stillbirths	...	3

(b) Work of the Nursing Staff :

(1) Midwifery—

First visits to expectant mothers	...	249
Re-visits	" "	1425
Maternity and Midwifery visits	...	2446
Confinements attended by Midwives at home		150
Confinement cases admitted to Hospitals	...	113

Of the 150 confinements attended by midwives at Home  
118 (78·7 per cent) received gas and air analgesia.

(2) Child Welfare—

Attendances at Welfare Centres	...	181
First visits to infants under one year	...	255
Re-visits	" "	2836
First visits to children 1-5 years	...	170
Re-visits	" "	6335

(3) Health visits to Tubercular patients ... 873

(4) General Nursing—

Medical and Surgical visits	...	32584
Health visiting and Casual Nursing visits		8741

## Vaccination and Immunisation.

### VACCINATION AGAINST SMALLPOX.

During the year 163 persons were vaccinated compared with 71 in 1950. The following table shows the percentage of children vaccinated during the years 1947-51.

Year.	Percentage vaccinated.
1947	42·2
1948	42·0
1949	44·0
1950	26·2
1951	55·4

The reason for the tremendous increase in the demand for vaccination during the year is difficult to explain, but points to highly efficient propaganda work on the part of the District Nurses.

### IMMUNISATION AGAINST DIPHTHERIA.

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.	
192	201
9	



The total number of children who were given a Secondary or Reinforcing Injection (i.e. subsequent to complete full course) during 1951 was 9.

#### Percentage of Children Immunised against Diphtheria.

0—4	5—14	All Ages	
45·4	69·6	61·3	on 31-12-1951.
44·7	70·3	61·1	on 31-12-1950.

### Ambulance Service.

The Ambulance Service is organised under the ægis of the Health Committee through the Ambulance Transport Sub-Committee, the Chairman of which is the Superintendent of the St. John Ambulance Brigade in Rhayader and Chairman of the St. John Council for Radnorshire.

Executive control is vested in the County Medical Officer and each of the Sub-Stations is under the charge of an Honorary Ambulance Officer.

A big problem in organising an ambulance service in an area like this is and always must be the difficulty of communications. If the population of Radnorshire were contained in one town, a satisfactory service could probably be maintained by one or two ambulances. With geographical conditions as they are five ambulance stations (four of them being within the county) are necessary to cover the area, and even so delay must inevitably be experienced between sending for an ambulance and the time of its arrival. In the case of booked calls, no difficulty arises, but in emergency, delays are bound to occur. Moreover, in these days of mechanised farming, accidents in the country are relatively more common than they used to be, and this makes it necessary to organise an ambulance service which shall be capable of answering all calls with a reasonable degree of promptitude. Indeed the speed with which ambulances arrive at the scenes of accidents in some of the remote rural areas is creditable. The reason is that the local man knows the local geography. If we were to have a central ambulance station only, it would be quite impossible for the drivers there to know the country as the local men do, and long delays would be experienced because the drivers were trying to find their way.

For this reason decentralisation of operation is desirable, but even more because of weather conditions. During the winter some roads in the hillier parts of Radnorshire may be impassable for days or even weeks on end, and it may indeed be impossible to move an ambulance from say Llandrindod Wells to Knighton.

Apart from the Central Station at Llandrindod Wells, where one paid driver is employed, the ambulance sub-stations are manned entirely by voluntary personnel, who nevertheless receive a small honorarium for their work.

Following a report by the Controller of the Ambulance Transport Department of the Welsh Home Service Ambulance Committee which showed that in some cases the ambulance vehicles in the county were not being maintained satisfactorily, the Health Committee requested the Welsh Home Service Ambulance Committee to make arrangements for inspecting, testing and routine maintenance of all our ambulances every other month. This additional servicing was carried out at no additional charge to this Authority.

An old problem which arose during the year concerned responsibility for the conveyance of dead bodies. The Health Committee agreed that there was no objection to the ambulance service conveying to a Mortuary from the scene of an accident, the bodies of persons who had been killed. On the other hand, it was agreed that ambulances should not undertake the conveyance of the bodies of persons who had died in their homes or hospitals or elsewhere some hours previously and where because, for example, of a Coroner's order, the body had to be removed elsewhere. The use of an ambulance for such a journey would be open to grave objection and lead to complaints from relatives and patients subsequently carried in the vehicle.

