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

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Carmarthenshire County Council

Annual Report

OF THE

County Medical Officer of Health

For the Year 1952

LLANELLY:
Printed by the Llanelly Mercury Printing Co., Ltd.

CONTENTS

INTRODUCTION

This Report includes a Special Survey of the Local Health Services of the County together with a general review of their integration with the wider National Health Service, at the request of the Welsh Board of Health. It is to be seen clearly that the problem of achieving full co-ordination and co-operation in a tripartite service is beset with many difficulties to which there appear to be no easy solution. The mere fact that special efforts for co-operation and co-ordination are needed indicates a fundamental weakness in the structure of the National Health Services. However large an organisation may be, it should be such that co-operation and co-ordination are natural and automatic, but enforceable if the need arises.

No progress can be reported in the establishment of Health Centres, and it is disappointing that it has not yet been possible to obtain a suitable site at Llwynhendy to proceed with the first instalment of the plan for a Health Centre there, viz., the erection of the Maternity and Child Welfare and School Clinic section.

Progress in the Mental Health Service has been slow, but at the time of writing, a Home Teacher for Mental Defectives has been appointed, and there seems to be some prospect of the Authority acquiring premises at Llanelly for an Occupation Centre.

BCG Vaccination of infants exposed to tuberculous risks improved during the year, and it is hoped that in the near future its use may be extended by the Chest Physician to other sections of the child community.

The maternal mortality rate (excluding abortions) increased from 0.4 in 1951 to 0.8 in 1952. The infant mortality rate also increased from 25.12 per thousand live-births in 1951 to 32.68 in 1952. The still-birth rate of 20.9 per 1,000 total births in 1951 increased to 28.09 in 1952. Prematurity is an important factor in infant mortality and stillbirths, and appears to be increasing although the reasons for this are obscure. There were 197 premature infants during 1952 as against 176 in 1951 ; 31 died within 28 days in 1952 as against 28 in 1951. As was pointed out in 1949, there is need for a special unit for the care of premature infants in a local hospital.

The birth rate for 1952 was practically the same as in 1951, being 13.98 per 1,000 population as against 14.00, the number of live births being two less than in 1951, i.e. 2,387 as against 2,389. The death rate declined from 14.23 in 1951 to 12.65 for 1952.

There was no epidemic of serious infectious disease during the year, although poliomyelitis remained endemic, and 29 cases were confirmed, eleven of whom developed varying degrees of paralysis and one died from the encephalitic type.

Paratyphoid B fever although epidemic in neighbouring Counties, produced only eleven widely scattered cases in this County.

I am grateful for the support and help of the Chairmen and Members of the Health and Public Health Committees, and I must record my appreciation of the help and assistance I received from the professional, administrative, and clerical staff of the County Health Department.

R. EVANS,

County Medical Officer of Health.

July, 1953.

HEALTH COMMITTEE, 1952

(*Established under the National Health Service Act*, 1946).

Chairman : Alderman Joseph Howell.

Vice-Chairman : Councillor Rev. R. G. James.

Aldermen : Frank Davies (*ex officio*), T. Ll. Harries (*ex officio*), D. B. Lewis, Dame Gwendoline Trubshaw, D.B.E.

Councillors :

Evan Bevan.
David Davies, M.B.E.
John Davies.
Thomas Davies.
Griffith Evans.
Mrs. C. Hopkin.
Gwyn Howells.
Josiah Jones.
Haydn Lewis.
Dr. H. D. Llewellyn.
W. H. Mathias.
Mrs. C. R. Rees.
John Williams.

PUBLIC HEALTH AND GENERAL PURPOSES COMMITTEE, 1952

Chairman : Alderman Edgar Lewis.

Vice-Chairman : Councillor T. J. Williams.

Aldermen :

T. S. Bowen.
Frank Davies (*ex officio*).
T. Ll. Harries (*ex officio*).
J. Amos Jones.
D. B. Lewis.
T. W. Morgan.
D. J. Stone.
Dame Gwendoline Trubshaw, D.B.E.
Rev. Chancellor S. B. Williams.

Councillors :

Evan Bevan.
Thomas Bowen.
W. I. Daniel.
D. M. Davies.
David Davies, M.B.E.
G. V. Davies.
J. H. Davies.
J. M. Davies.
John Davies.
Thomas Davies.
L. Dennis.
H. H. Harries.
Gwyn Howells.
Rev. R. G. James.
D. G. J. Jones.
Josiah Jones.
D. Ivor Lewis.
Edward Lewis.
Haydn Lewis.
Sidney Lewis.
Dr. H. D. Llewellyn.
W. H. Mathias.
William Morris.
J. D. Phelps.
Mrs. C. R. Rees.
S. J. E. Samuel.
David Thomas.
S. O. Thomas.
Daniel Williams.
John Williams.

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL.

County Medical Officer of Health and School Medical Officer :

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

Deputy County Medical Officer of Health and Deputy School Medical Officer :

D. G. G. Jones, M.B., B.S., D.P.H.

Chief Dental Officer :

G. Ungoed Griffiths, L.D.S., R.C.S.

Chief Nursing Officer :

Miss M. Evans, S.R.N., S.C.M., H.V.Cert.

Organiser of Home Helps :

Miss Joan M. Crossman.

County Ambulance Officer :

G. B. Evans.

Senior Administrative Assistant :

W. C. Thomas, M.B.E.

Assistant Medical Officers :

E. H. Beynon-Hopkins, M.R.C.S., L.R.C.P., D.P.H.
Elizabeth T. Davies-Humphreys, M.R.C.S., L.R.C.P.
D. O. Davies, M.R.C.S., L.R.C.P.
M. G. Danaher, M.B., B.Ch., B.A.O., L.M., D.P.H.
Marjorie J. A. Davies, B.Sc., M.B., B.Ch.
Edna E. Williams, B.Sc., M.B., B.Ch. (commenced 1st September, 1952).
*D. J. Davies, M.B.E., M.D., B.Sc., D.P.H. (part-time).
*Gladys M. Herbert, M.R.C.S., L.R.C.P., D.P.H. (part-time).
†Elfyn T. Jones, B.Sc., M.R.C.S., L.R.C.P., D.P.H. (part-time).
Iris A. Jenkin Lloyd, M.R.C.S., L.R.C.P., D.P.H. (part-time).
Nest A. M. Crane, M.B., B.S. (part-time) (ceased duties 4th November, 1952).

* Divisional Medical Officer of Health.

† District Medical Officer of Health.

Assistant Dental Officers :

J. L. T. Davies, L.D.S., R.C.S. (commenced 1st March, 1952).
F. G. Day (temporary).
Gwilym Evans, L.D.S., R.C.S. (part-time).

Medical Officer of Gynaecological Clinic :

I. Gwendoline Madel, M.R.C.S., L.R.C.P.

Deputy Superintendent Health Visitor :
Miss F. Hughes, S.R.N., S.C.M., H.V.Cert.

Senior Nursing Officer :
Miss M. L. James, S.R.N., S.C.M., H.V.Cert.

Senior Orthopaedic Sister :
Miss E. R. Buckley, M.C.S.P.

Assistant Orthopaedic Sister :
Mrs. O. Turner Evans (*nee* Jones), M.C.S.P.

Assistant Organisers of Home Helps :
Mrs. N. Davies.
Mrs. E. J. Griffiths.

Dental Attendants :
Mrs. V. M. Arundel (part-time).
Mrs. E. G. Badger-Davies (resigned 31st August, 1952).
Miss E. B. Evans.
Miss A. M. Maliphant (commenced 1st September, 1952).
Miss M. A. Thomas (commenced 1st December, 1952).

Health Welfare Officers :
B. Bevan, Carmarthen (resigned 31st March, 1952).
B. Evans, Ammanford.
D. T. Longhurst, Llanelly.
W. I. Jones, Relief.

Home Teachers and Visitors for the Blind :
Mrs. M. A. Lewis.
Miss S. M. Tidmarsh.
Miss K. Auckland.

Plasnewydd Mothercraft Hostel :
Medical Officer—E. Noel Rees, B.Sc., M.B., B.Ch., D.R.C.O.G.
Matron—Mrs. E. A. Williams, S.R.N., S.C.M.

County Analyst :
H. J. Evans, B.Sc., F.I.C., F.C.S.

Inspectors under Food and Drugs Acts :
Chief Inspector—D. R. Watkins.
Deputy Chief Inspector—E. D. Roberts.

Consultants available for County Health Services.

Pathologist :
Gwenfron M. Griffiths, M.D., M.R.C.P.

Bacteriologist under the Medical Research Council :
W. Kwantes, M.A., M.B., B.Ch., Dip.Bact.

Chest Physicians :
J. T. Jones, B.Sc., M.B., Ch.B.
J. Kenyon Davies, M.R.C.S., L.R.C.P.

Assistant Chest Physicians :
A. B. Cowie, M.B., B.Ch.
J. Williams, M.B., B.Ch.

Medical Officer of V.D. Clinic :
D. E. Thomas, M.B., B.S.

Obstetrician :
J. R. E. James, M.B., F.R.C.S., M.R.C.O.G.

Orthopaedic Surgeon :
G. D. Rowley, M.Ch.

Ophthalmic Surgeons :
J. J. Healy, M.B., Ch.B., Llanelly.
G. S. Forrester, M.B., Ch.B., D.O.M.S., Llanelly.
A. Philipp, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.

Ear, Nose and Throat Surgeons :
T. I. Williams, F.R.C.S., Llanelly.
J. Crowther, F.R.C.S., Swansea.
S. Morgan, F.R.C.S., Carmarthen.

Hon. Plastic Surgeon :
Professor T. Pomfret Kilner, F.R.C.S., Oxford.

Paediatrician :
R. T. Jenkins, M.R.C.P., D.C.H., Swansea.

Dermatologist :
D. Rhys Lewis, M.D., F.R.C.P., Swansea.

Dental Radiologist :
Iwan Davies, L.R.C.P., L.R.C.S., L.R.F.P.S., D.M.R.E., Swansea.

Consultant Orthodontist :
R. E. Rix, M.R.C.S., L.D.S., R.C.S., London.

Psychiatrists :
Sidney Davies, M.B., B.S., D.P.M.
J. Farr, M.B., B.S., B.Ch., D.P.M.
Beryl Senneck, M.B., B.S., D.P.M., D.T.M.

NURSING.

