

[Report 1952] / Medical Officer of Health, Radnorshire County Council.

Contributors

Radnorshire (Wales). County Council.

Publication/Creation

1952

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Radnorshire County Council.



Annual Report

of the

Medical Officer of Health

for

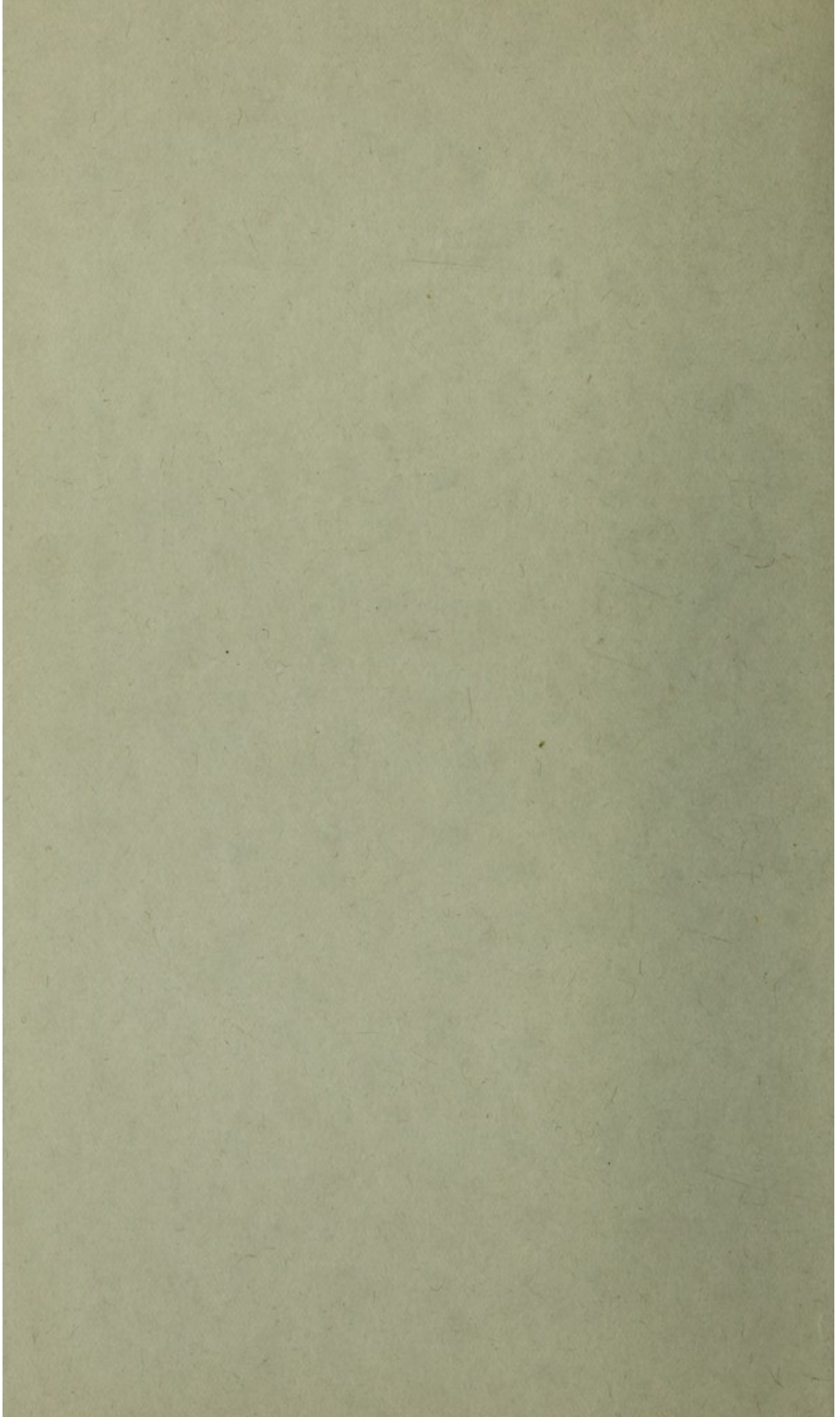
1952.



F. J. H. CRAWFORD,

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

Barrister-at-Law.



Radnorshire County Council.



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Radnorshire County Council.

(As on 31st December, 1952).



HEALTH COMMITTEE.

Chairman: ALDERMAN T. P. DAVIES.

Aldermen Mrs. Gibson-Watt, W. H. Evans, J. Prothero and Capt. Harri Williams; Councillors S. W. Brisbane, W. G. Bufton, F. G. J. Dalton, W. H. Edwards, W. Evans, R. J. Griffiths, R. P. L. Hughes, V. T. Jones, R. T. Knill, E. T. Kinsey Morgan, E. J. Newman, T. O. Nicholls, Brigadier Sir C. M. D. Venables-Llewelyn, Bart., E. Vaughan, J. H. West; and Dr. M. Dilys Owen, Mrs. F. J. Edwards, Mrs. M. P. Price, Mrs. E. P. Rogers, Mrs. M. Chrimes, the Lady Delia Venables-Llewelyn and Mr. W. J. Beavan.

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 :	P. G. H. Griffith, L.D.S.
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.
County Analyst : (part-time)	Herbert J. Evans, B.Sc., F.R.I.C.
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.Hodges G. E. H. Steventon, Frances M. Allen (resigned 31/12/52) and E. Hentria Price (appointed 1/12/52).

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	*Edith M. Edwards (left 30/9/52)	S.R.N., S.C.M., Q.N.S.
	Dorothy M. Cadwallader (appointed temp. 1/10/52)	S.R.N., S.C.M.
	*Enid M. Price	S.R.N., S.C.M.
Llangunllo	*Hilda M. Bayley	S.C.M.
Beguildy	*Ruth N. Jones	S.R.N., S.C.M.
Boughrood	*Margaret K. Chaplin	S.R.N., S.C.M., H.V. Cert., R.S.I., Q.N.S.
Clyro	*Susannah S. Bowen	S.R.N., S.C.M., H.V. Cert., R.S.I., Q.N.S.
Paincastle	*Sarah A. Davies	S.C.M.
Cwmbach Hundred House	*Mary A. Price	S.C.M.
	*Edwina M. Worts (left 30/6/52)	S.R.N., S.C.M.
	*Juan Stocker (appointed 1/10/52)	S.R.N., S.C.M., R.F.N.
Llanbister	*Margaret A. Evans (left 30/4/52)	S.R.N., S.C.M.
	*Gladys W. Ormerod (appointed 7/5 52)	S.R.N., S.C.M.
Llandewy	*Hannah Evans	S.C.M.
Llandrindod Wells	*Elizabeth J. Moseley	S.R.N., S.C.M., Q.N.S.
	*Winifred M. Hasler	S.R.N., S.C.M.
Newbridge-on- Wye	*Vera M. Hamer	S.R.N., S.C.M., H.V. Cert. R.S.I., Q.N.S.
New Radnor	*Margaret M. Miller	S.R.N., S.C.M., H.V. Cert. R.S.I., Q.N.S.
Presteigne	*Jean Morris	S.R.N., S.C.M., Q.N.S.
	*Alice Haynes	S.C.M.
Penybont	*Janet Thomas	S.R.N., S.C.M.
Rhayader	*Mary H. Williams	S.R.N., S.C.M., Q.N.S.
	Freda M. Lewis	S.R.N., T.A. Cert., Q.N.S.
Nantmel and Llanwrthwl	*Lydia C. Jones	S.C.M.
St. Harmon	*Sarah E. Davies	S.C.M.
Supply Nurse	*Doris 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. (Retired 31/5/1952). D. H. Banks, M.B.E., T.D., B.SC., A.M.I.C.E. (Appointed 1/6/1952).
County Architect and County Planning Officer	-	F. J. Edwards, L.R.I.B.A.
Welfare Officer	-	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.
(left 24/11/52).

H. C. Harley, M.A., B.M., B.Ch.,
20, Bridge Street, Knighton.
(appointed 25/11/52).

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.
Llandrindod Wells	R. J. Morris, M.R. SAN. INST., A.R.I.C.S., Town Hall, Llandrindod Wells.
Presteigne	T. Kenneth-Duncan, M.R. SAN. INST., M.S.I.A., 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., Wylcwm House, Knighton.
New Radnor	R. P. Morris, M.R. SAN. INST., Westfield, Kington (left 31/3/52). S. D. Crowle, M.S.I.A., 2, Mill St., Kington (appointed 2/4/52).
Paincastle	Garfield G. Evans, M.R. SAN. INST., M.S.I.A., Council Offices, Hay.
Rhayader	G. H. Roberts, M.R. SAN. INST., M.S.I.A., Council Offices, Rhayader.

To the Chairman and Members of the Health Committee.

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 1952.

As I have previously emphasised, it is unwise to draw conclusions from vital statistics in such a small population, but it is gratifying to see that our Infant Mortality Rate has fallen from the high figure at which it stood last year.

Although our mortality rate from tuberculosis has fallen, the mortality rate from this disease in the whole of England and Wales has fallen still further and is for 1952 below that for this County.

Our nursing services continue to operate with efficiency and it is noteworthy that we employ the highest proportion of Queen's Nurses of any county in Wales.

This report includes a survey of the health services provided under the National Health Service Act, 1946, in the precise form required by the Welsh Board of Health. As a result, a number of repetitions in the text have been unavoidable.

I acknowledge with pleasure the help given to me in my work by my staff and by the Officers and Nurses of the Radnorshire County Nursing Association. I am also grateful for the support and encouragement of the Chairman and members of the Health Committee.

I am,

Your obedient Servant,

FRANK J. H. CRAWFORD,

County Medical Officer.

General Statistics.

Area	301,165 acres.
Population (Registrar General's Estimate) ...	19,720

Particulars are as follows:—

Urban Districts :

Knighton ...	1,842	
Llandrindod Wells	3,286	
Presteigne ...	1,262	
	6,390	

Rural Districts :

Colwyn ...	1,629	
Knighton ...	3,187	
New Radnor ...	2,253	
Painscastle ...	1,820	
Rhayader ...	4,441	
	13,330	

Total County 19,720

Rateable Value	£197,027
Product of a Penny Rate	£805

Live Births :	M	F	Total
Legitimate	143	128	271
Illegitimate	8	2	10
Total Live Births	151	130	281

	Radnor.	E. & W.	
Birth Rate per 1,000 of population ...	14·2	15·3	

Still Births :	M	F	Total
Legitimate	5	—	5
Illegitimate	—	—	—
Total Still Births	5	—	5

Deaths :	Radnor.	E. & W.	
Death Rate per 1,000 of population ...	12·8	11·3	

Number of Deaths at different Periods of Life :

Age Group	Male	Female	Total
0—1 ...	8	1	9
1—5 ...	1	—	1
5—15 ...	2	—	2
15—25 ...	6	—	6
25—45 ...	4	4	8
45—65 ...	25	21	46
65—75 ...	33	29	62
75+ ...	60	58	118
Total Deaths (all ages)	139	113	252

Infant Mortality.

