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WELSH BOARD OF HEALTH.

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# Radnorshire County Council



# ANNUAL REPORT

of the

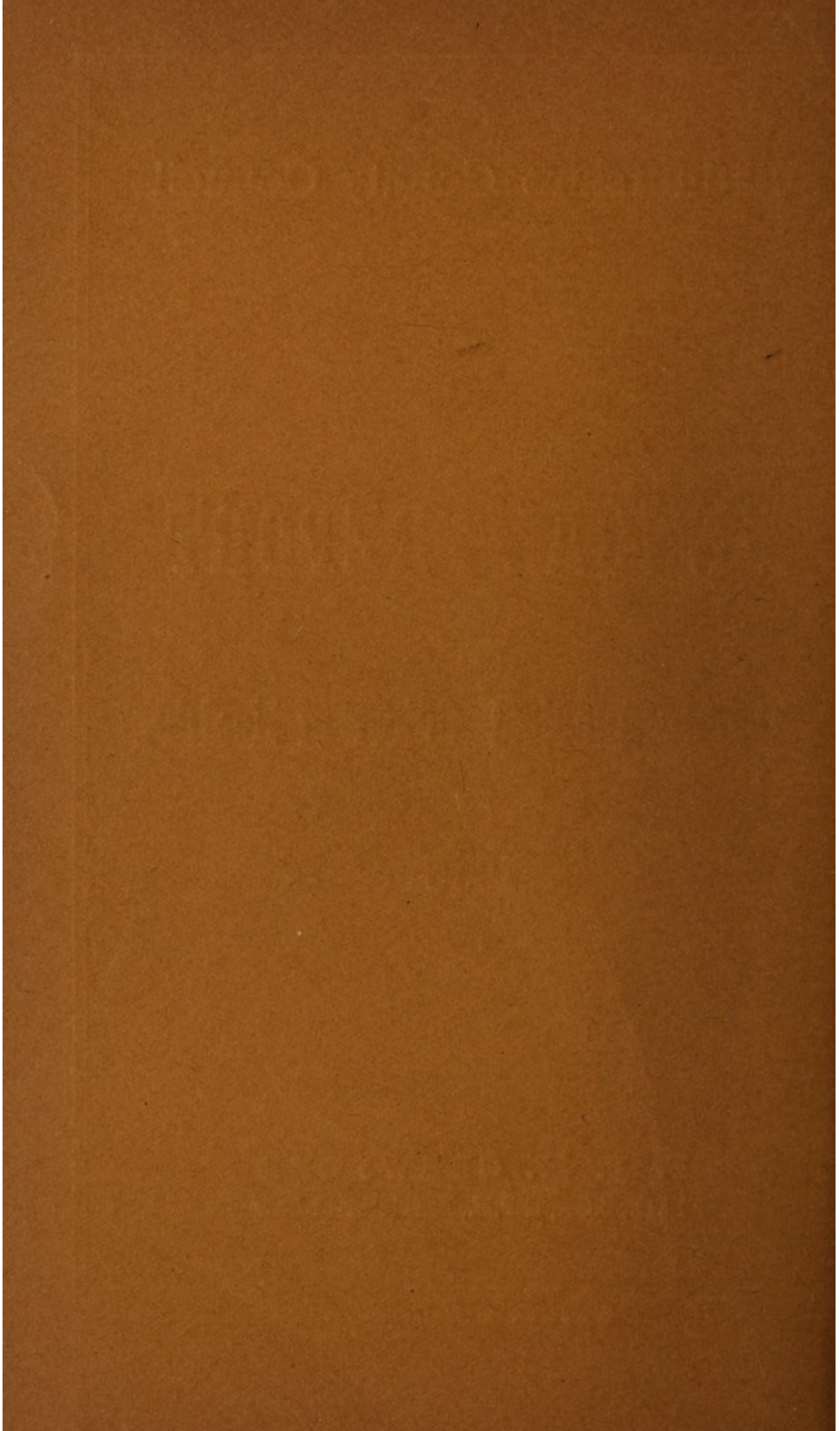
## County Medical Officer of Health

for

### 1956



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



Radnorshire County Council



# ANNUAL REPORT

of the

County Medical Officer of Health

for

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

# Radnorshire County Council

## HEALTH COMMITTEE.

(As on 31st December, 1956.)

Chairman : Alderman Mrs. M. A. Gibson-Watt

Aldermen W. G. Bufton  
W. H. Edwards

T. P. Davies  
W. H. Evans

Councillors S. W. Brisbane  
W. Evans  
R. J. Griffiths  
C. P. Jones  
R. T. Knill  
T. O. Nicholls  
E. Vaughan  
J. H. West

F. G. J. Dalton  
O. Gibbin  
R. P. L. Hughes  
V. T. Jones  
E. T. Kinsey Morgan  
Brigadier Sir C. M. D.  
Venables-Llewelyn, Bart.;

Dr. M. Dilys Owen  
Mrs. F. J. Edwards  
The Lady Delia  
Venables-Llewelyn.

Mrs. M. Chrimes  
Mrs. M. P. Price  
Mr. W. J. Beavan

## Maternity and Child Welfare Sub-Committee.

Chairman : Alderman Mrs. M. A. Gibson-Watt.

The same Aldermen and Councillors as compose the Health Committee together with Mrs. M. Chrimes, Mrs. F. J. Edwards, Mrs. M. Howse, Mrs. M. P. Price and the Lady Delia Venables-Llewelyn.

## Mental Health Services Sub-Committee.

Chairman : Alderman W. Harold Edwards.

The same Aldermen and Councillors as compose the Health Committee, together with Mrs. M. Chrimes, and Mrs. M. P. Price.

## Ambulance Transport Sub-Committee.

Chairman : Councillor E. T. Kinsey Morgan.

The Members of the Health Committee, together with 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 and County Welfare Officer:	Frank 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, J.P., B.Sc., M.B., Ch.B., D.P.H., D.R.C.O.G.
Consultant Psychiatrist and Adviser in Mental Health (part-time)	Gordon Diggle, M.B., Ch.B., M.R.C.P.(Ed.), D.P.H.
Psychiatric Social Worker (part-time)	Gwendoline Morgan.
Authorised Officers in the Mental Health Service (part-time)	G. W. Griffiths. A. J. James. H. E. Morris.
Chest Physician (part-time)	D. Ivor Williams, M.B., Ch.B.
Assistant Chest Physician (part-time)	P. P. Mulhall, M.B., B.Ch., B.A.O.
County Dental Officer: Dental Attendant:	P. G. H. Griffith, L.D.S. M. E. Daisy Botwood
Superintendent Nursing Officer Supervisor of Midwives and Home Help Organiser:	Julia Todd, S.R.N., S.C.M., H.V.Cert.R.S.H., Q.N.S.
Inspector under the Food and Drugs Act: (part-time)	Ronald W. Price
County Analyst (part-time)	Herbert J. Evans, B.Sc., F.R.I.C.
Home Teacher of the Blind (part-time)	Richard Oldbury
Honorary Ambulance Officers (part-time):	
Llandrindod Wells	T. A. O. Meredith.
Knighton	S. W. Brisbane, C.C.
Presteigne	David Walker, M.R.C.S., L.R.C.P.
Rhayader	E. T. Kinsey Morgan, C.C.
Clerical Staff:	R. Percy Bufton, Chief Clerk and Petitioning Officer under the Mental Deficiency Acts; W. J. Meredith, G. E. H. Steventon, Joyce F. Deacon (resigned 29-9-56), Betty Pullin (appointed 8-10-56), Enid Barker (for Nursing Associa- tion work).

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, Midwifery and School Nursing on behalf of the County Council.

Nursing Areas.	Names of Nurses.	Qualifications.
Knighton	Beatrice M. Gerrish	S.C.M., S.E.A.N.
	Enid M Price	S.R.N., S.C.M., H.V.Cert., R.S.H., Q.N.S.
Llangunllo	Hilda M. Bayley	S.C.M.
	Beguildy Margaret Haime (appointed 1-4-56)	S.R.F.N.
Boughrood	Margaret K. Chaplin	S.R.N., S.C.M., H.V. Cert., R.S.H., Q.N.S.
Clyro	Elizabeth F. Price	S.R.N., S.C.M.
	Painscastle Sarah A. Davies	S.C.M., R.M.P.A., S.E.A.N.
Cwmbach	Mary A. Price	S.C.M., S.E.A.N.
	Hundred H'se Juan Stocker (resigned 31-8-56)	S.R.N., S.C.M., R.F.N.
Llanbister	Gladys W. Ormerod	S.R.N., S.C.M.
	Llandewy	Anne L. Thompson (resigned 13-4-56)
		Sarah Van Evans (appointed 1-7-56)
Llandrindod Wells	Doris M. Davies	S.C.M., S.E.A.N.
	Elizabeth M. Hughes (resigned 13-4-56)	S.R.N., S.C.M.
	Barbara Gee (appointed 4-6-56) (resigned 15-9-56)	S.R.N., S.C.M., H.V. Cert. R.S.H., Q.N.S.
	Winifred Malone (appointed 1-10-56)	S.R.N., R.S.C.N.
Newbridge-on- Wye	Edith M. Isitt	S.C.M., S.E.A.N.
New Radnor	Margaret M. Miller	S.R.N., S.C.M., H.V. Cert. R.S.H., Q.N.S.
Presteigne	Norline Baynham (appointed 1-4-56)	S.R.N.
Penybont	Alice Haynes	S.C.M., S.E.A.N.
	Frances J. E. Davies	S.R.N., S.C.M., H.V.Cert., R.S.H., Q.N.S.
Rhayader	Mary H. Williams	S.R.N., S.C.M., Q.N.S.
Nantmel and Llanwrthwl	† Grace J. L. Jones	S.R.N., S.C.M., Q.N.S.
	Mary Hayward	S.C.M., S.E.A.N.
St. Harmon	Sarah E. Davies	S.C.M., S.E.A.N.

Supply Nurse Elizabeth J. Moseley S.R.N., S.C.M., H.V.  
Cert., R.S.H., Q.N.S.

† This Nurse was on special leave attending a course on Queen's training from May to October, 1956.

### ASSOCIATED OFFICERS.

Clerk of the County Council : Philip Parker.

County Treasurer : T. R. Moore.

County Surveyor : D. H. Banks, M.B.E., T.D., B.Sc., A.M.I.C.E.

Director of Education : Richard Griffiths, M.A.

County Architect and County Planning Officer :  
J. A. McRobbie, A.R.I.B.A.