District.	Nurse.	Qualifications.
Whole-time Health Visitors.		
Amman Valley	M. G. Evans	S.R.N., S.C.M. and Health Visitors' Certificate.
Ammanford	A. Howells	S.R.N., S.C.M. and Health Visitors' Certificate.
Burry Port	H. E. James	S.R.N. and S.C.M.
Trimsaran	G. M. Williams	S.R.N., S.C.M. and Health Visitors' Certificate.
Llangennech	M. Jones	S.C.M., Health Visitors' Certificate, and Diploma in School Nursing and Hygiene.
St. Clears	M. E. E. Davies	S.R.N., S.C.M., and Health Visitors' Certificate.
Carmarthen Borough	G. I. Evans	S.R.N., S.C.M. and Health Visitors' Certificate.
Llanelly Borough	M. C. Jones	S.R.N. and S.C.M.
	G. Greene	S.R.N., S.C.M. and Health Visitors' Certificate.
	D. C. Insley	S.R.N., S.C.M. and Health Visitors' Certificate.
	G. M. Roberts	S.R.N., S.C.M. and Health Visitors' Certificate.
Felinfoel	E. M. Jenkins	S.R.N., S.C.M. and Health Visitors' Certificate.
Tumble	E. J. M. Jones	S.R.N., S.C.M. and Health Visitors' Certificate.
Llandebie	A. E. Jones	S.R.N., S.C.M. and Health Visitors' Certificate.
Pencader	J. Kerswell	S.R.N., S.C.M. and Health Visitors' Certificate.
Bankyfelin	E. N. E. Thomas	S.R.N. and Health Visitors' Certificate.
Llandilo	C. M. Bailey	S.R.N., S.C.M. and Health Visitors' Certificate.
Llangendeirne	M. E. Thomas	S.R.N., S.C.M. and Health Visitors' Certificate.
Llandovery	M. M. Davies	S.R.N. and Health Visitors' Certificate.
Nantgaredig	H. Sefton Jones	S.R.N., S.C.M. and Health Visitors' Certificate.
Conwil	N. G. E. Baker	S.R.N., S.C.M. and Health Visitors' Certificate.
Whitland	B. S. Owen	S.R.N., S.C.M. and Health Visitors' Certificate.
District Nurse/Midwives/Health Visitors.		
Llansawel	M. L. Angel	S.R.N. and S.C.M.
Cilycwm	E. G. Cox	S.C.M.
Caio	S. Jenkins	S.C.M. and S.E.A.N.
District Nurse/Midwives.		
Bettws	S. E. Rees	S.R.N. and S.C.M.
Ammanford	E. M. Morgan	S.R.N. and S.C.M.
Brynamman	A. James	S.R.N. and S.C.M.
Garnant	S. Jones	S.R.N. and S.C.M.
Cwmamman	M. E. Edwards	S.R.N. and S.C.M.
Llangennech	E. A. Mainwaring	S.C.M. and S.E.A.N.
	M. E. John	S.C.M. and S.E.A.N.
Llwynhendy	M. Drew	S.R.N. and S.C.M.
Laugharne	E. E. Keall	S.R.N. and S.C.M.
St. Clears	D. Buckler	S.R.N. and S.C.M.

District.	Nurse.	Qualifications.
Abernant	M. O. Davies	S.R.N. and S.C.M.
Conwil	E. Pardoe	S.R.N. and S.C.M.
Mydrim and Trelech	S. F. Riley	S.R.N. and S.C.M.
Pwll, Sandy and Furnace	A. E. James	S.R.N. and S.C.M.
Gorslas	M. L. Daniels	S.R.N. and S.C.M.
Tumble	H. E. A. Ratford	S.R.N., S.C.M. and R.F.N.
Felinfoel	A. R. Harries	S.R.N., S.C.M.
Dafen	E. M. Thomas	S.R.N., S.C.M. and Tb. Certificate.
Kidwelly	R. H. Davies	S.R.N. and S.C.M.
Llandebie	L. Thomas	S.R.N. and S.C.M.
Penygroes	S. E. G. Jones	S.R.N. and S.C.M.
Trimsaran	E. M. Thomas	S.R.N. and S.C.M.
Saron	G. Edwards	S.R.N. and S.C.M.
Tycroes	E. J. Davies	S.R.N. and S.C.M.
Llandilo (Town)	G. M. Alcock	S.R.N. and S.C.M.
Llanstephan	M. G. Reynolds	S.R.N. and S.C.M.
Llanybyther	D. Thomas	S.R.N. and S.C.M.
Pencader	E. Jenkins	S.C.M. and S.E.A.N.
Drefach	E. A. Davies	S.R.N. and S.C.M.
Llangunnor	K. E. Critchley	S.C.M.
Abergwili	D. Morgan	S.R.N. and S.C.M.
Nantgaredig	D. E. Davies	S.C.M. and S.E.A.N.
Llangathen	E. Evans	S.R.N. and S.C.M.
Llandovery	B. Harries	S.R.N. and S.C.M.
Llangadock	E. J. Powell	S.C.M. and S.E.A.N.
Llansadwrn and Llanwrda	M. E. Preece	S.C.M. and S.E.A.N.
Ferryside	M. M. T. Richards Jones.	S.C.M. and S.E.A.N.
Pontyates	M. E. Daniels Morris	S.R.N. and S.C.M.
Pontyberem	M. B. Harries	S.R.N. and S.C.M.
Llandilo (North Ward)	E. J. Hughes	S.C.M. and S.E.A.N.
Llandilo (South Ward)	E. A. Davies	S.R.N. and S.C.M.
Talley	J. Evans	S.C.M. and S.E.A.N.
Velindre	G. R. Luke	S.R.N. and S.C.M.
Llanfihangel-Aberbythich	A. M. Pugh	S.R.N. and S.C.M.
Newcastle Emlyn	V. J. Jones	S.R.N. and S.C.M.
Whitland	A. R. M. Evans	S.R.N., S.C.M. and Tb. Certificate.
Llanfynydd	E. A. Jones	S.C.M.
Llanboidy	L. N. Evans	S.R.N. and S.C.M.
District Nurses.		
Carmarthen	D. M. Jones	S.R.N. and S.C.M.
	E. G. Walters	S.R.N. and S.C.M.
Burry Port	G. M. Burford	S.R.N. and S.C.M.
Llanelly	M. Marpole	S.R.N. and S.C.M.
	P. G. Davies	S.R.N. and S.C.M.
	M. Griffiths	S.E.A.N.
Whole-time Midwives.		
Llanelly	E. A. Beynon	S.C.M.
	M. Griffiths	S.R.N. and S.C.M.
	K. Y. Perrott	S.C.M.
	S. Webster	S.C.M.
	M. David Griffiths	S.R.N. and S.C.M.
Carmarthen	E. M. Evans James	S.C.M.
	E. M. James	S.R.N. and S.C.M.
Burry Port	O. G. Thomas	S.R.N. and S.C.M.
Pembrey	A. Evans	S.C.M.
Relief	E C. Wheeler	S.C.M.
Relief	E. Davies	S.R.N. and S.C.M.
Relief	P. L. Marks	S.R.N. and S.C.M.
Relief	M. C. Hope	S.R.N. and S.C.M.
Relief	L. M. Davies	S.R.N. and S.C.M.

STATISTICS.

Area : 588,472 acres.

Population—Census 1951 : 171,742.

Estimated by Registrar General for 1952 : 170,700.

Product of a penny rate for general purposes : £2,244.

Rateable value for general purposes : £577,545.

In superficial area (588,472 acres) the County of Carmarthen is the largest of the Welsh Counties. Its length from the upper waters of the River Towy to the Pembrokeshire border is 50 miles. Its breadth from the River Teify on the Cardiganshire border to the River Loughor is 35 miles. Something like three-quarters of the area is agricultural, and the remainder (the eastern part of the County) is industrial, the chief industries being Coal Mining, Tinplate and Steel. Rather more than one-half of the population is concentrated in the industrial area.

BIRTHS AND DEATHS.

Live Births :

	Male.	Female.	Total.
Legitimate	1204	1105	2309
Illegitimate	38	40	78
Totals	1242	1145	2387

Birth rate per 1,000 of estimated population : 13.98.

The following table shews the number of live births registered and the birth rates during the past five years :—

	Urban.		Rural.		Admin. County.		England & Wales
Year.	No. Reg.	Rate.	No. Reg.	Rate.	No. Reg.	Rate.	Rate.
1948	1107	15.42	1626	16.52	2733	16.06	17.9
1949	1026	14.47	1577	15.79	2603	15.24	16.7
1950	1006	14.07	1443	14.40	2449	14.26	15.8
1951	958	13.57	1431	14.31	2389	14.00	15.5
1952	926	13.27	1461	14.48	2387	13.98	15.3

Stillbirths.

Male.	Female.	Total.
34	35	69

Rate per 1,000 (Live and Still) Births : 28.09.

Deaths.

Male.	Female.	Total.
1158	1002	2160

Death rate per 1,000 of estimated population : 12.65.

The following table gives a comparison of the total number of deaths and death rates during the past five years :—

Year.	Urban. Deaths.	Urban. Crude D.R.	Rural. Deaths.	Rural. Crude D.R.	Admin. County. Deaths.	Admin. County. Crude D.R.	Rate for Eng. & Wales
1948	869	12.11	1179	11.98	2048	12.03	10.8
1949	937	13.21	1257	12.58	2194	12.84	11.7
1950	950	13.29	1246	12.43	2196	12.78	11.6
1951	1043	14.77	1384	13.84	2427	14.23	12.5
1952	903	12.94	1257	12.46	2160	12.65	11.3

Maternal Mortality.

Maternal mortality covers the number of deaths in which pregnancy or childbirth was the primary cause of death. Three such cases occurred in this County during the year 1952, a maternal mortality rate of 1.2 per 1,000 total births. The figures for the last six years are as follows :—

Year.	Maternal Deaths.	Total births.	Rate per 1,000 total births.	Rate for England and Wales.
1947	9	3054	2.9	1.17
1948	2	2794	0.7	1.02
1949	9	2670	3.3	0.98
1950	4	2526	1.5	0.86
1951	1	2440	0.4	0.79
1952	3	2456	1.2	0.72

One of the deaths in this County during 1952 was a case of criminal abortion. Although all abortions are included in the classification of maternal mortality, a truer picture of maternal mortality in the area is obtained by the exclusion of such cases. Maternal deaths in the County for the last six years not due to abortion are summarised in the following table :—

Year	Total Maternal Deaths excluding Abortions.	Rate per 1,000 total births.
1947	9	2.9
1948	2	0.7
1949	8	3.0
1950	3	1.2
1951	1	0.4
1952	2	0.8

All deaths due to pregnancy are specially investigated by the Consultant Obstetrician concerned. The County Medical Officer of Health adds his comments to the report which is then passed to the Regional Assessor who submits his findings to the Principal Medical Officer of the Welsh Board of Health.

Infant Mortality.

There were 78 deaths of infants under one year old during the year ; an infant mortality rate of 32.68 per 1,000 live births. This compares with a rate of 25.12 for 1951. For England and Wales for 1952, the rate was 27.6.

A classification of the 1952 deaths in the County is as follows :—

	Males.	Females.	Total.	Rate.
Legitimate	48	27	75	32.48
Illegitimate	2	1	3	38.46
Totals	50	28	78	32.68

The causes of death were :—

	Male.	Female.	Total.
Respiratory tuberculosis	1	—	1
Other infective and parasitic diseases	—	1	1
Vascular lesions of nervous system	1	—	1
Pneumonia	8	2	10
Bronchitis	—	1	1
Other diseases of respiratory system	1	—	1
Gastritis, enteritis and diarrhoea	2	3	5
Congenital malformations	4	5	9
Other defined and ill-defined diseases	30	16	46
Accidents (other than motor vehicle accidents)	3	—	3
Totals	50	28	78

Infant mortality in the County for the last six years is summarised in the following table :—

	Legitimate		Illegitimate		Total		England and Wales
Year	No.	Rate	No.	Rate	No.	Rate	Rate
1947	126	43.96	9	95.74	135	45.60	41.0
1948	94	35.89	4	35.09	98	35.86	34.0
1949	106	42.31	5	51.02	111	42.64	32.0
1950	70	29.61	3	35.29	73	29.81	29.8
1951	55	23.92	5	55.55	60	25.12	29.6
1952	75	32.48	3	38.46	78	32.68	27.6

Neo-Natal Deaths.