By arrangement with Breconshire County Council, the Hay Ambulance Sub-Station serves the Painscastle Rural District together with the parishes of Newchurch and Michaelchurch-on-Arrow. In cases of emergency only, the Breconshire Ambulance at Builth serves part of the parishes of Cwmbach, Llanelwedd and Hundredhouse. The Montgomeryshire ambulance station at Newtown covers the parishes of Llananno, Llanbister and Llaithddu. In emergency our Knighton ambulance serves the Shropshire Parishes of Llanfairwaterdine and part of Bettws-y-crwyn. The Rhayader ambulance carries out emergency journeys on behalf of Breconshire in the parishes of Llanwrthwl, Llysdinam and Llanfihangel Bryn-Pabuan, and the Breconshire side of the Elan Valley. These arrangements ensure that the ambulance vehicle nearest to the emergency is the one called upon.

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

1951 Month	— Ambulances —		— Sitting case Cars—	
	No. of Patients carried.	Total Mileage	No. of Patients conveyed.	Total Mileage
January	42	1523	61	3890
February	42	1483	49	2859
March	49	1493	36	2297
April	30	1361	94	5599
May	31	879	97	5849
June	63	913	84	4641
July	28	793	88	4776
August	38	2051	99	4906
September	26	808	106	5375
October	27	1067	116	6724
November	20	659	107	5886
December	21	646	98	5424
Total	417	13676	1035	58226

### 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.

### Mass Radiographic Survey.

During the year, by arrangement with the Regional Hospital Board, a Mass X-Ray Unit visited four towns in the County. The object was to discover diseases of the lungs and heart in their earliest stages.

The following table shows the number of persons examined and the number found to be abnormal.

	Number of Persons examined.	Number found to be abnormal.
Llandrindod Wells	701	27
Knighton ...	553	32
Presteigne ...	353	16
Rhayader ...	642	28
Total	2,249	103

Of the 103 abnormal cases one was found as definitely Tuberculous and 18 as needing further observation for Tuberculosis.

Of the remainder diagnosis was as follows :—

Healed Post-Primary P.T.	18
Healed Primary P.T.	2
Pleural Thickening	11
Bronchiectasis	4
Bronchitis and Emphysema	7
Pneumoconiosis	5
Acquired Heart Disease	11
Kypho-Scoliosis	19
Collapsed rt. mid lobe	1
Retrosternal goitre	4
Retrosternal thyroid	1
Congenital Cystic Disease of lung	1

## B.C.G. VACCINATION AGAINST TUBERCULOSIS.

At a meeting of the Health Committee, held on the 4th May, 1951, a scheme was put forward for B.C.G. Vaccination against Tuberculosis, as follows :—

1. All homes where tuberculosis patients are known to reside will be visited in order to ascertain as accurately as possible the number of contacts living under the same roof. In the first instance special attention will naturally be paid to contacts of open respiratory cases. The District Nurses in their capacities as Health Visitors will assist in this visiting.

2. All child and young adult contacts will be urged to attend the Chest Clinic at Llandrindod Wells for Mantoux testing.

3. Those who do not react to a tuberculin test of at least 10 units will then be offered vaccination, but they will, if possible, be segregated first from any known risk of tuberculous infection for 6 weeks, and a second test then performed. If still negative the person can be vaccinated immediately.

4. After the vaccination a further 6 weeks segregation is desirable, followed by a third tuberculin test. In certain cases it may be decided to proceed with vaccination without segregation where this cannot be arranged.

This was adopted and a formal proposal was, as a result, submitted to the Minister of Health, in accordance with Section 20 of the National Health Service Act, 1946, in the following terms :—

“The Local Health Authority intends to provide for B.C.G. vaccination, by and at the instance of a physician with specialist knowledge and experience of tuberculosis, as regards persons to whom it is judged medically expedient, subject to the necessary preliminary tests, to offer such vaccination in view of their known contact with tuberculous infection. Records of B.C.G. vaccinations will be kept in such standard form as may be recommended by the Minister, and information concerning these records will be supplied to the Minister on request”.

In a letter dated the 20th August, 1951 the Welsh Board of Health stated that the Minister had approved the amendment of the Council's arrangements for the Prevention of Illness, Care and After-Care by the addition of the proposal cited above.

Too much must not be expected of B.C.G. vaccination. It is unlikely that through this means alone we shall eradicate tuberculosis, as we have virtually eradicated Diphtheria by immunisation. Indeed opinion as to the value of B.C.G. is not unanimous. At present all B.C.G. Vaccination is being done under the supervision of the Medical Research Council and until statistical evidence conclusively proves that this protection is effective, its general extension to other classes than the priority groups at present dealt with will not be contemplated.

Twenty cases were vaccinated with B.C.G. up to the end of the year by the Area Chest Physician, Dr. D. I. A. Williams.

