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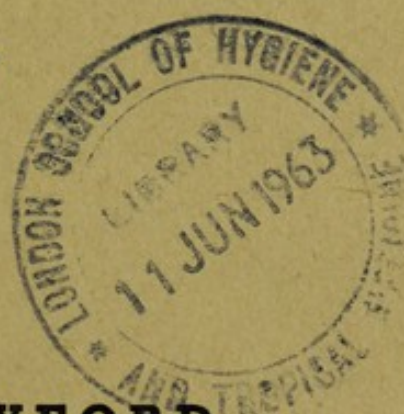
# ANNUAL REPORT

of the

**County Medical Officer of Health**

for

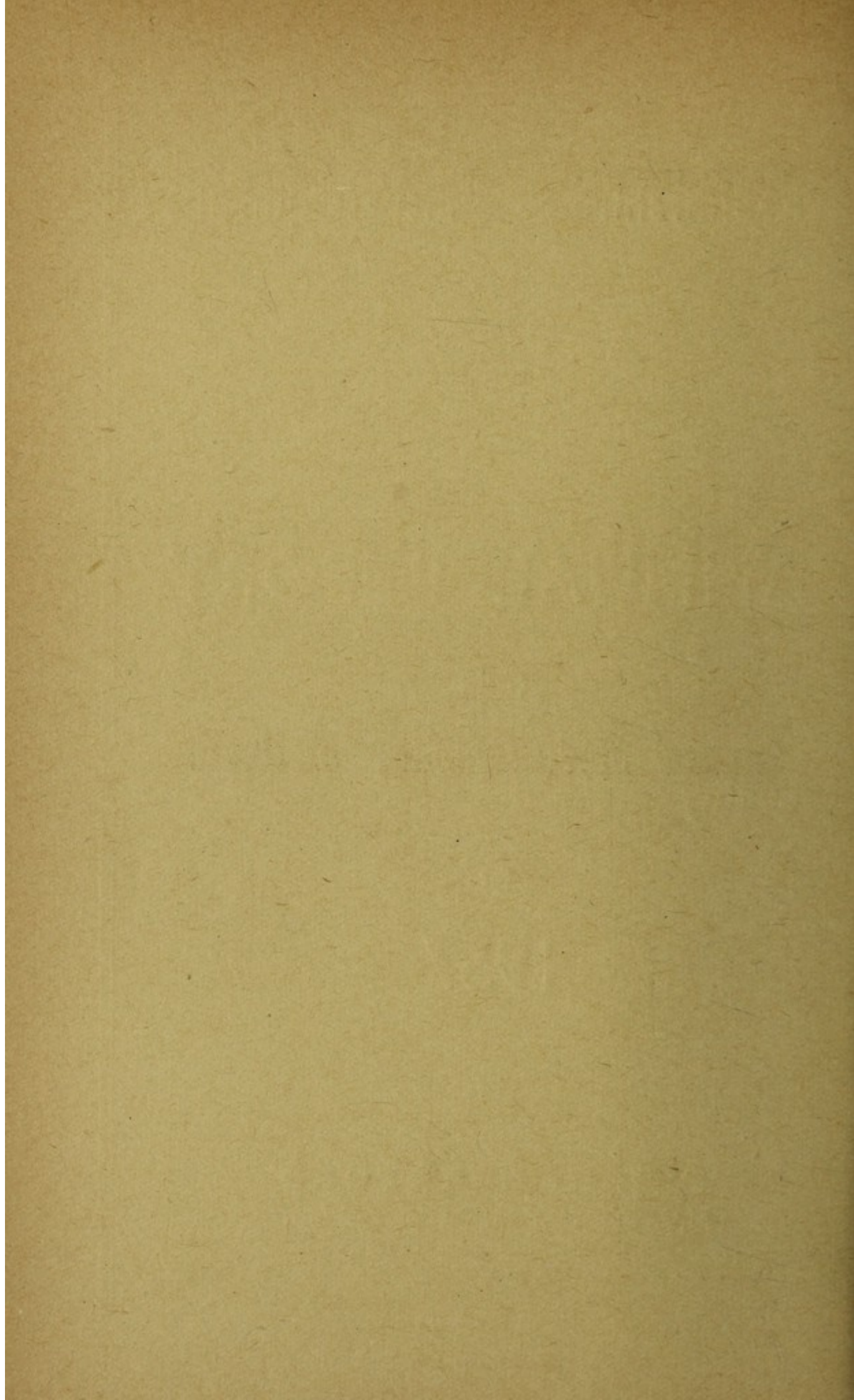
**1957**



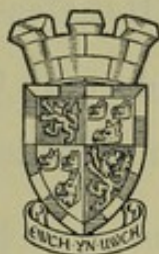
**F. J. H. CRAWFORD**

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





Radnorshire County Council



# ANNUAL REPORT

of the

**County Medical Officer of Health**

for

**1957**

**F. J. H. CRAWFORD**

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



# Radnorshire County Council

## MEMBERS OF THE COUNTY COUNCIL

(As on 31st December, 1957)

Chairman: Alderman G. R. Davies, C.B.E.

Vice-Chairman: Alderman T. P. Davies

Aldermen W. G. Bufton	Mrs. M. A. Gibson-Watt, M.C.
W. H. Edwards	J. J. Price
W. H. Evans	T. F. Vaughan Prickard, C.V.O.
E. E. Perfect	T. J. Pritchard

Councillors R. Ashton	H. Lewis
W. R. A. Breeze	T. R. Lloyd
R. Brick	C. A. Masters
S. W. Brisbane	E. T. Kinsey Morgan
W. L. R. Chrimes	Capt. E. J. Newman, M.B.E.
F. G. J. Dalton	T. O. Nicholls
C. T. Davies	P. Pritchard
J. Davies	J. S. Ruell
J. S. Davies	R. L. Ryder
W. Evans	J. G. Taft
O. Gibbin	E. Vaughan
Major J. D.	Brigadier Sir C. M. D.
Gibson-Watt, M.C.	Venables-Llewelyn, Bart., M.C.
R. J. Griffiths	R. L. Walker
R. P. L. Hughes	J. Watkins
C. P. Jones	J. H. West
V. T. Jones	R. T. Knill

# HEALTH COMMITTEE.

(As on 31st December, 1957.)

Chairman : Alderman Mrs. M. A. Gibson-Watt, M.B.E.

Vice-Chairman : Alderman W. H. Edwards.

Aldermen W. G. Bufton

T. P. Davies

W. H. Evans

Councillors S. W. Brisbane

F. G. J. Dalton

W. Evans

O. Gibbin

R. J. Griffiths

R. P. L. Hughes

C. P. Jones

V. T. Jones

R. T. Knill

E. T. Kinsey Morgan

T. O. Nicholls, O.B.E.

Brigadier Sir C. M. D.

E. Vaughan

Venables-Llewelyn, Bart.;

R. Lane Walker

M.V.O.

J. H. West

Dr. M. Dilys Owen

Mrs. M. Chrimes

Mrs. F. J. Edwards

Mrs. M. P. Price

Mrs. E. G. Freeman

Mrs. M. Howse

The Lady Delia

Mr. F. H. Lloyd

Venables-Llewelyn

Mr. W. J. Beavan

Mr. C. Roberts.