53 infants under four weeks old died (neo-natal deaths) during the year, a mortality rate of 22.20 per 1,000 live births. This figure was 45 for the previous year, a mortality rate of 18.84. Information as to the neo-natal mortality rate is not available for the years prior to 1951.

An analysis of the neo-natal deaths in the County during 1952 is as follows :—

	M.	F.	Total	Rate
Legitimate	33	18	51	22.09
Illegitimate	1	1	2	25.64
Totals	34	19	53	22.20

Deaths from Infectious Diseases (up to 5 years of age) :

Measles	1
Whooping Cough	Nil
Diphtheria	Nil
Gastritis, Enteritis and Diarrhoea	5
Tuberculosis (all forms)	2
Influenza	1

Cancer.

The death rates per 1,000 population for the last five years have been :—

Year.	No. of Deaths.	Rate.
1948	323	1.9
1949	321	1.9
1950	325	1.9
1951	348	2.0
1952	331	1.9

A classification of the causes of death from Cancer during 1952 is as follows :—

Site of Cancer.		Age Periods.						Total	Grand Total.
		0—	1—	5—	15—	45—	65—		
Stomach	M.	—	—	—	1	15	32	48	
	F.	—	—	—	—	10	22	32	80
Lung, Bronchus	M.	—	—	—	1	18	7	26	
	F.	—	—	—	—	2	1	3	29
Breast	M.	—	—	—	—	—	—	—	
	F.	—	—	—	5	15	16	36	36
Uterus	M.	—	—	—	—	—	—	—	
	F.	—	—	—	1	9	6	16	16
Others	M.	—	1	—	4	21	52	78	
	F.	—	—	—	3	38	51	92	170
TOTALS	M.	—	1	—	6	54	91	152	
	F.	—	—	—	9	74	96	179	331

The following table gives the causes of death in 1952 at specified ages :—

Cause of Death.	All Ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and over.
All Causes—Males	1158	50	7	9	72	336	684
Females	1002	28	9	7	50	231	677
Totals	2160	78	16	16	122	567	1361
1. Tuberculosis, respiratory	35	1	....	....	8	16	10
2. Tuberculosis, other	10	....	1	3	5	1	....
3. Syphilitic Disease	5	....	....	....	1	3	1
4. Diphtheria	....	....	....	....	....	....	....
5. Whooping Cough	1	....	....	....	....	1	....
6. Meningococcal infections	1	....	....	....	....	1	....
7. Acute Poliomyelitis	1	....	....	....	1	....	....
8. Measles	1	....	1	....	....	....	....
9. Other infective and parasitic diseases	10	1	....	2	4	2	1
10. Malignant neoplasm, stomach	80	....	....	....	1	25	54
11. Malignant neoplasm, lung, bronchus	29	....	....	....	1	20	8
12. Malignant neoplasm, breast	36	....	....	....	5	15	16
13. Malignant neoplasm, uterus	16	....	....	....	1	9	6
14. Other malignant and lymphatic neoplasms	170	....	1	....	7	59	103
15. Leukaemia, aleukaemia	9	....	....	1	2	2	4
16. Diabetes	13	....	....	....	....	3	10
17. Vascular lesions of nervous system	339	1	....	....	6	75	257
18. Coronary disease, angina	227	....	....	....	5	85	137
19. Hypertension with heart disease	36	....	....	....	1	7	28
20. Other heart disease	343	....	....	1	13	60	269
21. Other circulatory disease	111	....	....	....	3	19	89
22. Influenza	9	....	1	....	....	1	7
23. Pneumonia	57	10	2	3	....	11	31
24. Bronchitis	94	1	....	....	2	24	67
25. Other diseases of respiratory system	115	1	1	1	4	51	57
26. Ulcer of stomach and duodenum	22	....	....	....	1	8	13
27. Gastritis, enteritis and diarrhoea	10	5	....	....	1	2	2
28. Nephritis and nephrosis	39	....	....	....	8	10	21
29. Hyperplasia of prostate	23	....	....	....	....	1	22
30. Pregnancy, childbirth, abortion	3	....	....	....	3	....	....
31. Congenital malformations	14	9	2	....	2	....	1
32. Other defined and ill-defined diseases	220	46	6	2	8	38	120
33. Motor vehicle accidents	20	....	1	....	8	5	6
34. All other accidents	46	3	....	3	17	6	17
35. Suicide	13	....	....	....	4	5	4
36. Homicide and operations of war	2	....	....	....	....	2	....
Totals	2160	78	16	16	122	567	1361

The chief causes of death during 1952 and the rates per 1,000 population compared with previous years were :—

Cause of Death.	1948		1949		1950		1951		1952	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate	No.	Rate.
Heart &other Circulatory Disease	625	3.67	632	3. 70	727	4.23	846	4.96	717	4.20
Cancer	323	1.87	321	1.88	325	1.89	348	2.04	331	1.94
Vascular Lesions of Brain	269	1.58	262	1.53	299	1.74	305	1.79	339	1.98
Tuberculosis (all forms)	114	0.66	113	0.66	86	0.50	75	0.44	45	0.26
Pneumonia	61	0.35	70	0.41	51	0.30	75	0.44	57	0.33
Bronchitis	89	0.52	124	0.73	97	0.56	147	0.86	94	0.55
Other diseases of respiratory system	60	0.35	99	0.58	92	0.54	87	0.51	115	0.67
Nephritis	75	0.44	66	0.39	50	0.29	45	0.26	39	0.23

Deaths from the above causes for 1952 constitute 80.42% of the total deaths.

The number of deaths of persons 65 years of age and over was 1,361 or 63.01% of the total deaths in 1952.

ADMINISTRATION

The County Health Services (apart from the School Health Service which is outside the scope of this report) are administered by two Committees :—

(*a*) The Public Health and General Purposes Committee which deal with the environmental health services, food and drugs, milk supplies.

(*b*) The Health Committee, established under the National Health Service Act, 1946, and administer the Local Health Authority Services under the Act.

The importance of the Public Health and General Purposes Committee in public health matters has declined in recent years. Some of their duties are closely linked with the duties of the Health Committee and there is much to be said for combining the two Committees for the purposes of the County Health Service. Co-ordination of the activities of the Committees is at present, achieved by the Chairman and Vice-Chairman of the County Council being ex-officio members of both Committees, and by some members of the County Council being common to both Committees. Moreover, the Clerk of the County Council is Clerk of both Committees, and there is close and cordial co-operation between members of the staff of the County Health Department and the Chief Inspector under the Food and Drugs Acts who is not on the staff of the County Medical Officer of Health.

The Health Committee have appointed seven Sub-Committees to assist in the administration of certain services, viz :—

(i) **Ambulance Transport Sub-Committee,** to supervise the organisation of the County Ambulance Service, and to make recommendations for the improvement of the Service. The Committee includes representatives of the Authority, St. John Priory for Wales, Welsh Home Service Ambulance Committee, West Wales Hospital Management Committee, and the ambulance employees.

(ii) **Care and After Care Sub-Committee,** to exercise the functions relating to the Prevention of Illness, Care and After-Care. The Health Committee have power to co-opt on the Sub-Committee persons who are interested in after-care work, provided that not more than one-third of the members of the Sub-Committee are co-opted members. The Sub-Committee have full powers, subject to any directions or restrictions imposed by the Health Committee, and in an emergency the Chairman or Vice-Chairman of the Sub-Committee has full power to make temporary arrangements under the Scheme.

(iii) **Mental Health Sub-Committee,** to undertake the functions for the development of the Mental Health Service. The Health Committee have power to co-opt on the Sub-Committee two members of the County Education Committee and other persons who are experienced or interested in Mental Health work, provided that at least two-thirds of the members of the Sub-Committee are members of the Authority.

(iv) **Plasnewydd Hostel Sub-Committee,** to administer Plasnewydd Hostel for Unmarried Mothers and their Children. Representatives of the County Branch of the Women's Voluntary Services and the St. David's Diocesan Moral Welfare Committee, are co-opted on this Sub-Committee.

(v) **Three District Nursing Appointments Sub-Committees,** for the Carmarthen, Llanelly and Llandilo areas, respectively, to make appointments to vacancies for District Nurses under District Nursing Associations. The Sub-Committees have full power, and comprise representatives of the Authority, the County Nursing Association, the District Nursing Association concerned, and the senior member of the County Council representing the area of the District Nursing Association.

There is no divisional health organisation in the County. The County does not lend itself to divisional administration, although the School Health Service is partly decentralised for the area of the Llanelly Education Divisional Executive.

The County Medical Officer of Health is responsible for the day-to-day administration of the County Health Services, and this he exercises centrally through the County Health Department which has been so organised that while it gives the County Medical Officer of Health maximum control and supervision of the activities of the Department, relieves him of the bulk of the administrative work.

The Department is organised into three Sections, viz :—

(i) Maternity, Child Welfare, and Home Help Services.
(ii) Public Health, School Health, Mental Health, Care and After-Care, and Ambulance Services.
(iii) Co-ordination, Accounts and General.

Each Section is in charge of an Administrative Assistant who is responsible for the proper execution of the work in his Section (including the administrative work connected with the professional and organising staff), and the whole organisation is supervised and controlled by a Senior Administrative Assistant. Senior professional and organising staff do not have a separate office organisation ; they are attached to a Section or Sections of the Department from which they are able to obtain all the clerical and administrative assistance they require. They have liberty of action within the policy laid down or the directions of the County Medical Officer of Health who is able to exercise control and supervision through the Administrative Assistants.

There are no formal joint " administrative " arrangements with other Local Health Authorities, but arrangements have been made with the Glamorganshire, Pembrokeshire and Cardiganshire Authorities for Ambulance Services along the border areas. Arrangements have also been made with the Glamorganshire Authority for Home Nursing and Midwifery Services in the Cwmllynfell area and with the Pembrokeshire Authority in the Clynderwen area. Beds are reserved at Plasnewydd Mothercraft Hostel for Pembrokeshire, Glamorganshire, and Swansea.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

When the National Health Service was established in 1948, there was on all sides an insistence on the need for co-ordination and co-operation between the artificially separated divisions of the Service. That there was a weakness in the structure of the Service was recognised by everyone, but although in the subsequent years there was no suggestion of any lack of goodwill on the part of all concerned, the cry for co-ordination and co-operation continued unabated. Indeed, four years afterwards, the Central Health Services Council reported :—

> " We are convinced that the need to secure closer and more lively co-operation between its various branches is one of the more pressing problems of the National Health Service. . ."

The Central Council considered the possibility of formulating general principles on which co-operation might be promoted between Regional Hospital Boards, Hospital Management Committees, Local Health Authorities, and Executive Councils. The only result was a recom-

mendation that Local Joint Health Consultative Committees be set up throughout the country for convenient groupings of Local Health Authorities, Executive Councils, and Hospital Management Committees. These Joint Committees, additions to an already over-burdened Committee system, were to be merely "advisory."

The initiative in the appointment of these Consultative Committees was the responsibility of the Regional Hospital Boards, but the Welsh Regional Hospital Board have wisely decided not to appoint another Committee, but to continue with the existing machinery. They gratefully acknowledge the co-operation which already exists between them, Local Health Authorities, and Executive Councils. The Board have found of considerable value, a Liaison Committee consisting of Medical Officers of Health and the Administrative Medical Staff of the Board.