## HEALTH EDUCATION.

A fundamental duty of a Health Department is to spread knowledge concerning health, for it is true that knowledge brings strength. Much illness can be avoided by the observance of proper rules of hygiene, and the spread of established illness can be prevented by making use of knowledge which is already available.

There are many methods of health education and although none of them is useless, one type of propaganda far exceeds in effectiveness all the others. This is the advice given by Health Visitors, who come into personal contact with members of the community, particularly mothers, in the course of their duty. This being so it seems that in health education much attention should be given to educating the educators. This can be achieved by sending the Nurses on Post-Graduate Courses. With the same end in view, meetings of the Nurses were held at the County Hall Clinic when talks were given by health experts and sound films and film strips shown on health topics. Other means of propaganda are not neglected. 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. Copies of the Central Council's magazine "Better Health" are distributed throughout the county by the District Nurses and at the Welfare Centres. Talks were given during the year by the County Medical Officer and the Superintendent Nursing Officer to voluntary bodies. The County Medical Officer also gave several health film shows to the general public in the County Hall Clinic using his own sound Projector.

## Home Help Service.

The Home Help service is a very important branch of the County Health organisation, and although it is a spending service it reaps dividends. For example, two old people who are becoming infirm may by regular help for two or three hours a day be able to continue to live in their own home and maintain an independent existence whereas without this help they might have to be admitted to "Part III accommodation" under the National Assistant Act, 1948. To maintain them in such accommodation would, of course, cost much more than a Home Help. Moreover with an efficient Home Help service allied to an efficient nursing service, it is possible to relieve the load on the Hospitals to a considerable extent. Patients who have reached the semi-convalescent stage of treatment may be discharged earlier if an efficient Home Nursing and Home Help service is available. This again relieves the Exchequer, if not the rates, of expenditure.

For such reasons as this and others, the Home Help service deserves encouragement and should not be looked upon as merely one more costly service which is not altogether necessary. In larger counties whole-time Home Helps are employed and it has now been asserted that to provide an efficient service, one whole-time Home Help should be employed for every 1,000 population in an Authority's area.

The Health Committee has, however, not yet seen its way to appointing any wholetime Home Helps in this county, where, however, they could probably only be fully employed in the Llandrindod Wells and Knighton-Presteigne areas. In the rest of the county we shall probably always have to rely on part-time Helps and good neighbourliness.

This service has never been free. An assessment is always made of the means of the family concerned, and the scale used is one which was recommended in 1947 by the County Councils Association. This scale is nevertheless not infrequently harsh in its operation, and may need revision in the light of the increased cost of living, and particularly the increased cost of food.

Home Helps in this County are not supplied with uniforms or badges, or provided with appliances for use in their work.

During the year 30 casual Home Helps were employed for a total of 18,306 hours, an increase of 8,242 hours on the previous year. The types of cases attended comprised 10 Maternity, 4 Tuberculous and 19 other. The "others" were mainly old people.

Miss Todd reports as follows :—

“The Home Help Service reached its peak during 1951. Our main responsibility seems to be the welfare of the aged, although they are not ill, they require care, as in many cases they are unable to do their household chores and cook meals. This service has meant that the nurses have to pay additional visits to verify that the time sheets are in order. In many cases nursing attention is not required, but the old people look forward to the visits the nurses have to pay in connection with this scheme, which many regard as social calls.”

### Mental Health Service.

The work carried out under Section 51 of the National Health Service Act is of two kinds :—

First, duties carried out under the Lunacy and Mental Treatment Acts and second, duties under the Mental Deficiency Acts.

The Mental Health Services Sub-Committee are advised when necessary by their part-time adviser in Mental Health, Dr. Gordon Diggle, and in dealing with the Lunacy and Mental Treatment Acts the work is carried out by Dr. Diggle and the Psychiatric Social Worker, and by three part-time Duly Authorised Officers.

Dr. Diggle contributes the following report :—

“A clinic is held weekly on Friday afternoons in County Hall, Llandrindod Wells. Patients are referred by their own doctor, the Medical Officer of Health, Children's Officer, Probation Officer or other sources.

The clinic serves Radnorshire (except the Knighton and Presteigne areas which are dealt with by other clinics) and North Breconshire.

The average attendance is one new and six old patients per week. In addition there are usually one or two relations of patients in the Mid-Wales Hospital who are enquiring their progress.