The number of deaths of infants under 1 year of age in the County during 1952 was 9, compared with 14 for 1951; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 32.0 compared with 47.6 in 1951. No deaths occurred in the Urban Districts and 9 (8 males, 1 female) in the Rural Districts. All the deaths occurred during the neo-natal period, *i.e.* in the first month of life.

Area.	No. of Deaths under 1 year 1952.	Rates per 1,000 births.	
		1952	1948-52
Urban Districts :			
Knighton ...	—	—	42
Llandrindod Wells ...	—	—	29
Presteigne ...	—	—	—
Rural Districts :			
Colwyn	—	—	82
Knighton ...	1	29	53
New Radnor ...	3	100	51
Painscastle ...	—	—	24
Rhayader ...	5	71	60
Urban Districts ...	—	—	26
Rural Districts ...	9	48	53
Administrative County ...	9	32	44

	Radnor	E. & W.
Death Rate of Infants under 1 year :		
All infants per 1,000 live births	... 32·0	27·6
Legitimate infants per 1,000 legitimate live births	... .. 33·2	
Illegitimate infants per 1,000 illegitimate live births —	

Administration.

All the health services provided by the County Council, except for the School Health Service which comes under the control of the Education Committee, are administered by the Health Committee, which consists of 18 members of the County Council with 6 co-opted members including one General Medical Practitioner. 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 Ambulance Transport Sub-Committee is composed of members of the Health Committee with representatives of the British Red Cross Society, Order of St. John, Welsh Home Service Ambulance Committee, Welsh Regional Hospital Board, and one representative from each of the ambulance stations in the county. This 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 consists of the same Aldermen and Councillors as compose the Health Committee together with 6 co-opted members, and 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 Services Sub-Committee is composed of the members of the County Council who serve on the Health Committee, with two co-opted members.

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 of Health, who is the only whole-time Medical Officer employed by this Authority, has no full-time Assistant, but a woman doctor in general practice, who has the D.P.H. qualification, and was during the last war Acting Medical Officer of Health, is his part-time Deputy and undertakes relief and holiday duty.

Within the Health Department in County Hall, the Superintendent Nursing Officer undertakes the administration of the nursing services and the service of Home Helps. It is interesting to note that this officer is a member of the General Nursing Council for England and Wales.

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

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

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 Local Health Authority.

Our Adviser in Mental Health, and Psychiatrist, is part-time, and he is assisted 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.

In view of our small population there has been no decentralization of control.

Joint arrangements have been made with neighbouring Local Health Authorities in the Ambulance, Midwifery and Home Nursing Services.

By long standing arrangement with the Salop County Council, cases of Venereal Disease from the northern part of the County have been seen at the Shrewsbury Clinic, and by similar arrangements with the Hereford County Council, cases from the southern part of the county are seen at the Hereford Clinic.

Co-ordination and Co-operation with other parts of the National Health Service.

There are no special arrangements for securing co-ordination between the services provided by the Local Health Authority and the other branches of the National Health Service.

The County Medical Officer of Health is not a member of the Hospital Management Committee, but the Superintendent Nursing Officer is a member of this body. The Chairman of the County Health Committee is a member of the Regional Hospital Board and of the Brecon and Radnor Hospital

Management Committee and the Welsh Border Hospital Management Committee, and two other members of the Authority are members of the Brecon and Radnor Hospital Management Committee and four are members of the Welsh Border Hospital Management Committee.

None of the nurses employed in the Local Health Service undertake the care of patients under treatment in Hospitals in the area except in the Knighton Hospital where the local District Nurse/Midwives undertake the nursing of all confinement cases admitted to the Hospital.

On the discharge of many patients from Hospitals to homes in the county a discharge report is sent by the Hospital to the County Health Department and this is at once passed on by telephone, with confirmation by letter, to the District Nurse concerned, so that she can provide the necessary after-care. Most of these reports, however, are received either on the day of the patient's discharge or frequently several days later, and their value is thus to that extent reduced. No records are as a rule received of admissions to Hospitals except for maternity cases admitted to the Llandrindod Wells Hospital where a form of report prepared in the County Health Department, and in use before the Appointed Day, continues to be used and is valuable. Similarly discharge reports of maternity cases from this Hospital and reports of the admission and discharge of school children, under arrangements made before the Appointed Day, continue to be received.

In the Ambulance Service the Llandrindod Wells Hospital co-operates by providing a driver who undertakes most of the calls to this station, and who is otherwise employed as a porter. The Hospital Secretary and other members of the staff receive calls for ambulances from all parts of the county and route these messages to the appropriate ambulance stations. For this service payment is made by the Local Health Authority to the Hospital Management Committee.

The Liaison Committee of Medical Officers of Health called from time to time by the Regional Hospital Board has been found to be of great value although it is unfortunate that hitherto

these meetings have more often than not been held on days which clash with meetings of the County Council or Health Committee.

A closer liaison between the Hospital and Local Health Authority's service would be desirable, and this would be helped if the Regional Hospital Board would invite the County Medical Officer to attend meetings of the Brecon and Radnor Hospital Management Committee and its Sub-Committees.

The County Medical Officer is a member of the Radnorshire Executive Council, and a General Practitioner is a member of the Health Committee of the Authority.

Our District Nurse/Midwives are of course actively co-operating with General Medical Practitioners in the care of patients in their own homes.

When the National Health Service came into operation the County Medical Officer of Health visited all Medical Practitioners in the county and explained the effect of the Act, and the service which would be provided under it, and he visits all Practitioners who are District Medical Officers of Health each year. He also from time to time visits other Medical Practitioners serving in the county. In this way he is able to explain the facilities available, and to hear from practitioners complaints about the service provided, and suggestions as to its improvement.

In 1949 a small booklet was issued giving an outline of the services available and 2,500 copies of this were distributed in the county to practitioners and to the general public through many organisations, both official and voluntary. Steps are in hand to prepare and publish a more elaborate guide to be illustrated with photographs, and this also will be widely distributed.

On the whole co-ordination between the General Practitioner service and the Local Health Authority service is good.

JOINT USE OF STAFF.

General Medical Practitioners are employed by the Authority on a sessional basis to undertake work at the six Child Welfare Centres and also to give Dental anaesthetics when required.

The County Medical Officer does not undertake any work on behalf of the Regional Hospital Board.

Consultants employed by Regional Hospital Boards man the Psychiatric and Orthopaedic Clinics. Thus the Medical Superintendent of the Mid-Wales Hospital holds a weekly Psychiatric Clinic, and an Orthopaedic Surgeon from Hereford holds a three monthly Orthopaedic Clinic, both these clinics being held in County Hall, Llandrindod Wells. In addition Orthopaedic After-Care Clinics staffed by a sister from the Robert Jones & Agnes Hunt Orthopaedic Hospital are held in County Hall, Llandrindod Wells twice monthly. The Tuberculosis Physician for the area undertakes B.C.G. Vaccination for the Authority.

VOLUNTARY ORGANISATIONS.

There is a long tradition of voluntary effort in the county and the Local Health Authority when possible makes use of voluntary organisations to undertake services. Thus, all the nursing services, that is midwifery, health visiting and home nursing are provided on behalf of the Authority on an agency basis by the Radnorshire County Nursing Association. The Ambulance Service is provided through the Welsh Home Service Ambulance Committee representing the British Red Cross Society and the Order of St. John, and two Ambulance Stations in the county are served entirely by members of the St. John Ambulance Brigade. Help is given in the care of unmarried mothers and their children by the Swansea and Brecon Diocesan Moral Welfare Association. Voluntary Committees continue to do much useful work in the Child Welfare Centres. Under the National Assistance Act, the care of the blind is to a large extent dealt with through the Birmingham Royal Institution for the Blind, and the Radnor Association for the Blind also plays a part. Annual grants are made to all these bodies except the Radnor Association for the Blind, which is entirely supported by voluntary contributions.

In health propaganda the Authority makes use of literature published by the Central Council for Health Education, and this body also receives an annual grant for the County Council.

Care of Expectant and Nursing Mothers and Children under School Age.

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 as the largest town in the county has a population of only 3,200, it has not been possible to provide clinics as in more populous areas. In fact our health services generally are based mainly on the District Nurse and the Family Doctor.

EXPECTANT AND NURSING MOTHERS.

No Ante-natal or Post-natal clinics are provided by the County Council. The District Nurse/Midwives attend as a rule at General Practitioners' surgeries when expectant mothers are being examined and take them there in cars from rural areas.

Unmarried mothers are visited by the Moral Welfare Worker of the Diocesan Moral Welfare Association and any assistance required including residential care is provided through the Moral Welfare Association and the County Health Department.

There are no arrangements in the area for mothercraft training.

Sterilized Maternity Outfits are provided through the County Health Department and through the nursing service to all mothers to be confined at home.

CHILD WELFARE.

Child Welfare Centres are held in the county as follows :

Place.	Time.	Medical Officer.
Knighton, Church Hall	First Tuesday in month, 2.30 p.m.	Dr. J. G. Garman
Llandrindod Wells, County Hall	Tuesdays at 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, and Dr. P. Shankey

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	12	48	12	12	9	12	105
Doctor present	12	46	12	12	9	12	103
Average No. of Voluntary Helpers	3	3	3	3	5	5	—
Infants under 1 year	279	831	165	55	84	201	1615
1 - 5 years	235	401	158	77	156	130	1157
TOTAL	514	1232	323	132	240	331	2772

Except at Llandrindod Wells these clinics are small. At New Radnor and at Newbridge-on-Wye, the population might be considered much too small to permit the holding of such clinics. Nevertheless, there is in both these places a considerable local interest in this work, and, although comparatively few children are seen, much good is done.

There are no child welfare clinics held by General Practitioners in their own premises.

The Regional Hospital Board has now established a Paediatric Clinic to be held twice monthly at the Llandrindod Wells Hospital.

CARE OF PREMATURE INFANTS.

Equipment including Cots, Blankets, Hot Water Bottles with covers, cotton wool and other equipment is available and provided where necessary. A layette is also provided in necessitous cases. Masks are given to mothers of premature infants and advice is given on how to use them. Where possible it is advised that premature babies should be cared for in separate rooms. In

some cases premature babies are admitted to the Llandrindod Wells Hospital, where an electrically heated cot, provided by the County Council, is kept for use in such cases.

During the year five premature babies were born at home and 12 in hospital. Of the 5 born at home, all 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, 3 died ; 2 in the first 24 hours and 1 on the second day after birth.

No. of premature babies who died who were born

(a) in Hospital	...	...	...	...	3
(b) at Home	...	...	...	...	—
No. died in Hospital	...	...	...	...	3
No. died at Home	...	...	...	...	—

UNMARRIED MOTHERS AND THEIR CHILDREN.

The normal maternity and child welfare services are, of course, available for unmarried mothers and their children, but in addition special help is often required, and this is provided through the Swansea and Brecon Diocesan Moral Welfare Association. Mrs. Gravestock, the Moral Welfare Worker of this Association, visits unmarried mothers in the county, and helps as necessary. For example, she arranges admission to hospitals and homes for the confinement, and helps to straighten out legal difficulties, such as the obtaining of affiliation orders, etc. Mrs. Gravestock has done this work in a very sympathetic and tactful way and her visits are generally welcomed by the girls concerned.