The County Councils Association also do not favour the establishment of Local Health Consultative Committees to secure co-operation which, in their view, can be achieved by periodic Conferences, or Committees appointed from time to time. In some quarters there is support for the view expressed in the report of the Central Health Services Council that "if there were always close co-operation between officers, few difficulties would arise." That such co-operation has not always been all it should have been is recognised, but by and large, that has been due almost entirely to the officers carrying out policies laid down by their employing Authorities or Committees.

The County Medical Officer of Health of this County has not restricted the hours of Home Help assistance for chronic sick cases in order to increase the difficulties of officers of the Hospital Management Committees in their task of providing sufficient beds for the chronic sick, but because of the policy of the Local Health Authority that the expenditure on the Home Help Service must be limited. In the implementation of that policy, no regard can be paid to the difficulties of the officers of the Hospital Management Committees or of any other body.

An officer of a Hospital Management Committee in order to compel the Local Authority to accept responsibility for certain charges, arbitrarily issued directions to a Hospital which deprived children of the service which they had been receiving. Whatever the rights or the wrongs of the matter, action penalising children cannot be too strongly condemned, but there is little doubt that the action taken was the result of the policy of the Hospital Management Committee and the Regional Hospital Board.

Difficulties experienced by the County Medical Officer of Health in obtaining Hospital reports on orthopaedic cases were not due to lack of goodwill on the part of the Medical and other officers of the Hospital concerned, but because of the clerical staffing policy of the Regional Hospital Board.

The County Medical Officer of Health (or the Ambulance Officer on his behalf) does not refuse to allow requests for ambulance transport to be made direct to a much nearer Ambulance Control Centre in the area of an adjoining Authority, because he wishes to make it difficult for the general medical practitioners or the patients, but because his Authority require as much use as possible to be made of their own ambulances so that the payments to the adjoining Authority be kept down to the very minimum.

A general medical practitioner does not refuse to prescribe disinfectant for a maternity patient because he wishes to make it difficult for a midwife or a patient, but because the Executive Council will not pay the cost as it is considered to be the responsibility of the Local Health Authority.

These few examples are a sufficient answer to the suggestion that there has been insufficient co-operation between officers employed in the different parts of the National Health Service. Co-operation in this matter, is always what you want the other fellow to do, and that co-operation is nearly always a question of " Pwy sy'n talu ? " (Who pays ?). Although there may be, and have been differences of opinion, the goodwill of both officers and the medical profession for the better working of the National Health Service, is self-evident.

But, " Finance " is not the only factor in co-ordination and co-operation in the National Health Services. Few people realise that the Medical Officer of Health in the day-to-day administration of the Local Authority Health Services has to obtain the co-operation of not only the Administrative Officers of Hospital Management Committees and the Executive Council serving the area, but of every individual general medical practitioner and every individual consultant whose services may be needed by the Local Health Authority. Doctors and consultants are dealt with directly and not through the Administrative Officers of the bodies employing them.

It is a pleasure to report that in Carmarthenshire, relations between the County Medical Officer of Health and the general medical practitioners and consultants have been, for the most part, cordial and co-operative with an appreciation of mutual difficulties. It is invidious to mention personalities, but it would be unfair to omit reference to particularly close and helpful co-operation with the Chest Physicians, the Paediatrician at Morriston Hospital, Swansea, the Consultant Orthopaedic Surgeon at Swansea, and the administrative medical staffs of the different Hospitals. In dealings with the medical profession, there have, inevitably, been occasional minor clashes, not of personalities but of interests. In this connection, medical men have a natural disinclination to have their difficulties and disagreements (albeit friendly ones) adjudicated upon by those outside the profession, but there is a definite need for local independent control and direction.

Many are the examples of co-operation between members of the staff of the County Health Service and the general medical practitioners and Hospital staffs, in the care of patients.

Medical Officers of Ante-Natal Clinics always inform the private doctors of patients presenting abnormalities and also of the results of any special investigations in respect of their patients. Medical Officers in charge of Infant Welfare Centres refer to private doctors, infants found to be requiring medical attention. Copies of special reports obtained by the County Medical Officer of Health on patients are invariably sent to the private doctors. Reports are received from Hospitals on all cases referred to them by the County Medical Officer of Health, including the findings and recommendations on cases of defective eyesight, and ear, nose and throat defects. Copies of laboratory reports on specimens from suspicious cases of ophthalmia neonatorum are always sent to the medical practitioners concerned.

There is close co-operation between the Health Visitors and the Chest Physicians, and arrangements have been made for them to meet personally from time to time. Any adverse conditions found by Health Visitors during routine visits to tuberculous patients, are also reported to the Chest Physicians. Co-operation between District Nurses and Midwives is directly with general medical practitioners, and there is generally a close and amicable relationship between them. Health Visitors within limitations act as liaison officers between medical practitioners and the County Medical Officer of Health, and there is need for further consideration as to the extent to which this work can be developed. When a report is received from a Hospital that a patient being discharged requires following-up in connection with treatment at home, the Health Visitor is asked to ensure that the patient receives the necessary attention. Similarly, maternity patients discharged from Hospital before the fourteenth-day after confinement are referred to the local Midwife for attention.

All these arrangements are reasonably effective, and no doubt, will increase in efficiency with experience and time.

Steps were taken in 1948 to inform general medical practitioners and others intimately concerned, as to the services available under the arrangements of the Local Health Authority. No guide to the Local Health Services has been issued.

JOINT USE OF STAFF

Eleven general medical practitioners were at the end of 1952, employed as part-time Medical Officers of Infant Welfare Centres. It is, however, the policy of the Authority, as laid down in the arrangements under Section 22 of the National Health Service Act, 1946, that general medical practitioners be replaced by whole-time Medical Officers of the Authority. Disadvantages in the employment of general medical practitioners at Infant Welfare Centres include the following :—

(a) The work of medical practitioners must of necessity make it difficult for them to keep regular clinic sessions.

(b) There is the possibility of misunderstanding with other medical practitioners whose patients attend the Infant Welfare Centres.

(c) Detailed preventive work at clinics is generally unattractive to general practitioners.

The West Wales Isolation Hospital is under the medical care of the County Medical Officer of Health and his staff as it was prior to 1948.

When required, the Orthopaedic Sisters of the Authority treat Hospital orthopaedic in-patients.

The arrangements of the Authority for a Mental Health Service provide for the joint use of staff with the Regional Hospital Board, and consideration is being given to the possibility of arranging for the Health Welfare Officers of the Authority to undertake on behalf of the Carmarthen Mental Hospital Management Committee, the community care of psychotics.

The Consultant Chest Physicians of the Regional Hospital Board undertake for the Authority all possible duties in connection with the prevention and after-care of tuberculosis.

A Consultant Orthopaedic Surgeon (Mr. G. Rowley) under the Regional Hospital Board also attends the County Orthopaedic Clinics.

VOLUNTARY ORGANISATIONS

The oldest voluntary organisations in the County with which the Health Authority are working are the County Nursing Association, the District Nursing Associations, and the Ladies Committees of Infant Welfare Centres. The Authority owe much to these early pioneers in voluntary social work.

Unfortunately, there has been a regrettable tendency since the inauguration of the National Health Service, for voluntary effort to decline in connection with the work of the District Nursing Associations. Seven District Nursing Associations have disbanded since 1948. It had been hoped that when the Authority relieved District Nursing Associations of almost all their financial worries, the Associations would have taken a greater part in the voluntary social work of the community. Although many District Nursing Associations still continue actively as they have done in the past, none has developed social work on the lines anticipated.

Voluntary Ladies Committees are active in the majority of Infant Welfare Centres in the County, but voluntary effort in this field also shows signs of waning. The Committees at two Infant Welfare Centres disbanded during 1952, and every effort to form new Committees was unsuccessful.

The voluntary activities of the Women's Voluntary Services, the British Red Cross Society, and the Women's Institutes, continue to flourish. The first two organisations are ever ready to assist by arranging escorts for patients without regard to distance or short notice of requirements, and the Women's Institutes are always ready to help by arranging for members to give tuition in hand-work to tuberculous patients. Particular reference must be made to the work of the County Branch of the Women's Voluntary Services in connection with the distribution of welfare foods, and to the tremendous amount of work undertaken by them in maintaining the Hospital Car Service.

All these voluntary organisations co-operate from time to time in connection with the Home Help Service, and the Women's Voluntary Services also kindly allow the use of their Llanelly Office as a Home Help Information Bureau two afternoons each week ; lady members attend voluntarily to deal with enquiries.

It is once again also necessary to acknowledge the continued co-operation of the St. John Priory for Wales and the Welsh Home Service Ambulance Committee in connection with the work of the County Ambulance Service.

Valuable assistance and co-operation is obtained from the St. David's Diocesan Moral Welfare Committee in the care and rehabilitation of unmarried mothers and their children.

A good deal of assistance is also rendered by the Inspectors of the National Society for the Prevention of Cruelty to Children, but their work relating to problem families and neglected children is now undertaken through the Children's Officer.

CARE OF MOTHERS AND YOUNG CHILDREN

Expectant and Nursing Mothers

Ten Ante-Natal Clinics totalling fifteen sessions weekly, are maintained by the Authority. A list of the Clinics with information as to attendances made during the year is as follows :—

Clinic	Sessions weekly	Medical Officer.	Attendances		Average total attendance per session.
			Ante-Natal	Post-Natal	
Ammanford	One	M. J. A. Davies	721	—	13.87
	*		—	127	4.70
Llanelly	Two	M. G. Danaher	848	8	8.39
Carmarthen	One	Elfyn T. Jones	131	5	2.48
Llangennech	Two	M. G. Danaher	536	14	5.19
Kidwelly	Two	Davies-Humphreys	603	49	6.52
Burry Port	Two	Davies-Humphreys	779	148	9.46
Cross Hands	Two	M. G. Danaher	586	21	5.95
Llandilo	One	M. J. A. Davies	573	58	11.91
Pontyates	One	E. E. Williams	341	36	7.11
Amman Valley Hospital	One	John Davies	1232	—	25.14

* A special post-natal session is held fortnightly at the Ammanford Clinic.

1,959 cases made 6,816 attendances at the Clinics during the year, viz. :—

Ante-Natal ..... 1,622 cases, 6,350 attendances.
Post-Natal ..... 337 cases, 466 attendances.

Cases for specialist opinion are referred to Clinics at the West Wales General Hospital, Carmarthen, the Llanelly Hospital, and the Amman Valley Hospital, Glanamman.

Blood specimens are taken at all the Authority's Clinics, and arrangements were made during the year to ensure so far as possible, that the blood groups and Rhesus Factors were made known to Midwives and general medical practitioners.

Many general medical practitioners hold their own Ante-Natal Clinics, but no assistance is given to them by members of the staff of the Authority.

Maternity outfits are supplied by the Authority free of charge through the domiciliary midwife to all patients confined at home.

Care of Unmarried Mothers and their Children

Plasnewydd Mothercraft Hostel is maintained by the County Council for the reception of unmarried mothers. Accommodation is available for ten ante-natal patients, ten post-natal patients, and ten infants. Patients are normally admitted from about three months before confinement and retained up to about three months after confinement, but in special cases these periods may be extended. Applications for admission are dealt with by a Ladies Sub-Committee in collaboration with the St. David's Diocesan Moral Welfare Committee. Patients are admitted to Maternity Hospitals for confinement.