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

Clerk of the Radnorshire Executive Council : S. J. Oliver  
(resigned 29-9-56)

### HEALTH OFFICERS OF DISTRICT COUNCILS.

#### MEDICAL OFFICERS OF HEALTH (part-time) :

##### Urban Districts :

Knighton G. A. Ballance, M.A., M.B., B.Ch.,

Llandrindod Wells. J. E. Jenkins, M.A., B.M., B.Ch.,

Presteigne R. J. Walker, M.B., Ch.B.,

##### Rural Districts :

Colwyn D. F. Cameron, M.B., Ch.B.,

Knighton J. G. Garman, M.R.C.S., L.R.C.P.,

New Radnor R. H. Jobson, M.B., Ch.B.

Paincastle W. W. Wilson, M.B., Ch.B.

Rhayader J. D. O'M. Poole, M.B., Ch.B.



## PUBLIC HEALTH INSPECTORS :

### Urban Districts :

Knighton Henry Jones, M.R.S.H., M.I.S.E.

Llan'dod Wells R. J. Morris, M.R.S.H., A.R.I.C.S.

Presteigne Vacant.

### Rural Districts :

Colwyn J. C. Bowen, M.R.S.H., M.I.S.A.  
(appointed March, 1956)

Knighton David I. Davies, M.S.I.A., M.R.I.P.H.H.,

New Radnor E. P. G. Bennett, M.R.S.H., M.S.I.A.  
(resigned September, 1956)  
L. Allen, M.R.S.H., M.S.I.A.  
(appointed October 1956)

Painscastle Garfield G. Evans, M.R.S.H., M.S.I.A.

Rhayader G. H. Roberts, M.R.S.H., M.S.I.A.,

## **To the Chairman and Members of the Local Health Authority.**

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit to you my Annual Report on the Health and the Health Services of this county during 1956.

It is usual in such a report to draw conclusions from the Vital Statistics which alone may be expected to give a precise measure of the efficiency of the services and the state of health of the people. So small, however, is the population of Radnorshire that our Vital Statistics may be misleading and must be studied with caution. For such statistics to be reliable indeed they should be based on a population at least ten times as big as ours. Even "five year" figures are, therefore, not entirely reliable here. From this it follows that because our vital statistics cannot give a precise indication of trends in health and disease, the text of this report must necessarily be based more on general impression and opinion. Certainly my firm opinion is that this is a healthy county, and that the people as a rule are healthy in mind as well as body.

In spite of these remarks I am glad that our infant mortality rate remains low, and that the infant mortality rate for the five year period (1952-56) is the lowest recorded here.

I regret to have to report for the first time since 1951 two deaths of women associated with pregnancy. Both of these were almost unavoidable.

A section of the report touches on some of the superstitions which linger here. Radnorshire is still remote, many parts almost unbelievably remote to one accustomed to life in a town, and the old ideas and ways still remain in these rural fastnesses.

An important extension of the health services was the introduction of vaccination against poliomyelitis. The response to this scheme was very good, but delivery of the vaccine in this county as in other parts of the country was disappointingly slow.

Strengthening of the Social Services for the Blind in the county was provided during the year by extending the time during which the Home Teacher of the Blind was employed from two days to three days each week. Three whole days work a week appears to give the Home Teacher sufficient time to give all necessary help to the 56 registered blind people in the county.

I must call attention to the fact that for the whole of the year the Urban District of Presteigne was without a Sanitary Inspector. Repeated advertisements by the Local Authority failed to attract an application for the post from a qualified man. This was an unsatisfactory state of affairs.

Once again I am glad to express my thanks to the Chairman and members of the County Council and the Chairman and members of the Health Committee for the interest they have shown in the work of my department and for the unflinching kindness and courtesy which they have always shown to me. It is also a pleasure to express my indebtedness to the Radnorshire County Nursing Association and the District Nurses and to my Superintendent Nursing Officer and my clerical staff and to the County Inspector of Food and Drugs.

Thanks are also due to the Voluntary Workers taking part in the Ambulance Service, Infant Welfare Centres and Food Distribution.

I am,

Your obedient servant,

FRANK J. H. CRAWFORD,  
County Medical Officer.

# RADNORSHIRE COUNTY COUNCIL.

## ANNUAL REPORT

of the County Medical Officer of Health  
for 1956.

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### Administration.

The County Council have delegated to the Health Committee their powers and duties under the Public Health Act, 1936, the National Health Service Act, 1946, the Care of the Blind and other Handicapped Persons under the National Assistance Act, and also the administration of the Food and Drugs Act and Nurseries and Child Minders Regulation Act, 1948.

The Health Committee in turn have delegated certain powers and duties to Sub-Committees as follows :—

1. Ambulance Transport Sub-Committee — the powers and duties of the Health Committee under Section 27 of the National Health Service Act, including the provision and administration of ambulance and sitting-case car services throughout the county.
2. Maternity and Child Welfare Sub-Committee — the powers and duties of the County Council in respect of notification of births, supervision of midwives, care of mothers and young children, health visiting and midwifery, home nursing and domestic help.
3. The Mental Health Services Sub-Committee—the powers and duties of the County Council under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Act, 1913-1938, as amended by the National Health Service Act, 1946.

All other services not delegated to the Sub-Committees are dealt with direct by the Health Committee.

When the Sub-Committee structure was established under the proposals made under the National Health Service Act, it was contemplated that the Sub-Committees would each

meet on a separate day from the Health Committee so that time would be available for full consideration of the duties for which each Sub-Committee was responsible. In fact, the Sub-Committees have met on the same morning as the Health Committee in each quarter and a few minutes preceding it. As a result the Sub-Committees are not fulfilling any useful function. During the year the Health Committee gave preliminary consideration to a recommendation that these Sub-Committees should be abolished.

In addition to the Health Committee the County Medical Officer attends and reports as required to the Education Committee and its Sub-Committees and the Children's and Civil Defence Committees, and he is also the County Welfare Officer.

## **Natural and Social Conditions and Statistics of the Area.**

Radnorshire is a sparsely populated rural county, and is unique in that its density of population is the lowest in England and Wales, that is, one person to 15 acres. As a result the countryside itself is almost completely unspoilt, but there is considerable difficulty in implementing the duties of the County Council under enactments relating to Public Health. There is in fact in the county not a single town which is big enough to require or support the full scale clinic and other services which are normally provided by a Local Health Authority. Happily the low density in population has meant that the incidence of infectious disease, including pulmonary tuberculosis, has always been very low. But another result of the low density of population, is that the nursing services, which must cover every house in the county, no matter how far from the nearest road, are the most expensive in England and Wales. The County Nursing Association has given very careful consideration to the need for economy in the provision of nursing services, but it seems quite impossible to be able to reduce the scale of staffing of nurses in the county which at first sight would appear to be very high, as we have one district nurse to every 850 inhabitants. Moreover, as there is little industry in the county, the average age of the population is high because there is a high proportion of old people. This means that the cost of the Home Help Service tends to be high, especially as so many of the recipients of Home Help are in receipt of National Assistance, and are therefore not assessed for payment.

## General Statistics.

Area	...	...	301,165 acres.
Population (Registrar General's Estimate)			19,210

Particulars are as follows :

### Urban Districts—

Knighton	1,830	
Llandrindod Wells	3,230	
Presteigne	1,260	
	6,320	

### Rural Districts—

Colwyn	1,610	
Knighton	3,040	
New Radnor	2,190	
Paincastle	1,790	
Rhayader	4,260	
	12,890	

Total County		19,210
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Rateable value	...	...	£236,949
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Product of a Penny Rate			£935
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### VITAL STATISTICS

### RADNOR

Total birth rate per 1,000 population	12·7
Legitimate birth rate per 1,000 population	11·9
Illegitimate birth rate per 1,000 population	0·7

Live Births :	M	F	Total.
Legitimate	111	119	230
Illegitimate	4	10	14
	115	129	244

Illegitimate birth rate per 1,000 live births	57
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Stillbirths :	Radnor
Legitimate	7
Illegitimate	—
	—
Total Stillbirths	7

Stillbirth rate per 1,000 population	0.3
Stillbirth Rate per 1,000, total live and stillbirths	28
Illegitimate stillbirth rate per 1,000 total illegitimate live and stillbirths	Nil
Neonatal Mortality Rate	20.4
Infant Mortality Rate	20.4
Perinatal Mortality Rate	48.4
(Neonatal mortality rate plus stillbirth rate)	

### Morbidity Figures.

The number of fresh claims for sickness benefit followed much the same pattern as in previous years, being greatest during the first three months of the year. Details of the monthly morbidity figures for the past four years are given in the following table:—

#### AVERAGE MONTHLY CLAIMS.

Month.	1953	1954	1955	1956
January	66	55	74	75
February	95	48	62	118
March	66	55	67	75
April	57	41	50	50
May	38	47	39	50
June	30	42	41	46
July	35	35	32	36
August	31	35	30	34
September	29	33	35	40
October	40	62	47	47
November	47	95	54	45
December	47	55	44	57

## Infectious Disease.

During the year there were 49 cases of infectious and notifiable diseases notified by District Medical Officers of Health to the County Medical Officer. These cases can be seen in the following table.

	Knighton	Llandrindod	Presteigne	Total Urban	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	Total Rural	Total County
Acute pneumonia	—	—	—	—	—	3	—	—	4	7	7
Dysentery	—	—	—	—	—	1	—	—	—	1	1
Erysipelas	—	—	—	—	—	1	—	—	1	2	2
Measles	1	—	—	1	—	2	1	—	13	16	17
Meningitis	—	1	—	1	—	—	—	—	—	—	1
Scarlet Fever	—	—	—	—	—	—	4	—	3	7	7
Tuberculosis (Respiratory)	3	2	1	6	—	2	—	2	2	6	12
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	1	1	1
Whooping Cough	—	—	—	—	—	—	—	—	1	1	1

From the above table it would appear that the incidence of infectious disease is remarkably low.

## National Health Service Act, 1946 - Section 22 Care of Mothers and Young Children.

Clinics: No ante-natal or post-natal clinics are provided by the Local Health Authority. The scattered population of the county militates against their establishment. Nevertheless, certain individual medical practitioners do hold regular ante and post-natal clinics for their patients. These are much appreciated. Provision of Maternity Outfits:— Sterilised maternity outfits are provided by the Local Health Authority and issued free of charge (by the District Nurse) to all mothers confined at home.



## **Maternal Mortality.**

There have been only two Maternal Deaths in the County during the last five years, but these both occurred during 1956. The first was a woman of 33 years who had had four previous confinements. She was admitted to the Llandrindod Hospital not in labour, and was delivered by Caesarian Section. Six hours later she suddenly collapsed and died within a few minutes. This patient had refused all offers of ante-natal care, and appeared to be anæmic at the time of her confinement, and this was undoubtedly a contributory cause of death.