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	...	4
Admitted to Hostels (stayed 10 days only)	...	1
Babies adopted	... ..	1
Babies at home with mothers	...	1
Babies at home pending adoption	...	2

There are also 4 who have their babies at home with them and are caring for the children splendidly. These have been visited at intervals although not included in the above figures as the children are all over a year old."

SUPPLY OF DRIED MILK, Etc.

Cod Liver Oil and Orange Juice, National Dried Milk and other dried foods, including cereals, are stocked at Infant Welfare Centres. In addition the District Nurses take cod liver oil and orange juice to mothers in the more rural areas who cannot attend Infant Welfare Centres or go to Food Offices.

The last statistics received from the Ministry of Food showing Radnorshire as a separate area gave the following percentages of "take up":-

	Orange Juice	Cod Liver Oil	A & D Tablets
Knighton ...	24.5	28.0	40.0
Llandrindod Wells	49.6	50.0	75.0
Presteigne ...	37.9	42.1	100.0
Rhayader ...	26.0	25.0	50.0
Whole County ...	31.9	33.6	57.9
Wales ...	24.9	27.8	30.6

The "take up" of Welfare Foods is therefore good.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

The School Dental Officer is available for the dental care of expectant and nursing mothers and young children, and he has a well equipped dental clinic, comprising a surgery and waiting and recovery rooms, in County Hall, Llandrindod Wells.

Expectant and nursing mothers needing dentures are provided with these, the dentures being made in a commercial Dental Laboratory. Repair of dentures for such patients can be arranged when necessary.

In spite of propaganda undertaken through the District Nurses the number of patients taking advantage of this scheme

is most disappointing. To improve the arrangements the Authority has agreed to the provision of a Mobile Dental Unit and this by bringing a fully equipped Dental Surgery to the remote hamlets of this county, will, it is hoped, enable the School Dental Officer to deal with more of these cases in the future.

Mr. P. G. H. Griffith, the School Dental Officer reports as follows:—

“ EXPECTANT AND NURSING MOTHERS.

It is important that these patients be seen as early as possible, so that at least as a minimum, the removal of sources of infection may be insured.

In a scattered area such as Radnorshire it is rather difficult for the dental officer to make contact with individual cases.

I endeavour to overcome this by talks to the parents at schools which should eventually show results.

PRE-SCHOOL AGE CHILDREN.

The pre-school child should be inspected as early as possible. Psychologically it is important that a child's early visits to a dentist should not be associated with pain or discomfort. Unfortunately his first visit is too often associated with tooth-ache, and extractions are required which could have been avoided by earlier attention.

The co-operation of the nurses is vital to the success of this scheme, and they can do much to stimulate the interest of both parents and children in dental matters.

It should be remembered however that a heightened interest in dental treatment may be nullified by the time occupied, and difficulties of transport to the treatment centre.”

(a) Numbers provided with dental care :

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	10	10	10	10
Children under five ...	8	8	8	8

(b) Forms of dental treatment provided :

	Anaesthetics							Dentures provided		
	Extractions	Local	General	Fillings	Scalings or Scalings and gum treatment	Silver Nitrate treatment	Dressings	Radiograph	Complete	partial
Expectant and Nursing Mothers	5	5	—	6	10	—	1	—	2	—
Children under five	3	3	—	—	—	17	—	—	—	—

Domiciliary Midwifery.

Domiciliary Midwifery, like other nursing services, is undertaken on behalf of the Local Health Authority by the Radnorshire County Nursing Association which is affiliated to the Queen's Institute of District Nursing. 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 fifty-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 112 were midwifery cases, that is, cases where the confinement was supervised by a midwife.

Of the 23 nurses employed including one Relief Nurse, 11 now reside in Local Authority houses, which in every case have been specially equipped with a "District Room." Garages have been provided adjoining, for nine of these nurses. Two nurses live in other houses provided by the County Nursing Association and one nurse lives in her own house. It is an asset when appointing new nurses to be able to offer them residential accommodation. Moreover, the fact that every nurse in the county, if she does not own a car, is provided with one, and that every nurse has a telephone, is a great inducement to remain in these somewhat lonely districts, especially now when there is such a shortage of nursing staff throughout the country.

The Superintendent Nursing Officer, who is Non-Medical Supervisor of Midwives, pays frequent visits to the Llandrindod Wells Hospital, and midwifery records are inspected once a quarter. These visits are frequently made without warning. The one Nursing Home in the county which undertakes maternity work is visited each quarter by the Inspector of Midwives and equipment and records are carefully inspected.

Routine inspections of domiciliary midwives including one midwife in independent practice, are carried out frequently and their cases visited with them from time to time.

At the end of the year, with the exception of one new appointment all the midwives employed by the County Nursing Association held certificates of competence to administer analgesia. All these nurses are provided with efficient analgesic machines of the Minnitt and Queen Charlotte Hospital types to administer nitrous oxide, and these are serviced four times yearly by an engineer of the British Oxygen Company to ensure that they are efficient. A stock of cylinders of nitrous oxide is kept in the County Health Department and issued to the nurses as required.

Of the patients whose confinements were supervised by midwives 103 (92%) 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 analgesia apparatus has to be carried over fields. The midwives also carry supplies of pethidine which they administer as required.

Expectant mothers referred to the midwives are visited monthly, but during the last six weeks of pregnancy every mother is seen weekly. At each visit the urine is examined and blood pressures taken and abnormal symptoms are noted and reported to the doctor concerned. In most cases the midwives convey expectant mothers in their own cars to the first Ante-Natal examination by their family doctor. The prescribed Ante-Natal record form is shown to the Doctor, on which he can make his remarks, and a certificate is attached to enable him to certify that the patient is fit to receive gas and air analgesia.

As indicated in the last paragraph there is good co-operation between the midwives and General Medical Practitioners.

During the year 99 confinement cases were admitted to the Llandrindod Wells Hospital on social grounds. Such admissions are made on the recommendation of the patient's doctor and in many cases the Local Health Authority is given no opportunity of advising as to whether hospital confinement is necessary on the grounds of unsuitable home conditions. Indeed many of these mothers live in homes where conditions are very good, whereas other patients, especially those living in inaccessible farmsteads, where emergency help would be more difficult to give, and who should be in Hospital, have their babies at home.

When a midwife is appointed who does not hold a certificate of competence to administer gas and air analgesia she is sent on a course to qualify her for this purpose, and the Hospitals so used are those which have been approved for the post-graduate training of Midwives. In the future it is the intention of the Authority to send midwives on refresher courses each year. Courses in the first instance will be for the older midwives.

Nurses have also been sent from time to time on short courses arranged by the Royal College of Midwives.

We have no facilities for training Pupil Midwives.

No midwifery in Radnorshire is undertaken by midwives employed by any outside body, but nurses employed by the Radnorshire County Nursing Association undertake midwifery by arrangements with the County Councils concerned in the Salop parishes of Stowe, Bettws-y-Crwyn, Llanfairwaterdine, and that part of Knighton within the county of Shropshire; in Combe, Rodd, Nash and Little Brampton, Stapleton, Knill, Kinsham, Byton, Corton, Willey, Lingen and Lower Harpton in the county of Herefordshire, and in Llanwrthwl, Llysdinam and Llanfihangel Bryn Pabuan in the county of Breconshire.

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, in addition to the Superintendent Nursing Officer, possess the Health Visitor's Certificate of the Royal Sanitary Institute.

The duties involved in "Health Visiting" are now much more comprehensive than before the coming into operation of the National Health Service Act. Under Section 24 of this Act, Health Visitors are required to give advice as to the care of young children, persons suffering from illness and expectant and nursing mothers, and as to the measures necessary to prevent the spread of infection. These duties are happily combined with those of the other branches of nursing undertaken by the District Nurse, who becomes the family adviser in health.

All children under one year of age are visited once monthly and from one to five years of age four times yearly. Visits are made more often if a child is premature or weakly or for some other reason needs more supervision. Health visiting cards are submitted at the end of each month to the Superintendent Nursing Officer who scrutinises the entries and takes action as appropriate.

Expectant mothers are visited by the nurse in her capacity as midwife and nursing mothers are seen when their homes are visited in the course of Health Visiting of children.

As the Health Visitors are the District Nurses they naturally come across all cases of illness requiring nursing care, and they are immediately informed by telephone with confirmation by letter, of persons who have been discharged from Hospital and who require following up.

All notifications of infectious disease received in the County Health Department are passed at once by telephone to the nurse of the area concerned and she visits and advises as to the treatment and the measures necessary to prevent the spread of infection. Visits to infectious disease cases must be restricted according to the rules of the Central Midwives Board when the nurse concerned is undertaking midwifery. In such cases another nurse who is not doing midwifery visits the family.

The nurses also undertake propaganda work in regard to Vaccination, and Immunisation against Diphtheria, and where

they have been unable to arrange for the family doctor to undertake inoculation against whooping cough they have been given permission to give the necessary injections to protect against this disease.

Health Visitors also see all blind persons in the county each month, and pay quarterly visits to mental defectives. They visit notified cases of Tuberculosis four times yearly or more often if required.

A Bursary of £300 is offered to suitable nurses employed by the County Nursing Association who wish to take the Health Visitors Certificate. As this training cannot be undertaken in Radnorshire, nurses have been sent to Bolton and Brighton for this purpose under arrangements made by the Queen's Institute of District Nursing. Since the inception of this scheme, four nurses have been trained for and have obtained their Health Visitor's Certificate. Another nurse is at present taking the Health Visitor's Course in Brighton. The ultimate objective is that all nurses employed by the Radnorshire County Nursing Association will take this training.

Co-operation with General Medical Practitioners is good. This naturally follows from the fact that the Health Visitors also undertake general nursing and midwifery.

There are no special arrangements for co-operation between Health Visitors and the Hospitals.

Home Nursing.

The responsibility of the Local Health Authority to provide a home nursing service is fulfilled through the County Nursing Association.

Co-operation with General Practitioners is good.

There are no special arrangements for liaison with hospitals, but nurses are at once informed by telephone of any discharge reports from Hospitals so that they can give nursing care as necessary.

The nursing of general medical cases forms a large part of the home nursing work. Cerebral and heart cases are in the majority. Chronic nursing appears to take about one-third of

the nurses' time. These cases often necessitate long and heavy nursing visits. A large number of injections are now given. The people in the rural areas are very dependent upon the nurses, who undertake far more " emergencies " than nurses in towns, as the Doctors usually live at a distance from the patient's home.

No special arrangements are made for night nursing, but at the discretion of the Superintendent Nursing Officer, nurses remain all night or part of the night with cases of serious illness.

One nurse was sent for district training in 1952 under the auspices of the Queen's Institute of District Nursing. All expenses incurred were paid by the County Nursing Association.