Under agreements, beds as follows are reserved at the Hostel for patients of adjoining Health Authorities :—

Pembrokeshire	3 beds
Swansea	2 beds
Glamorganshire	2 beds

The arrangements with these Authorities provide for the acceptance of additional patients if vacancies are available at the Hostel. Patients are also accepted from other Authorities if there are vacant beds.

Thirty-two patients were admitted during 1952, and nine were in residence on the 31st December. Further details are given in the following table :—

Authority.	Number of Patients.			
	On 31st Dec., 1951	Admitted 1952	Total	On 31st Dec., 1952
Carmarthenshire	2	12	14	6
Pembrokeshire	1	12	13	2
Glamorganshire	1	5	6	—
Swansea	—	3	3	1
Totals	16	35	51	4

Close co-operation is also maintained with the St. David's Diocesan Moral Welfare Committee in the case of unmarried mothers generally. The Committee assist unmarried mothers in every way possible, and, if necessary, arrange for the adoption of the infants.

Child Welfare

An additional Infant Welfare Centre was opened at Llanwrda on the 17th January, and 36 Infant Welfare Centres were being maintained by the Authority at the end of the year.

A list of the Centres and other information for 1952 is as follows :—

Centre.	Where held.	Day held.	Attend-ances.	Average attend-ance.
Ammanford	Child Welfare Clinic, High Street, Ammanford.	Tuesday	2149	82.65
Brynamman	Yr Aelwyd, Upper Brynamman.	Tuesday	825	33.00
Burry Port	Memorial Hall, Burry Port	Tuesday	859	34.36
Carmarthen Borough.	The Clinic, Pond Street, Carmarthen.	Monday	1508	30.78
Carmarthen Rural.	The Clinic, Pond Street, Carmarthen.	Wednesday	242	9.31
Cwmamman	Bethesda Chapel Vestry, Glanamman.	Wednesday	1222	48.89
Felinfoel	The Aelwyd, Penygaer, Felinfoel.	Thursday	834	33.36
Ferryside	Ex-R.A.F. Camp, Ferryside	Tuesday	353	14.12
Ffairfach	Abercennen, Ffairfach	Wednesday	164	12.62
Furnace	Ainon Vestry, Furnace	Wednesday	574	21.26
Gorslas	Public Hall, Cross Hands	Tuesday	1423	56.92

Centre.	Where held.	Day held.	Attend-ances.	Average attend-ance.
Kidwelly	Trinity Methodist Church, Kidwelly.	Tuesday	650	25.00
Laugharne	Youth Club Premises, Laugharne	Tuesday	600	24.00
Llandebie	Llys Tybie, Llandebie	Thursday	567	22.68
Llandilo	Church Hall, Llandilo	Wednesday	341	24.36
Llandovery	Reading Room and Institute, Llandovery.	Tuesday	382	15.28
Llanelly Borough	Old Town Hall, Llanelly	Mon., Wed., and Fri.	3622	23.67
Llangadock	Y.M.C.A. Hall, Llangadock	Friday	96	12.00
Llangennech	Salem Chapel Vestry, Llangennech.	Tuesday	488	19.52
Llanstephan	Ben Harries Institute, Llanstephan.	Wednesday	336	12.92
Llanwrda	Landeg, Llanwrda	Thursday	40	3.64
Llwynhendy	Nazareth Chapel Vestry, Llwynhendy.	Tuesday	692	27.68
Newcastle Emlyn	Cawdor Temperance Hotel, Newcastle Emlyn.	Tuesday	260	10.83
Pencader	Tabernacle Vestry, Pencader	Thursday	456	17.54
Pendine	The Institute, Llanmiloe, Pendine.	Tuesday	328	13.12
Penygroes	Congregational Chapel Vestry, Penygroes.	Tuesday	948	36.46
Pontyates	Welfare Hall, Pontyates	Wednesday	761	28.19
Pontyberem	Public Hall, Pontyberem	Wednesday	492	18.92
Pumpsaint	Coronation Hall, Pumpsaint	Thursday	33	3.67
Pwll	Salem Chapel Vestry, Pwll	Wednesday	475	18.27
St. Clears	Old Penuel Vestry, St. Clears	Tuesday	359	14.36
Trimsaran	Workmen's Institute, Trimsaran.	Tuesday	404	16.16
Tumble	Welfare Pavilion, Tumble	Tuesday	451	18.04
Velindre	Red Dragon Hall, Velindre, Llandyssul.	Thursday	358	14.75
Whitland	Memorial Hall, Whitland	Friday	279	10.73
Ystradowen	The County Primary School, Ystradowen.	Wednesday	600	25.00

All Centres are held fortnightly except as follows :—

Llanelly—Three sessions weekly.
Carmarthen Borough—One session weekly.
Llandilo—One session monthly.
Ffairfach—One session monthly.
Llangadock—One session every six weeks.
Pumpsaint—One session every six weeks.
Llanwrda—One session every six weeks.

Number of children who attended Centres for the FIRST TIME :—

Under 1 year of age	1574
Between 1 and 5 years of age	57
	1631

Number of children under 5 years of age who were attending Centres at the end of the year were :—

Under 1 year of age	1372
Over 1 year of age	2143
	3515

Medical Treatment of Infants.—All arrangements for the medical treatment of school children are available for those under school age, but infants are now generally referred by the Medical Officers of Infant Welfare Centres directly to the family doctors for treatment. The following is a summary of the treatment facilities available for infants under the Authority during 1952 :—

Ear, Nose and Throat Defects.—Under arrangements made with the West Wales and Llanelly Hospitals, the County Medical Officer of Health directed parents to take their children to attend for specialist examination, attendances being made at the Outpatient Departments. Specialist examination at the Amman Valley Hospital was arranged by that Hospital. The names of children found to require inpatient treatment were placed by the specialists on the Hospital waiting lists, and the arrangements for admission were made by the Hospitals. Appointments for specialist examination and treatment at the Llandovery Hospital by Mr. T. I. Williams were made by the County Medical Officer of Health in the same way as prior to the commencement of the National Health Service.

Eye Defects.—Specialist examinations were carried out at three Centres, viz. :—

(i) Carmarthen.—At the West Wales General Hospital. Arrangements for the attendance of cases were made by the County Medical Officer of Health.

(ii) Llanelly.—At Brynmair Clinic. Arrangements for the attendance of cases were made by the Hospital Authorities.

(iii) Glanamman.—At the Amman Valley Hospital. Arrangements for the attendance of cases were made by the Hospital Authorities.

Plastic Surgery.—The plastic treatment of children at the Lord Mayor Treloar Hospital, Alton, under Professor T. Pomfret Kilner continued as in the past. These arrangements have been in operation since 1937, and the Authority have been very fortunate in having a Surgeon of the experience and international reputation of Professor Pomfret Kilner to act as Hon. Plastic Surgeon. Not only has he undertaken much of the surgical work involved, but he has taken a keen personal interest in the scheme and has done everything possible to ensure its success. This opportunity must be taken to record appreciation of the work, generosity and encouragement of Professor Pomfret Kilner in the plastic treatment of children from this County. Nine cases were treated during 1952, viz. :—

Health Committee	.....	5 cases (one cleft lip and palate, four cleft lip).
Education Committee	.....	4 cases (three cleft lip, and one plastic treatment following burns).

Artificial Light Therapy.—464 children under school age received treatment during the year at the Authority's Clinic at Carmarthen.

Orthopaedic Treatment.—The work of the County Orthopaedic Clinics continued as in past years. The Regional Hospital Board had been expected to take over the service in 1948, but there is now no indication of their intention to do so. The Board, however, bear the cost of the services of Mr. Gordon Rowley, the Consultant Orthopaedic Surgeon. Mr. Rowley undertakes the inpatient treatment of cases at Morriston and Swansea Hospitals, and monthly visits are made by him to the County Clinics. X-ray and special cases are also seen by him at the Outpatient Departments of the Hospitals.

Seventeen Orthopaedic Clinics were functioning in the County on the 31st December, 1952. 2,337 cases were being attended to for all Authorities, viz. :—

County Education Committee	.....	.....	1480
County Health Committee	.....	.....	827
West Wales Hospital Management Committee	.....		11
Glantawe Hospital Management Committee	.....		19

An analysis of the cases of the Health Committee and the Hospital Management Committees according to diagnosis is as follows :—

	Health Committee.	Hospital Management Committees.	Total.
Paralysis :			
Infantile	14	12	26
Spastic	15	—	15
Obstetrical	—	—	—
Other	1	1	2
Congenital Deformities	184	6	190
Infective Conditions of Bones and Joints	—	2	2
Non-infective conditions of Bones and Joints :			
Rickets	2	—	2
Other	2	3	5
Static or Postural Defects	597	2	599
Traumatic Deformities	4	2	6
Multiple Defects	—	—	—
Miscellaneous	8	2	10
Totals	827	30	857

A summary of the work undertaken for these cases under the orthopaedic arrangements is given in the following table :—

	Health Committee.	Hospital Management Committees.	Total.
Number of individual children under Scheme on 1st January, 1952	781	26	807
Number of new cases during the year	332	7	334
Number of individual cases dealt with during the year	1113	33	1146
Number of cases withdrawn from Scheme	160	3	163
Number of children under the Scheme on the 31st December, 1952	827	30	857
Total number of attendances made at the clinics	3383	71	3454
Number of individual cases received remedial exercises by Sisters	3	1	4
Number of individual cases massaged by Sisters	5	1	6
Number of home visits by Sisters	499	55	554
Number of cases examined by visiting Orthopaedic Surgeon	167	9	176
Number of cases recommended in-patient hospital treatment by Surgeon	6	2	8

Five children under school age were admitted to Hospitals for orthopaedic treatment during the year.

Premature Infants

Premature infants are those notified as having a birth weight of 5½ lbs. or less, irrespective of the period of gestation. The arrangements of the Authority for the care of premature infants include the loan of cots and cot clothing, hot water bottles, and special nursing and feeding equipment. Midwives and Health Visitors devote special attention to these infants.

197 premature infants were notified during 1952 and further information is as follows :—

(*a*)	Number born at home	69
	(i) Nursed entirely at home	57
	(ii) Transferred to Hospital	12
	(iii) Died within first twenty-four hours	4
	(iv) Others who died within first twenty-eight days.....	2
	(v) Survived at end of twenty-eight days	51

(*b*) Born in Hospital 128
(i) Died during first twenty-four hours 14
(ii) Others who died within first twenty-eight days..... 11
(iii) Survived at end of twenty-eight days 103

Ophthalmia Neonatorum

Nine cases were notified during the year, all being due to staphylococcal infection of the conjunctivae. The notifications for the last five years were as follows :—

Year.	Cases		
	Notified.	Treated	
		At Home.	In Hospital.
1948	4	2	2
1949	4	.....	4
1950	2	1	1
1951	1	.....	1
1952	9	5	4

There were no deaths from Ophthalmia Neonatorum during this period, and vision was unimpaired in all cases.

Every case reported to have " discharging eyes," however slight and whether or not notified as ophthalmia neonatorum, is kept under special observation until the condition is cleared up. Swabs and smears are taken in each case, and the Laboratory results are made known to the General Practitioner, Midwife and Health Visitor.

Welfare Foods

National Welfare Foods are available at all Infant Welfare Centres in the County except where they are more easily obtainable from the Local Food Office or their local representative. In 1948, the distribution of these Foods was, at most Centres, carried out directly by the Local Food Executive Officer, who arranged for members of his staff to attend the Centres. There has since been a gradual withdrawal of members of the staff of Food Offices but with the assistance of the Ladies Committees and the Women's Voluntary Services, it has been possible to get voluntary workers to undertake the work. Health Visitors undertake the distribution of foods at some Centres.