The work of the clinic consists of the diagnosis and treatment of out-patients, the supervision of patients discharged from the Mid-Wales Hospital, and if necessary their treatment on an out patient basis, and where necessary the arranging of admission to that hospital. The work from this point of view cannot be over-estimated. The hospital is usually quite prepared to accept patients who or she knows the doctor or the patient, and by this means certifying stigma to the patient using his own sound judgement.

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Miss Gwendoline Morgan, the Psychiatric Social Worker reports as follows on her work both with Psychotics and Mental Defectives :

"During the year 1951 the Mid-Wales Hospital, Talgarth, admitted 31 patients from the County of Radnor ; 13 of these patients have departed, 4 have died.

Of the 13 discharges 7 have remained stable and 6 have received further reports of treatment.

Case histories of persons entering hospital have been compiled, giving details of family and personal history, in order to present the Medical Officers with as complete a picture as possible of the physical, mental and social development of patients.

After leaving hospital patients are visited and help is given in the solving of personal, domestic and environmental difficulties, in the hope of lessening the strain of returning to society after the secluded, routine life of the Wards. Only persons who indicate a desire for post hospital care are visited ; in some cases it has been found undesirable and impracticable for the Social Worker to call, but generally, patients welcome an informal and friendly interest in their well being and benefit from the continued contact with the hospital.

Although 6 of the 13 discharges for the year have returned for further treatment, this is not as unsuccessful a picture as it would at first appear. Due to the fact that greater use is being made of the Psychiatric Clinic in Llandrindod Wells and the noticeable improvement in the public attitude towards the hospital, patients who have been discharged, willingly return for short periods when they feel their condition is deteriorating. Early treatment often wards off a serious attack of mental illness and it is probable that by receiving prompt attention, a smaller portion of the patient's life has to be spent in hospital than would otherwise have been necessary. Part of the Psychiatric Social Worker's work has been the fostering of a more intelligent conception of mental illness and the encouragement of patients in the use of specialist advice at hand.

One defective patient from Brynhyfryd Hospital, Forden, has been on licence to his home in Knighton ; he has been in employment throughout the year and recommendation for his discharge has been made to the Board of Control.

One female mentally defective patient who has been under Guardianship has caused concern by becoming pregnant and it was found necessary to place her in Knighton hospital pending her confinement and admission to a suitable colony.

Visits to the homes of persons now resident in Defective colonies have been made in order to assess environmental conditions and capabilities of relatives who have applied to have patients in their care for holiday leave.

During the year 1951, 142 visits were made in the county :—

Case histories on admission	...	20
After care for the Mid-Wales Hospital		78
Defectives on licence or leave from Brynhyfryd Hospital, Forden		11
Defectives under Guardianship	...	22
Maladjusted persons referred by other agencies	... ..	11 "

#### WORK OF THE AUTHORISED OFFICERS.

During the year 10 certified cases were admitted to the Mid-Wales Hospital, Talgarth, 5 were discharged and 7 died.

#### MENTAL DEFICIENCY ACTS.

No new cases were ascertained during the year.

On the 31st December, 1951, the number of ascertained cases from the Authority's area was as follows :—

	M.	F.	T.
In certified institutions	14	11	25
Under guardianship	2	1	3
Under supervision	24	15	39

Cases awaiting institutional care included in the above lists on the 31st December, 1951, were :—

Males	2	Females	1	Total	3
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Of these 1 male and 1 female were classified as cases urgently in need of institutional accommodation.

The training of mental defectives in this county is unsatisfactory and it is difficult to see how at reasonable cost an efficient service can be provided. In larger areas occupation centres are provided but the cost of organising such a centre in Radnorshire would be exorbitant. General health supervision is given to mental defectives by the District Nurses who visit each case each quarter. All defectives in the county were visited by the County Medical Officer during the year.

## Blind Persons.

The Health Committee is responsible for the administration of a scheme for the welfare of Blind Persons under Section 29 and Section 30 of the National Assistance Act, 1948.

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 43 registered blind persons in the County on the 31st December, 1951, as compared with 39 in 1950.

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

Sex.	Age Periods.							Total
	0-15	15-25	25-35	35-45	45-55	55-65	65+	
Males	1	1	—	1	2	7	11	23
Females	1	—	—	2	1	5	11	20
Total	2	1	—	3	3	12	22	43

Five new cases (4 males, 1 female) were registered during the year. One case (female) was transferred from Herefordshire. A male, aged 83 years, died at the Knighton Hospital.

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:—

### WIRELESS SETS.

All blind persons requiring wireless sets have been supplied with them, and a total of 20 battery and all mains sets has now been installed and are being maintained. Other sets which are the blind persons' own property are also being maintained.

New batteries have been supplied as required free of charge, and in two cases an electricity supply has been made available.