As a general commentary on the nursing service it can be claimed that this area is very well covered by nursing staff as on an average one nurse is employed for each 870 persons in the county. No doubt to those who are unfamiliar with this area this number of nurses may seem excessive, but those who know the geographical difficulties of this county realise that no more nurses are employed than are sufficient. Many visits necessitate travelling considerable distances on foot, and the number of visits which can be made in the course of a day is, therefore, much reduced compared with an urban area. The low density of population is one strong argument in favour of combined work being done by the nurses. Indeed it can confidently be said that were Health Visiting, Midwifery and Home Nursing separated, the number of nursing staff required would be greater, and the expenses involved in travelling would also be higher.

By arrangement with the County Councils of Salop, Hereford and Brecon, Home Nursing is undertaken by nurses employed by the Radnorshire County Nursing Association in the same parishes of their counties as are served for midwifery.

The total number of nursing visits for the year was 26,423 compared with 32,584 for 1951.

The following are further statistics showing the various work of the Radnorshire County Nursing Association during the year :

(a) Supervision of Midwives by the Superintendent Nursing Officer :—

Regular Inspections of Midwives	...	75
Special Visits to nurses	... ..	32
Other visits	... ..	57
Visits to Nursing Homes	... ..	13
Visits to Hospitals	... ..	36

(b) Work of the Nursing Staff :

(1) Midwifery :

First visits to expectant mothers	...	273
Re-visits to expectant mothers	...	1600
Maternity and midwifery visits	...	2579
Confinements attended by midwives at home		157
Confinement cases admitted to Hospitals		120

(2) Child Welfare :

Attendances at Welfare Centres	...	216
First visits to infants under one year	...	251
Re-visits to infants under one year	...	2497
First visits to children 1—5 years	...	110
Re-visits to children 1—5 years	...	5069

(3) Health visits to Tubercular patients ... 629

(4) General Nursing :

Medical and Surgical visits	...	26,423
Health visiting and casual nursing visits		5,114

Vaccination and Immunisation.

VACCINATION AGAINST SMALLPOX.

The nurses constantly endeavour to persuade mothers to have their children vaccinated against Smallpox. It is emphasized that this protection is even more necessary at the present time than it was in former years, owing to the speed of travel, especially by aircraft, between this country and those parts of the world, such as India, where smallpox is endemic. Leaflets advising vaccination are distributed where necessary through the nurses.

The percentages of children vaccinated during the years 1948—1952 are as follows :—

Year	Percentage vaccinated.
1948	42·0
1949	44·0
1950	26·2
1951	55·4
1952	40·8

IMMUNISATION AGAINST DIPHTHERIA.

Constant propaganda is also undertaken in favour of Diphtheria Immunisation. Every child in the county on attaining his first birthday, if not known to be immunised, is sent a birthday greetings card and consent form advocating this protection. The nurses also constantly remind parents of the advisability of immunisation. Primary immunisation is recommended to be given at the age of 8 months.

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	205
200	5	

The number of children who were given a Secondary or Reinforcing Injection (*i.e.* subsequent to complete full course) was 15. This is disappointing and possibly due to a less intense propaganda in favour of this further protection. In the future greater efforts will be made to improve this figure.

PERCENTAGES OF CHILDREN IMMUNISED AGAINST DIPHTHERIA.

0-4	5-14	All Ages.
45.0	74.0	64.8 on 31/12/1952.
45.4	69.6	61.3 on 31/12/1951.

Primary Immunisation is carried out as a rule by General Medical Practitioners who are supplied free of charge with Diphtheria Prophylactic (A.P.T.) These injections are carried out in the Practitioners' surgeries and also in Welfare Centres. Some injections are also given by the County Medical Officer who fully immunised 15 children during the year.

INOCULATION AGAINST WHOOPING COUGH.

The following proposal for modification of our arrangements under Section 26 of the National Health Service Act was submitted to the Minister of Health on the 5th March, 1952 :—

“ The Local Authority will make such arrangements for immunisation against Whooping Cough as it may consider expedient having regard to the advice of the

Medical Officer of Health, who will be responsible for deciding the antigen(s) to be used and for keeping records towards assessing the value of this form of inoculation."

This scheme was approved by the Minister of Health in April 1952 and our arrangements modified accordingly.

At the end of the year the number of children who had been fully inoculated against Whooping Cough was 113. Records are kept in a form similar to those for Diphtheria Immunisation.

Children are advised by the nurses to be inoculated against Whooping Cough, beginning in the first six months of life, but parents are informed that the scheme is confined to children under five years of age.

The following are not inoculated against Whooping Cough, namely those who have a family history of convulsions, epilepsy or hydrocephalus, those convalescing from any virus infectious disease, and children who have been successfully vaccinated against smallpox within the previous four weeks. The antigen used is "Wellcome" Whooping Cough Vaccine (S.B.M.)

Ambulance Service.

This service is provided on an agency basis by the Welsh Home Service Ambulance Committee of the British Red Cross Society and Order of St. John. The Ambulance Transport Sub-Committee of the Health Committee makes to the Authority and the Welsh Home Service Ambulance Committee recommendations from time to time for the improvement of the service. The Chairman of this Sub-Committee is the Superintendent of the St. John Ambulance Brigade in Rhayader and Chairman of the St. John Council for Radnorshire

The County Medical Officer is in executive control of the service and an honorary ambulance officer is in charge of each of the ambulance sub-stations.

The Central Ambulance Station for the county, which is the operational headquarters, is the Llandrindod Wells Hospital.

One ambulance vehicle is stationed there. This is an Austin War Department Ambulance chassis converted for civilian use, with a Lomas body, and issued to this station in December, 1952. The 1941 Chevrolet ambulance originally presented to the county by the American Red Cross is the second line vehicle and is housed at a commercial garage in the town. The driver is a paid employee of the Hospital Management Committee who is otherwise employed as a porter. The relief driver is also employed as a hospital porter.

It was the original intention of the Authority to erect additional garage accommodation at the hospital to house the second ambulance and also to provide accommodation for the second ambulance driver. This project has temporarily been abandoned.

The Knighton Sub-Station is organised in a somewhat unusual manner. The vehicle is housed in a commercial garage, members of the staff of which undertake ambulance driving duties. Attempts in this town to inaugurate a division of the St. John Ambulance Brigade whose duties would include ambulance Transport have been unsuccessful. The Dodge ambulance at this sub-station was presented to the town in 1944 by the American Red Cross. At the end of the year the Authority asked the Welsh Home Service Ambulance Committee to replace this vehicle which was in many respects unsatisfactory and uncomfortable.

This sub-station was thereupon supplied with an Austin Ambulance with a Lomas body.

At Presteigne there is a small division of the St John Ambulance Brigade, using a 1936 Austin Ambulance, the property of the Authority, and formerly at Llandrindod Wells Hospital, and now somewhat inadequately housed in a commercial garage in Presteigne. Since the end of the year the Authority has decided to replace this vehicle and consideration will also have to be given to finding new garage accommodation.

In Rhayader there is an active division of the St. John Ambulance Brigade and the ambulance vehicle which is a War Department Austin with a Lomas body, issued to the county by the Welsh Home Service Ambulance Committee in 1946, is housed at the St. John Division Headquarters.

By the end of the year, therefore, three vehicles in the county had been supplied by the Welsh Home Service Ambulance Committee.

The cost to the County Council for the replacement of each of these vehicles is an annual payment of £100 to the Welsh Home Service Ambulance Committee replacement fund. In view of the high cost of ambulances at the present time this is an advantageous arrangement for the Authority.

Servicing of ambulances is undertaken every other month by a mechanic sent from Cardiff by the Welsh Home Service Ambulance Committee. Any major defects are dealt with by sending the vehicle to Cardiff and replacing it temporarily from the St. John central pool. Minor repairs are effected at local garages.

The total charge made to the Authority by the Welsh Home Service Ambulance Committee in respect of both ambulances and sitting case cars for the year 1952 was £4,625 15s 8d. This includes a charge for administration of £356 15s. 7d., a payment to the Hospital Management Committee of £128 19s 0d. in respect of a proportion of the driver's salary, administrator's time and telephone calls, and £163 for honoraria to volunteer personnel at the three sub-stations in the county. This figure also includes £25 3s. 9d. paid to the Breconshire County Council for the services of their ambulance stationed at Hay.

In the County Health Department it is estimated that half of one clerk's time is occupied in dealing with this service.

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 Hundred House. 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 parts of Bettws-y-Crwyn. The Rhayader ambulance carries out emergency journeys on behalf Breconshire in the parishes of Llanwrthwl, Llysdinam, and Llanfihangel Bryn Pabaun. These arrangements ensure that

the ambulance vehicle nearest to the emergency is the one called upon.

To obtain an ambulance, instructions have been given that all calls should be sent to the Central Ambulance Station. As this is the County Hospital the telephone is always answered promptly and from this point the messages are routed to the appropriate ambulance station. In some cases a message calling out an ambulance is sent to one of the sub-stations which in such a case informs the Central Ambulance Station.

1952 was the first year since the Act came into operation in which no patients were conveyed by train. This is not surprising in view of the bad train service to this area. Normally patients who must be sent to London and other distant parts of the country are sent for a considerable part of the way by railway. The usual procedure in this case is to convey a patient by ambulance to Newport, Monmouthshire, or to Hereford from which point they are conveyed by railway. Arrangements are made with the Local Health Authority at the other end of the journey to complete the transport of the patient to the required destination.

The only new equipment purchased during 1952 was four (Moby) folding chairs which have been found useful in carrying patients down steep and narrow stairs, and in other ways.

SITTING CASE CARS.

Soon after the inception of the ambulance scheme under the the Act, the Authority decided not to proceed with the purchase of a saloon car for the conveyance of sitting cases as had been envisaged in the approved proposals. The decision was then taken to make use exclusively of private hire cars for this work, and subsequent experience has amply borne out the wisdom of this decision.

If any doctor, nurse, hospital officer, or authorised officer in the Mental Health Service, wishes to order a sitting case car he completes a voucher, a specimen of which is attached, and hands this to the patient's relatives or the appropriate garage. Books of vouchers are issued to doctors and other authorised persons for their use and it will be observed that each voucher requires a certificate that the patient is unfit for health reasons to travel by ordinary public transport. This system is simple, economical and efficient. It avoids complicated administration, telephone calls and much letter writing. Under this system every garage providing a hire car becomes an ambulance station and the mileage travelled is, therefore, kept to a minimum. Moreover, the charge made, namely 9d. per mile, is reasonable. It can confidently be asserted that no other system would serve this county so well.

RADNORSHIRE COUNTY COUNCIL.

National Health Service Act, 1946.

COUNTY AMBULANCE SERVICE.

To:

Address

.....

Please convey

of

by sitting case car from

to

on at a.m.

p.m.

I certify that this patient is unfit for health reasons to travel by ordinary public transport.

(Signed)

Medical Practitioner.

This portion to be completed by the person providing the conveyance and sent as soon as possible to the County Medical Officer, County Health Offices, Llandrindod Wells. Within one month from date of journey a statement of account should be submitted.