The second maternal death was of a woman aged 22 years who was expecting her first baby. She had had rheumatic fever seven years previously, and suffered from heart disease. In view of this, it was considered that she should be delivered by Caesarian Section well before the expected date of confinement. In fact, at about the twenty-eighth week of pregnancy she had a sudden attack diagnosed as Cerebral Embolism with left hemiplegia and died soon after.

Both these deaths can be regarded as almost unavoidable.

## **Infant Mortality.**

The number of deaths of infants under 1 year of age in the County during 1956 was 5, the same number as in 1955; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 20·4 compared with 18·2 in 1955. All five deaths (4 males, 1 female) occurred in the Rural Districts, and during the neo-natal period, i.e. in the first month of life. The causes of death were prematurity 1; Hydrocephalus 1; Tracheal Fistula 1; and Congenital Heart Disease 2. All these deaths can be regarded as almost unavoidable.

I must emphasise again that these figures are far too small to justify conclusions.

Two children between the ages of twelve months and 5 years died during the year, one from congenital heart disease and the other as the result of a drowning accident.

### INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1956.	Rates per 1000 births.	
		1956.	1952-56.
Urban Districts :			
Knighton -	—	—	7
Llandrindod Wells	—	—	15
Presteigne -	—	—	10
Rural Districts :			
Colwyn -	—	—	41
Knighton -	2	71·4	26
New Radnor -	1	32·2	37
Painscastle -	1	34·4	34
Rhayader -	1	18·8	39
Urban Districts -	—	—	12
Rural Districts -	5	32·4	35
Administrative County	5	20·4	24

## Premature Infants.

There were fourteen premature births this year, a drop of nine on last year's figures. Of these two were born and nursed at home and did well. Both were called premature by reason of weight and not weeks of maturity. The other twelve were born in hospital, two in hospitals outside the county. Three died but the others have done well. It is usual for these small babies to be kept in hospital until they weigh at least five and a half pounds. They are visited regularly by the district midwives after they are discharged from hospital, and kept under the supervision of the Consultant Paediatrician, who holds regular clinics.

Premature babies born at home may be transferred to the Premature Baby Unit at Sorrento Hospital, Birmingham or to Hereford Premature Baby Unit. The mothers are transferred with the baby to Hereford but not to Birmingham. It is not often felt necessary to transfer a baby in this way, as the small babies born at home are fortunately usually strong and healthy, and fall into the premature baby category because their weight is under  $5\frac{1}{2}$  lbs., and not because they are born early.

The main cause of prematurity among the babies mentioned above were twin pregnancy, toxæmia of the mother, and one malformed baby who died a few hours after birth.

Toxæmia of the mother is not common, a careful watch being kept by doctor and midwife on diet and gain in weight; any sign of raised blood pressure or albuminuria is carefully observed and treated. Of the two mothers who suffered from toxæmia and had premature babies one had an induced premature labour and the other a Caesarian Section. Both mothers and babies have done well.

## FAMILY PLANNING CLINICS.

There is no family planning clinic in the county and mothers who require such advice are referred to the family planning clinics at Hereford and Ludlow.

## CHILD WELFARE CENTRES :

Child Welfare Centres are held in the county as follows :

Place.	Time.	Medical Officer.
Knighton, Church Hall.	First and Third Tuesdays in the month, 2-30 p.m.	Dr. G. A. Ballance Dr. J. G. Garman
Llandr'dod Wells County Hall	Tuesdays 2-30 p.m.	Dr. M. Dilys Owen.
Newbridge-on-Wye P.O.W. Hut	First Friday in month 2-30 p.m.	Dr. Waldo B. Morgan
New Radnor, Walton Village Hall	Last Monday in month, 2-30 p.m.	Dr. R. R. Walker.
Presteigne, Shire Hall	Second Tuesday in month, 2-30 p.m.	Dr. R. R. Walker.
Rhayader, Greenfields	Second Wednesday in month, 2 p.m.	Dr. J. D. O'M. Poole & Dr. P. Shankey.

There continues to be an increasing attendance of children at the Child Welfare Centres ; particularly of babies under one year old. When the child has reached the age of twelve months, attendances are not so frequent and after the third birthday has been passed the Centre is lucky if the child attends more than twice before he starts school. This is a

pity as behaviour and jealousy problems might be more happily treated, or even prevented, by the informed advice given by the doctor or health visitor at the Centre. The work done is wholly preventive and aims to promote positive health by advising mothers how best to achieve and maintain physical and mental health in their children.

A very valuable aspect of the Infant Welfare Centres is the social "get-together" of the mothers over a cup of tea and a biscuit. To discuss their children and their problems in the light of the talk they have just had with the doctor or nurse often helps to clarify the help given; it brings out helpful hints from the other mothers who have faced the same problems, and reassures young mothers who have been feeling that their baby is the only one who was ever bothered with wind, or other such minor but alarming complaint.

Talks are not as a rule given by the nurses at the Centres, but each mother has the opportunity to discuss any difficulty with the nurse. Any mother who wishes may see the doctor, and she is encouraged to take her children to the doctor attending the Centre for an assessment of their health and progress. It is desirable that each child should be seen by the doctor at the first attendance at the clinic and thereafter at regular intervals. Immunisation against diphtheria and whooping cough is carried out at all the Centres and in one Centre vaccination against smallpox is done by arrangement.

A great amount of work is done at all the Centres by the voluntary workers, who keep the registers, provide and make the tea and help to sell the Welfare Foods. Many of them have done this work for a number of years and are real friends to the mothers; and the nurses would find it very difficult to run the Clinics without them. I should like to record my appreciation of their services.

## Child Welfare Centres.

Table of Sessions held :—

	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of Meetings	24	47	12	12	12	12	119
Doctor present	23	47	12	12	12	12	118
Average No. of Voluntary Helpers	4	2	3	3	3	3	—

### Attendances at Sessions over past 5 years—

Age Group	1952	1953	1954	1955	1956
Infants under : 1 year	1607	1373	1301	1358	1785
Children 1-5 years	1157	1069	1104	1351	1667

### UNMARRIED MOTHERS AND THEIR CHILDREN :

Special help is available to unmarried mothers through the Swansea and Brecon Diocesan Moral Welfare Association. Miss Lewis, the Moral Welfare Worker employed by this Association, visits all unmarried mothers who have been referred to her and gives advice and help as necessary. She contributes the following report on her work in this area during the year.

#### “CASE REPORT FOR RADNORSHIRE HEALTH COMMITTEE TO DECEMBER 31st, 1956.

Number of Cases	33
Number of Visits	198

(Including transport of unmarried mothers to mother and baby homes, visiting them during their stay at the homes, and supervision of mothers in their own homes).

#### NATURE OF CASES :

Unmarried Mothers	12
Children	12
Putative Fathers	8
Preventive	1
Advice only on adoption and Matrimonial problems	6

## HELP GIVEN TO UNMARRIED MOTHERS :

Two were admitted to St. Martin's Home, Hereford, two returned home with their babies. To one of these help was given to secure an affiliation order. To the other a Boarding-out grant from C. of E.C. Society.

One mother-to-be was admitted to the Salvation Army Home, Cardiff. On discharge a vacancy was secured for the baby at a C. of E.C. Society Nursery, and work found for mother at Nazareth House, Swansea. She can visit her baby daily.

Three were admitted to the Cwmdonkin Shelter, Swansea. Two of these asked for adoption of their babies because of home conditions. One returned home with her baby and help was given to secure maintenance for baby from the putative father.

Six unmarried mothers were given help and advice in their own home. Of these, employment was found for one mother with her baby."

## Dental Care of Expectant and Nursing Mothers

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

"Although every effort has been made to encourage patients to take advantage of the treatment scheme the numbers using it are very disappointing. There has, however, been a slight improvement in the attendance of children under five. In addition, many of these have been treated as school children.

It is to be hoped that continuing propaganda will lead to an improvement in the treatment rate."

### Dental Care of Mothers and Young Children —

Statistics :

	Examined	Needing Treatment	Treated	Total Attendances	Made Dentally Fit
Expectant Mothers	2	2	2	2	2
Nursing Mothers	2	2	2	2	2
Children under 5	19	15	15	18	15
Total	23	19	19	22	19

	Expectant Mothers.	Nursing Mothers.	Children under five.	Total,
Extractions	2	3	6	11
Anaesthetics—Local	2	2	6	10
General	—	—	—	—
Fillings	—	—	1	1
Scalings	1	2	—	3
Silver Nitrate Treatment	—	—	28	28
Dressings	1	3	6	10
Radiograph	—	—	—	—
Dentures provided	—	—	—	—

### Distribution of Welfare Foods.

For over two years the scheme for the distribution of Welfare Foods has worked very well. There are three main distributing centres—Llandrindod Wells, Knighton and Rhayader and from these main centres the dried milk, orange and juice cod liver oil are distributed by the three officers of the Authority responsible for the service to Child Welfare Centres, sub-post offices, village shops, and the homes of some of the district nurses. Many a village shop keeper or district nurse has been disturbed late in the evening by a discreet knock at the back door. It is probably father who has finished his day's work, had his supper and been sent down to get some milk for the baby—"the wife says she has none left for the next feed." The necessary tin of milk is willingly handed over and the cheerful way in which the distribution of food is carried out is a feature of the scheme.

In Llandrindod Wells, the Welfare Centre is the main distributing point, but the district nurses always keep one or two tins of milk and some orange juice and cod liver oil in their homes in case of emergency.



The take-up of foods continues to be very satisfactory. There is a small percentage who do not avail themselves of the cheap milk and vitamin supplements and the main reasons or excuses in this county would seem to be:—

- (1) The children "don't like" cod liver oil. It is usually found that the mother does not like cod liver oil and is convinced that it would be cruel to give it to the baby. In genuine cases the mothers are always willing to give the child vitamins A and D in another form.
- (2) Orange Juice does seem to upset some young babies. Blackcurrant puree or rose hip syrup is then given instead.
- (3) If the home is some distance from the distributing point, some of the harder worked or lazier mothers find it difficult to go and get the food. This is largely offset by the district nurses who will distribute food to the home in these circumstances.

It is noticeable that the amount of orange juice distributed rises during the summer months and the distribution of cod liver oil during the winter months. Expectant mothers take their vitamin supplements well on the whole.