At the majority of Centres in the County, special brand baby foods are also available for sale to parents who have been advised to obtain a particular food for an infant by the Medical Officer in charge of the Centre. This work is also carried out by Voluntary Workers or Health

Visitors, except at the Llanelly Infant Welfare Centre where a clerk from the Health Department attends for the purpose. At the Centres where the special brand foods are not available, the Health Visitors hold vouchers issued by some firms to enable parents to purchase " clinic packs " of the food at reduced prices.

Dental Care

It was quite impossible to make arrangements during the year for the dental care of expectant and nursing mothers and young children. Such care must form part of the arrangements for the dental treatment of school children, and only three full-time dentists and one part-time dentist were on the staff to undertake the dental inspection and treatment of almost 25,000 school children.

The Authority are very concerned that there has been no development in this branch of the County Health Service. In the early part of the year, there appeared to be some prospects of vacancies in the County Dental staff being filled, but unfortunately, expectations in this respect were not realised. Consideration was given to the possibility of obtaining the services of part-time dentists on a sessional basis, and it has been decided that a start be made by giving a trial to the employment of part-time dentists at the Llanelly Clinic. A difficulty in connection with the employment of private dentists to any extent in the County, is that there are only three permanent Clinics with properly equipped dental surgeries.

Gynaecological Clinic

This Clinic is held at Llanelly twice monthly for married women requiring advice on birth control on medical grounds. Dr. J. Gwendoline Madel, Swansea, is the Medical Officer of the Clinic.

156 cases were seen at the Clinic during 1952 (76 new cases and 80 old cases) and they made 352 attendances.

Family Planning Clinic

A Clinic is held at Carmarthen under the auspices of the Family Planning Association. Advice is given to married women in regard to spacing of children, and also to those unable to have children. The Association have been allowed by the Committee to use the premises and equipment at the Pond Street Clinic, Carmarthen.

Child Life Protection

The duties in connection with Child Life Protection are now undertaken by the Children's Committee. Although Health Visitors do not now act as Visitors for Child Life Protection such children under 5 years of age continue to be supervised by them as part of normal health visiting duties. On attending school, the children come under the supervision of the School Health Service.

Nurseries and Child Minders

No premises or persons are registered in the County under the Nurseries and Child Minders Regulation Act, 1948, and no application for registration was received during the year.

DOMICILIARY MIDWIFERY

The arrangements for domiciliary midwifery for the County have continued substantially the same as they were when the County Midwifery Service was established in 1937. Nine whole-time County Council District Midwives are employed, viz. :—

Llanelly Borough	5
Carmarthen Borough	2
Burry Port and Pembrey	2

District Nurse/Midwives are employed as follows :—

42 under District Nursing Associations.

9 directly by the Authority.

The authorised establishment of midwives also includes six whole-time Relief Midwives for general relief duty in the County, and five were on the staff at the end of 1952. Difficulty is experienced in retaining the services of whole-time Relief Midwives owing to the disadvantages involved in constant changes of district and lodgings.

138 Midwives notified their intention to practise in the County during 1952, viz. :—

	As Midwives.	As Maternity Nurses.
Domiciliary Midwives	91	—
Institutional Midwives	47	—

Twenty of these midwives were in private practice, but only three private cases were attended by them during the year ; they attended other cases while undertaking relief duties for the Authority.

Cases attended by all Midwives in the County during the year were as follows :—

	As Midwife.	As Maternity Nurse.	Total.
County Council Midwives (including District Nurse/Midwives employed directly by the Authority)	422	63	485
District Nurse/Midwives (under Nursing Associations)	448	87	535
Institutional Midwives	1241	164	1405
Private Midwives	3	—	3
Grand Totals	2114	314	2428

Every opportunity is taken by Medical Officers of Ante-Natal Clinics and Infant Welfare Centres, Health Visitors, and Midwives, to encourage expectant mothers to book Midwives early in pregnancy, and when an expectant mother is known or thought to have no intention of booking a doctor or midwife for the confinement, the County Medical Officer of Health sends her or her husband a suitable letter.

Midwives undertake the ante-natal care of patients in close collaboration with general medical practitioners booked for the confinement, and Midwives are expected to attend the Authority's Ante-Natal Clinics at which their patients attend.

Instances have occurred of general medical practitioners taking over midwifery cases entirely, and, of course, they are quite entitled to do so, but it is fundamentally wrong that Midwives have been required to deliver some of these patients without any previous knowledge of the cases.

In order to overcome accommodation difficulties, it is at some Hospitals, the practice to discharge cases prematurely, even as early as the second or third day after confinement. While from an obstetric point of view this may be justifiable, it is unfair to a tired mother with a newly-born infant. Moreover, in the average household, premature hospital discharge of a maternity patient can cause as much trouble as a domiciliary delivery itself, especially as in most cases, home conditions are unsatisfactory.

Hospital Provision for Maternity Cases.—All maternity hospital accommodation is now controlled and administered by the Regional Hospital Board through the Hospital Management Committees. The admission of cases on medical grounds is entirely in the hands of these Committees. The Glantawe Hospital Management Committee also control the admission of cases on social grounds but the County Medical Officer of Health supplies them with information as to home conditions. The County Medical Officer of Health recommends to the West Wales Hospital Management Committee, cases considered to require Hospital admission on social grounds, but decisions as to admission are in the hands of the Management Committee.

Gas and Air Analgesia.—During the last few years, the Authority made special arrangements for the training of domiciliary midwives in gas and air analgesia, and at the end of 1952, only one midwife (a District Nurse/Midwife over retiring age) employed under the arrangements of the Authority, was not qualified to administer gas/air analgesia. All the qualified midwives have been provided with Minnitt's Gas/Air Apparatus except the whole-time Relief Midwives who use the apparatus of the Midwife relieved by them. Four private midwives are also qualified to administer gas/air analgesia.

Gas and air analgesia was administered by domiciliary midwives during the year as follows :—

	When acting as Midwife.	When acting as Maternity Nurse.	Total.
County Council Midwives (including District Nurse/Midwives employed directly by the Authority)	246	42	288
District Nurse/Midwives under Nursing Associations	249	47	296
Totals	495	89	584

Refresher Courses.—Very limited provision is made by the Authority for Refresher Courses for Midwives. Four Midwives attended a theoretical course of one week during 1952, and arrangements have been made for four Midwives to attend a four-weeks practical course during 1953.

Pupil Midwives.—No arrangements have been made by the Authority for the training of pupil midwives.

Puerperal Pyrexia.—There were 12 cases of Puerperal Pyrexia during the year ; four were confined at home and of these, one case was admitted to Hospital for treatment.

Supervision of Midwives.—The non-medical supervision of Midwives is undertaken by the Chief Nursing Officer who is also responsible for the supervision of the work of home nursing and health visiting. A Senior Nursing Officer assists her in midwifery and home nursing duties.

364 visits of supervision were made during the year as follows :—

District Nurse Midwives	292	visits
County Council Midwives	45	,,
Independent Midwives	21	,,
Hospital Midwives	6	,,

Special visits of investigation were as follows :—

Puerperal Pyrexia	3
Ophthalmia Neonatorum	65
Maternal deaths	3
Infant deaths	2
Others	3

HEALTH VISITING

At the end of 1948, the majority of District Nurses in the County were also part-time Health Visitors for their areas. A good deal could be said for this arrangement in the rural area, but unfortunately, none of the nurses held the Health Visitors' Certificate and there was obviously little prospect of obtaining or retaining District Nurses qualified for health

visiting duties. The arrangements of the Authority under the National Health Service Act, 1946, accordingly provided for the employment of whole-time Health Visitors throughout the County except for three sparsely populated rural areas, the District Nurses for which would continue to act as part-time Health Visitors. Early in 1951, the arrangements for the employment of whole-time Health Visitors were fully implemented by the Authority.

In addition to the care of mothers and young children, and tuberculosis visiting, Health Visitors are concerned with the health of the families in their districts and protection against the spread of infection. They collect specimens of faeces and urine from the staffs of school canteens and, when necessary, from homes in cases of food-borne infection. The Health Visitors are also in charge of Ante-Natal Clinics and Infant Welfare Centres, and with one exception (the Health Visitor for Carmarthen Borough) carry out school nursing duties.

The Health Visitor is in a favourable position to act as liaison officer between general medical practitioners and the County Medical Officer of Health, and this type of work should develop in time. The large areas covered by some Health Visitors, however, militate against close association with general medical practitioners; some of the health visiting districts in this County are, in acreage, as large as the City of Birmingham.

The number of home visits paid by the Health Visitors in connection with young children for the last five years is as follows :—

Year.	Infants under 1 year.		Children 1—5 years.	Grand Total.
	First visits.	Total visits.		
1948	2315*	17021*	18655*	35676*
1949	2501	20247	22567	42814
1950	2390	19415	25575	44990
1951	2433	20019	26258	46277
1952	2209	18442	23677	42119

* Figures include the work of the Health Visitors for Llanelly and Carmarthen Boroughs only from the 5th July, 1948.

Home visits in respect of other cases during 1952 were :—

Ante-Natal	320
Tuberculosis :	
First Visits	215
Re-visits	1966
Collection of swabs and specimens	437
Miscellaneous	456

Student Health Visitors

In order to maintain the establishment of Health Visitors, the Authority appoint Student Health Visitors as necessary. While in training, students are paid by the Authority, three-quarters of the minimum of the salary scale for Health Visitors. All expenses incurred when training are paid by the students who are required to give an undertaking to serve under the Authority for at least two years after completion of the course. This Scheme has greatly assisted the Authority to staff the Health Visiting Service in the County.

Refresher Courses

A limited number of Health Visitors are authorised to attend Refresher Courses each year. Two attended during 1952.

HOME NURSING

The Authority were fortunate, when they became responsible for Home Nursing Services in 1948, that almost all parts of the County were covered by District Nursing Associations already providing a high standard of home nursing. These voluntary Nursing Associations had been formed and consolidated over the years under the guidance and with the encouragement of the County Nursing Association, assisted by grants from the County Council. It was natural that these voluntary organisations should have been asked to join in the arrangements of the Authority, and they agreed to do so. Unfortunately, seven District Nursing Associations have disbanded since 1948, and the District Nurse/Midwives in those areas are now under the direct control of the Authority.

At the end of 1952, 6 whole-time District Nurses, and 42 District Nurse/Midwives were employed under District Nursing Associations, and 9 District Nurse/Midwives were employed directly by the Authority. These were equivalent to 31 District Nurses in terms of whole-time employment.

General medical practitioners deal directly with District Nurses, and there is cordial co-operation between them. The use of Antibiotics has resulted in an increase in the number of injections carried out by District Nurses for doctors, and in some areas, this has resulted in a considerable extra load. The use of streptomycin in particular may call for an increase in the number of District Nurses for this type of work.

5,630 home nursing cases were attended to during 1952, and 109,116 home visits were made by the District Nurses. A classification of cases is as follows :—

	No.	Percentage of Total.
Medical	3473	61.69
Surgical	1850	32.86
Tuberculosis	218	3.87
Others	89	1.58

There are no arrangements for linking up the work of the District Nurses with the Hospitals.

Night Service.—District Nurses undertake night calls as the need arises.