## 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 Powell
Superintendent Nursing Officer Supervisor of Midwives and Home Help Organiser:	Julia Todd, M.B.E., 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 (retired 31-1-57); W. J. Meredith (appointed Chief Clerk and Petitioning Officer under the Mental De- ficiency Acts, 1-2-57); G. E. H. Steventon, Betty Pullin, W. S. Evans (appointed 18-2-57), 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 (resigned 30-6-57)	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	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 Maureen Jones (appointed 1-2-57)	S.R.N.
{ Llanbister	Gladys W. Ormerod	S.R.N., S.C.M.
	Llandewy Sarah Van Evans	S.C.M., S.E.A.N.
{ Llandrindod	Doris M. Davies	S.C.M., S.E.A.N.
	Wells Winifred Malone	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	S.R.N.
	Alice Haynes	S.C.M., S.E.A.N.
{ Penybont	Frances J. E. Davies	S.R.N., S.C.M., H.V.Cert., R.S.H., Q.N.S.
	Rhayader Mary H. Williams (resigned 31-5-57)	S.R.N., S.C.M., Q.N.S.
{ Rhayader	Ann Thomas (appointed 1-8-57) (resigned 12-12-57)	S.R.N., S.C.M., Q.N.S.
	Grace J. L. Jones	S.R.N., S.C.M., Q.N.S.
{ Nantmel	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 (resigned 30-8-57)	S.R.N., S.C.M., H.V. Cert., R.S.H., Q.N.S.



## ASSOCIATED OFFICERS.

Clerk of the County Council : Philip Parker.

County Treasurer : T. R. Moore.

County Surveyor : J. J. Teesdale, A.M.I.C.E., A.M.I.Mun.E.,  
A.M.I.Struct.E. (appointed 1-2-57)

Director of Education : Richard Griffiths, M.A.  
(resigned 31-8-57)  
M. W. Cole, B.A.  
(appointed 1-11-57)

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 : K. J. Evans

## 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., B.Ch.,

### 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 to 30-6-57 G. R. V. Lee, M.R.S.H. (appointed 1-7-57)

### Rural Districts :

Colwyn	J. C. Bowen, M.R.S.H., M.I.S.A.
Knighton	David I. Davies, M.S.I.A., M.R.I.P.H.H.,
New Radnor	L. Allen, M.R.S.H., M.S.I.A.
Paincastle	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 Report on the Health Services and the Health of the people in this County during the year 1957.

This report is necessarily brief because the duties undertaken by the Department continue to increase whereas the number of people to do the work remains constant. I have therefore confined myself in the main to describing the changes in the Health Service compared with previous years without attempting to give a complete account of them.

Mr. Percy Bufton retired as Chief Clerk early in the year, and carried with him the good wishes of the County Council and all his colleagues.

A personal event which gave much pleasure to the Department was the award of the Membership of the Order of the British Empire to Miss Todd, our Superintendent Nursing Officer.

In spite of every effort the cost of the Health Service continues to be very high, and indeed the cost of the Nursing Service is the highest in England and Wales per thousand of population. This is the inevitable result of our low density of population.

As last year, I regret to have to report a death associated with pregnancy. Fortunately such events are rare nowadays.

It is gratifying to report that our Infant Mortality rate is the lowest ever recorded here.

The pandemic of influenza which reached this County in the autumn of 1957 led to much morbidity and six people died following this infection. Four of these were over 65 years of age, and one was 58. Otherwise the incidence of infectious disease was within normal limits. There was one



case of poliomyelitis (non-paralytic) which occurred in the Painscastle Rural District during the year. The campaign of inoculation against poliomyelitis continued, limited only by the limited amount of vaccine available.

A great deal of my time was taken up by poliomyelitis vaccination, and I also undertook vaccination with B.C.G. against tuberculosis of 13 year old children in the Secondary Schools.

I would like to express my appreciation of the work undertaken by the District Welfare Officers in the distribution of welfare foods. This is not part of the work for which they are employed, but they have willingly undertaken these additional duties without extra remuneration. I am grateful also to the many voluntary workers who distribute welfare foods in the small villages and to my clerical staff for their work in making welfare food returns and taking the food into store.

I would like to express my thanks to the Chairman and members of the County Council and to the Chairman and members of the Health Committee for their support and encouragement and to the officers of the Radnorshire County Nursing Association and the District Nurses and to my Superintendent Nursing Officer and to my clerical staff for their help generally.

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 1957.

### Administration.

During the year the Sub-Committees of the Health Committee, the Ambulance Transport Sub-Committee, the Maternal and Child Welfare Sub-Committee and the Mental Health Services Sub-Committee were abolished by the unanimous vote of the Health Committee. These Sub-Committees did not serve any useful purpose and were merely an additional complication to administration. Co-opted members of the former Sub-Committees were all co-opted on to the Health Committee.

### General Statistics.

Area	...	...	301,165 acres.
Population (Registrar General's Estimate)			19,130

Particulars are as follows :

#### Urban Districts—

Knighton	1,840	
Llandrindod Wells	3,230	
Presteigne	1,260	
	<hr/>	6,330

#### Rural Districts—

Colwyn	1,580	
Knighton	3,020	
New Radnor	2,180	
Paincastle	1,800	
Rhayader	4,220	
	<hr/>	12,800

Total County 19,130

Rateable value	...	...	...	£236,949
Product of a Penny Rate				£935



# VITAL STATISTICS

RADNOR

Total birth rate per 1,000 population	14.9
Legitimate birth rate per 1,000 population	14.3
Illegitimate birth rate per 1,000 population	0.5

Live Births:	M	F	Total.
Legitimate	147	128	275
Illegitimate	4	5	9
Total Live Births	151	133	284

Illegitimate birth rate per 1,000 live births	32
---	----

Stillbirths:	Radnor
Legitimate	—
Illegitimate	—
Total Stillbirths	—

Stillbirth rate per 1,000 population	Nil
Stillbirth Rate per 1,000, total live and stillbirths	—
Illegitimate stillbirth rate per 1,000 total illegitimate live and stillbirths	Nil
Neonatal Mortality Rate (under 1 month)	17.6
Infant Mortality Rate (per 1,000 births)	17.6
Perinatal Mortality Rate (Neonatal mortality rate plus stillbirth rate)	17.6

## Morbidity Figures.

The number of fresh claims on the Ministry of National Insurance for sickness benefit during the three previous years were greatest during the first three months of the year, but during 1957 the last three months of the year showed the greatest number of fresh claims because of the influenza epidemic. Figures for the past four years are as follows:—



## FRESH CLAIMS FOR SICKNESS BENEFIT.

Month.	1954	1955	1956	1957
January	55	74	75	63
February	48	62	118	52
March	55	67	75	48
April	41	50	50	45
May	47	39	50	44
June	42	41	46	33
July	35	32	36	31
August	35	30	34	34
September	33	35	40	42
October	62	47	47	133
November	95	54	45	80
December	55	44	57	88

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

Arrangements are in general as last year.

I regret that once again I have to report a maternal death. This was of a woman of 27 years of age who was suffering from pulmonary tuberculosis, for which she was receiving active medical treatment. She was transferred from the Adelina Patti Hospital to the Morriston Hospital for her confinement, where she had a normal delivery. Ten days later she was transferred back to the Adelina Patti Hospital but ten days after this she had a pulmonary embolism and collapsed and died. The cause of death was certified as Pulmonary Embolism following child birth, respiratory tuberculosis being an associated condition. This death can be regarded as unavoidable.

No action has been taken in this area so far as is known on the recommendations on Ante-Natal Care contained in Circular 9/56 (Wales).