## OUTINGS.

On the 27th June a day trip to Aberystwyth by coach was organised. Coffee or tea and biscuits was served on the journey; lunch, three courses, provided at Ashley's Cafe, Aberystwyth, also high tea before commencing the return journey. Total number of Blind, guides and staff attending was 46.

On the 14th December a Christmas Party was arranged at Morris' Imperial Cafe, Llandrindod Wells. A dinner of turkey and plum pudding was served at 12-30 p.m.; entertainments were arranged for the afternoon, and Carols were sung by a local choir. A substantial tea was provided at 4-30 p.m., with a visit by Father Christmas and presentation of gifts. Total number of blind persons, guides and staff attending was 50.

## VISITS.

Every blind person has been visited, and Mr. Messenger, Supervisor, has been in the county on nine occasions. New cases have been interviewed and incomes checked."

The Radnor Association for the Blind assists in providing social activities for our registered blind people and also undertakes visitational work.

## Orthopædics.

Regular Orthopædic 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 in many cases the notification by Practitioners to District Medical Officers of Health, and by District Medical Officers of Health to the County Medical Officer is not by any means as complete or prompt as it should be.

## Tuberculosis.

Particulars of new cases of tuberculosis and deaths from the disease in the area during 1951 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-			2	2				
15-	1	1						
25-	1	6		2		1		
45-	1				2			
65-		1						
75+					2			
Total	3	9	2	4	4	1	1	

The death rate per 1,000 of the population for the year 1951 was '3 compared with the rate for England and Wales of '31.

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—					
2—		1			1
5—		1	2	2	5
10—	1		2		3
15—	2	2	1	1	6
20—	1	2		1	4
25—	13	14	3	2	32
35—	8	5	2	6	21
45—	5	3	1	2	11
55—	4	1	2		7
65—	3	2	1		6
75+	1	2	1		4
Total	38	33	15	14	100

A weekly clinic is held by the Chest Physician at the Llandrindod Wells Hospital.

198 new patients were examined of whom 14 were found to be Tuberculous.

### 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 low incidence of Venereal Disease in the County is reflected in the small number of cases attending at the Treatment Centres given below :

	Hereford.		Shrewsbury.	
	M	F	M	F
Syphilis—Cases	1	1	2	3
Attendances	2	1	34	91
Gonorrhoea—Cases	—	—	—	—
Attendances	—	—	—	—
Non-Venereal—Cases	1	—	—	—
Attendances	2	—	—	—

### Poliomyelitis.

There were no cases of acute Poliomyelitis in the County during the year.

### Cancer.

Thirty-eight patients died of cancer during the year, giving a mortality rate (per 1,000 of the population) of 1·9.

### Inspection and Supervision of Food.

Mr. R. W. Price reports as follows :

The present Inspector of Weights and Measures took up his duties at the end of the first quarter of the year, and in consequence the sampling of food under the Food and Drugs Act did not commence until 1st April, 1951. The total of samples taken for analysis during the remaining nine months was 307, of which 204 were samples of milk.

Of the milk samples, 170 were found to have a fat and non-fatty solid content which was above the required minimum, while a further 15 samples which were found to be slightly sub-standard were nevertheless reported by the Public Analyst to be genuine. The deficiencies in these cases were mainly in fat content, and were of the order of 5% or less.

A further 11 samples were found to be deficient in fat content by amounts varying from 6% to 25%. In three cases it was established that the milk had not been adequately mixed, since samples from other churns in the same consignment were found to have satisfactory analyses, and the average content of the bulk was above the minimum standard. Three samples, all taken from separate churns in the same consignment, were found to be deficient in fat by amounts ranging from 15% to 20%. A fourth sample taken at the farm at the time of milking showed a similar deficiency, thus proving that the shortage was due to natural causes. The remaining 4 samples were all produced at farms situated many miles beyond the county boundary, so that the taking of samples at the time of milking by the Radnorshire staff, would have been inconvenient and expensive. Details of these samples were given to the inspector in the area concerned, and it is understood that appropriate action was taken by him.