Refresher Courses.—No arrangements have been made for Refresher Courses for District Nurses.

VACCINATION AND IMMUNISATION

The arrangements of the Authority for vaccination against smallpox and immunisation against diphtheria provide for the work to be undertaken by general medical practitioners, Medical Officers of Infant Welfare Centres, and Medical Officers of Health. The majority of general medical practitioners co-operate in the arrangements.

Propaganda through personal contact with the parents is undertaken at the Infant Welfare Centres and by the Health Visitors at their home visits.

Smallpox Vaccination.—Records in respect of 902 successful vaccinations undertaken during 1952 were received during the year, the ages of the cases being as follows :—

Under 1 year old	779
Age 1 year	16
Age 2 to 4 years	33
Age 5 to 14 years	12
Age 15 years and over	62
Total	902

The vaccination of infants under the age of one year is estimated to be equivalent to 32% of the registered births for the year. The percentages for the last four years are as follows :—

1949	16.21%
1950	29.56%
1951	31.98%
1952	32.00% (estimated)

While these figures cannot be considered satisfactory, those for the last three years compare favourably with the last available figure for the whole country which was 23.8% for 1950.

Lists of children who have not been vaccinated at the age of about 5 months are received from Health Visitors, and the County Medical Officer of Health sends special letters to the parents.

Diphtheria Immunisation

1,591 children were immunised during the year, and their ages at the time of immunisation were as follows :—

Under 1 year old	684
Age 1 year	685
Age 2 years	86
Age 3 years	32
Age 4 years	29
Age 5 years to 9 years	71
Age 10 to 14 years	4
Total	1591

1,516 children under five years of age were immunised during 1952 (12% estimated), as compared with 1,895 during 1951 (15.0%) and 2,022 during 1950 (15.8%).

The above figures cannot, however, be considered to reflect accurately the immunisation state of the population under five years of age. A number of children at school immunisation sessions have stated that they have been immunised as infants although no records exist. It can be assumed that general medical practitioners do not forward records in respect of all the children immunised by them. Nevertheless, there is a tendency for parents to defer immunisation until school age.

The arrangements of the Authority provide for " boosting " doses of prophylactic to be given at five yearly intervals. These " boosters " may be given following sessions for medical inspection at Schools or, where the numbers are sufficiently large, special sessions are arranged. During the year, 1,020 children received " booster " injections as compared with 887 during 1951.

The following table gives the immunisation state of the children in the County at the end of the year :—

No. of children under 5 years of age.	No. Immunised.	%	No. of children 5—14 years of age.	No. Immunised.	%
12600*	5920	46.98	22730*	22129	97.35

* Registrar General's estimate for 1951.

Immunisation against Whooping Cough

At the present time, immunisation against whooping cough awaits firmer evidence of efficacy, and has not been recommended for general adoption. Some general medical practitioners are using Pertussis vaccine in special circumstances.

COUNTY AMBULANCE SERVICE

Under the County arrangements for an Ambulance Service :—

(*a*) The Authority maintain their own Ambulance at the West Wales Isolation Hospital under an arrangement with the West Wales Hospital Management Committee.

(*b*) The Priory for Wales of the Venerable Order of the Hospital of St. John of Jerusalem are sole agents of the Authority for the operation of the other Ambulances in the County.

(*c*) The Women's Voluntary Services operate a Hospital Car Service for the conveyance of " sitting cases."

(*d*) The Authority operate and maintain three cars for " sitting cases " (stationed at Llanelly, Carmarthen, and Ammanford, respectively), and two " sitting case " ambulances, (stationed at Llandilo and Tumble, respectively).

(*e*) The County Ambulance Control Centre under the Ambulance Officer undertakes the operational control of the Service, and co-ordinates all requests for ambulance transport.

The Ambulance Stations provide a twenty-four hour service, the establishment being as follows :—

Station.	Number of Ambulances.	Whole-time Drivers.	Attendants.
Llanelly	2	4	Two Whole-time and volunteers.
Carmarthen	2	4	Two Whole-time and volunteers.
Glanamman	1	2	Volunteers.
Ammanford	1	2	Volunteers.
Trimsaran	1	2	Volunteers.
Tumble	1	2	Volunteers.
Llandilo	1	2	Volunteers.
Llandovery	1	1*	Volunteers.
Whitland	1	2	Volunteers.
Isolation Hospital	1	1	Nurse from Hospital Staff.

* Garage arrangements.

It is the policy of the Authority gradually to acquire their own fleet of ambulances and two ambulances ordered in the previous year, were delivered in 1952. Ten ambulances were owned by the Authority at the end of the year. Except for the ambulance stationed at the West

Wales Isolation Hospital, and two retained as relief vehicles, the remainder are on loan to the St. John Priory who use them as their own ambulances except that the Authority are responsible for repairs and maintenance.

It was decided during the year to replace the three "sitting case" saloon cars owned by the Authority by vehicles with a capacity of about 6-11 "sitting" patients. Delivery of the new vehicles is expected early in 1953, and the additional patients carried will result in a saving in mileage. The new vehicles will also have permanent provision for the transport of recumbent patients, and will thus also be available for emergency cases when necessary.

The maintenance and repair of County Council vehicles continued to be undertaken at local garages. Preventive maintenance of the vehicles is carried out in accordance with a comprehensive schedule at intervals of 4,000 miles. Sub-overhauls are undertaken at intervals of 12,000 miles. Complete overhauls, the need for which is based on the performance of the vehicles, are undertaken as required.

The number of accidents in which the Authority's ambulance vehicles have been involved caused much concern during the year, and a Disciplinary Panel was set up to investigate every accident and to take appropriate disciplinary measures where drivers employed by the Authority are concerned. The St. John Priory have been invited to co-operate.

With regard to operational work, it is gratifying to record that there was an appreciable reduction in the use of the service during the year. The total mileage travelled by all vehicles during 1952 was 523,446 miles as compared with 607,573 miles in 1951 (a decrease of 13.85%), and 565,295 miles in 1950 (a decrease of 7.40%). Comparison of the mileages for each quarter for the last four years is given in the following table :—

	1949	1950	1951	1952
March Quarter	99,656	129,541	151,877	132,154
June Quarter	107,184	146,678	158,762	130,305
September Quarter	113,741	150,459	157,802	132,180
December Quarter	122,428	138,617	139,132	128,807
Totals	443,009	565,295	607,573	523446

The average number of patients conveyed per month during 1952, was 4,205 as compared with 4,865 for the last nine months of 1951 (the only comparable figure), a reduction of 13.57%.

The average number of trips per month for 1952 was 1,367 as compared with 1,514 the comparable figure for 1951—a reduction of 9.71%.

It is clear from these figures that the steps taken towards the end of 1951 to effect a reduction in the use of the service have been effective. The reduction has been due mainly to the decision that certificates of general medical practitioners for the conveyance of out-patients be accepted only for initial visits to Hospital for a course of treatment, and that subsequent visits must be authorised by the Hospital concerned. Continued vigilance is necessary to maintain the present position, but there seems to be little scope for a further reduction in the use of the service. So far as can be seen, efforts in this matter can be directed only on the following lines :—

(*a*) Greater medical supervision by Hospitals of cases attending Physiotherapy Departments. A special record was maintained during November, 1952, of outpatients conveyed to Hospitals, and it was found that 40.16% of them attended for physiotherapy. A large number of the cases had attended regularly for long periods ; some of them for years.

(*b*) Information as to diagnosis to be submitted by Hospitals in respect of all cases certified by them as requiring ambulance transport. One Hospital Management Committee refused during the year to supply the County Medical Officer of Health with information as to diagnosis in one case in which the reasons for transport appeared to be doubtful.

(*c*) Local Hospital transfers of " sitting" cases to be undertaken by Hospital transport ; " stretcher " cases only to be referred to the Ambulance Service.

A burden on a County such as Carmarthenshire is the necessity to carry patients who would be quite content to travel by public transport if it were conveniently available. As it is the duty of the Authority to convey patients " where necessary " it is a responsibility that cannot be avoided.

Complaints of abuse of the service are not now heard as much as they were a few years ago, but not infrequently ambulance drivers have found that patients had already left home and travelled by public transport, while some patients have failed to return by ambulance as they had some private business to attend to before returning home. There is nothing to suggest that these patients were not genuinely in need of ambulance transport, but avoidable journeys and calls by ambulance vehicles add to the cost of the service.

The following table summarises monthly the work of the Ambulance Service for the year 1952, with comparable average monthly figures for the previous year :—

Month	Ambulances	Hospital Car Service	C.C. "Sitting Case" Vehicles	Hired Cars	Total	Ambulances	Hospital Car Service	C.C. "Sitting Case" Vehicles	Hired Cars	Total	Ambulances	Hospital Car Service	C.C. "Sitting Case" Vehicles	Hired Cars	Total
January	587	320	487	—	1394	1342	1072	1579	—	3993	15325	18726	9114	—	43165
February	581	240	381	—	1202	1545	760	1579	—	3884	16514	13113	8774	—	38401
March	708	378	564	—	1650	1745	1132	2069	—	4946	18668	20136	11784	—	50588
April	581	276	428	—	1285	1425	777	1444	—	3646	15345	14900	8633	—	38878
May	710	341	578	—	1629	1883	1002	2107	—	4992	18771	19075	12422	—	50268
June	597	288	434	—	1319	1522	780	1620	—	3922	15819	15502	9838	—	41159
July	594	301	369	—	1264	1596	845	1449	—	3890	16807	16268	9722	—	42797
August	693	418	434	—	1545	1893	1256	1512	—	4661	18071	22458	8920	—	49449
September	558	296	370	—	1224	1838	897	1108	—	3843	16663	16585	6686	—	39934
October	538	270	383	—	1191	1834	855	1396	—	4085	16374	13836	8883	—	39093
November	656	378	512	—	1546	2214	1175	1581	—	4970	21209	21102	10359	—	52670
December	508	257	390	1	1156	1533	821	1279	1	3634	15491	13716	7834	3	37044
Total	7311	3763	5330	1	16405	20370	11372	18723	1	50466	205057	205417	112969	3	523446
Average per month for 1952	609	314	444	—	1367	1697	948	1560	—	4205	17088	17118	9414	—	43620
Average per month for April to December 1951	637	393	484	—	1514	1735	1346	1784	—	4865	18131	22540	9953	9	50633

The following table shows the origin of requests received for ambulance transport during the year :—

Origin.	Stretcher cases.		Sitting cases.		Total.	
	No. of calls.	% of total calls received.	No. of calls.	% of total calls received.	No. of calls.	%
Medical Practitioners	2889	8.70	6329	19.07	9218	27.77
Hospitals	2794	8.42	18593	56.01	21387	64.43
Nurse/Midwives	416	1 25	336	1.01	752	2.26
Clinics	8	.02	261	.79	269	.81
Police	38	.11	27	.08	65	.20
Welfare Officers	6	.02	21	.06	27	.08
Authorised Officers	10	.03	26	.08	36	.11
Ministry of Pensions, etc.	415	1.25	1027	3.09	1442	4.34
Totals	6576	19.81	26620	80.19	33196	100

Of the 26,620 requests for the conveyance of "sitting" patients 8,288 (31.13%) were conveyed by ambulances.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The arrangements for this Service in the County cover :—

(*a*) Tuberculous patients and their families.

(*b*) Patients suffering from malignant disease, and their families.

(*c*) The provision of sick room and nursing requisites required by patients being nursed at home.