# Infant Mortality.

## INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1957.	Rates per 1000 births.	
		1957.	1953-57.
Urban Districts :			
Knighton -	—	—	7
Llandrindod Wells -	—	—	15
Presteigne -	2	125.0	34
Rural Districts :			
Colwyn -	—	—	40
Knighton -	1	21.2	25
New Radnor -	1	23.2	24
Painscastle -	—	—	37
Rhayader -	1	14.6	26
Urban Districts -	2	24.0	17
Rural Districts -	3	14.9	29
Administrative County	5	17.6	25

All these deaths occurred during the first month of life.



## Premature Infants.

Thirteen premature babies were born during the year, ten in hospital and three at home. Two of the babies born in hospital were twins, each weighing 3 lb. 1 oz., died within twelve hours of birth. All the other babies have done well.

### 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.

The Second Session held in each month at the Knighton Infant Welfare Centre had to be discontinued owing to the poor attendance.

## Child Welfare Centres.

Table of Sessions held :—

	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of Meetings	21	49	12	12	12	12	118
Doctor present	21	49	12	12	12	12	118
Average No. of Voluntary Helpers	3	3	3	3	3	3	—
Infants under 1 year—							
(a) New Cases	48	35	12	12	13	28	148
(b) Attendances	123	132	17	24	27	54	377
(c) Old Cases	96	250	54	12	41	82	534
(d) Attendances	199	810	117	25	84	171	1394
Children, 1-5 years—							
(a) New Cases	12	2	2	3	2	—	21
(b) Attendance	27	6	3	4	4	—	44
(c) Old Cases	123	222	119	66	180	68	778
(d) Attendances	222	526	160	133	296	117	1454
Total Attendances	571	1474	285	186	411	342	3269

Total Attendances at Sessions over past 5 years—

Age Group	1953	1954	1955	1956	1957
Infants under : 1 year	1373	1301	1358	1785	1771
Children 1-5 years	1069	1104	1351	1667	1498



## 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.

"1957 proved a busy one for the Radnorshire area—a visit was made almost weekly to various parts of the County, also in the cases of unmarried mothers who were admitted to Mother and Baby Homes in Hereford, Cardiff, Newport and Swansea. Journeys were made to transport them to such Homes, and many visits were paid to them during their stay. Much time is also spent in letter writing and writing up of reports in all these cases.

38 new cases were dealt with, and old cases were kept under supervision, 29 being unmarried parents and illegitimate children; 4 were applicants asking for help in adopting a child, and 4 would-be employers.

## UNMARRIED MOTHERS :

5 were admitted to Mother and Baby Homes.  
5 were given help and advice within their own homes.  
One of the mothers married the baby's father after confinement.

## CHILDREN :

2 were placed in C. of E. Children's Society Nursery.  
One was placed with foster parents.  
Two babies (premature twins) died soon after birth and the burial was arranged.  
One went with the mother into residential employment.  
2 were offered for adoption by the mother and placed ; later one of these was reclaimed by the mother.

## PUTATIVE FATHERS :

10 were interviewed, and 7 admitted paternity and accepted financial responsibility.  
3 denied responsibility,



## WOULD-BE ADOPTERS :

All were visited in their own homes. Advice and help was given. Babies were placed with three.

## WOULD-BE EMPLOYERS :

All were visited in their own homes. Two unmarried mothers with their babies are now working for two of these people.

## Dental Care of Expectant and Nursing Mothers

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

“Despite the publicity given to the Maternity and Child Welfare Dental Scheme and the convenience of the mobile dental clinic visiting the different parts of the County, the number of expectant and nursing mothers who take advantage of the scheme is negligible.

There is a slightly better response to the service provided for the pre-school child, although it is a regrettable fact that treatment is mostly requested for the relief of pain or the treatment of very obvious defects.

It is to be hoped that a greater propaganda effort will widen the scope of our activities.

### Dental Care of Mothers and Young Children —

#### Statistics :

	Examined	Needing Treatment	Treated	Total Atten- dances	Made Dentally Fit
Expectant Mothers	3	3	3	8	3
Nursing Mothers	1	1	1	1	1
Children under 5	12	12	12	16	12
Total	16	16	16	25	16



	Expectant Mothers.	Nursing Mothers.	Children under five.	Total.
Extractions	12	2	3	17
Anaesthetics—Local	3	—	3	6
General	1	1	—	2
Fillings	3	3	6	12
Scalings	3	1	—	4
Silver Nitrate Treatment	2	—	17	19
Dressings	—	1	2	3
Radiograph	—	—	—	—
Dentures provided—complete	1	—	—	1
—part	1	—	—	1

### Distribution of Welfare Foods.

For over three years the scheme for the distribution of Welfare Foods has worked very well and the three District Welfare Officers have undertaken these additional duties in addition to acting as Duly Authorised Officers in the Mental Health Service and also as Registrars of Births and Deaths. There are three main distributing centres—Llandrindod Wells, Knighton and Rhayader and from these main centres the dried milk, orange juice and 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.

I am very grateful to all those who have undertaken this voluntary work.

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	3898	513	160	2426
June 30th	2905	349	114	2845
September 30th	3197	424	118	2772
December 31st	2898	457	148	2117
Total	12808	1748	540	10160

The issues of Welfare Foods during the quarter ended 31st December, 1957, as compared with the issues during the corresponding quarter of 1956 show the following decreases: National Dried Milk 636 tins, Orange Juice 11 bottles, Cod Liver Oil 84 bottles and an increase of 20 Vitamin Tablets.



## Sections 23, 24 and 25.

### Report of the Superintendent Nursing Officer.

ANNUAL REPORT 1957.

#### HEALTH VISITING :

Difficulty is still being experienced in employing nurses who hold the Health Visitor Certificate in addition to their nursing and midwifery qualifications. The County Nursing Association's scheme for the training of suitable nurses as Health Visitors continues, and a bursary is paid to the nurse from which she pays all her expenses for the course which is arranged by the Queen's Institute of District Nursing.

Nurses who take this course and are not already qualified as Queen's Nurses, can combine the training, and are given leave of absence for one year to train as Queen's Nurses and Health Visitors.

All children under one year of age are visited once monthly and children from one to five years of age are seen frequently. In cases of prematurity, or where it is desirable to exercise greater supervision, additional visits are made. Health Visiting cards are submitted to me for scrutiny at the end of each month so that further action may be taken if necessary.

Health Visitors also visit blind persons in the County each month and make supervisory visits to mental defectives. Notified cases of tuberculosis are seen at least four times a year and more often of course when nursing is required.

Propaganda figures prominently in the day-to-day work of the health visitor, who stresses the advisability of vaccination against smallpox, immunisation against diphtheria and poliomyelitis, and constantly reminds the family of the express need for better and greater health education,



Where the family doctor is unable to undertake inoculation against whooping cough, the nurses are given permission to give the necessary injections.

No full-time Health Visitors are employed as the work is carried out by the District Nurses.

#### ANTE NATAL CARE:

Ante natal visits are paid frequently and cases booked for the Hospital are also taken care of. Reports of visits are noted on the ante natal forms which have to be signed by the doctors for Gas/Air analgesia. The Gas/Air machines are serviced quarterly by the British Oxygen Co. Ltd. Blood pressures are taken by the midwife who is supplied with a sphygmomanometer as part of her equipment.

A mothercraft class is held once a week in the Clinic at Llandrindod Wells and may help to give the mother-to-be confidence.