Name of Hire Car Proprietor

Address

.....

In accordance with the above instructions the above-named patient was conveyed from

to on

..... miles at 9d. per mile £ s. d.

..... hours waiting time @ 2/6 per hour : :

£ : :

FOR OFFICIAL USE ONLY.

Approved

County Medical Officer

Concern having been expressed by the Health Committee at the rising expenditure on sitting case cars a Special Sub-Committee was appointed to investigate this service and to make recommendations. After full consideration it was agreed that the existing arrangements could be improved only in small details. These recommendations have since been implemented.

The meaning of the words " where necessary " in Sub-section 1 of Section 27 of the Act are not clear, but these words have been interpreted by the County Councils Association on the advice of the Society of County Clerks of the Peace as meaning " where necessary because of unfitness for health reasons to travel in any other way."

This interpretation of the words is the one which has been accepted by the Radnorshire County Council, and the service has, therefore, clearly been confined to those who as a result of illness or other reasons of health are unfit to travel by ordinary public transport. Therefore, the fact that public transport is not available in an area is no reason for the granting of a sitting case car.

AMBULANCE SERVICE STATISTICS.

The quarterly figures of mileages undertaken by ambulance vehicles and by sitting case cars since the inception of the service are given below :—

AMBULANCES.

	1948	1949	1950	1951	1952
1st Quarter ...	—	3177	4499	3678	2585
2nd Quarter ...	—	2060	3153	3427	5097
3rd Quarter ...	2281	3354	3652	5015	4107
4th Quarter ...	2455	3154	2372	4829	2200

SITTING CASE CARS.

	1948	1949	1950	1951	1952
1st Quarter ...	—	6293	11060	9046	11808
2nd Quarter ...	—	9621	13518	16089	15548
3rd Quarter ...	792	8175	9928	15057	18565
4th Quarter ...	4039	9154	12960	18034	15579

In 1952 ambulance vehicles did 609 miles per 1,000 of the population of the county while sitting case cars did 3075 miles per 1,000 of our population. The number of journeys per 1,000 of the population by ambulance was 20 and by sitting case cars 52.

Of the 1,036 journeys made by sitting case cars in 1952, 75 (7.2%) were made under the National Health Service (Amendment) Act 1949, the mileage covered being 5,718 (9.2%).

Of the 405 journeys made by ambulances in 1952, 20 (4.9%) were made under the Amendment Act, the mileage covered being 1,942 (13.7%).

ABUSES AND DIFFICULTIES.

No allegations have been made that ambulance vehicles have been used when they are not needed, but it has been alleged that sitting case cars are sometimes ordered unnecessarily. Investigations have been made into these allegations and it has been found that while there have been isolated cases where patients have been sent by sitting case car who might have been capable of travelling by train or bus, the vast majority of journeys have been legitimate.

It is of course obvious that no hard and fast line can be drawn between patients who are fit to travel, and those who are unfit to travel, by public transport, and some medical practitioners err on the side of generosity in ordering cars.

As a result of allegations of abuse, letters have from time to time been sent to Medical Practitioners, Nurses and Hospitals and the rules for the use of the ambulance service appended to Circular 30/51 (Wales) have been brought to the attention of all practitioners in the county both by letter and personal interview.

A difficulty sometimes encountered is that an attendant cannot always be found to accompany an ambulance. As a rule attendants are found from among members of the St. John Ambulance Brigade, and at Llandrindod Wells members of the British Red Cross Society also assist from time to time, but they are not always available during normal working hours. A further

difficulty is that it has not been possible to arrange for all drivers and attendants to hold a current first-aid certificate.

FINAL COMMENTS.

It is considered that the Ambulance Service is efficient. Calls are answered promptly although nearly all of the personnel are volunteers. The cost is not unreasonable having regard to the low density of population and the consequent long and difficult communications. For example, the number of miles of main road per 1,000 of the population in Radnorshire is 51.28 which is by far the highest in England and Wales. Moreover, patients needing examination and treatment by consultants have as a rule to be sent considerable distances outside the county. These factors militate against economy in running the Ambulance Service.

The best way of reducing the cost of this service would appear to be the inauguration of consultant clinics in the county. The recent establishment by the Regional Hospital Board of a consultant Ear, Nose and Throat Clinic and of a Paediatric Clinic at the Llandrindod Wells Hospital should be helpful.

Prevention of Illness, Care and After-Care.

Our Scheme for B.C.G. vaccination against **Tuberculosis** is 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 Scheme was submitted to and approved by the Minister of Health in 1951, and our proposals under Section 28 of the National Health Service Act are, therefore, modified by the addition of the following words :—

“ 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.”

This work is undertaken on behalf of the Authority by Dr. D. I. A. Williams, who is the Regional Hospital Board's Tuberculosis Physician for the area, and the number of B.C.G. vaccinations done during 1952 was as follows :—

Contacts	...	...	12
In-Patients in Hospital		...	4
Hospital Nursing Staff		...	6

Hitherto no segregation of cases receiving B.C.G. Vaccination has been carried out.

Health visiting of tuberculosis patients is done by the District Nurses who make reports on home conditions and advise on the measures necessary to prevent the spread of this disease.

One Nurse possesses the Tuberculosis Association Certificate and she visits all Tuberculosis cases in the county at least once a year, and active cases more frequently. She also advises contacts, and sometimes conveys patients, and contacts, to the clinic in Llandrindod, to be seen by the Tuberculosis Physician.

The District Nurses pay quarterly supervisory visits and nursing visits as required to patients being treated in their own

homes, including patients after discharge from sanatoria and hospitals.

Here again the fact that the District Nurses undertake combined work helps to ensure that the care of these patients is not split up into compartments but is a unified service.

Equipment including beds and bedding is available for issuing to tuberculosis patients. Sheets and mattresses were loaned in this way during the year, as well as smaller articles such as hot water bottles. Eight patients were granted free milk and one patient free milk and eggs.

The arrangements under Section 28 for dealing with the care and after-care of patients suffering from **mental illness and mental defectiveness** are described in the part of the report dealing with Section 51 of the National Health Service Act.

Patients suffering from all types of illness, and confinement cases, being nursed at home, have been supplied on loan during the year, through the Nursing Service, with a variety of sick room equipment, including Air Beds, Back Rests, Blankets and Sheets, Bed Pans, Wheel Chairs, etc.

Much of this equipment is provided from the Nurses Store Cupboards and in such cases no charge is made.

HEALTH EDUCATION.

The County Council makes an annual grant to the Central Council for Health Education, and posters, leaflets, and pamphlets produced by this organisation have been found useful. Each month a limited number of copies of the magazine "Better Health" are distributed free of charge to mothers and others attending the Welfare Centres, and also through the District Nurses to families who are outside the area of Welfare Centres.

A useful piece of equipment in the County Clinic in Llan-drindod Wells is the display stand which we have purchased through the Central Council for Health Education and on which health topics, which are changed from time to time, are exhibited. This is also useful for the display of health literature.

Talks have been given by the County Medical Officer of Health, the Superintendent Nursing Officer and the nurses to voluntary bodies on health topics, including accidents in the

home, and during the earlier part of the year, the County Medical Officer gave monthly shows of health films in the County Hall Clinic using his own sound projector.

A Film Strip Projector is available for use by the district nurses in giving talks on health topics at welfare centres and to voluntary bodies and a number of filmstrips have been purchased including two on accidents in the home and their prevention. During the year there was a display in the County Hall Clinic dealing with Accidents in the Home and their prevention.

Owing to the low density of population, health education in Radnorshire depends largely upon personal advice given by the District Nurses. It has indeed been shown that even in thickly populated areas, this is the most effective form of health propaganda.

Health Education is one of the most important functions, of health visitors in their day to day contact with their patients, and the fact that the nurses undertake a combined service gives them excellent opportunities for health teaching.

Another advantage of combined work is that the approach to the patient is more easy than where there is a separate service of health visitor, and a nurse's pronouncements are more readily accepted because people have learnt to depend upon her through midwifery and general nursing.

In the Welfare centres some attempt is made to give health teaching both through the doctors and the nurses. Our nurses have however been reluctant to give health talks and in undertaking such a duty a trained health visitor is of particular value.

To help to keep the District Nurses up to date, regular meetings were held during the year at which health films were shown and talks given on health topics. These meetings have been of value in pooling ideas and helping to solve common problems. Copies of the magazine "Mother and Child" have been issued to the District Nurses who have found this publication useful.

The County Medical Officer and Superintendent Nursing Officer also need to keep abreast of modern ideas and this can hardly be accomplished merely by reading technical journals.

Attendance at meetings of the Association of County Medical Officers and of the Royal Sanitary Institute was found to be valuable by the County Medical Officer. The Superintendent Nursing Officer attended conferences and meetings of the National Association for Maternity and Child Welfare, the Association of Supervisors of Midwives and Royal College of Midwives. She also found attendance at meetings of the General Nursing Council and its committees stimulating.

Living in a county where it is possible to make only very occasional contact with colleagues in the same branch of the profession, these meetings and conferences are of particular value.

Domestic Help.

The demand for help in the home in times of illness or for other reasons coming within the scope of our scheme increases every year. The supplying of help in such cases has been a problem far from easy of solution. Nevertheless, few cases needing assistance have not been helped. Up to the present time we have had to rely upon the occasional employment of part-time helps who are paid at the rate of 2/- per hour. A list is kept of women in each district nursing area who have volunteered for this service, and these women are called upon as required. The number of weekly hours help needed in each household is decided by the Superintendent Nursing Officer after visiting the home. The supplying of a Home Help in each case is approved by the Chairman of the Maternity and Child Welfare Subcommittee.

The types of case attended comprised 7 maternity, 5 tuberculous and 23 others. The "others" were mainly old people.

The following figures show the growth of the service since 1948.

	1948	1949	1950	1951	1952
Number of Home Helps	3	20	17	30	35
Hours worked ...	395	2,626	10,064	18,306	18,557

This is a service which is not provided free of charge. The family's income is assessed, the scale used being that recommended by the County Councils Association in 1948. No charge is made

for administration. This scale is in some cases harsh in its operation, and towards the end of the year the County Council decided that any family in receipt of assistance from the National Assistance Board should be automatically exempted from assessment.

The gross cost of this service to the Local Health Authority during the year was £1,496 12s. 3d. From this must be deducted the sums recovered from the families helped which amounted to £200 3s. 6d.

Mental Health.

The Mental Health Services Sub-Committee deals primarily with all matters concerning mental health, and is advised by the County Medical Officer, and also when necessary by a part-time adviser in Mental Health, Dr. Gordon Diggle, the Medical Superintendent of the Mid-Wales Hospital. No whole-time staff is employed but part-time work is undertaken in this area by Dr. Diggle and by Miss Gwendoline Morgan, the Psychiatric Social Worker employed jointly by the Regional Hospital Board and the three counties of Brecon, Montgomery and Radnor. The three Duly Authorised Officers were Relieving Officers who now continue as Registrars of Births and Deaths.