The following table shows the amount of food distributed during the year:—

Issued during Quarter ended	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A and D Tablets Packets	Orange Juice Bottles
March 31st	3886	593	133	2236
June 30th	3574	401	141	2653
September 30th	3496	419	115	2512
December 31st	3534	541	128	2128
Total	14490	1954	517	9529

The issues of Welfare Foods during the quarter ended 31st December, 1956, as compared with the issues during the corresponding quarter of 1955 show the following decreases: National Dried Milk 498 tins, Orange Juice 76 bottles, Vitamin Tablets 42 packets and Cod Liver Oil 95 bottles.

## Sections 23, 24 and 25.

### Report of the Superintendent Nursing Officer.

Radnorshire is a small and in many ways a unique County. The four towns might well be regarded in other counties as large villages, and the villages themselves consist of a few houses, a public house and a post office grouped around a church or chapel. The families who do not live in the towns or villages are scattered in lonely farmhouses or cottages, or in small groups of houses apparently in the middle of nowhere. Communication is not easy but the roads are improving rapidly and many of the farmers now own their cars or vans and are building roads to their farmhouses. Because of the difficulties of communication and the scattered population the ratio of district nurses to the number of people living in the County is high. Nursing districts away from the towns tend to be very scattered and the work involves a lot of walking or difficult driving in narrow lanes. There is also a housing problem. Young single nurses do not much like to live in a small village with little opportunity for social life; a married nurse, often with a family, needs a house to live in. The housing authorities are very co-operative in letting council houses to the County Nursing Association but difficulty does arise when there is no council house in the area or none available at the time. As yet, no houses have been built as Nurses' houses by the Authority.

In spite of these minor problems none of the districts remain vacant for long and the work of the nurses is much appreciated by everyone. Many of the nurses have been in the same area for many years and are well loved and respected members of the community. It must not be imagined that because we live in a professional backwater we do not take a keen interest in modern techniques and developments in

nursing. Every year the Superintendent Nursing Officer attends a Post-Graduate Course and various conferences, and she sits on the Welsh Nurse Area Training Committee and the Hospital Management Committee. The nurses are sent regularly for Refresher courses in Midwifery, District nursing and Tuberculosis nursing. Meetings and discussion groups accompanied by films and talks from visiting Consultants, the Childrens' Officer, the Home Teacher for the Blind and others who work in conjunction with the Health Services are arranged by the County Medical Officer of Health. In fact, in this County, with a small population, and nurses who are district nurse, health visitor and midwife in one, there is an unique opportunity for pioneer schemes.

The question of off duty has always been a somewhat thorny one, but this year it has been possible to re-arrange the allotted days off, and by a system of grouping of districts, to allow each nurse a fixed week end and day off. Generally speaking this has been found to work well, and although some feel they do not like a fixed off duty time, it does enable the nurse to make arrangements well in advance. The County relief nurse is sent out to those districts where the work is heavy. With the decline in domiciliary midwifery it is not always easy in spite of repeated advertisement, to appoint a nurse with full midwifery qualifications, but the district is covered by the nurse in the adjoining area, or by the relief nurse.

#### NURSING IN THE HOME :

There does not seem to be any decline in the demand for the services of the home nurse. The patients are of all ages and social groups, and a high proportion are over sixty-five. So many drugs are now given by injection that many home nursing visits are for the purpose of giving intramuscular injections. Iron preparations and the antibiotics are the most commonly used. This raises the question of sterilisation of syringes and needles. At present this is done by boiling, but this does shorten the life of the syringes. Hypodermic needles are an expensive item in the nurses' equipment, and with frequent boiling and usage they blunt very

quickly. In some other parts of the country it has been found possible to have a central sterilising unit for syringes and needles, which are delivered each day ready for use. This would not be a practicable scheme here, as the only autoclave is at the County Hospital, and it is fully occupied with the sterilisation of dressings, theatre equipment and so on. The problem of transport, and the expense of buying and keeping in order sufficient syringes would be almost insurmountable.

The method of carrying syringes and needles in spirit, and rinsing them in boiled water, before and after use, has been tried, and this so far has proved most satisfactory.

In addition to the nursing bags which are issued to the nurse, there is also a certain amount of equipment such as bedpans, mackintosh sheeting and air-rings which can be loaned to the patient in case of need. In some areas this equipment has been provided by the local District Nursing Association, in others it is provided by the Red Cross or St. John Medical loan scheme, and issued by the nurse. The County Nursing Association also provided equipment for loan.

One old lady, a very cheerful soul who lives alone and has a paralysis of one leg, is dressed almost entirely by the good efforts of the nurse, and the help of the clothing given to the Clothing Bank run by the County Old People's Welfare Committee. Clothes are donated by members of the Committee and their friends, and are kept in cupboards in Llandrindod Wells and Knighton. At the moment there are more women's than men's garments, and a preponderance of underwear. This clothing bank is very useful, and much appreciated by the old people and the nurses.

There is no established night-sitter service. There are about half a dozen reliable and sensible women with some nursing experience who will sit up with patients. They are chiefly employed in the towns; in the country neighbours and friends take turns with relatives, and this is sufficient as a rule.

MIDWIFERY STATISTICS ;  
COMPARATIVE TABLE.

	1952	1953	1954	1955	1956
Confinements attended by Midwives at home	157	134	127	133	100
Maternity and Midwifery visits	2579	2083	2040	2080	1949
Confinements in Hospitals within the county	120	122	127	130	111

MIDWIFERY :

The decline in domiciliary midwifery shown all over the country has been evident here (see table). Thirty-three fewer home confinements were attended by domiciliary midwives in the past year. Of the hundred confinements attended by these midwives, twenty-three took place in a small local hospital, where there are two maternity beds and a labour ward. Under an arrangement with the Regional Hospital Board mothers admitted to this hospital are delivered and nursed by the domiciliary midwives. This arrangement works well, but it does mean that fewer women are having their babies in their own homes.

The problem of the future of the domiciliary midwife is one which is under discussion at the moment. The decreasing number of mothers wishing to have their babies at home, means that more and more of the newly trained midwives are electing to work in hospitals and maternity homes, where they can use their midwifery qualifications. Midwives are still needed for district work, but many feel that the number of cases is too small, and some do not feel the same interest in carrying out ante-natal work on mothers who will be delivered in hospital. The early discharge of patients from the hospital raises the question of whether the nurse is visiting as

a midwife or a health visitor. The future of the midwifery profession as we know it is being weighed in the balance, but meanwhile ante-natal care, care of mothers in labour, and care of the mother and newborn child goes on. Our midwives are not yet provided with machines suitable for giving Trilene analgesia to mothers in labour. Some of the doctors use it, and the comments of the mothers are varied. The percentage of women receiving analgesia in labour is high; providing they are medically fit, all are offered gas and air, but some genuinely prefer not to have it, saying they do not feel they need it.

Relaxation classes for expectant mothers were held regularly during the past year in Llandrindod Wells, and proved of great value.

The importance of an adequate diet in pregnancy is well known, and the take up of orange juice and vitamin tablets is good on the whole. Although this is a rural area, one of the main difficulties in providing an adequate diet for the pregnant woman is the lack of fresh milk. So many of the farmers sell their milk direct to the factories or creameries, and do not have a licence to sell milk locally. Thus it does happen that housewives living in the country surrounded by fields and cows cannot buy fresh milk, and their cheap milk tokens are no use to them. The midwives in their ante-natal visits do try to encourage the mothers to obtain and eat the correct balance of food, and much has been done to educate the pregnant woman in this matter.

Blood grouping and testing is not carried out as a routine measure in the ante-natal period, chiefly because all specimens must be sent long distances to the nearest pathological laboratory. In spite of this, blood tests are always carried out if the doctor considers it necessary.

The County Medical Officer has brought before the Local Medical Committee on two occasions the recommendation that every mother during every pregnancy should have a specimen of blood taken to be examined for Rhesus factor and for Wasserman Reaction and circular letters advocating this has been sent to every doctor in the county. Although more specimens of blood are taken for these examinations this is still not by any means a universal practice.

We are fortunate in being able to call upon the Flying Squad from Hereford in an emergency, although I am happy to report that this service was not needed in the past year.

## HEALTH VISITING :

The Health Visitor is gradually being recognised as the basic social worker, visiting all sorts and conditions of men, and able to call in specialist help when necessary. It is not always possible, in spite of repeated advertisements, to appoint a nurse with the Health Visitor qualification. There is a training scheme in the County whereby suitable nurses are offered a bursary of £350 and leave of absence to attend a course of training. Two nurses have been trained under this scheme, and another is due to take her training as soon as it can be arranged. In this County we are fortunate in that all nurses do combined work as home nurses, midwives school nurses and health visitors. This means that they have a wide knowledge of all the families in their area, which is of great value to them and their patients.

There has been a slight shift in the balance of work undertaken. At one time visiting was chiefly in connection with the welfare of young children from birth to five years. Nowadays improved social conditions and the health education programmes of former years, are bearing fruit, and the children of this age group are, on the whole, strong and healthy. Mothers do not need so much detailed help and advice as they did in the past. Routine visiting is carried out every month until the baby is one year old, and then every two or three months until the age of three, and four or six monthly until the child is five or attending school. If the home conditions are not satisfactory, the children not doing well, or the mother needs extra help or encouragement, more visits are paid.

An increasing number of visits has been paid to the older people, and a Register of people over 65 years of age has been compiled. The visits paid to the old people are mainly social, and problems are dealt with as they arise. There are so many old couples or single old people living in lonely cottages in the remoter parts of the County, and they look forward very much to the nurses' visits.

Monthly visits are paid to Blind people, and three monthly visits to Mental defectives and persons on the Tuberculosis Register who are not at the moment receiving active treatment. This enables the nurse to keep her patients under observation. Her visits are appreciated by them as social calls, and afford an opportunity to encourage the carrying out of treatment, and to discuss problems which may arise.

There are a few problem families in the County, and no special arrangements are made to deal with them. Extra visiting is carried out and demonstrations of better methods given. Co-operation with the family doctor, Children's Officer, National Assistance Board and Welfare bodies is good. The advice of the Superintendent Nursing Officer and the County Medical Officer of Health is often sought and readily given.

The Health Visitors have continued to help with the scheme for B.C.G. vaccination, by encouraging the consent of the parents, and by follow-up visits to the homes of those children who have received vaccination. Vaccination against poliomyelitis which was carried out during the year meant work for the Health Visitor, mainly in answering the numerous questions which were asked by mothers anxious about the effect of vaccination; and later coping with the many mothers who now wished to have their children vaccinated after seeing that the neighbours' children survived it.