#### MIDWIFERY :

The admission of an expectant mother to Hospital for confinement now seems to be the accepted practice—particularly in the case of a first baby—so numbers of home confinements continue to fall. This may partly explain the reluctance of midwives to take up appointments in rural areas; therefore some vacancies are now filled by State Registered Nurses only, with no midwifery qualifications. The midwife in the adjoining district covers both areas. This is regrettable as a home confinement can do much towards laying a foundation in health education.

Cases of toxæmia in pregnancy are very few and when they do occur the patient is moved to Hospital.

When mothers are discharged from Hospital, they are supervised by the nurses.



## HOME NURSING :

Injectations of antibiotics form a large part of the nurses work and to facilitate this, nurses are now supplied with a special satchel in which they keep their syringes and needles ready sterilised, together with a towel and soap for dealing with the daily injections apart from their nursing bag.

Each year more nursing of elderly people is undertaken and there is no doubt that with the addition of the Home Help service, this not only relieves the Hospital beds considerably, but provides a satisfactory solution for the old people who prefer to live in their own surroundings. They are happy and more contented. A good part of the nurses work therefore is concerned with social welfare.

A high standard of equipment is provided for the nurses by the County Nursing Association. Houses are provided where possible.

## WORK CARRIED OUT BY THE NURSING STAFF.

### Work of the Superintendent Nursing Officer :

Routine Inspection of Nurses	86
Special Visits to Nurses	28
Other Visits	69
Visits to Nursing Homes	24
Visits to Hospitals	46

### HOME NURSING :

Number of New Patients	1939
Number of Nursing Visits	25747

### MIDWIFERY :

No. of Cases Attended	124
No. of Maternity and Midwifery visits	1940
First visits to expectant mothers	243
Re-visits	1279

### HEALTH VISITING :

First visits to Infants under one year	303
Re-visits	2272
First visits to children 1—5 years	183
Revisits	3491
Visits to Mental Defectives, Blind, T.B. and Old People, and other visits	7069



## Section 26 - Vaccination and Immunisation.

### VACCINATION AGAINST SMALLPOX.

Statistics of children under the age of 1 year vaccinated against smallpox since the coming into operation of the National Health Service Act are as follows :—

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
1957	30.6
1956—England and Wales	43.0
Wales	29.9

It is regrettable that because this disease is now rare in this country, the public should be so apathetic about the need for protection.

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

### IMMUNISATION AGAINST DIPHTHERIA:

The arrangements for protection of children against disease continue as in previous years. Usually the vaccine is given through a combined vaccine with whooping cough vaccine. Statistics for immunisation against diphtheria are given below, but in spite of all efforts on the part of the district nurses, they are still disappointing.

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.
205	1
	206



The number of children who were given a "booster" or reinforcing injection (i.e. subsequent to complete full course) was 43 as against 48 in 1956.

#### 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
1957	64.2	69.5	67.8

The following table shows the Immunity Index of Radnorshire in 1957 as compared with Wales, and England. (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	20.0	74.7	36.7	45.2
Wales	12.5	59.9	40.8	43.9
England	—	—	—	48.2

#### INOCULATION AGAINST WHOOPING COUGH:

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

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

The true figures for numbers of children immunised against diphtheria and whooping cough are higher as the records sent in by some general practitioners are incomplete. Indeed, one practitioner has never returned a record card, although he is known to have undertaken this work and has been supplied with vaccine.

#### VACCINATION AGAINST POLIOMYELITIS:

The scheme for vaccination against poliomyelitis was continued.



In January all medical practitioners in the County were invited to participate in the vaccination scheme. As a result, seven doctors stated they wished to vaccinate patients on their lists. Eight doctors later expressed their wish to participate in the scheme, so that at the end of the year fifteen general practitioners were carrying out these Vaccinations.

In May, the age group eligible for vaccination against poliomyelitis was extended from those born in the years 1947-54 to include children born in the years 1955 and 1956.

November saw the vaccination programme further extended and all children under the age of 15 years together with expectant mothers, general practitioners and families, ambulance staff and hospital staff and families, were offered this protection.

This widened scheme was made possible by the importation into this country of large quantities of American and Canadian Salt type vaccine, which had been subjected to the same stringent tests of purity and safety as the British vaccine. It was found that at first parents tended to prefer the British vaccine. Subsequently the Salk vaccine was accepted in nearly all cases.

The new arrangements were brought to the notice of the public by advertisements in the local press and consent forms were distributed through medical practitioners, district nurses, welfare centres and the schools.

General medical practitioners were paid five shillings for each completed poliomyelitis record card received.

Unlike many areas where centres for the distribution of vaccine to general practitioners are set up, all vaccine is kept in a refrigerator in the County Health Department. As a result, public transport has to be relied upon to distribute vaccine to the general practitioners and it is sent to the doctor either by train or 'bus on the day when he carries out his vaccination session.

The number of children who completed a course of vaccination against poliomyelitis during the year was 589. 63 children had received a first injection at the 31st December, 1957. A notable feature was the reluctance of expectant mothers to take advantage of this protection and none were vaccinated against poliomyelitis during the year.



# National Health Service Act, 1946

## Section 27 - Ambulance Service.

Statistics for 1957 are as follows:

Ambulance	No. of Journeys	Mileage.	—Type of Case—	
			Illness.	Accident.
Llandrindod Wells	258	1205	255	14
Knighton	76	4517	66	15
Presteigne	62	3258	57	6
Rhayader	32	1510	27	5
Total	428	17490	405	40

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
1957	17,490	107,652	125,142	15·3

In 1957 ambulance vehicles did 914 miles per 1,000 of the population compared with 1,010 in 1956, while sitting-case cars covered 5627 as against 6676 in 1956. The number of journeys per 1,000 of the population made by ambulance vehicles was 22 compared with 25 in 1956, and by sitting-case cars 101 compared with 121 in 1955.

1957 was the first year since the National Health Service came into operation which saw a reduction and not an increase in the use made of this part of the service.



Allegations have been made from time to time that there was overlapping of orders for sitting case cars, two or more cars from the same area doing much the same journey. This led to consideration of ways of avoiding this in the near future. After considerable discussion and a meeting of the representatives of the Health Committee, it was agreed to try out a system under which a copy of every voucher ordering a sitting-case car was sent at once by the doctor ordering the car to the County Health Department. For this purpose doctors were supplied with pads specially printed of sitting-case car vouchers, each alternate voucher being used as a duplicate, no carbon paper being required. Business reply envelopes were also provided.

The cost of working this scheme has not been negligible and the saving effected has barely paid for the additional expense.

## **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 anti-biotics, 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 1953-57 are as follows :

	1953	1954	1955	1956	1957
Number of notified cases	6	14	12	10	12
Number of contacts examined	34	21	26	51	36
Number of contacts given B.C.G.	17	9	15	10	15

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

The vaccination of school children against tuberculosis by the giving of B.C.G. vaccine was continued. 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 the 284 children in the age group through the schools. The parents of 55 children in the eligible age group failed to sign the consent form, so that the percentage of those who consented was 80.6. In addition, the parents of 4 children within the age group in the Llandrindod Wells Residential School for the Deaf applied for this protection.

The schools were visited, and tuberculin testing was carried out of those children whose parents consented. Of the 229 children to be tested, 27 were absent on the day of testing. This rather high degree of absenteeism was due to the onset of the influenza epidemic in the county. The result of the testing was read four days later, and those who were tuberculin negative were vaccinated at this visit. The number of children tested was 202 and 144 were vaccinated.