As stated in an earlier section, the Chairman of the Health Committee is a member of the Regional Hospital Board, and he and three other members of the Authority are members of the Welsh Border Hospital Management Committee.

Supervision of patients on trial from the Mid-Wales Hospital and on licence from Mental Deficiency Institutions, etc., is undertaken by Miss Gwendoline Morgan.

The only voluntary Association which now undertakes work in the mental health field is the County Nursing Association, whose nurses visit mental defectives.

Under our approved proposals under Section 51 of the National Health Service Act, care work in regard to persons suffering from mental illness and defectiveness was to be undertaken by a Psychiatric Social Worker employed by the National Association for Mental Health and working part-time in this area. These arrangements had to be abandoned in 1949 when the National Association for Mental Health closed its Regional Office in Cardiff.

There are no arrangements for the training of staff in mental health work in this county.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

A weekly Psychiatric Clinic is held in County Hall, Llan-drindod Wells, Dr. Gordon Diggle being the Psychiatrist in charge, and during the year 40 patients attended, making 255 attendances.

Dr. Diggle submits the following report :

“The National Health Service Act and Psychiatric Services in Radnorshire.”

(1) OUT-PATIENT AND DOMICILIARY WORK.

A weekly Out-Patient Clinic was established early in 1949 and serves all parts of Radnorshire except for those areas from which the Clinics held at Brecon, Hereford and Ludlow are more accessible. The number of patients seen at the Clinic is relatively small, averaging one new and three old patients per session. It is emphasized that in dealing with out-patient treatment only patients who require either special treatment or who present special problems are treated at the Clinic. No attempt is made to deal with patients who can, and should, receive all necessary treatment from their own General Practitioner.

Domiciliary visits are carried out whenever requested. Although few in number (an average of four per year in Radnorshire) it is felt that these facilities are of great help both to the patient and his own doctor. Mental illness can present many difficult and serious problems, other than purely medical ones, and a domiciliary visit by a Consultant can, on occasion, be of great value, even if the diagnosis, disposal and treatment of the patient are already clear to the General Practitioner.

The National Health Service Act has enabled a fairly complete Out-patient Service to be provided for adult psychiatric cases within the limitations imposed by the scattered nature of the population.

(2) PSYCHIATRIC SERVICES FOR CHILDREN.

An adequate diagnostic service is available. There is no real Child Guidance service, as is supplied in the larger centres of population. This is because the scattered population and the small number of cases, make such a service both impracticable and uneconomical.

As a personal opinion and on which, so far, for the reason given above, is rather irrelevant, I feel that Child Guidance Clinics are of very doubtful value and represent an attempt and a philosophy, to make the Psychiatrist undertake the responsibility for work which should be done by the parent and school teacher with very dubious ultimate results.

(3) OUT-PATIENT WORK UNDER THE CRIMINAL JUSTICES ACT.

All services required under the Act are available.

(4) IN-PATIENT SERVICES.

Although the facilities for in-patient treatment are substantially similar to those provided before the war the National Health Service has made several important improvements.

The separation of the Mental Hospital Service from the Poor Law, and the abolition of the question of "chargeability" have revolutionised the position of the Mental Hospitals and the attitude of the patient and the public to them. The patient can now be admitted to the most suitable and convenient hospital, while his relatives have not to undergo a financial investigation by the Poor Law Authorities.

The accommodation available at Talgarth for in-patients is reasonably adequate, or at least as adequate as in most areas of the country, and so far it has been possible to admit all patients, voluntary or certified, without any delay. There is no waiting list.

So far the Regional Hospital Board have appointed one third of the members of the Hospital Management Committee of the Mid-Wales Hospital, Talgarth, from each of the three counties served so that the "local interest" of each county in the hospital has been maintained.

The various alterations in the Lunacy Act 1890 made under the National Health Service Act 1946 have made the admission and discharge of inpatients very much easier both for the patient and his or her relatives.

(5) DULY AUTHORISED OFFICERS.

These Officers were, of course, a new appointment under the National Health Service Act, although their duties were broadly

similar to those of the old Relieving Officers in so far as the psychiatric work was concerned. The new Act, however, did put greater responsibility on them, and although it did little to alter their statutory duties it did give much greater scope for individual judgment on the part of the duly Authorised Officer and the patient's relatives as to the procedure to be followed in arranging for a patient's admission.

The duly Authorised Officers in Radnorshire have been most efficient and co operative and the following remarks are in general terms, and not intended in any way to be a criticism of existing arrangements.

The work of a Duly Authorised Officer involves a detailed knowledge of a certain provision of the Lunacy, Mental Treatment and National Health Service Acts, and the advice of the Duly Authorised Officer, who is more familiar with the Acts than the average General Practitioner, may easily determine what procedure is to be followed when a patient has to be admitted to a Mental Hospital, if for some urgent reason prior contact cannot be made with the Mental Hospital. With this in view I feel some anxiety that the National Health Service authorities have not provided any facilities for training Duly Authorised Officers and they have to learn their work on the job. This has caused few problems so far as practically all the Duly Authorised Officers in the three counties are ex-relieving Officers who know the work, but the problem of replacement when these Officers retire will be difficult.

I feel that the Duly Authorised Officer's importance in the Psychiatric Services of an area has not been fully recognised.

To summarise the effects of the National Health Service Act on Psychiatric Services, I would say that so far as the Local Health Authority and the patient in his own home are concerned the Act has caused many improvements with few disadvantages."

Miss Gwendoline Morgan reports on her work as follows :—

" PSYCHIATRIC SOCIAL SERVICES.

The Psychiatric Social Worker has dealt with four main groups of patients in the county of Radnorshire, viz :—

- (a) Persons treated for psychotic and neurotic conditions at the Mid-Wales Hospital Talgarth, the Psychiatric Clinic Llan-drindod Wells, or those returning to their home from other mental hospitals.
- (b) Mentally defective patients under Statutory Supervision, particularly those needing special attention.
- (c) Defectives licensed from colonies or institutions.
- (d) Maladjusted or nervously affected children referred by the School Medical Officer.

(a) PSYCHOTIC AND NEUROTIC PATIENTS

The work in this branch of mental illness has consisted of:—

- (i) Compiling case histories on admission in order to give the Psychiatrist an all round picture of the patients development, environment and family background;
- (ii) visiting patients in hospital in order to discuss, and, if possible, alleviate social problems before departure.
- (iii) rehabilitation after discharge, with particular reference to employment, personal and family problems.

An important and necessary feature of the social work has been the fostering of a more intelligent conception of mental illness among the general public in the hope of preventing the returned patient from being treated as an oddity by his neighbours. The increased knowledge concerning mental hospitals and patients has resulted in a greater willingness of persons to seek help and advice in the early stages of a breakdown, and early treatment has probably warded off a severe condition, which might have necessitated hospitalization for a long period.

(b) DEFECTIVES UNDER STATUTORY SUPERVISION.

Due to the shortage of accommodation in defective colonies many patients who need institutional treatment have to be cared for at home or by foster parents. This has been unavoidable but it has become more and more apparent that there is a great urgency for providing institutional accommodation, particularly for certain types of defectives, namely low grade cases who are unmanageable and destructive, and for those where it cannot be guaranteed that adequate supervision can be given to prevent the procreation of children. Work with this group

of patients has included the finding of suitable foster homes, regular visiting and advising and encouraging guardians.

(c) DEFECTIVES ON LICENCE.

Of the mentally defective patients licensed from institutions, one boy progressed so well that the Board of Control granted his discharge.

(d) SCHOOL CHILDREN.

Maladjustment and behaviour problems in children have been treated in the early stages. Advice has been given at the Psychiatric Clinic at Llandrindod, and the Social Worker has combined with the parents, teacher and psychiatrist to overcome difficulties before they become acute. This preventative treatment is perhaps the most progressive feature of the Mental Health Service, and it has been encouraging to find the willingness with which all authorities have co-operated.

In common with most counties, Radnorshire has had to face the difficulty of lack of suitable accommodation for certain cases, but added to this, it has its own particular problems in dealing with mentally affected patients—namely, isolation. Due to the rural nature of part of the county, the inaccessibility of of many homes and the lack of transport, patients and relatives are cut off from normal society with the result that a depressive type of person, discharged after treatment, is all too liable to sink back into apathy without the stimulation of the community, and relatives are apt to be apprehensive and unnatural in their attitude to the patient, when they realise how difficult it is to get immediate help in an emergency. The Psychiatric Social Worker is of tantamount importance in such instances as the visits paid are the only means by which a link can be forged between the homes, the Specialist and the community."

ADMISSIONS TO AND DISCHARGES FROM MENTAL HOSPITALS.

The three part-time Authorised Officers are stationed at Llandrindod Wells, Knighton and Rhayader. During the year they arranged for 8 certified cases to be admitted to the Mid-Wales Hospital, Talgarth, and one to Burghill Hospital, Hereford. Three certified cases were discharged from the Mid-Wales Hospital during 1952 and 4 died there.

Fifteen voluntary patients were admitted to the Mid-Wales Hospital during the year, 12 were discharged and one died there.

MENTAL DEFICIENCY ACTS.

Two new cases were ascertained during the year.

On the 31st December, 1952, the number of ascertained cases from the Authority's area was as follows:—

	M.	F.	T.
In certified institutions ...	16	10	26
Under guardianship ...	3	1	4
Under supervision ...	24	14	38

Cases awaiting institutional care included in the above lists on the 31st December, 1952 were:

Males 1 Females 4 Total 5

Two Males were admitted to Mental Deficiency Institutions during the year.

Ascertainment of mental defectiveness is normally undertaken by the County Medical Officer, who examines children in their own homes or in school and carries out intelligence tests as required. Mental defectives living in their homes, under guardianship, and on licence from Institutions, are visited by the County Medical Officer at least once a year and these patients are also visited each quarter or more often if necessary by the District Nurse and by the Psychiatric Social Worker. In all cases these defectives are being well cared for.

Suitable guardians have been found where necessary in or outside the Authority's area through the Psychiatric Social Worker or through the District Nurse. At the end of the year 4 patients were under guardianship.

During the year one female defective who had been under guardianship, and who as reported last year had become pregnant, gave birth to a male child in the Knighton Institution. The child was later transferred to Dr. Barnardo's Homes.

There are no occupation centres in the area, no industrial centre for adults, and no proper arrangements for home teaching.

Owing to the distances involved the cost of providing any such service in Radnorshire would be exorbitant.

Blind Persons.

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

Most of the 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.

The Radnor Association for the Blind organises social gatherings and outings and undertakes certain visitational work.

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

Sex	0-15	15-25	25-35	35-45	45-55	55-65	65+	Total
Male	1	1	-	1	2	7	11	23
Female	1	-	-	1	2	5	12	21
Total	2	1	-	2	4	12	23	44

Five new cases (2 males, 3 females) were registered during the year. 2 males and 2 females died during the year and 1 female left the county. At the close of the year there were 44 registered blind persons in the county.

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 cases requiring Wireless Sets have been supplied, a total of 18 battery and all mains sets now having been installed and maintained as well as other sets which are the blind persons' own property.