It is to be regretted that the response to the appeal to have children vaccinated against smallpox is not nearly so good. The need is not so clearly seen—they do not hear of many cases of smallpox, but the dread of poliomyelitis is always with them. This is the argument of many mothers, supported by father, who has vivid memories of a very painful arm following vaccination in the army. The example of mothers who do have their children vaccinated would appear to be of the greatest help in encouraging the not so keen.



There are no formal arrangements for Health Education, but posters are displayed in Infant Welfare Centres, and advisory leaflets on many subjects distributed. Group discussion takes place at the ante-natal mothercraft class which is held weekly at one centre in the County. Talks, sometimes followed by film strips, are given by the nurses to women's organisations and lectures on Home Nursing to members of the Civil Defence Corps, British Red Cross Society and the St. John Ambulance Brigade.

## WORK CARRIED OUT BY THE NURSING STAFF.

### Work of the Superintendent Nursing Officer:

Routine Inspection of Nurses	78
Special Visits to Nurses	37
Other Visits	58
Visits to Nursing Homes	11
Visits to Hospitals	52

### HOME NURSING:

Number of New Patients	2201
Number of Nursing Visits	29,340

### MIDWIFERY:

No. of Cases Attended	100
No. of Maternity and Midwifery visits	1949
First visits to expectant mothers	224
Re-visits " "	1340

### HEALTH VISITING:

First visits to infants under one year	266
Re-visits " "	2727
First visits to children 1-5 years	100
Re-visits " "	4216
Visits to Mental Defectives, Blind, T.B. and Old People, and other visits	7347

## Section 26 - Vaccination and Immunisation.

### VACCINATION AGAINST SMALLPOX.

Statistics of children under 1 year of age, who have been vaccinated against Smallpox under the Local Health Authority scheme, during the years since the coming into operation of the National Health Service Act, are given below. It will be noticed that the figures shows a downward trend.

Year.	Percentage vaccinated.
1949	44.0
1950	26.2
1951	55.4
1952	40.8
1953	36.6
1954	37.3
1955	39.1
1956	36.5
1956—England and Wales	38.5
Wales	26.3

Every effort is made, particularly by propoganda through the district nurses, to persuade parents that vaccination against smallpox is still a most desirable procedure.

Vaccination is carried out by General Practitioners in their surgeries, in Welfare Centres and in children's homes.

The arrangements for protection of children against diphtheria continue. As a rule this protection is given through a combined vaccine with whooping cough vaccine. Statistics for immunisation against diphtheria are given below. In spite of all efforts by the district nurses we are still very far from having achieved a satisfactory state of immunity against diphtheria in this county.

The number of children known to have completed a full course of Primary Immunisation during the year was:

Age at date of final injection.		Total.
Under 5	5-14.	
246	21	267

The number of children who were given a "booster" or reinforcing injection (i.e. subsequent to complete full course) was 48 as against 30 in 1955.

#### Percentages of Children Immunised against Diphtheria.

Year.	Under 5 yrs.	5—14 yrs.	Under 15 yrs.
1951	45.4	69.6	61.3
1952	45.0	74.0	64.8
1953	45.6	64.3	58.5
1954	51.9	63.7	59.5
1955	61.3	64.7	63.7
1956	65.3	66.3	66.0

The following table shows the Immunity Index of Radnorshire in 1956 as compared with Wales, and England and Wales. (The Immunity Index is the number of children immunised, primary or booster, during the last five years, expressed as a percentage of the total estimated mid-year child population.)

	Under 1 year	1-4 years	5-14 years	Total under 15 years
Radnorshire	16·0	76·2	29·9	41·4
Wales	14·5	60·3	41·3	44·5
England and Wales	—	—	—	49·2

#### INOCULATION AGAINST WHOOPING COUGH:

The arrangements for protection against Whooping Cough continue as for the previous year.

Two hundred and sixty-five children completed a course of inoculation against whooping cough during the year.

#### VACCINATION AGAINST POLIOMYELITIS:

Special sessions for the administration of this vaccine were held at various schools and clinics in the county during the year. One hundred and five children (48 boys and 57 girls) were successfully vaccinated with two injections by the County Medical Officer and in addition, six children (3 boys and 3 girls) received their first injection of this vaccine.

### **National Health Service Act, 1946** **Section 27 - Ambulance Service.**

This service is provided through the agency of the Welsh Ambulance Committee of the British Red Cross Society and Order of St. John, has been fully described in previous reports and continues unchanged.

Statistics for 1956 are as follows :

Ambulance	No. of Journeys	Mileage.	—Type of Case—	
			Illness.	Accident.
Llandrindod Wells	315	9104	306	16
Knighton	95	5879	91	7
Presteigne	59	3171	56	4
Rhayader	26	1259	18	10
Total	495	19413	471	37

Total annual mileage:

Year.	Ambulances.	Sitting-case Cars.	All Vehicles.	Increase on previous year (per cent)
1949	11,745	33,243	44,988	—
1950	13,676	47,466	61,142	35·9
1951	16,949	58,226	75,175	22·9
1952	13,989	61,500	75,489	0·4
1953	16,029	65,867	81,896	8·4
1954	16,303	76,022	92,325	12·7
1955	20,580	85,935	106,515	15·4
1956	19,413	128,265	147,678	38·6

In 1956 ambulance vehicles did 1,010 miles per 1,000 of the population compared with 1,060 in 1955, while sitting-case cars covered 6676 as against 4429 in 1955. The number of journeys per 1,000 of the population made by ambulance vehicles was 25 compared with 28 in 1955, and by sitting-case cars 121 compared with 91 in 1954.

One of the major problems of providing Health Services in a rural community is how to effect economies without impairing efficiency. The relationship between economy and efficiency in the ambulance service is largely a question of co-operation between hospitals, medical practitioners, and the

local health authority. Indeed there is reason to believe that the continued rise of the sitting-case car mileage reflects a reluctance among hospitals and doctors to apply strictly those fundamental principles of procedure most likely to bring about a saving. For example, it is doubtful whether patients who can make their own way to and from hospitals are sufficiently encouraged to do so, and too often the ambulance service is asked to convey a patient to a distant hospital or clinic when the necessary treatment can be obtained near the patient's home.

The frequency of calls for transport at short notice received from hospitals, mostly when patients are for discharge, suggests that cars are ordered on the grounds of expediency and not solely on account of the patient being unfit for health reasons to travel by ordinary public transport. In addition leniency, particularly in cases of inconvenience, where there is an absence of bus and rail facilities, and in some cases of hardship, have been responsible for demands on the service beyond what should strictly be provided under our arrangements.

The arrangements themselves came under attack by the Medical Officer of Health of the New Radnor Rural District, who writes, in his Annual Report for 1956, as follows:

“You will know that it is possible to provide motor transport for cases requiring medical attention at a distance and which, whilst being unable to use public transport, are still not sufficiently incapacitated to require an ambulance. In this area where it is frequently necessary to send patients long distances, to outpatients clinics and for admission to hospital, such a service has become more than a Godsend—it is a necessity. Unfortunately the amazing rule for its use has been made that it can not be granted to cases which are fit to travel by public transport, whether such transport exists or not. In other words, if a patient lives far from a 'bus route or if no 'bus service is available he has either to provide a taxi or go without treatment. This is an evil and ridiculous state of affairs.”

In cases of great hardship authority can be given by the Chairman of the Health Committee for a sitting-case car to be ordered, even if the patient is not strictly entitled on health grounds to have such a vehicle.

If the demands upon the service are not to mount still higher, there is need for increased co-operation between hospitals, medical practitioners, and the Local Health Authority. Hospital administrators can help by co-ordinating the times of their out-patient clinics as far as possible with the times of local bus and train services, and by exercising the utmost restraint. Medical Practitioners should not grant sitting-case car transport unless the health of the patient requires a car to be provided.

During the year a new garage to house the ambulance was built by the Authority at Presteigne. This garage is centrally situated and provides for the first time proper accommodation for this vehicle, which had previously been standing in the open a good deal.

## **Section 28 - Prevention of Illness, Care and After-Care.**

### **TUBERCULOSIS :**

All new cases of tuberculosis are notified by the Chest Physician, and other Medical Practitioners, to the County Health Department. As soon as a notification is received a health visiting record card and an environmental report card are made out, and sent to the appropriate health visitor. A central register of cases is kept in the County Health Department, and change of address and transfers to and from other authorities are recorded at once. The health visitors visit the homes of all new cases notified, and a list of contacts is sent to the Chest Physician, who arranges for any examination he considers necessary.

With the advent of the antibiotics, active treatment is commenced at home before admission to sanatoria, and the amount of home nursing of the tuberculous patient has increased. The giving of streptomycin and the general supervision of nursing care are the chief duties of the district nurse in these cases, but much help can be given in other ways—health education, encouragement of the contacts to attend the Chest Clinic, and advice on obtaining financial assistance. Under the County scheme patients who are nursed at home are entitled to a supply of free milk, and three people were helped in this way during the year.

The number of notified cases and contacts examined and the number of contacts vaccinated with B.C.G. for the years 1952-56 are as follows :

	1952	1953	1954	1955	1956
Number of notified cases	11	6	14	12	10
Number of contacts examined	27	34	21	26	51
Number of contacts given B.C.G.	12	17	9	15	10

Two hundred and ninety-nine patients were referred to the Chest Clinic for the first time during 1956, but of these only six were found to be suffering from tuberculosis.

#### B.C.G. VACCINATION OF CHILDREN.

The vaccination of school children against tuberculosis by the giving of B.C.G. vaccine was continued. At present this protection is offered to children in their fourteenth year. A circular letter explaining B.C.G. vaccination and incorporating a consent form, is sent to the parents of each child in the age group. On the whole the response was good—the percentage of those consenting was 79. If the consent form is not signed and returned within a week, the district nurse visits the home and explains the object of vaccination more clearly and as a result of this more consents are obtained.

The schools were visited, and tuberculin testing was carried out on those children whose parents consented. Of the 225 children to be tested twelve were absent on the day of testing. The result was read four days later, and those who were tuberculin negative were vaccinated at this visit. The number of children tested was 213 and 182 were vaccinated.

Thirty-one children found to be tuberculin positive were visited by the district nurses in order to obtain any known history of infection, and also to discover any possible contact. Each of these children was X-rayed, and the radiographs were examined by the Chest Physician. No child showed evidence of active tuberculosis.

This testing and vaccination was carried out by the County Medical Officer at the five Secondary Schools. The Residential School for the Deaf was also visited, where five children were tested, and two were found to need vaccination.