Thirty seven 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. I am pleased to say that no child showed evidence of active tuberculosis.



I should add that the figures for 13 years old school children found to be tuberculin positive during the last three years since the scheme began show an upward trend. These figures are as follows:

1955	11.2%	1956	15.1%	1957	20.2%.
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These figures are so very small that they would be regarded as having no statistical significance and we should, therefore, hesitate to draw any conclusions from them. They suggest, however, that the low incidence of tuberculosis in this county in the past has been the result of geographical isolation and not of inherent resistance to the disease, and that the opportunities for contact with the outside world which have steadily increased during the last few years are leading to a higher incidence of infection.

The 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 three children were tested, and two were found to need vaccination.

Those children who were given B.C.G. were issued with a leaflet explaining the effects of the vaccination, and medical practitioners and district nurses were circulated so that they would be aware of the recommended method of dealing with any undue reaction which might occur.

Re-testing of children who were vaccinated in the previous year was also carried out.

## Health Education

Health Education is mainly undertaken by the District Nurses. Posters and leaflets and the magazine "Better Health" published by the Central Council for Health Education were distributed and displayed in the Infant Welfare Centres, Council Offices and elsewhere, and the County Medical Officer and members of the nursing staff give talks from time to time to voluntary organisations on health subjects.



The dangers of cigarette smoking find emphasis by the display of posters, especially in the secondary schools, and by talks during the medical inspection of school leavers.

Posters dealing with the relationship between cigarette smoking and cancer of the lung have been displayed in council offices, doctors' waiting rooms and some post offices.

### **Section 29 — Home Help Service.**

Total number of households supplied with the services of Home Help	52
Number of new households supplied with help	15
Total number of Home Helps employed	61
Number of new Home Helps (including temporary help)	16

#### **REASONS FOR EMPLOYMENT OF HOME HELP:**

Chronic Illness	17
Acute Illness	6
Maternity	1
Blind	2
Old Age	25
Tuberculosis	1

The service is administered by the Superintendent Nursing Officer in her capacity as Home Help Organiser. Requests are received from general practitioners, the district nurses, the Area Officer of the National Assistance Board and often by the patients themselves.

When applications are received, the Superintendent Nursing Officer investigates the conditions, and assesses how much help is needed. It may take time to find a suitable Home Help. In exceptional circumstances a relative can be employed to take care of an aged or ill person, provided that she has given up paid employment. To do so they have to produce evidence that they have left their employment. Authority to put in a Home Help is always sanctioned by the Chairman of the Health Committee.



Many patients are required to pay very little for a Home Help. Those in receipt of National Assistance are always exempt. There is no doubt that this is a popular service, bringing a measure of independence and happiness into the lives of many people, especially the aged and lonely, enabling them to keep their own little homes and live among friends, and also prevents removal to a hospital or other institution.

Although the number of households supplied with help were less than last year, the total number of Home Helps employed were more, that is. sixty-one as compared with fifty-one, as in some cases two Home Helps are employed for one patient. This especially applies to elderly people, where the midday dinner has to be prepared, and when another Home Help sees to the evening meal.

There are three homes at present supplied with full-time Home Helps.

Many little kindnesses are done by the neighbours. This eases the pressure of the service.

## **Section 51 - Mental Health.**

All matters concerning mental health are now dealt with by the Health Committee, advised by the County Medical Officer and also, 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 :

"A weekly out-patient Clinic is held at the County Hall, Llandrindod Wells. This serves most of Radnorshire as well as the North of Breconshire. In addition, some Radnorshire patients are seen at the Clinics at Brecon, Newtown and Hereford. Patients requiring electrical shock treatment on an out-patient basis are treated either at Talgarth or occasionally at Newtown. The Clinic records do not separate attendances on a County basis, but in 1957, 275 patients were seen at Llandrindod Wells. Most patients were referred by their General Practitioners, but a few came from other sources such as the Children's Officer, the Courts, or the School Medical Service. An important use of the Clinic is for relatives to enquire as to the progress of in-patients in Talgarth.

In addition, patients are visited in their own homes when required by their General Practitioner. Twelve such visits were made for Radnorshire during 1957.

The main problems arising in the clinic and making more effective use of it are the geographical areas and poor transport facilities. It is a different problem asking a patient from North Radnor to attend a weekly Clinic than it is to ask a patient in a town to attend where there is a frequent bus service.

Out-patient electric shock treatment presents considerable practical difficulties in a scattered rural area, but its use is increasing considerably. The alternative is to admit the patient to Talgarth, which may not be practicable.

Mental Deficiency Work is at present not very easily dealt with on an out-patient basis. The Clinic acts as a diagnostic centre but occupational centres and similar schemes are impracticable owing to the small scattered population. In any case, I am highly sceptical as to their real value,



My own opinion is that in scattered rural areas, the essential function of an out-patient clinic is to assist general practitioners in the diagnosis of a patient's illness and deciding whether or not hospital treatment is necessary and if so, explaining matters to the patient and relatives. It is not the function of the clinic to carry out such treatments as can be carried out by a general practitioner."

Miss Gwendoline Morgan reports on her work as follows:—

"During the year there have been 49 admissions from the County to the Mid-Wales Hospital, of which twenty-six were new cases: the remaining 23 consisted of persons who had previously received treatment.

It has been encouraging to find among the 49 discharged several long-stay patients who, having benefited from newer forms of treatment, had become stable enough to warrant a trial in normal society. The difficulty of re-adjustment to normal life for these people has been given special attention, for after years of sheltered community living, such items as the changed cost of living, the management of household finances and the altered family status prove real hurdles to the inexperienced home comer.

Out-patient treatment, combined with home visiting from the Psychiatric Social Worker has been a worth-while experiment in that less acute cases have been able to remain at home and, in some instances, employment has not been greatly disrupted while the patient receives help. The avoidance of admission to hospital when possible has resulted in freer use being made of the facilities provided for mental ill-health and there is a greater readiness to seek advice through the Psychiatric Clinic at Llandrindod.

The willing co-operation of Voluntary Organisations and Public bodies has greatly increased in the work of rehabilitating and caring for defective and psychotic patients in the County.

Problems of employment, material need, loneliness and marital dispute have been alleviated with the help of the Ministry of Labour, Ministers of Religion, W.V.S. and private benefactors.



## ANALYSIS OF WORK UNDERTAKEN :

	No of Visits
Admissions to Mid-Wales Hospital	49
Discharges from the Mid-Wales Hospital	49
Persons receiving care and supervision	50
Visits for the purpose of making home enquiries and compiling case histories	35
Visits to defective patients	41
After-care for patients discharged from Mid-Wales Hospital	276
Kindred Social Work	22
Total	522

## 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 4 children (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, 1957, the number of ascertained cases from the Authority's area was as follows:

	M	F	Total
In certified institutions	14	15	22
Under supervision	31	19	50



One male and one female were awaiting institutional accommodation at the end of the year.

Defectives from the County are in the undermentioned Institutions :

	M	F	Total
Brynhyfryd Hospital	6	1	7
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	4	5
St. David's Hospital	—	1	1
Ely Hospital, Cardiff	—	1	1
	14	15	29

Unfortunately during the year there were two mental defectives living close together in a village in the County. The man had been doing well after being freed from supervision three years before, and was engaged in whole-time employment. The girl was under supervision. The two defectives managed to meet and intimacy occurred resulting in the birth of a baby. The girl has since been admitted to a hospital for mental defectives and the man after serving a sentence in gaol returned home and has part time employment. This illustrates the great difficulties in exercising close supervision over defectives and the sort of consequences that may arise after supervision has not been close enough.