OUTINGS.—On the 18th June a day trip to Aberystwyth by coach was organised. Coffee or tea and biscuits was served on the road. Lunch, three courses, was provided at Ashley's Cafe, Aberystwyth, and also high tea at Borth before commencing return journey. Total number of blind, guides and staff attending was 40.

On December 15th a Christmas Party at Morris' Imperial Cafe, Llandrindod Wells was arranged. 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. Christmas presents were distributed, and the total number of blind, guides and staff attending was 37.

VISITS.—I have been in the county on eight occasions, visiting as required and new cases have been interviewed and incomes checked, and referred where necessary."

Orthopaedics.

An Orthopaedic Surgeon from the Robert Jones & Agnes Hunt Orthopaedic Hospital conducts a clinic at County Hall, Llandrindod Wells, four times yearly, and a Sister from the After-Care Department in this Hospital holds a Clinic in County Hall on the second and fourth Thursdays in each month. Urgent cases can be seen at the Hospital at any time, and cases needing hospital in-patient treatment are admitted to Oswestry.

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.

Poliomyelitis.

One case of Acute Anterior Poliomyelitis was notified. This was a boy of 8 years of age living at Dolau who suddenly lost the use of certain muscles in his right leg on the 14th November. The origin of this case is obscure. The boy was later admitted to the Robert Jones & Agnes Hunt Orthopaedic Hospital suffering from weakness of the muscles of the right leg.

Tuberculosis.

Particulars of new cases of tuberculosis and deaths from the disease in the area during 1952 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					
5-			1	1				
15-	1							
25-	3	3				1		
45-					1			
65-		1			1	1		1
75+								
Total	4	4	2	1	2	2	—	1

The death rate per 1,000 of the population for the year 1952 was .25 compared with the rate for England and Wales of .24.

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

Age Periods	Respiratory		Non-Respiratory		Total All forms
	M	F	M	F	
0—					
1—			1		1
2—		1			1
5—		1	1	1	3
10—	1		4	2	7
15—	1	1		1	3
20—	2	2	1	1	6
25—	12	14	2	2	30
35—	11	6	2	5	24
45—	4	4	1	2	11
55—	5	1	2		8
65—	2	1	1		4
75+	1	2	1		4
Total	39	33	16	14	102

Our Scheme for B.C.G. Vaccination against Tuberculosis is described earlier in this Report.

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 the Treatment Centres given below :

		Hereford		Shrewsbury	
		M.	F.	M.	F.
Syphilis	Cases ...	—		2	3
	Attendances	—		25	46
Gonorrhoea	Cases ...	—		—	
	Attendances	—		—	
Non-Venereal	Cases ...	1	1	1	3
	Attendances	3	1	1	7

Cancer.

Fifty-two persons died in this county of one or other forms of cancer. The death-rate from this disease has gradually increased during the last 100 years and it is as yet one of which the causes are to a large extent obscure so that little can be done in the way of prevention. Until the cause or causes of malignant disease are known, the efforts of Health Departments must be directed largely to encouraging members of the public to obtain medical advice as soon as possible when suspicious symptoms occur.

One type of cancer to which a great deal of attention has been directed recently is Cancer of the lung and bronchus, the incidence of which has increased steadily during recent years so that in England and Wales it is now the commonest form of cancer of the male, causing 25% of all deaths from this disease and indeed killing more people than all the forms of Tuberculosis.

The problem of this type of cancer has been investigated by competent observers in this and other countries who have analysed a great deal of statistical material which shows a close correlation between tobacco smoking and the incidence of cancer of the lung. Many possible ætiological factors have been investigated, for example, previous respiratory illness, motor car exhaust gases, use of gas fires for heating, etc., but apart from tobacco smoking the only one which seems to have any significant effect on the appearance of cancer of the lung is atmospheric pollution and this appears to be of minor importance. There is, therefore, circumstantial evidence that heavy smoking and particularly cigarette smoking may lead to cancer of the lung, and the likelihood of this occurring in any person varies directly with the number of cigarettes smoked. I feel that these facts should be made public so that each man and woman can make his or her own

decision in the light of the evidence available. To wait for certain proof may take many years and the public should be aware of the possibility that smoking may lead to cancer of the lung and an unpleasant death. A reduction in the amount of smoking in addition to lowering incidence of lung cancer might reduce the incidence of chronic bronchitis which is another disease responsible for a large number of deaths in this country every year.

I append a table showing the deaths in Radnorshire from cancer since 1940, the first year in which the Registrar General issued figures showing the deaths classified according to the site of the cancer. The figures are, of course, far too small to justify any conclusions being drawn from them, but it is noteworthy that no case of cancer of the lung or bronchus appeared in this list until the year 1950.

DEATHS FROM CANCER IN RADNORSHIRE.

Year	Cancer of B. cav. & oesoph M uterus F	Cancer of Stomach and duodenum	Cancer of Lung Bronchus	Cancer of Breast	Cancer All other Sites	TOTAL
1940	7	5	—	2	28	42
1941	7	7	—	6	25	45
1942	7	4	—	1	19	31
1943	3	4	—	5	30	42
1944	5	8	—	5	29	47
1945	2	10	—	7	15	34
1946	3	10	—	3	24	40
1947	4	8	—	3	14	29
1948	4	7	—	3	18	32
1949	8	6	—	4	14	32
1950	—	4	1	4	23	32
1951	1	8	2	6	21	38
1952	2	8	4	6	22	42

Inspection and Supervision of Food.

Mr. R. W. Price reports as follows :—

“ During 1952 a total of 389 samples of food were taken for analysis under the provisions of the Food and Drugs Act, 1938. Of these, 285 were samples of milk while the remaining 104 were samples covering a wide range of common groceries. Much of the stock handled by grocers and bought by the public is composed of branded products having a nation-wide sale. These articles may be sampled by inspectors in various Counties throughout the country and there is consequently little chance of an unsatisfactory consignment escaping detection. While it would clearly be unwise to rely entirely upon the sampling services of other Authorities, it is usual to concentrate upon the sampling of products of local origin and, in particular, upon the sampling of milk. An exception to this general policy is made in the case of articles which are subject to deterioration ; each Authority has a duty to protect its public from the sale of contaminated or insect-infested goods.

Of the 104 samples other than milk, 96 were found to be satisfactory as to their condition and to conform to such standards of quality as might apply to them. Of the 8 samples which received unfavourable reports from the analyst, 7 were of cake or sponge mixtures or substances of a similar Flour-based type, and were found to be infected with meal-mite, beetle or weevil. The ova and excreta of insects were also present in some samples. The remaining unsatisfactory article was a confection called a “ cream pie ” in which the artificial cream had mildewed. All 8 samples were classified as unfit for human consumption and in each case the objectionable stock was destroyed. It will be noted that the number of unsatisfactory samples shows an increase of 5 as compared with the figures for last year. Although it would at first appear that the incidence of unsound food is on the increase, it is in fact more probable that the rising figures are due to a more intensive sampling of goods liable to this trouble and to a change in sampling methods. For example, if samples are selected from the rear of a shop fitting instead of from the front it may well be found that the number of unsatisfactory samples will rise sharply. Sampling is usually combined with

the checking of the weight as marked on food packets. A check is made of the gross weight, and any packets which are appreciably lighter than is usual will be opened and the net weight ascertained. In many cases the opened packets will be bought as it may be impracticable to re-seal them, and some of these will then be sent for analysis as samples. It will be realised that a packet which has lost weight through evaporation of the contents is likely to have been in stock for some considerable time, and infestation or other unsoundness is all the more probable in such a case. In the circumstances it would be unwise to attempt to draw a general conclusion from the statistics alone, but every effort is being made to eliminate the possibility of unsound foods being offered for sale and it is hoped to achieve this without recourse to prosecution. Legal action will however be taken if it is found that adequate protection of purchasers cannot otherwise be assured.

As is usual in a milk producing county more samples of milk are taken than of any other food. Of the total of 285 samples analysed, 253 were found to be satisfactory in all respects, while a further 14 which were found to be slightly sub-standard in non-fatty solids content were nevertheless reported to be genuine. The remaining 32 samples were found to have a fat content below the minimum standard but in 15 cases the deficiency was a trivial one. In 17 cases the deficiency in fat varied from 5% to 20%, and in four instances it was found that the fat deficiency existed in the milk as drawn from the herd. In 3 instances the deficiency was probably due to faulty mixing, other churns in the same consignment being found to have a fat content well above the standard. Warnings were given in 2 instances in which no reasonable explanation could be advanced; the deficiencies being 7% and 8% respectively. In the other 8 instances the reports of the analyses were sent to the inspector in whose area the milk was produced as the farms were well beyond the boundry of the county. Subsequent samples taken from these vendors were found to be satisfactory.

The minimum standard for milk has been fixed by the Ministry of Agriculture at 3% for fat content and 8.5% for solids other than fat. It is presumed that milk having a lower content

is not genuine, either as a result of skimming or of adulteration. It now seems well established however that no offence is committed in selling a sub-standard milk if it can be shown that the deficiency was due to natural causes and was sold as drawn from the cow. Although this defence appears a reasonable one, it has had an unfortunate effect upon the general standard of milk in that it has encouraged the breeding of milking strains with a view to increased yield without regard to the food value of the product. From the point of view of the consumer there seems to be little difference in effect between the sale of milk which has had some of the fat extracted and the sale of milk from cows normally giving milk with a low fat content. Two suggestions have been advanced to deal with the problem. The first of these involves payment on a quality basis. It is generally admitted that this arrangement would be a fair one, but it would mean the regular and frequent analysis of the milk of every producer and continued adjustments of price. Problems would be introduced where milk of differing qualities had to be bulked and, since the cost of running the system would in the ultimate fall upon the consumer, the practical advantage might be small. The second suggestion is to prohibit the sale of milk falling below the prescribed standard without regard to the reason for the deficiency. This would provide full protection for purchasers from an academic point of view, but it is very probable that magistrates would continue to regard evidence of shortage from natural causes as a reasonable excuse. They would presumably find that an offence had been committed but would in all probability impose a nominal fine. There is also the difficulty of dealing with the milk of existing herds which may at certain times of the year, fail to reach the standard required. It might not be a simple matter to provide a use for this milk without allowing a loop-hole which would make the legislation unworkable. In spite of these objections however it must be admitted that the control of milk quality by means of an absolute legal standard has been in force in many of the American States for some years and the arrangement appears to have worked very well. Fortunately the problem has not yet become as pressing in Radnorshire as it has in many other counties and it is to be hoped that a solution will be found before the situation locally becomes acute."

Food and Drugs Act — Sampling Statistics.