Re-testing of children who were vaccinated in the previous year was also carried out. The percentage who remained tuberculin positive was 85.

### Health Education

Witchcraft, superstition and distrust of scientific medicine still persist in the remoter and wilder district of the County. Very funny things go on in the little cottages tucked away in the hills; there is very little communication with the outside world and the old beliefs are still held unchallenged.

In the remote fastnesses there is no way of getting about except by walking, and it is accepted without question that long distances must be travelled regularly on foot. Occasional buses run to the nearest market towns. Many people, even the comparatively young, have never seen a train; the railway is many miles away and on the whole the country folk do not travel far afield.

The old cottages are very small and it is impossible to stand upright in the bedrooms, which are tucked under the eaves, and approached by a steep narrow ladder.



Nevertheless, families of twelve and fourteen children have been reared in these isolated holdings. With the depopulation of the rural areas, and the drift of young people to the towns, the old cottages are slowing tumbling down, but the parents and grandparents of the young people still live in those that are left. Very commonly they suffer from nutritional anaemia, for their diet consists of fat bacon, potatoes, bread, lard and tea, with swedes by way of a change when swedes are in season. Fruit and vegetables are rarely bought, and some of the old people have never seen sprouts growing. Even if hens are kept, the eggs are rarely eaten—that would be eating money. Eggs are carried to market and sold, in the old days eggs and butter were exchanged for flour and sugar.

It is not surprising that this sort of thing can still happen—a nurse was called one day to an isolated farmhouse—the farmer's wife had come in from the buildings with wellingtons on, and had at once gone to poke the fire. A hot cinder dropped down inside her wellington, and her foot was burned. Nurse discovered that for a fortnight the woman had been applying poultices of cow dung, which she even wore in bed. When the burn did not seem to be responding to treatment, nurse was called in.

Cobwebs from the dirtiest corners of the barns and out-building are commonly used to dress cuts, and many people would not dream of going to anyone but the bone-setter with sprains, dislocations and fractures.

There is a Radnorshire man—a carpenter by trade—who can charm away cysts, make love potions and philtres from infusions of bark, and cure the discomforts of the menopause. His methods are a closely guarded secret, but there is no doubt they are effective. In another area a pleasant harmless looking old lady is feared by the villagers, but they pay her well in the early spring for a charm to ensure that the duck and goose eggs which they are putting down to hatch produce a good brood.

It would seem that there is a great deal to be done in the way of Health Education, but it is slow work. It is found that personal teaching and example are the best methods to use, and the occasional dramatic triumph of enlightenment over ignorance produces results which are far-reaching and lasting. Teaching in the home is carried on all the time, often in an unobtrusive way by nurses and doctors, in the schools by teachers, the school medical officer, and the nurse and also in the clinics. The Women's Institutes and the Young Farmers Clubs are great influences for good, in that they spread knowledge, and encourage travel and wider interests. Talks on home nursing, and topics of general medical interest, are often given by the County Medical Officer, and the nursing staff to these organisations. Lively discussions often follow these talks, and show the interest that is taken. It is always better to make haste slowly, for the old ideas are still strong, and give way very gradually to the new ones. The younger people are anxious to learn, and posters, leaflets and film strips are much appreciated. Posters are displayed at Welfare Centres, and film strips are shown to mothers at clinics, and often accompany a talk at a Women's Institute.

On the whole it has been found that these methods of Health Education produce better results than a more formal programme, especially in an area such as this, where it is very difficult because of lack of communication to bring people together.

### Section 29 — Home Help Service.

Total number of households supplied with help	62
Number of new households supplied with help	39
Total number of Home Helps employed	51
Number of new Home Helps (including temporary help)	41

#### REASONS FOR EMPLOYMENT OF HELP:

Chronic Illness	25
Acute Illness	2
Maternity	3
Blind	3
Old Age	27
Tuberculosis	1
Other	1

There has been a further expansion of the Home Help Service during the year, and fifty-one Home Helps were employed this year, as compared with thirty-four last year. The service is administered by the Superintendent Nursing Officer in the capacity as Home Help Organiser, and requests are received from general practitioners, the nurses, the Area Officer of the National Assistance Board and the patients themselves.

The table shows that the majority of requests are received from households where there is chronic illness, or increasing feebleness due to old age. Although many families do assume responsibility for their ageing relatives, circumstances do arise where this is not possible. Young people may have moved many miles away, and the old people prefer to remain independent rather than share a house with their children. Home helps are often supplied for a few hours a week to these old people, to help with the heavy work, and the cheerful way in which they carry out their duties, and the extra kindnesses they do are much appreciated. There are a number of people living alone suffering from arthritis, and in these cases a full time home help is employed, or perhaps two part time ones.

It has been found quite feasible in the urban areas for one home help to be employed to work in two or three households during the week, doing a few hours each day at one or the other.

The rural areas still present a problem in that a suitable home help may live some distance from the person requiring her help. Fortunately in the country, providing the distance is not too great, women are prepared to walk or cycle to work, and we have been able to overcome the shortage of public transport in this way. Neighbours are also very willing to help, provided they are not solely responsible.

When requests for help are received, the Superintendent Nursing Officer investigates the conditions, and assesses how much help is needed. It sometimes takes a little while to find suitable help, but this difficulty is gradually being overcome with the expansion of the service. In exceptional circumstances, where no other help can be found, a daughter may be employed as a home help, provided that she has had to give up her paid employment to come home and look after her parents. Authority to engage a help is always obtained first from the Chairman of the Health Committee.

Although many patients pay very little towards the help given, because of their poor financial circumstances, it is much less expensive to provide a home help than to maintain a person in a chronic hospital or old people's home. Another advantage is that people are encouraged and enabled to keep some measure of independence.

### **Section 51 - 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 the part-time adviser in Mental Health, Dr. Gordon Diggle, Medical Superintendent of the Mid-Wales Hospital. No whole-time staff is employed, but part-time work is undertaken in the area by Dr. Diggle and Miss Gwendoline Morgan, the Psychiatric Social Worker (employed jointly by the Regional Hospital Board and the three Counties of Brecon, Montgomery and Radnor). Three part-time Duly Authorised Officers are also employed.

The Psychiatric Social Worker is responsible for the supervision of patients on trial from the Mid-Wales Hospital and on licence from Mental Deficiency Institutions.

A Psychiatric Out-patients Clinic continues to be held every Friday afternoon, at the Out-Patient Clinic in the Connty Hall, Llandrindod Wells.

Dr. Diggle submits the following report :

"During 1956, 50 sessions were held. Eighty new patients attended and in addition, there were 201 attendances of old patients. The work of this Clinic is steadily increasing both in the numbers and in the time taken to deal with these patients.

The work of the clinic consists mainly of assisting local General Practitioners in the diagnosis of their psychiatric patients, in advising the most suitable form of treatment, and where admission to a Mental Hospital is required, the most suitable procedure for admission. The latter is of great importance as by the adequate use of the clinic, certification of a patient with its consequent troubles, can often be avoided.

Out-patient treatment is either given at the Clinic or by arrangements made at the clinic, at the Mid-Wales Hospital Talgarth. The latter arrangement is increasing rapidly. Electro-convulsive-therapy on an out-patient basis frequently saves the necessity of admitting the patient to Talgarth, although it is relatively more expensive, considering transport charges.

A further function of the clinic is in assisting patients who have been discharged from Talgarth, giving help and support. This, we hope, frequently prevents relapse and re-admission.

Perhaps the greatest value of out-patient clinics is the contact made between the mental hospital staff on the one hand and patients, General Practitioners and the general public on the other. The general public through these contacts, realise that the staff of mental hospitals are ordinary human beings and that mental hospitals are as much a part of the hospital services of a community; as any other type of hospital."

Miss Gwendoline Morgan reports on her work as follows :  
"During the year 38 patients were admitted to the Mid-Wales Hospital from Radnorshire, and of the 34 discharged, a considerable percentage were recurrent cases who, with the help of treatment, were able to return to their homes and live fairly normal lives.

After care has been made available to all persons leaving hospital, but as it is a voluntary service, patients are initially informed of the facilities, and are then allowed to decide whether or not they wish to keep in contact with the hospital through the agency of the Psychiatric Social Worker. In most cases this offer has now been eagerly accepted, but a small minority, mainly with an upper middle class background, are so fearful of the opinions of their neighbours, that they avoid any relationship which might bring their former mental condition to public notice.

One of the most satisfying features of the past year has been the discharge of some long stay patients, who, after spending 6-13 years in hospital, regained enough stability to return to their homes and families. Re-adjustment has not been easy for them after so long an absence, but with encouragement and practical help concerning such items as the changed cost of living, etc., they have been able to successfully conform and adapt themselves to present day standards. Certain defective patients, already established in environments where they receive suitable care and supervision have been visited regularly and a good relationship between guardian and patient has been fostered.

I have been grateful for the co-operation of kindred Welfare bodies in the County, whose assistance has proved of great value to me. In particular the Ministry of Labour Rehabilitation scheme has proved most useful ; its opportunities for training maladjusted or handicapped people to new skills and of placing them in amenable working environments has been of great benefit."

## ANALYSIS OF WORK UNDERTAKEN :

Admissions to Mid-Wales Hospital	38
Departures from the Mid-Wales Hospital	34
Patients who received after care	41
Defective patients under supervision	3
Interviews with relatives for the purpose of compiling Case Histories or settling family problems	45 visits
After-care for Psychotic and Defective patients	297
Matrimonial and Kindred Social Work	29
	<hr/>
Total	371

## MENTAL DEFICIENCY ACTS 1913-1938.

Ascertainment of new mental defectives is made by the County Medical Officer of Health. Children suspected of mental deficiency are found, as a rule, through the district nurses, who refer children who are markedly retarded to the County Medical Officer for examination before the age of five. Children who are backward are also referred by Head Teachers of Schools.

During the year 6 children (4 boys and 2 girls) of school age were referred by the Local Education Authority to the Mental Health Committee under Section 57 of the Education Act, 1944, and were placed under statutory supervision.

On the 31st December, 1956, the number of ascertained cases from the Authority's area was as follows:

	M	F	Total
In certified institutions	13	11	24
Under supervision	31	18	49

One male and two females were awaiting institutional accommodation at the end of the year.