## 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.

The part-time Home Teacher for the Blind, Mr. Richard Oldbury, spends three days each week in this work.

### Blind Register.

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

The age groups of persons on the Blind and Partially-Sighted Registers at the end of the year were as follows:—

#### BLIND REGISTER:

Sex.	Age Periods.							Total
	0-15	15-25	25-35	35-45	45-55	55-65	65+	
Males	1	—	1	—	3	6	17	28
Females	—	1	1	—	5	1	20	28
Total	1	1	2	—	8	7	37	56

#### PARTIALLY-SIGHTED REGISTER:

Males	1	—	—	—	—	—	1	2
Females	1	—	—	—	1	1	2	5
Total	2	—	—	—	1	1	3	7



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

	Causes of Disability							
	Toxoplasmosis	Disseminated Choroiditis	Retrolbular Neuritis	Cataract	Glaucoma	Myopia	Macular Degeneration	Vitreous Opacities with hypertension
Number of cases registered during the year in respect of which Forms B.D. 8 recommends—								
(a) No Treatment	—	1	—	—	1	—	1	1
(b) Surgical or Optical	1	—	1	4	—	1	—	—

There were no cases of ophthalmia neonatorum notified.

## RADNORSHIRE ASSOCIATION FOR THE BLIND :

Mrs. Medlicott, the Secretary, reports that the Association continues to assist with occupational classes for the blind people held fortnightly at Knighton and Llandrindod Wells, that a garden party for the blind people was held at Knighton in June, and an outing to Aberystwyth arranged during the summer. In addition, the Association paid for an annual holiday for 11 of our blind people. They also made a Christmas gift of £3 to each blind person in the County,

## HOME TEACHER'S REPORT :

Mr. Oldbury submits the following report :

"The Occupational Therapy Classes, at Knighton and Llandrindod Wells continue to be a great success,

There has been no falling off in attendance. The interest has been maintained, and the quality of the goods made continue to improve, and almost all are sold.

The class in Knighton has proved so popular that those people who attend have asked if it could be held weekly. I was unable to do this because I thought it would be concentrating too much attention on one small group of blind people.



During the year there has also been an increase in the number of people receiving individual instruction in the home, and I feel sure this side of my work will increase.

I am very pleased with the interest taken in occupational therapy by the blind people.

However, I feel it would be wrong not to mention that as a result of the increase in teaching both in the home and at classes home visiting has been less frequent.

Although all the blind people have my address, for some reason they prefer to wait until I visit them to ask my advice. As a result, if I do not visit them for some weeks they are inconvenienced, for example, the wireless set belonging to Mrs. E. Beavan of Erwood, broke down and was beyond repair. This happened shortly after I visited her. She was not sure what to do, so waited until I called again, which was about a month later, and as a result she was completely without a radio for at least three weeks. I was able to arrange for her to have a new set immediately.

In another case I was unable to visit a blind person for a few weeks, during which time he had bought a wireless licence, which of course he is entitled to have free.

I have given these two examples to show what sometimes does happen when home visiting is not as frequent as it might be.

During the year I reached agreement with the British Wireless for the Blind Fund to allow me to keep in stock a small supply of wireless sets which could be loaned out temporarily while sets are being repaired, and I must say they have been needed regularly throughout the year.

I have assisted the Secretary of the County Association for the Blind, with arrangements for Christmas Gifts, Annual General Meeting of the Association, Garden Party, Annual Outing, Holiday Scheme, etc.

In addition, I had a most successful day at the Radnorshire County Show at Llandrindod Wells at which I sold goods made by the blind in Radnorshire and elsewhere.

If I was a full time Home Teacher this would normally be part of my job, but as I am a part-time Home Worker I do not consider it as such.



## Tuberculosis.

During the year 17 new cases were notified (including 7 tuberculosis patients transferred from other areas) and one patients died from this 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-			1					
10		1						
15-								
20-	1	2						
25-	2	4		1		1		
35-	2	1						
45-	2							
55-								
65-								
75+								
Total	7	8	1	1	—	1	—	—

The tuberculosis death rate per 1,000 of the population for the year 1957 was 0.052 compared with 0.31 (corrected figure) in 1956, when 5 patients died from this disease.



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	2	—	3	2
15—	1	1	1	1	2	2
20—	4	3	—	1	4	4
25—	11	9	3	1	14	10
35—	12	5	2	3	14	8
45—	6	4	—	2	6	6
55—	3	4	1	—	4	4
65—	2	2	1	—	3	2
75+	—	1	—	—	—	1
Total	41	31	12	8	53	39

### 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	2
Attendances	—	—	31	38
Gonorrhœa—Cases	—	—	—	—
Attendances	—	—	—	—



## Infectious Disease.

During the year there were 234 cases of notifiable infectious diseases notified by District Medical Officers of Health to the County Medical Officer, as follows:—

	Knighton	Llandrindod	Presteigne	Total Urban	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	Total Rural	Total County
Acute pneumonia	—	—	—	—	—	—	—	2	6	8	8
Food Poisoning	—	—	1	1	—	—	5	—	—	5	6
Measles	39	41	21	101	1	20	26	—	44	91	192
Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	1	—	1	1
Scarlet Fever	—	—	—	—	—	—	1	—	—	1	1
Tuberculosis	4	—	1	5	1	1	1	1	1	5	10
Whooping Cough	—	—	4	4	—	2	10	—	—	12	16

The outbreak of Measles throughout the county was bigger than is suggested by the number of figures shown. We were given information about 296 cases of this disease, Llandrindod Wells being the area most affected.

## Influenza.

The epidemic of "Asian 'Flu." which was a Virus "A" influenza which struck the country during the year, reached this County in the week ended the 20th September, spreading mainly from the east. On the whole, the cases were very mild and children and young adults were particularly affected. One child aged 14 years died as a result of this disease, but otherwise old people suffered most. Four persons over 65 and one of 58 died. The epidemic reached its peak in the week ended the 22nd October.

A special vaccine against this disease, distributed by the Ministry of Health through Local Health Authorities was tendered to Hospital Staffs, General Practitioners and District Nurses. I vaccinated nine district nurses.



## 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.

## Epilepsy.

So far as we can ascertain there are 37 persons suffering from epilepsy in this county of whom 13 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 from so severe a type that he requires admission to a Residential Special School, this can be arranged without difficulty.

In addition to the, above, 8 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 8 people in this county who have been substantially handicapped by cerebral palsy. Of this number, 3 are spastic children of school age.



## Food and Drugs Act.

During the period reviewed in this report a total of 384 samples were submitted for analysis by the Public Analyst. In accordance with the sampling policy adopted many years ago by the Authority, milk samples totalled 283 or roughly three-quarters of the whole, while 101 samples were taken of foods other than milk. The reason for the apparent disparity is of course that in the case of milk which is locally produced local sampling is the only protection available to the consumer, whereas in the case of other foods, many of which are nationally marketed products, consumers share the protection afforded by the sampling activities of other Authorities administering the Food and Drugs Act.