Nature of Sample.	Number taken	Number found to be genuine	Nature of Sample.	Number taken	Number found to be genuine
Milk	285	267	Trifle Mixture	1	1
Flour	2	2	Dessert Powder	4	3
Cake Mixture	3	2	Pudding Mixture	4	3
Blanc Mange Powder	12	12	Pies	3	2
Sponge Mixture	6	4	Ginger	1	1
Sardines	2	2	Custard Powder	4	3
Cheese	4	4	Jelly Cream	1	1
Honey	1	1	Creamola	1	1
Baking Powder	4	4	Table Cream	1	1
Peel	3	3	Tapioca	1	1
Bisto	2	2	Pearl Barley	1	-
Pepper	2	2	Stuffing	1	1
Pepper Compound	1	1	Suet	1	1
Jelly Crystals	2	2	Cinnamon	1	1
Spice	3	3	Farinoca	1	1
Fish Paste	3	3	Coconut	1	1
Meat Paste	3	3	Semolina	1	1
Table Jelly	1	1	Margarine	1	1
Jam	1	1	Sage	1	1
Tomatoes	1	1	Vita-Gravy	1	-
Peas	2	2	Sausages	1	1
Faggots	1	1	Cream Powder	1	1
Buns	1	1	Tea	1	1
Mint	1	1	Soup	1	1
Mustard	1	1	Iodised Tablets	1	1
Cream of Tartar	1	1	Aspirin	1	1
Rice	1	1	Bengers Food	1	1
Sago	2	2			

Laboratory Arrangements.

There is no laboratory of the Public Health Laboratory Service in the County. Specimens requiring bacteriological investigation can be sent to the Public Health Laboratories at Aberystwyth, Shrewsbury, or Hereford. In the case of samples of water and other specimens which should be examined within a few hours of inspection, it is generally advantageous to make use of the laboratories at Shrewsbury or Hereford to which communications are speedier than Aberystwyth.

Chemical analyses are undertaken by the County Analyst, Mr. Herbert J. Evans.

Public Health Act, 1936—Inspection of Nursing Homes.

There are two registered Nursing Homes in the county. **The Park Nursing Home**, Llandrindod Wells, has accommodation for 16 patients, 6 beds originally having been registered for maternity patients. All the beds are now used for general cases and only one maternity patient was admitted during 1952, probably because private maternity patients can now be accepted in the Llandrindod Wells Hospital at a much reduced fee. Of the 16 private cases admitted to the Home during the year, 12 were medical cases, 3 convalescent and 1 dental. Since 1951 the Regional Hospital Board has reserved 8 beds for convalescent patients in this Home. One hundred and eighteen such patients were admitted during the year, of which 70 were medical cases, 45 post operative and 3 fracture cases. The majority of medical cases were patients suffering from rheumatism and diseases of the heart, and these mainly came from South Wales.

The Wycliff Nursing Home, Clyro, admitted two new cases during 1952 and two other cases who were already in the Nursing Home continued to occupy beds there.

Both these Nursing Homes were visited each quarter by the Superintendent Nursing Officer, who inspected the registers and found conditions satisfactory.

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 were submitted to the County Council by the Local Authorities :

District Council	Particulars of Scheme	Estimated Cost	Decision of County Council
Rhayader R.D.	Pantydwr and St. Harmon Water Supply	£26,375	Approved
	Llanyre Water Supply	£5,000	Approved
Knighton R.D.	Bleddfa and Lugg Water Supply	£58,000	Approved
	Teme Valley Water Supply		
	(1) Beguildy and Felindre (2) Knighton and Lloiney	£24,265	Approved

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.

STATISTICAL TABLES.

TABLE I.

Causes of Death in Administrative Areas in the County of Radnor for 1952.

Causes of Death	Urban Districts						Rural Districts						County.							
	Knighton		Llandrindod Wells		Presteigne		Colwyn		Knighton		New Radnor		Painscastle		Rhayader		M	F	Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Tuberculosis of respiratory System ...	1		1														2	2	2	4
Tuberculosis, other ...				1															1	1
Whooping Cough ...			1															1		1
Malignant Neoplasm Stomach ...			1	1	1		1		1	1	1			1			5	3	8	
Lung, bronchus	1		1				1		1	1							3	1	4	
Breast		1		2						1			1		1			6		6
Uterus				1							1							2		2
Other Malignant and Lymphatic Neoplasms	2		4	3	2	1		4	3	2							1	13	9	20
Leukaemia, Aleukaemia			1											1				2		2
Diabetes ...										1	1							1	1	2
Vascular Lesions of Nervous System ...	1	2	1	7	1	3		1	3	2		1	3	2	6	9	24	3		30
Coronary Disease angina	1		1	1	1	1	1	3	2			2	1	2	8	8	16			16
Hypertension with Heart Disease ...	1		1										1		3					3
Other Heart Disease ...	2	1	5	8	3		3	4	3	6	6	1	1	7	6	6	29	33	62	6
Other Circulatory Disease	1							1					1	1	3	1				4
Influenza ...	1					1												1	1	2
Pneumonia ...	1						1	1	3	2		1		2			8	3	11	1
Brought forward ...	12	4	17	24	6	7	7	6	15	18	13	4	3	13	15	19	88	95	183	18

TABLE I.—contd.

Causes of Death in Administrative Areas in the County of Radnor for 1952.

Causes of Death	Urban Districts						Rural Districts						County.						
	Knighton		Llandrindod Wells		Presteigne		Colwyn		Knighton		New Radnor		Painscastle		Rhayader		M	F	Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Carried forward ...	12	4	17	24	6	7	7	6	15	18	13	4	3	13	15	19	88	95	183
bronchitis ...			3	2			1	1					1	2			8	2	10
Other Diseases of Respiratory System														1			1		1
Cancer of Stomach and Duodenum ...			1		1		2										4		4
Gastritis, Enteritis and Diarrhoea ...				1														1	1
Nephritis and Nephrosis ...		2		1														3	3
Hyperplasia of Prostate ...			1						1					1			3		3
Pregnancy, Childbirth, Abortion ...															1			1	1
Congenital Malformations ...										1				1			2		2
Other Defined and Ill-defined diseases ...	4	1	2	2	2		1	2	1	3		2	1	8	4		24	9	33
Motor Vehicle Accidents ...									2				2				4		4
Other Accidents ...											2				1	1	3	1	4
Suicide ...														2	1		2	1	3
TOTAL ...	16	7	24	30	9	7	11	6	21	19	19	4	8	14	31	26	139	113	252

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1952.

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 ...	2												1		1				
Tuberculosis, other ...		1																1	
Whooping Cough ...	1				1														
Malignant Neoplasm, Stomach	2	1											1		1				
Long bronchus ...	2												2						
Breast ...		3												2					
Uterus ...		1														1			
Other Malignant and Lymphatic Neoplasm	6	5							1				1	3	3			1	
Leukaemia, Aleukaemia ...	1												1						
Diabetes ...																			
Vascular Lesions of Nervous System ...	3	12												4	1	5	2		
Coronary Disease, Angina ...	3	2											1		2	1			
Hypertension with Heart Disease ...	2												1		1				
Other Heart Disease ...	10	9											2	1	1			7	
Other Circulatory Disease ...	1																	1	
Influenza ...	1	1																1	1
Pneumonia ...	1																	1	1
Bronchitis ...	3	2																1	3
Other Diseases of Respiratory System ...																			
Ulcer of Stomach and Duodenum ...	2												1						1
Gastritis, Enteritis and Diarrhoea ...		1										1							
Nephritis and Nephrosis ...		3														1			
Hypertension of Prostrate	1																		1
Pregnancy, Childbirth, Abortion ...																			
Congenital Malformations																			
Other Defined and Ill-Defined Diseases ...	8	3							1					1	1	2	6		
Motor Vehicle Accidents ...																			
All Other Accidents ...																			
Suicide ...																			
All Causes	49	44			1				2				1	11	11	11	12	24	

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1952.

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 ...		2									1			1				
tuberculosis, other ...																		
Whooping Cough ...																		
Malignant Neoplasm, Stomach ...	3	2										1	1	1	1	1	1	1
Long bronchus ...	1	1										1	1					
Breast ...		3													2			1
Uterus ...		1																1
Other Malignant and Lymphatic Neoplasm ...	7	4					1					3	2	2	1	1	1	1
Leukaemia, Aleukaemia ...	1											1						
Diabetes ...	1	1															1	1
Vascular Lesions of Nervous System ...	6	12											1	2	6	5	4	
Coronary Disease, Angina ...	5	6										1	1	2	2	2	2	1
Hypertension with Heart Disease ...	1												1					
Other Heart Disease ...	19	24											1	8	2	11	21	
Other Circulatory Disease ...	2	1												1	1	1		
Influenza ...																		
Pneumonia ...	7	3	1										1	1	1	4	2	
Bronchitis ...	5												1	1	3			
Other Diseases of Respiratory System ...	1																1	
Ulcer of Stomach and Duodenum ...	2														1	1		
Gastritis, Enteritis and Diarrhoea ...																		
Nephritis and Nephrosis ...																		
Hypertension of Prostrate ...	2														1	1		
Pregnancy, Childbirth, Abortion ...		1										1						
Congenital Malformations ...	2	1					1											
Other Defined and Ill-Defined Diseases ...	16	6	6	1					1	2	3	1	4	4				
Motor Vehicle Accidents ...	4						2			1	1							
All Other Accidents ...	3	1			2				1									1
Suicide ...	2	1								2			1					
All Causes	90	69	8	1	2	4	4	3	14	10	22	17	36	38				

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.	Acute Poliomyelitis
Urban Districts :							
Knighton ...		1					
Llandrindod Wells			65		2		
Presteigne ...			1		1		
Total Urban ...		1	66		3		
Rural Districts :							
Colwyn ...			4	1			
Knighton ...	2	5		1		2	1
New Radnor ...					5		
Paincastle ...		8					
Rhayader ...	2	5		1	3		
Total Rural ...	4	18	4	3	8	2	1
Total County ...	4	19	70	3	11	2	1

TABLE IV.

Area.	Live Births.			Still Births.	
	No.	Birth Rates		No.	Rates per 1000 total births
	1952	1952	1948-52	1952	1952
Urban Districts :					
Knighton ...	29	15·7	15·3	—	—
Llandrindod Wells	47	14·3	14·5	—	—
Presteigne ...	18	14·3	18·4	1	52·6
Rural Districts :					
Colwyn ...	16	9·8	11·41	—	—
Knighton ...	34	10·7	13·95	—	—
New Radnor ...	30	13·3	14·1	1	32·3
Painscastle ...	37	20·3	17·8	2	51·3
Rhayader ...	70	15·8	14·4	1	14·0
Urban Districts :	94	14·7	15·4	1	10·5
Rural Districts :	187	14·0	14·3	4	20·9
County :	281	14·2	14·7	5	17·5

TABLE V.

Area.	No. of Deaths	Crude Death Rates	
		1952	1948-52
Urban Districts :			
Knighton ...	23	12·5	15·5
Llandrindod Wells	54	16·4	12·9
Presteigne ...	16	12·7	13·5
Rural Districts :			
Colwyn ...	17	10·4	11·1
Knighton ...	40	12·5	10·2
New Radnor ...	23	10·2	11·3
Painscastle ...	22	12·1	11·9
Rhayader ...	57	12·8	13·1
Urban Districts :	93	14·5	13·7
Rural Districts :	159	11·9	11·7
County :	252	12·8	12·2

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