Defectives from the County are in the undermentioned Institutions :

	M	F	Total
Brynhyfryd Hospital	5	1	6
Pantglas Hall	—	4	4
Llys Maldwyn Hospital	2	1	3
Coed Du Institution	—	2	2
Stoke Park Colony, Bristol	3	—	3
Royal Earlsfield Institution	1	—	1
Brentry Hospital	1	—	1
Broughton Hospital	—	1	1
Hensol Castle	1	1	2
St. David's Hospital	—	1	1
	<hr/>	<hr/>	<hr/>
	13	11	24
	<hr/>	<hr/>	<hr/>

In addition, one patient was in the Knighton Hospital as a "place of safety." Difficulty is still being experienced in obtaining Institutional accommodation and "Places of Safety" for defectives.

### **National Assistance Act, 1948. Welfare of the Blind.**

The Health Committee is responsible for the scheme for the Welfare of Blind Persons. The Birmingham Royal Institution for the Blind, to which this Authority makes an annual grant, undertakes the supervision of home workers and carries out periodical visits to some of the blind persons in the county. In addition, all blind persons are visited each month by the district nurses, who give general supervision. The Radnor Association for the Blind (a voluntary body affiliated to the Royal National Institute for the Blind) is entirely supported by voluntary contributions.

During the year our part-time Home Teacher for the Blind, Mr. Richard Olbury, who had previously been employed for two days only in each week, had his services extended to three days a week. This additional time gave him greater scope in his work.



Mr. Oldbury submits the following report :—

“Apart from routine visits made to all Blind people as regularly as possible. the year 1956 was one of progress.

One partially sighted and one blind lady commenced the study of Braille. I visited them weekly, they made normal progress, and now receive monthly Braille magazines. The number of Braille readers in Radnorshire is now 8.

After the success of the first handicraft and social class held at Knighton, a second one was begun at Llandrindod Wells in February, with equal success. The handicrafts taught were, Cane work, Rug making, Stool seating, Bracelet making, and these are to be added to later.

Visits were paid to our two blind children, at school and during the holidays. In the case of one of these children I was asked to give tuition in Braille reading and writing, also general English, whilst at home. This arrangement still continues. I have found the mother very co-operative.

Several articles have been distributed especially designed for blind people, including needle threaders, Braille draughts, Dominoes and one Braille watch.

I gave assistance to the Secretary of the Radnor Association for the Blind in the arrangements for the Annual Summer Garden Party and Summer Outing, etc.

From November 1st responsibility for the distribution and maintenance of wireless sets for the blind, was handed over to the Radnor Association for the Blind.

These services had previously been carried out by the Birmingham Royal Institute for the Blind.

My function is to ensure that no blind person is without a set. I arrange for them to be repaired, and for the delivery of new sets, when necessary. A small stock is retained in case of emergency.

Although thirteen blind people attended the handicraft classes, I am not satisfied with the numbers. I feel many more who are unable to come, could however avail themselves of the service.

I intend to concentrate on this during the coming winter, as from my own experience of blindness, I know the great value of occupational therapy.

During the year I attended all six meetings of the Committee of the Radnor Association for the Blind, three meetings of the College of Teachers of the Blind, and the Home Teachers Refresher Course."

Mrs. Medlicott, the Secretary of the Radnor Association for the Blind, reports as follows:—

"The year has been a very successful one financially and otherwise. Visitational work has been carried out extensively.

Three of our blind members have become subscribers to the Guild of Blind Gardeners.

The Association now bears all the expense of wireless repairs and batteries supplied to the blind.

The garden party held in June at The Chestnuts, Knighton, instead of the Christmas Party, proved a great success. We were favoured with a lovely June day, and were a party of 100. The Knighton Town Band gave their services for several hours, playing under the trees, and a very happy time was spent. Sir Herbert Hiles and Mrs. Rawden were among the guests and the former remarked at several large conference meetings in Wales, later in the year, that the most enjoyable afternoon he had ever spent was the one with our blind on that June afternoon at Knighton.

Three of our blind people spent a very happy fortnight at Southerndown. Several other members had taken advantage of the Holiday Scheme and had visited relatives and friends.

The summer outing to Swansea by train was a new experience, but a very enjoyable one, about 70 members and friends making up the party, the weather was perfect and the only trouble was the failure of the driver of the train to stop the train at Mumbles, which meant we had to take the blind people over electric railway tracks. However, no one fell by the wayside and everyone kept in very good spirits. The catering at the restaurant and the service left nothing to be desired.

At Christmas each member was sent a gift of £2 and many letters of appreciation and thanks were received, most of the blind people stating that the money had been expended in acquiring coal and wood, or warm clothing.

The Brecon County Welfare Officer for the Blind wrote asking if we could assist him in forming a County Association similar to our own, as he had heard a great deal about the excellent services provided for blind persons in Radnorshire by our Association. This certainly is a tribute to our success."

### Blind Register.

Eight new cases (3 men and 5 women) were added to the Blind Register; 6 blind persons (2 men, 4 women) died and 1 man was removed from the Register.

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

Sex.	Age Periods.							Total
	0-15	15-25	25-35	35-45	45-55	55-65	65+	
Males	1	—	1	1	2	7	15	27
Females	1	1	1	—	6	2	19	30
Total	2	1	2	1	8	9	34	57

### FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

Number of cases registered during the year in respect of which Forms B.D. 8 recommends—	Causes of Disability						
	Cataract	Glaucoma	Degenerative Myopia	Carotid Arteritis	Corneal Dystrophy	Intraconial Tumour	Macular Degeneration
(a) No Treatment	2	1	—	—	1	1	1
(b) Surgical or Optical	1	—	1	—	—	—	—

There were no cases of ophthalmia neonatorum notified.

## Tuberculosis.

During the year 9 new cases were notified and 7 patients died from the disease.

Particulars are as follows :

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F	M	F	M	F.	M	F
0-								
1-								
2-								
5-								
10								
15-								
20-								
25-	1	2						
35-	1					1		
45-		1		1	1		1	
55-	1	1			3			
65-		1				1		
75+								
Total	3	5	—	1	4	2	1	—

The death rate per 1,000 of the population for the year 1956 was 0.36 compared with 0.15 for 1955.

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	M	F
0—						
1—						
2—						
5—	1	—	2	—	3	—
10—	1	2	10	—	11	2
15—	1	1	1	1	2	2
20—	4	2	1	1	5	3
25—	9	8	2	—	11	8
35—	11	5	2	4	13	9
45—	4	6	1	3	5	9
55—	3	5	2	—	5	5
65—	2	2	1	—	3	2
75+	—	—	1	—	1	—
Total	36	31	23	9	59	40

### Venereal Disease.

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

Particulars of attendances at the Centres are as follows.

	Hereford.		Shrewsbury.	
	M	F	M	F
Syphilis—Cases	—	—	2	3
Attendances	—	—	44	59
Gonorrhœa—Cases	—	—	—	—
Attendances	—	—	—	—
Other Conditions—Cases	1	—	2	—
Attendances	2	—	29	—

## Epilepsy.

So far as we can ascertain there are 41 persons suffering from epilepsy in this county of whom 15 are children of school age. None of these children is seriously handicapped and none in consequence require education in a special school. Should any child be found to be suffering of so severe a type that he requires admission to a Residential Special School, this can be arranged without difficulty.

In addition to the, above, 10 patients from the area are in the Mid-Wales Hospital, Talgarth, suffering from a severe form of the disease.

## Cerebral Palsy.

So far as we can ascertain there are 10 people in this county who have been substantially handicapped by cerebral palsy. Of this number, 4 are spastic children of school age.

## Food and Drugs Act.

Mr. R. W. Price reports as follows :

"The provisions of this Act afford protection of the food supply of the country by prohibiting the presence of harmful chemicals, contaminants and adulterants in food, by restricting the use of colouring and flavouring agents, and by prescribing a lower limit of quality for many articles. The Act requires that County Councils shall appoint officers for the sampling of foodstuffs and shall make arrangements for analyses to be made. District Councils have a permissive right to take similar action if necessary.

A total of 394 samples were submitted for analyses in the County of Radnor during the year. Of these, 291 were samples of milk and the other 103 included a wide range of articles. Full details appear in the accompanying table.

Under the provisions of an Order in Council, milk is presumed to have had some of its cream removed if the Fat content is found to be less than 3%, and to have been adulterated if its non-fatty solids content is less than 8.5%. It is well known however that milk may fall below these figures as a result of natural causes, and it is not usual to take legal action against a producer unless the fact of skimming is confirmed by the finding of a higher Fat content in a further sample taken after milking under supervised conditions, or unless adulteration is confirmed by the Hortvet Freezing Point Test.

Of the 291 samples of milk, 20 were found to have a Non-Fatty Solids content below the presumptive limit of 8.5%. The deficiencies ranged from 0.5% to 7.2% of the Standard; the actual proportion found in the case of deficient samples ranged from 8.54% to 7.88%.

In every case the Hortvet Freezing-Point Test was applied and it was found that the deficiency was due to natural causes and that no added water was present. Although the sale of sub-standard milk in such circumstances does not contravene the Act the vendors were informed of the results of the analyses and asked to take such steps as might be possible to improve the quality.

Eleven samples were found to be deficient in Fat content. Six of these were deficient by 10% or less; i.e. the actual Fat content was 2.70% or better. Of the five other deficient samples, four were deficient by amounts not exceeding 16 per cent. In all these cases it was found on investigation that the cause lay in insufficient care in mixing, subsequent sampling showing the milk to be of satisfactory quality. Three vendors were given verbal warnings. In the one remaining case a deficiency of no less than 38 per cent was found. Investigation showed that the milk as given by the cows was above the required minimum, but it was eventually found that on the day on which the sample was taken about half of the total bulk of the milk had been poured, after standing for some hours, into a separate container for sale elsewhere. The sample was obtained from the remainder. Prosecution was considered in this case, but having regard to the fact that the vendor concerned had carried on this kind of business for over twenty years without previous complaint, it was decided to issue a formal caution. This action was subsequently confirmed by the Health Committee.

In two cases a minor shortage of Fat together with a minor shortage of Non-Fatty solids occurred in the same sample, so that the final analysis of the results of milk sampling shows that there were 29 sub-standard samples out of a total of 291; No case of skimming or of adulteration occurred, but there was three cases of carelessness and one of negligence, none of which appeared to call for legal action. It is suggested that these figures reflect considerable credit upon the milk producers and retailers of the County. No instance of dirt in any sample was reported.