In the case of 8 samples the Analyst reported the presence of added water, and in 6 of these the adulteration was accompanied by a deficiency in fat. In one instance the adulteration was a minor one of about 2 per cent, and was probably due to a failure to drain utensils after swilling. This vendor was cautioned. In another instance the adulteration was about 5 per cent, and in this case the records of the office showed that similar analyses had been previously reported. The explanations of the vendor were found on investigation to be unsound, and a prosecution was undertaken. Fines and Costs amounting to £8 7 0 were imposed. In yet another instance an informal sample was reported as being both adulterated and deficient in fat, whereupon formal samples were taken from each of five churns comprising a single consignment. The reports of the analyst indicated the presence of added water in amounts ranging from 5 per cent to 20 per cent together with deficiencies in fat. As a result of an unusual method of delivery it was found impracticable to take proceedings under the Food and Drugs Act in these cases, and the vendor was brought before the Court under the provisions of the Merchandise Marks Act. The defence was based upon the defendant's evidence that his cooler was leaking. It is a good defence to a charge under this Act to show that the defendant, having taken all reasonable precautions, had no reason to doubt the genuineness of his description of the goods sold. It was contended by the prosecution that a failure to ensure that a cooler did not leak constituted a failure to take reasonable precautions, and further, that the variation in adulteration indicated that a

leaking cooler was not a credible explanation. The Bench found however that there was a doubt on these points, and they therefore gave the defendant the benefit of it. Despite the dismissal of these proceedings, however, the effect upon the standard of milk throughout the County was very marked, and no further cases of adulteration were reported for the remainder of the year.

Of the 103 samples of food other than milk which were analysed, a satisfactory report was received in 100 cases. Of the remaining 3 samples, 2 were of pudding mixtures and 1 was of a cake mixture; and the certificate in each case indicated that the sample was infested with meal-mite and was unfit for human consumption. The seizure of infested food can be legally enforced by a Sanitary Inspector on a warrant obtained from a Justice of the Peace, but it is usually possible to take possession of the offensive stock, by giving a copy of the Analyst's certificate to the vendor, who will be anxious to have the matter handled with as little publicity as possible. Action on these lines was taken in respect of the three samples mentioned. It will be realised that the cause of infestation may not lie in the retail shop from which the sample was obtained; in fact, the presence of similar goods which are not infested, frequently indicates that the infestation was present when the goods were delivered. Mixtures having a flour or cornflour base are very susceptible to infestation of this kind, and no wrapper appears to afford 100% protection against it. For this reason samples of cake, pudding and sponge mixtures, blanc mange and junket powders, and similar products far outnumber any other single foodstuff sampled.

Certain foods are subject to chemical contamination, so that it is necessary to examine tinned meat and fish for traces of tin and lead, cut pæel for copper and sulphur, and sugar for arsenic; while no food may contain certain colouring fluids or preservatives. In addition to ensuring that samples do not contain objectionable substances, the Analyst will also determine the essential food value of the sample. In a great many cases foodstuffs are subject to a Food Standards Order specifying a minimum percentage content of an essential constituent. No report was received of a failure to comply with an Order of this kind. It is apparent however that there is a growing tendency to describe goods in such a manner as to render an Order inapplicable to them. For example a 'Jelly Dessert' does not have to comply with the requirements of the 'Table Jellies' Order although it may be of similar appearance and be similarly packed. It is very doubtful if a normal purchaser would realise the distinction especially if a 'jelly' was asked for. It is difficult to envisage any form of legislation which would deal adequately with this problem, and it would appear that the most effective step which can be taken, is to create an awareness of the situation among the purchasing public. If the housewife can be persuaded to read the descriptions on



her purchases, and to view with some suspicion any unusual departure from the normal description of the contents, goods with misleading labels would very soon disappear from the market.

### Food and Drugs Act - Sampling Statistics.

Nature of Sample.	No. of Samples taken.	No. found to be genuine.	Nature of Sample.	No. of Samples taken.	No. found to be genuine.
Baking Powder	3	3	Milk	204	185
Blanc Mange Powder	9	9	Mixed Vegetables	1	1
Baked Sponge			Meat Paste	4	4
Flour Mixture	1	1	Marmite	1	1
Bi-carbonate of Soda	1	1	Mustard	1	1
Bisto	2	2	Mixed Spice	2	2
Barley Crystals	1	1	Mint	1	1
Bourn-Vita	1	1	Meat Loaf	1	1
Bovril	2	2	Mince-meat	1	1
Chocolate Spread	1	1	Ovaltine	1	1
Cheese	1	1	Parsley and Thyme	1	1
Custard Powder	4	4	Peeled Tomatos	1	1
Cake Mixture	4	3	Peeled Shrimps	1	1
Cake Flour	1	1	Pickles	1	1
Cornflour	3	3	Pudding Mixture	2	1
Caramel Dessert	1	1	Steamed Pudding	2	1
Chocolate Dessert	1	1	Soft Herring Roes	1	1
Coffee Extract	1	1	Strained Carrots	1	1
Caraway Seeds	1	1	Sliced Onion	2	2
Cloves	1	1	Strained Beef Broth	1	1
Dried Soup	1	1	Sardines	1	1
Dried Peas	5	5	Sponge Mixture	2	2
Dessert Powder	1	1	Sago Pudding M'ture	1	1
Dried Parsley	1	1	Sage and Onion		
Garden Mint			Stuffing	1	1
in Vinegar	1	1	Sandwich Spread	1	1
Gravy Browning	1	1	Salad Cream	1	1
Ground Rice	1	1	Semolina	1	1
Golden Raising Flour	1	1	Strained Tomato		
Ground Ginger	1	1	Sauce	1	1
Ground Cinnamon	2	2	Sunny Spread	1	1
Horse Radish Relish	1	1	Table Cream	2	2
Herbax	1	1	Table Delight	1	1
Junket	1	1	Vita-cup	1	1
Jelly	2	2	Vi-cocoa	1	1
Leaf Gelatine	1	1	Vanilla Flavouring	1	1
Lemon Flavouring	1	1			