The reports of the Public Analyst indicated that of the 283 milk samples, nine did not conform to the minimum standards prescribed by the Sale of Milk Regulations. In three cases the deficiency was in fat content, the figures ranging from 1% to 10% below the limit. No evidence of a deliberate abstraction of fat could be found and the past records of the vendors concerned were excellent in each case. As is well known, it is not unusual to find that the quality of milk may fall below the standard as a result of natural causes at certain times of the year, and that this is most frequently observed in the case of small herds. In six cases the sample was reported to be deficient in non-fatty solids. It has been possible for many years to determine whether a solids deficiency is due to natural causes, or has resulted from adulteration. The test applied is due to Hortvet and involves a determination of the freezing-point of the sample. The basis of the test is a measurement of the osmotic pressure of the milk which never falls below a certain minimum in the case of milk as drawn from the cow, irrespective of the fat and solids content. The addition of water however produces readily detectable changes, and these changes are moreover proportional to the degree of adulteration. Each of the six samples found to be deficient in solids was subjected to this test and in each case it was established that the milk, although sub-normal, was genuine.



Of the 101 samples of food other than milk, only one failed to satisfy the Public Analyst. This was a sample of a cake mixture which was found to be infested with weevil. All flour-based products are liable to this kind of infestation: the remedy is the avoidance of long-term stock holding; scrupulous cleanliness, particularly in the disposal of broken packs and leaking containers; and the establishment of a routine for the clearance of a delivery before new stock is offered for sale. In the case discovered it was found that a small quantity of stock had been left at the rear of a fixture while sales had taken place from replenishments at the front. When eventually the goods from the rear were sold they had been on the premises for many months and were heavily infested. The seller was cautioned and the remaining stock destroyed.



# SCHEDULE OF ARTICLES SAMPLED.

Article	No.	Article	No.
Milk	283	Rice	1
Sausages	6	Golden Raising	
Cornflour and		Power	3
Blanc Mange	3	Semolina	1
Stuffing	2	Instant Whip	1
Peel	2	Margarine	7
Split Peas	2	Lard	4
Bisto	1	Meat Paste	1
Jellies	7	Butter	3
Cooking Fat	4	Lemon Filling	2
Fish Paste	2	Gelatine	1
Ground Rice	1	Cheese Spread	1
Tapioca	2	Processed Cheese	1
Angelica	1	Sardines	1
Welsh Rarebit	1	Tinned Meat	2
Sandwich Spread	1	Mustard	1
Cocoa	2	Glaze Cherries	1
Dried Fruit	3	Pork Pie	1
Spice	1	Lentils	1
Nutmeg	1	Dates	1
Cinnamon	1	Pepper	1
Plum Pudding	1	Butter Beans	1
Preserves	1	Macaroni	1
Table Creams	2		
Bakewell Tart	1		
Carmelle	1		
Desiccated Coconut	1		
Cake and Pudding			
Mixtures	8		
Custard Powder	3	Total of Samples	384
Suet	1		



## Public Health Act, 1936.

### Sections 187 — 191

There are two Registered Nursing Homes in the County, namely, The Park and the Spa. The former admits medical and surgical cases and has an arrangement with the Regional Hospital Board for taking convalescent patients, chiefly from South Wales. These patients are drawn from the industrial areas, and derive great benefit from the clear air and healthy surroundings of Llandrindod Wells. The Matron of the Park Nursing Home occasionally receives letters from patients who wish to return for a holiday.

The Spa Nursing Home mostly caters for chronic patients and resident elderly people, who appear to be happy there.

Routine visits are paid quarterly to both of these Nursing Homes together with occasional welfare visits.

The Wyeclyff Nursing Home at Clyro did not admit any cases during the year.

### Water Supplies.

#### LLANDRINDOD WELLS URBAN DISTRICT.

The main supply to Llandrindod Wells is drawn from the River Ithon. Filtration and chlorination plant is installed close to the intake, which is above the Gas Works. Analyses of this water show that it is sterile as a result of treatment. Many complaints have, however, been made by residents and visitors about its taste and appearance. The murky colour of the water drawn from many of the taps in the town is due mainly to corrosion of the mains, many of which need relaying.

The source of this supply is, of course, polluted, and it is much to be hoped that the recommendation of Sir Arnold Waters, the County Water Consultant, should be implemented that is, that the present supply should be discontinued in place of one obtained by tapping the Elan Aqueduct.

#### KNIGHTON URBAN DISTRICT.

The main water supply of this town comes from the Cwm Ivor Spring with additional supplies as required from the Elan Aqueduct. There have occasionally been unsatisfactory bacteriological reports of samples, but this supply on the whole may be regarded as satisfactory.



## PRESTEIGNE URBAN DISTRICT.

Presteigne is supplied by the Presteigne Water Company Limited, which obtains water from a collecting chamber installed on a shallow drain in the Lugg Valley near the town. There is no doubt that some of the water taken in at the intake flows in times of flood directly from the river. No mention of the water supply is made by the Medical Officer of Health in his Annual Report.

## COLWYN RURAL DISTRICT.

The new Builth and District Water Board now controls water supplies in the Colwyn Rural District. A major water scheme was approved by the District Council during the year and submitted to the County Council for approval.

## KNIGHTON RURAL DISTRICT.

This authority has been active in providing new water supplies, and the Teme Valley Scheme is working most satisfactorily. During the year a scheme was prepared for supplying water in the Bleddfa and Lugg Valley Area where the existing supplies are inadequate and dry up after prolonged drought.

## NEW RADNOR RURAL DISTRICT.

A scheme for abstraction of water from the Harley Valley to supply consumers in the parishes of New Radnor, Walton, Womaston and Old Radnor and Burlingjobb and parts of adjoining Parishes was submitted to the Ministry of Housing and Local Government during the year.

Work on the joint scheme with the Rhayader Rural District Council for supplying water to Llandegley and Penybont by tapping the Birmingham Aqueduct proceeded during the year.



## **PAINSCASTLE RURAL DISTRICT.**

The District Medical Officer of Health reports on the generally unsatisfactory nature of the supplies in this district, which were unsatisfactory both in quantity and purity. There is great need for the implementation of the scheme recommended by Sir Arnold Waters for making use of the naturally impounded supply from the Llanbwchllyn Lake.

## **RHAYADER RURAL DISTRICT,**

Supplies in this area are on the whole satisfactory. The Penybont and Llandegley Scheme was commenced during the year.

## **Sewage Disposal.**

### **KNIGHTON URBAN DISTRICT.**

The sewage works here function satisfactorily.

### **LLANDRINDOD WELLS URBAN DISTRICT.**

The Medical Officer of Health in his last Report (1956) states that an Inspecting Engineer of the Ministry of Housing and Local Government had criticised the sewage disposal plant and had reported that this was inadequate to produce a satisfactory effluent. He recommended that a new sewage works should be constructed on a new site. The Medical Officer of Health adds that action was also taken to put in order the contact bed machinery at the Ddole Road works, but was not successful, owing to irreparable defects in the machinery and to the contact bed media being clogged. This virtually means that crude sewage is being discharged from Llandrindod Wells into the River Ithon. This is confirmed by the Analyst's Report on sewage effluents from these works.



## PRESTEIGNE URBAN DISTRICT.

The sewage disposal arrangements in this town can only be described as primitive. Broad irrigation is the method used, but the manner in which this is carried out is entirely unsatisfactory. It is to be hoped that as this district appointed a new public health inspector during the year, active consideration will be given to this matter, which is not mentioned in the Annual Report of the Medical Officer of Health.