Of the 103 samples taken of foods other than fresh Milk, only two failed to obtain a satisfactory report. A sample of sponge mixture was found to be heavily infested with meal-mite and a subsequent inspection of the premises from which it was obtained showed that the infestation had affected a considerable quantity of stock in one section of the shop fixtures. The cause lay in the practice of replacing stock sold on the front of the shelf so that items at the rear remained undisturbed for far too great a period, together with the failure to examine stock as a matter of routine from time to time. No proceedings were undertaken but the affected stock was destroyed. It is satisfactory to note that this was the only instance of this kind of offence during the year, but it is nevertheless felt that such cases should never occur. It is usually suggested, when such cases are found, that the purchaser would not suffer as the condition of the goods would be obvious when they were opened and they would be promptly returned. For customers who live some distance from the shop, however, and for the occasional visitor or temporary resident, this may be impracticable. Every effort is made to impress upon shopkeepers the need for regular inspection of their stocks and for the maintenance of reasonable standards of cleanliness in shops and store-rooms, although matters of



this nature are more the concern of the sanitary authority than of the Inspector of Food and Drugs. While conditions have improved considerably it is clear that the standards in many cases are still very much below an achievable level and it seems regrettable that any instances of infestation should occur in spite of the intensive hygiene campaigns of recent years.

The other unsatisfactory sample consisted of candied peel which was found to contain sulphur to an extent which, as sulphur dioxide, amounted to 120 parts per million. The maximum permissible is 100 parts per million, but a greater proportion is permissible in certain other substances. It appears that the Ministry, in fixing these limits, have regard to the proportion which it is reasonably practicable to achieve rather than to an estimated human tolerance. It does not seem reasonable to lay an information in respect of an instance such as this, when a sample of some other substance containing as much as 500 parts per million would be regarded as satisfactory. The manufacturers of the peel were informed of the analysis, but no further action was taken."

Article	No. taken Sub- standard	Article	No. taken Sub- standard
Semolina	1	Bovril	1
Custard Powder	8	Carmelle	1
Trifle	1	Lentils	1
Blanc Mange	9	Split Peas	1
Sponge Mixture	5	Dates	1
Fish Paste	2	Apricots	1
Meat Paste	3	Angelica	1
Flour	3	Glace Cherries	1
Cornflour	1	Pepper	2
Cremola	1	Mustard	2
Lemon Pie Filling	2	Cochineal	1
Jellies	5	Stewed Steak	1
Cake Mixture	7	Sausages	1
Peel	2	Lard	1
Marmite	1	Butter	1
Gravy Browning	1	Cheese	1
Dried Fruit	6	Jam	1
Rice	1	Suet	1
Instant Pudding	3	Stuffing	2
Chocolate Dessert		Sardines	1
Powder	1	Mincemeat	1
Tapioca	3	Cocoa	1
Pickling Spice	1	Coffee	1
Shortcake Mixture	1	Tea	1
Ground Ginger	1	Milk	291
Bisto	2		29
Junkett Powder	1		
Honeycomb Mould	1		
Macaroni	1		
Sage	1		
Baking Powder	1		
		Total	394 31

## **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 and Hereford. In the case of samples of water and other specimens which should be examined within a few hours of collection, 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.**

### **Sections 187 — 191**

There are three registered Nursing Homes in the County.

The Park Nursing Home, Llandrindod Wells, has accommodation for 16 patients. These are chiefly occupied by elderly sick patients. Six beds were registered for maternity patients and one maternity case was admitted during the year. The Regional Hospital Board reserves 8 beds for convalescent patients in this Home and they are usually occupied.

The Spa Nursing Home, Llandrindod Wells was first registered in May and has accommodation for 30 patients. There are no maternity beds registered in this Home, and most of the patients are elderly.

The Wycliff Nursing Home, Clyro, has two beds available for general cases.

The three Nursing Homes were visited quarterly by the Superintendent Nursing Officer, who inspected the registers and found conditions satisfactory.

## **Nurseries and Child Minders Regulation**

### **Act, 1948.**

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

## **Rural Water Supplies and Sewerage Act, 1944.**

Under the Rural Water Supplies and Sewerage Act, 1944, no schemes for the provision of water supplies or sewerage were submitted to the County Council.

# STATISTICAL TABLES

TABLE I.  
Causes of Death in Administrative Areas in the County of  
Radnor for 1956.

Causes of Death	Urban Districts								Rural Districts								County.		
	Knighton.		Llandri'dod Wells.		Presteigne		Colwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.	Total.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Tuberculosis of respiratory system		1				1	1			1	1						2	3	5
Tuberculosis other									1								1		1
Syphilitic Disease					1												1		1
Malig'nt neoplasm stomach ...			1	1	1	1	1		2					3	2	8	4	12	
breast ...				1				1	1						1		3	3	
uterus ...											1		1		1		3	3	
lung-bronchus			1	1	1	1		1	2						5	2	7	7	
Other malignant & lymphatic neoplasm	3		1	5	1		2	5	1	2	3		4	1	18	10	28	28	
Vascular lesions of nervous system	2		5	5	1	2	1	3	5	2	5	1	1	4	4	19	22	41	
Coronary disease angina ...	2	1		3	1		3	1	2	2	2	2	1	3	1	14	10	24	
Hypertension with heart disease									1				1			2		2	
Other heart disease	1	4	6	6		2	5	3	2	2	3	3	3	2	8	6	28	28	56
Other circulatory disease ...			2		1	1		1	1	3	1		1		2	1	6	8	14
Influenza ...	1	1		1					1		1	1		1	1	4	4	8	
Pneumonia ...			1	1			1							1	1	2	3	5	
Bronchitis ...	1		4	1	1		2		1	1				4	1	13	3	16	
Carried forward ...	10	10	19	25	7	8	16	5	19	16	14	15	8	6	30	18	123	103	226

TABLE I—continued.  
Causes of Death in Administrative Areas in the County of  
Radnor for 1956.

Causes of Death	Urban Districts				Rural Districts								County.						
	Knighton.		Llandri'dod Wells.		Presteigne		Colwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.	Total.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total.
...ght forward...	10	10	19	25	7	8	16	5	19	16	14	15	8	6	30	18	123	103	226
...r diseases of ...ratory system									1	1							1	1	2
...r of stomach & duodenum							1											1	1
...ritis Enteritis and Diarrhoea							1											1	1
...ritis and Nephrosis					1	1							1	1	1	1	1	3	4
...rplasia of prostate			2											1		3			3
...ancy, child- th & abortion				1														1	1
...enital mal- formations								1	1	1		1		1		4			4
...defined and ned diseases	1	1	1	1	2	1	3		1	1	1		3	10	7	19			26
Vehicle accidents		1		1												2			2
...er accidents					1								2	1	2	2	2	2	4
... ..	1								1	1				1	2	2	2	2	4
... ..	11	11	23	27	10	12	17	10	21	19	16	16	10	7	37	31	145	133	278

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

Causes of Death.	Aggregate of Urban Districts.																
	All Ages.		0-		1-		5-		15-		25-		45-		65-		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Tuberculosis, respiratory		2											1				
"    other																	
Syphilitic Disease	1													1			
Malignant neoplasm, stomach	2	2													1		
"    "    breast		1															
"    "    uterus																	
Lung Bronchus	1	2												1			
Other malignant and lymphatic neoplasms	5	5									1			2	4		
Vascular lesions, nervous system	8	7												3	1		
Coronary disease, angina	3	4												2	1		
Hypertension with heart disease																	
Other Heart disease	7	12											1				
Other Circulatory Diseases	1	3															
Influenza	1	2															
Pneumonia	1	2		1													
Bronchitis	6	1												1	1		
Other diseases of Respiratory system																	
Nephritis and Nephrosis	1	1					1										
Ulcer of Stomach, duodenum																	
Gastritis, Enteritis and Diarrhoea		2															
Hyperplasia of prostate																	
Congenital malformations																	
Pregnancy, childbirth and abortion				1										1			
Other defined and ill-defined diseases	2	4					1										
Motor vehicle accidents	2									2							
All other accidents				1													
Suicide	1													1			
All Causes	44	50			1			2		2			1	3	9	3	7

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1956.

Causes of Death.	Aggregate of Rural Districts.																	
	All Ages.		0-		1-		5-		15-		25-		45-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pneumonia, respiratory	2	1											2					1
"    other	1												1					
Ischaemic Disease																		
Malignant neoplasm, stomach	6	2											2	1	1		3	1
"    breast		2												2				
"    uterus		3												3				
Bronchus	4												3		1			
Malignant and																		
lymphatic neoplasms	13	5									2		2	2	3	2	6	1
Tumour lesions, nervous system	11	15											2	1	6	6	3	8
Coronary disease, angina	11	6											6	2	2		3	4
Hypertension with heart disease		2									1						1	
Heart disease	21	16											4	1	9	3	8	12
Circulatory Diseases	5	5														1	5	4
Tuberculosis	3	2													1		2	2
Pneumonia	1	1															1	1
Bronchitis	7	2													3		4	2
Diseases of																		
Respiratory system	1	1														1	1	
Nephritis and Nephrosis		2										2						
Diseases of Stomach, duodenum		1														1		
Enteritis and																		
Diarrhoea		1														1		
Hypertrophy of prostate	1																1	
Genital malformations	4		4															
Infancy, childbirth and																		
abortion																		
Unexplained and																		
ill-defined diseases	5	15		1									1	5	1	5	3	4
Motor vehicle accidents																		
Other accidents	2	1			1						1							1
Suicide	1	2									1			2				
Total Causes	101	83	4	1	1						5	2	23	19	27	20	41	41



TABLE III.

Area.	Live Births.			Still Births	
	No.	Birth Rates		No.	Rates per 1000 live&still total births.
		1956	1956		1952-56
Urban Districts:					
Knighton	31	16·9	15·6	—	—
Llandrindod Wells	41	12·7	12·1	1	13·8
Presteigne	18	14·3	14·4	—	—
Rural Districts:					
Colwyn	13	8·1	12·0	2	133·3
Knighton	28	9·2	12·3	1	34·5
New Radnor	31	14·2	14·1	1	31·2
Painscastle	29	16·2	15·8	—	—
Rhayader	53	12·4	14·0	2	36·6
Urban Districts:	90	14·2	13·6	1	11·0
Rural Districts:	154	11·9	13·7	6	37·5
County:	244	12·7	13·6	7	27·8

TABLE IV.

Area.	No. of Deaths	Crude Death Rates	
		1956	1952-56
Urban Districts :			
Knighton	22	12·0	14·1
Lland'dod Wells	50	15·4	15·3
Presteigne	22	17·4	11·4
Rural Districts :			
Colwyn	27	16·7	13·7
Knighton	40	13·1	10·7
New Radnor	32	14·6	11·5
Painscastle	17	9·5	10·8
Rhayader	68	15·9	12·7
Urban Districts :	94	14·8	14·2
Rural Districts :	184	14·3	12·4
County :	278	14·4	12·8

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