## Laboratory Arrangements.

The nearest Public Health Laboratories are at Aberystwyth, Hereford and Shrewsbury. These are administered by the Medical Research Council on behalf of the Ministry of Health. The County Analyst, Mr. H. J. Evans, of Carmarthen, undertakes laboratory investigations of a non-bacteriological nature for the Local Health Authority.

## 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. No new applications for registration were received. These Nursing Homes contain 21 beds for maternity and other cases and 6 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	Previously referred back to Colwyn; scheme now approved in principle.
Colwyn R.D.	Aberedw Water supply (village and farms)	£6,405	Approved.
Rhayader R.D.	Bwlchysarnau Sewerage scheme	£2,928	Approved in principle.

TABLE I.  
Causes of Death in Administrative Areas in the County of  
Radnor for 1951.

Causes of Death	Urban Districts				Rural Districts						County.								
	Knighton.		Llandri'dod 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			
Tuberculosis of respiratory system	1								1		1	1	1				4	1	5
Tuberculosis, other			1														1		1
Whooping Cough											1						1		1
Measles ...			1														1		1
Other infective and parasitic diseases					1	1					1			1			3	1	4
Malig'nt neoplasm stomach ...		1	1	1			1				1			3			4	4	8
lung, bronchus	1		1										1			2			2
breast ...				2	1				1				1	1				6	6
uterus ...									1									1	1
Other malignant & lymphatic neoplasm	1	2	2				1	1	1	1	1	2	1	5	3	11	10	21	
Leukæmia, aleukæmia ...	1													1			2		2
Diabetes ...				1			1	1	1						1		1	4	5
Vascular lesions of nervous system	1	5	1	1	4	4			3	3	2	2	1	3	4	5	16	23	39
Coronary disease angina ...	3	2	4	2		1	2		2	1	1		1	5	2	15	11	26	
Other heart disease			4	4			2	5	1	1	8	2	1	13	11	22	30	52	
Other circulatory disease ...					1								1	2	1		2	3	5
Influenza ...	1				2	1			1	1	1	1		2			6	4	10
Brought forward...	9	10	15	11	6	9	6	8	7	11	8	16	5	9	35	24	91	98	189

TABLE 1.—contd.  
Causes of Death in Administrative Areas in the County of  
Radnor for 1951.

Causes of Death	Urban Districts				Rural Districts					County.									
	Knighton.		Llandri'dod 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					
Carried forward ...	9	10	15	11	6	9	6	8	7	11	8	16	5	9	35	24	91	98	189
Bronchitis ...	1		1	1			3			2		1		2	1		8	4	12
Pneumonia ...	3	1		1			1				1	2		2			5	6	11
Other diseases of respiratory system			1															1	1
Ulcer of stomach and duodenum														1				1	1
Gastritis, enteritis and diarrhoea						1						1			1		1	2	3
Nephritis and Nephrosis			1	3						2							3	3	6
Hyperplasia of prostate						1									1		2		2
Congenital malformations	3										2	1	1	1	1		7	2	9
Other defined and ill-defined diseases	2		2	5			1	5	3		6	1	3	2	6		12	24	36
Motor Vehicle accidents	1							2							1		4		4
All other accidents			2															2	2
Suicide ...				2													2		2
All causes ...	19	15	23	19	7	9	10	9	14	18	11	25	9	16	42	32	135	143	278

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1951.

Aggregate of Urban Districts.