## COLWYN RURAL DISTRICT.

The Howey Sewage scheme came into operation during the year, providing for properties in the parishes of Llandrindod Rural and Disserth and Trecoed, which are in the vicinity of Howey Village,

## KNIGHTON RURAL DISTRICT.

There are no sewage disposal arrangements in this area, except seven small plants serving small groups of council houses.

## NEW RADNOR RURAL DISTRICT.

Complaints were received during the year concerning smells from the sewage disposal works serving the council housing estate in Evenjobb. This disposal plant is badly sited, but appears to be working satisfactorily.

## PAINSCASTLE RURAL DISTRICT.

Six small sewage disposal plants serving Council housing estates are working satisfactorily.

## RHAYADER RURAL DISTRICT.

Sewage disposal works are in operation at Newbridge-on-Wye and Crossgates serving the council housing estates and other properties. The new sewage disposal plant for Rhayader and Cwmdauddwr was approaching completion during 1957 and was working in 1958. Thus the gross pollution of the River Wye by virtually untreated sewage from the town has been stopped.



TABLE I.  
Causes of Death in Administrative Areas in the County of  
Radnor for 1957.

Causes of Death	Urban Districts				Rural Districts								Count	
	Knighton.	Llandri'dod	Wells.	Presteigne	Colwyn.	Knighton.	New Radnor.	Painscastle	Rhayader.				M.	F.
	M	F	M	F	M	F	M	F	M	F	M	F		
Tuberculosis of respiratory system	1												1	
Syphilitic Disease										1			1	
Other infective & parasitic diseases									1					
Malig'nt neoplasm														
stomach ...	3		1	1			1	1	1			1	4	
breast ...			3				1							
uterus ...			2											
Other malignant & lymphatic neoplasm	2	2	1	3	2	1	2	1		2	2	3	3	10
Diabetes ...										1		1		
Vascular lesions of nervous system	4	2	4	4	1	1		2	3	4	4	3	2	1
Coronary disease														
angina ...		1	2	2	1		1	1	1	3	1		2	3
Hypertension with heart disease			1		1			1		1	1			3
Other heart disease	1	3	2	5	1	2	1	2	4	2	5	2	4	2
Other circulatory disease ...				1	1		1	1		1			1	4
Influenza ...	1	2										2	1	2
Pneumonia ...	2			2			1					1		6
Carried forward ...	14	9	10	21	6	7	4	7	11	10	13	10	10	8
													18	18
													86	



TABLE I—continued.  
Causes of Death in Administrative Areas in the County of  
Radnor for 1957.

Causes of Death	Urban Districts								Rural Districts								County.		
	Knighton.		Llandriddod 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	
Brought forward...	14	9	10	21	6	7	4	7	11	10	13	10	10	8	18	18	86	90	176
Pneumonia ...	1	2	1								1	1	1		3	1	7	4	11
Other diseases of respiratory system	2			1	1												3	1	4
Disease of stomach & duodenum							1							1		2			2
Gastritis Enteritis and Diarrhoea					1												1		1
Gonorrhoea and Nephrosis	1																1		1
Hyperplasia of prostate	1		1								1		1				4		4
Pregnancy, childbirth & abortion		1																1	1
Genital malformations														2		2			2
Other defined and named diseases	1	1	2	1	1	2		2			1	1	2	1	2	8	9		17
Motor Vehicle accidents	1				1		1					1		1		5			5
Other accidents			1			1								1		2	1		3
... Total	21	14	15	23	10	10	6	7	13	9	15	12	14	10	27	21	121	106	227



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

Causes of Death.	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	1															
Syphilitic Disease																
Other infective and parasitic diseases															2	
Malignant neoplasm, stomach	3	1												2		
"    "    breast		4												2		
"    "    uterus		2														
Other malignant and lymphatic neoplasms	3	7									1		1	3		
Diabetes													2		3	
Vascular lesions, nervous system	9	7														
Coronary disease, angina	3	3											1	1		
Hypertension with heart disease	1	1											1			
Other Heart disease	4	10										1			1	
Other Circulatory Diseases	1	1														
Influenza	1	2													1	1
Pneumonia	4														1	1
Bronchitis	2	2											1	1	1	
Other diseases of Respiratory system	3	1											1		2	
Nephritis and Nephrosis	1														1	
Ulcer of Stomach, duodenum																
Gastritis, Enteritis and Diarrhoea	1															1
Hyperplasia of prostate	2															1
Congenital malformations																
Pregnancy, childbirth and abortion			1										1			
Other defined and ill-defined diseases	4	4			2				1				1		1	
Motor vehicle accidents	2								1				1			
All other accidents	1	1									1					
All Causes	16	47			2				2		2		2	9	10	13



TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1957.  
Aggregate of Rural Districts.

Causes of Death.	All Ages.		0-		1-		5-		15-		25-		45-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pneumonia, respiratory																		
Ischaemic Disease ...	1												1					
Infective and parasitic diseases ...		1																
Malignant neoplasm, stomach	1	2											1		1		1	
,, breast		1											1					
,, uterus																		
Malignant and lymphatic neoplasms	7	7									1		2	2	1	3	3	2
... ..		2													2			
Lesions, nervous system	12	15										1	2	1	4		6	13
Coronary disease, angina	7	6											1		1	3	5	3
Myocardial infarction with heart disease	2	1													1		2	
Heart disease	20	13							1		1		1		2		18	10
Circulatory Diseases	3	2													3	2		
Diabetes	1	2						1								1	1	
... ..	2												1					
Diseases of ...	5	2															5	2
Respiratory system and Nephrosis																		
Stomach, duodenum	2														1		1	
Enteritis and Diarrhoea																		
Prostatitis of prostate	2																2	
Genital malformations	2							1					1					
Complications, childbirth and abortion																		
Unexplained and ill-defined diseases	4	5	1	2								1	1		1		1	2
Motor vehicle accidents	3										1		1				1	
Accidents ...	1												1					
<b>Total Causes</b>	<b>75</b>	<b>59</b>	<b>1</b>	<b>2</b>			<b>1</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>11</b>	<b>6</b>	<b>13</b>	<b>14</b>	<b>46</b>	<b>32</b>	



TABLE III.

Area.	Live Births.			Still Births	
	No.	Birth Rates		No.	Rates per 100 live&sti total births
					1957
	1957	1957	1953-57	1957	1957
Urban Districts :					
Knighton	26	14·1	15·4	—	—
Llandrindod Wells	41	12·7	11·9	—	—
Presteigne	16	12·7	14·1	—	—
Rural Districts :					
Colwyn	17	10·8	12·3	—	—
Knighton	47	15·6	13·3	—	—
New Radnor	42	19·3	15·3	—	—
Painscastle	27	15·0	14·7	—	—
Rhayader	68	16·2	14·1	—	—
Urban Districts :	83	13·1	13·3	—	—
Rural Districts :	201	15·7	14·0	—	—
County :	284	14·8	13·8	—	—



TABLE IV.

Area.	No. of Deaths	Crude Death Rates	
		1957	1953-57
Urban Districts :			
Knighton	35	19·6	15·5
Lland'dod Wells	38	11·8	14·4
Presteigne	20	15·9	12·1
Rural Districts :			
Colwyn	13	8·2	13·3
Knighton	22	7·3	9·7
New Radnor	27	12·4	12·9
Painscastle	24	13·3	11·1
Rhayader	48	11·4	13·0
<hr/>			
Urban Districts :	93	14·8	14·2
Rural Districts :	134	10·5	12·0
County :	227	11·9	12·7



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