Causes of Death.	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	1																	1	
Tuberculosis, other	1				1														
Measles	1						1												
Other infective and parasitic diseases	1	1											1	1					
Malignant neoplasm, stomach	1	2										1	1			1			
"    "    lungs bronchus	2											2							
"    "    breast		3										1				1			
Other malignant and lymphatic neoplasms	3	2									1				1	1	1	1	
Leukæmia, aleukaemia	1														1				
Diabetes ...		1														1			
Vascular lesions, nervous system	6	10											2	2	1	3	3	3	5
Coronary disease, angina	7	5											1	1	2		4	4	
Other Heart disease	4	4											1				3	4	
Other Circulatory Diseases	1														1				
Influenza ...	1	2											1			2			
Pneumonia	3	2													1	1	2		
Bronchitis ...	2	1											1		1				
Other diseases of Respiratory system				1												1			
Ulcer of stomach and duodenum																1			
Gastritis, Enteritis & Diarrhoea		1																	
Nephritis and Nephrosis	3	1											2					1	
Hyperplasia of prostate	1																	1	
Congenital malformations	3		3																
Other defined and ill-defined diseases	4	5			1								1	2		1	2		
Motor vehicle accidents	1								1										
All other accidents ...		2																	
Suicide	2											1	1						
All Causes	49	43	3		2		1		1		2	2	14	7	8	12	18	2	

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1951.

Aggregate of Rural Districts.

Causes of Death.	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									1	2					1	
Whooping Cough	1		1															
Other infective and parasitic diseases	2							1				1						
Malignant neoplasm, stomach	3	2								1		1	1	1				1
"    "    breast		3											3					
"    "    uterus		1											1					
Other malignant and lymphatic neoplasms	8	8									1	2	2	3	5	3		
Leukæmia, aleukaemia	1														1			
Diabetes	1	3			1											2	1	
Vascular lesions, nervous system	10	13											2	2	4	3	4	8
Coronary disease, angina	8	6											2	1	3	2	3	3
Other Heart disease	18	26							1			3		4	6	11	19	
Other Circulatory Diseases	1	3											1		2	1		
Influenza	5	2									1	2		3				1
Pneumonia	2	4	1										1	1				3
Bronchitis	6	3	1								1	2		1	1	2		1
Ulcer of stomach and duodenum		1										1						
Gastritis, Enteritis & Diarrhoea	1	1															1	1
Nephritis and Nephrosis		2													1			1
Hyperplasia of prostate	1																1	
Congenital malformations	4	2	4	1										1				
Other defined and ill-defined diseases	8	19	1	2			1				1		3	1	4	6	8	
Motor vehicle accidents	3							1		1		1						
All Causes	86	100	8	3	1		1	2	1	2	6	18	16	22	26	34	46	

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

Districts.	Acute Pneumonia.	Scarlet Fever.	Chicken Pox.	Measles.	Whooping Cough	Food Poisoning
Urban Districts :						
Knighton -		1	6	3		
Llandrindod Wells -			3	37	6	
Presteigne -	2					1
Total Urban -	2	1	9	40	6	1
Rural Districts :						
Colwyn -				23	2	
Knighton -	5	5		23	16	
New Radnor -		2		20		
Paincastle -						
Rhayader -	14			189	6	
Total Rural -	19	7		255	24	
Total County -	21	8	9	295	30	1



TABLE IV.

Area.	Live Births.			Still Births	
	No.	Birth Rates		No.	Rates per 1000 total births.
		1951	1951		
Urban Districts:					
Knighton	23	12·3	16·5	—	—
Llandrindod Wells	47	14·6	14·9	—	—
Presteigne	27	21·5	17·4	—	—
Rural Districts:					
Colwyn	19	11·0	14·2	1	52·6
Knighton	46	14·2	17·2	—	—
New Radnor	43	19·1	14·5	—	—
Painscastle	30	16·0	16·7	—	—
Rhayader	59	12·9	16·0	4	67·8
Urban Districts:	97	15·3	15·8	—	—
Rural Districts:	197	14·4	16·0	5	25·4
County:	294	14·7	15·9	5	17·0

TABLE V.

Area.	No. of Deaths	Crude Death Rates	
		1951	1946-50
Urban Districts:			
Knighton	34	18·2	15·2
Lland'dod Wells	42	13·1	12·6
Presteigne	16	12·7	14·9
Rural Districts:			
Colwyn	19	11·0	11·5
Knighton	32	9·9	10·3
New Radnor	36	16·0	10·3
Painscastle	25	13·3	10·8
Rhayader	74	16·2	12·8
Urban Districts:	92	14·5	13·8
Rural Districts:	186	13·6	11·3
County :	278	13·9	12·1

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