The Health Committee have appointed a Care and After-Care Sub-Committee to exercise the functions of the Authority under the arrangements.

Home Nursing and Home Helps are provided when necessary under the County arrangements for those services. Care and after-care of patients suffering from mental illness or mental defect forms part of the Authority's arrangements for a Mental Health Service.

Tuberculosis.—The work of the Authority is directed to the physical and social well-being of the tuberculous patient and the welfare of his family. In practice, it has been found that the needs of patients and their families are confined to the following :—

(*a*) The loan of beds and bedding where necessary to enable a patient to be segregated. Issues were made to 14 patients during the year, and 30 sets were on loan at the end of the year.

(*b*) The loan of sleeping-out shelters in those cases where adequate segregation cannot otherwise be arranged. Seven shelters were being used by patients at the end of 1952.

(*c*) Assistance to obtain suitable housing accommodation in co-operation with Local Housing Authorities.

(*d*) Home Help Assistance. 26 households with tuberculous patients were assisted during the year.

(*e*) Nursing requisites.

(*f*) Assistance towards the cost of travelling expenses of relatives to visit patients in Hospitals and Sanatoria. 78 applications from relatives of tuberculous patients were granted during the year.

(*g*) BCG vaccination of child contacts. These arrangements were implemented during the year and 64 children successfully vaccinated. Only one case was boarded-out for vaccination.

(*h*) Occupational Therapy. This aspect of the service has been started only in a very small way in the County. It is an important factor in the care and treatment of patients, and requires expansion.

Co-ordination of the care and after-care work, and the diagnostic and treatment services for the tuberculous patient, is achieved by personal contact between the officers of the Authority and the Chest Physicians and by interchange of reports and recommendations.

Malignant Disease.—The Care and After-Care Service of the Authority for tuberculosis applies where appropriate to cases of malignant disease, but the demand for such assistance has been almost entirely for sick room requisites and Home Help. The only other assistance granted has been the provision of bedding in necessitous cases, but no application for bedding was received during 1952.

Travelling Expenses of Relatives.—Assistance is granted by the Authority in necessitous cases towards the cost of the travelling expenses of relatives visiting long-stay patients in Hospitals and Sanatoria. In practice, it has been found that the great majority of applications for assistance have been by relatives of tuberculous patients. Six applications by relatives of other cases were granted during the year.

Assistance is granted for visits to Hospitals and Sanatoria which are not less than 40 miles from the residence of the applicant, and is subject to the following conditions :—

(*a*) That there is urgent reason for the visit because of the patient's serious condition, or that the visit would in medical opinion do the patient good and aid response to treatment.

(*b*) That because of the length of the journey the relatives concerned are unable to afford it from their own resources without substantial hardship.

(*c*) That subject to (*a*) above, the assistance is restricted to one relative every month or two relatives every two months, unless a senior member of the Medical Staff of the Hospital certifies that more frequent visits are essential on account of the patient's serious condition.

Venereal Disease.—The Deputy Superintendent Health Visitor made 14 visits to homes in connection with the following-up of cases suffering from Venereal Diseases.

HOME HELP SERVICE

Spasmodic but unsuccessful efforts had been made from time to time prior to 1948, to establish a Home Help Service in the County under the powers held by Maternity and Child Welfare Authorities, and many doubts were expressed as to the feasibility of a Home Help Service being organised by the Authority. It was said that it would be impossible to recruit Home Helps and that, in any case, patients would not allow strangers to have intimate access to their homes. These doubts proved to be groundless. An Organiser was appointed and after a few months propaganda and pioneering work, the Service developed rapidly. There were obviously many cases in the County in urgent need of Home Help assistance. Unfortunately, the Service which was intended to provide domestic assistance for "short term" cases, became more and more concerned with "long term" cases. It became evident that the scope of assistance for the aged and chronic sick in the County far exceeded that under other Local Health Authorities, and that the Home Helps were for the most part undertaking welfare duties, something quite outside the scope of the Home Help Service.

Discussions took place in 1950 and 1951 with officers of the National Assistance Board, as it was considered by the Authority that the Board should take full responsibility for assisting "long term" cases. A number of cases were eventually taken over by the Board, but this did not materially affect the position as the transferred cases were in receipt of Home Help assistance for only a few hours weekly. Regulations of the National Assistance Board restricted the amount payable by them for domestic assistance.

The Authority could not countenance the continued use of the Home Help Service for purposes other than for purely domestic assistance, and as the Officers of the National Assistance Board were not in a position to take over as many of these "long term" cases as required, restrictions were placed on the number of hours of Home Help assistance granted for the aged and chronic sick. The amount of assistance was limited to that estimated to be required for essential domestic work. No regard was paid to the welfare and social needs of households as, for example, in the case of a bedridden patient living alone. Home Helps are perhaps the best means of providing such social and welfare needs but it is no part of the

duty of the Home Help Service, or even of the Health Authority. The methods adopted resulted in the total number of hours of Home Help assistance being reduced considerably.

Representations were made to the Authority that this new policy caused hardship to the aged and chronic sick, but the Authority adhered to their policy as the domiciliary care of the aged was under consideration by the County Welfare Committee in conjunction with the Carmarthenshire Community Council.

Additional steps taken to control Home Help assistance included the following :—

(*a*) The appointment of an additional Assistant Organiser to enable greater supervision to be exercised over patients and Home Helps.

(*b*) Relatives were required to take their full share of responsibility for the care of patients and their families.

(*c*) Home Helps were instructed not to undertake any laundry work for working members of a family, except the husband of a patient or someone dependent on him.

(*d*) Fuller medical information justifying Home Help assistance was insisted upon before Home Help was granted.

550 cases received Home Help assistance during 1952, as compared with 991 cases during 1951. The cases for 1952 were :—

Maternity	121
Illness and Accidents	227
Tuberculosis	26
Aged	127
Aged and Blind	29
Convalescent	20
Total	550

213 cases were being assisted on the 31st December, 1952, and at least 171 of them (80%) were " long term " cases, i.e., those who had been receiving assistance for more than three months. An analysis of the periods of assistance is given in the following table :—

Period of Assistance.	Cases.
Less than 1 month	21
1 month to 2 months	14
2 months to 3 months	7
3 months to 4 months	7
4 months to 5 months	10
5 months to 6 months	7
6 months to 12 months	27
Over 12 months	120
Total	213

The age distribution of the 213 cases was as follows :—

	Cases.
30 years of age and under	5
Over 30 years of age and up to 40	26
Over 40 years of age and up to 50	25
Over 50 years of age and up to 60	24
Over 60 years of age and up to 70	46
Over 70 years of age and up to 75	36
Over 75 years of age and up to 80	25
Over 80 years of age and up to 85	18
Over 85 years of age and up to 90	5
Over 90 years of age	3
Total	213

It will be seen that 40% of the cases were over 70 years of age, and that 62% of them were over 60 years of age. Apart from maternity cases, the Home Help Service now caters almost entirely for the aged and the chronic sick.

Owing to the curtailment of assistance to patients, the problem of recruiting Home Helps was much easier during the year. On the 1st January, 1952, 298 Home Helps were available for part-time or temporary duty. 122 new Helps were enrolled during the year, and 212 withdrew from the service. Some left the service to take more remunerative employment, some withdrew owing to ill health, some found the work too hard, and some had personal domestic reasons. On the 31st December, 208 Home Helps were available for duty. Service given in the last normal week of the year was equivalent, in terms of whole-time employment, to 54 Home Helps.

Training of Home Helps.—A number of Home Helps have in the last few years attended short courses of training at the Swansea Centre of the National Institute of Houseworkers. The courses were excellent, and covered all aspects of the work of a housewife. The Organiser of Home Helps afterwards reported that the Home Helps had derived much benefit from the courses, and that this was reflected in their work.

The Swansea Centre of the Institute of Houseworkers was closed down during the year, but in any case, the restricted hours of assistance now granted to patients enable Home Helps to undertake little more than cleaning and laundering, and the expenditure on comprehensive training courses is not justified.

HEALTH EDUCATION

The only Health Education that has been undertaken is through personal contact with parents and others by Medical Officers, Health Visitors, District Nurses, and Midwives. It is intended to begin distribution of suitable pamphlets to these members of the staff during 1953, to assist them in the work of Health Education, and the prevention of accidents in the home.

MENTAL HEALTH SERVICE

Progress in the establishment and development of a Mental Health Service in the County has been very slow. The arrangements of the Authority for a Mental Health Service originally provided for the use of the Services of a Psychiatric social worker of the National Association for Mental Health, and for a trained social worker of the Association to be seconded to the staff of the County Medical Officer of Health. The Association, however, ceased to function in South Wales in 1949 and they were unable to fulfil their promise to assist in this County. The Authority had no alternative but to draw up a new Scheme which was finally approved in January, 1950.

The Mental Health Sub-Committee of the Health Committee are responsible for dealing with all matters connected with the Mental Health Service, and reports of their proceedings are submitted to the Health Committee. The County Medical Officer of Health is responsible for the organisation and control of the Service, including its medical direction. The arrangements provide for :—

(*a*) The employment of a Senior Medical Officer with experience in psychological medicine to assist the County Medical Officer of Health in the development of the Service and its medical supervision.

(*b*) Securing, when necessary, the services of Psychiatrists of the Regional Hospital Board, and for mutual assistance and joint appointments.

(*c*) The employment of a Senior Health Welfare Officer who will be a qualified Psychiatric Social Worker, to assist the Senior Medical Officer in the community care of mental patients and defectives and to supervise the work of the Health Welfare Officers.

(*d*) The employment of Health Welfare Officers to undertake the community care and supervision of cases of mental illness or mental defect.

(*e*) The establishment and staffing of Occupation Centres.

The key to the proper development of the Mental Health Service is the appointment of a Medical Officer who has a bias for this type of work. At the end of the year, the Authority had under consideration the employment of the Divisional Medical Officer of Health at Llanelly for mental health work for the part of his time allotted to the County Council.

It was also decided towards the end of the year to appoint a Home Teacher for Mental Defectives, qualified for the post of Supervisor of an Occupation Centre. She will be engaged in the home teaching of defectives and will be required to assist in the establishment of an Occupation Centre. The acquisition of premises at Llanelly for an Occupation Centre was also under consideration at the end of the year.

The authorised staff of the Mental Health Service includes four Health Welfare Officers for the community care and supervision of cases of mental illness or mental defect. Defined areas are not laid down for

these officers, but three are intended to operate from Ammanford, Carmarthen, and Llanelly, respectively ; the fourth to be available for relief duty. The Health Welfare Officer at Carmarthen retired on superannuation in the early part of 1952, and the vacancy had not been filled by the Authority at the end of the year.

The Authority are anxious that the Health Welfare Officers, who are ex-relieving officers, should undergo suitable courses of training in mental health work, but it has so far not been possible to make suitable arrangements.

Lunacy Acts

During the year, the Health Welfare Officers arranged for the certification of 74 patients who were admitted to St. David's Hospital, Carmarthen, under the provisions of the Lunacy Acts. 145 voluntary patients were also admitted to the Hospital.

At the end of the year, the Health Welfare Officers had 7 male psychotics under supervision following discharge from Mental Hospitals.

Mental Deficiency Acts

17 defectives (12 males and 5 females) were brought to the notice of the Health Authority during the year ; 5 of them (3 boys and 2 girls) were reported by the Education Committee. These 17 cases were dealt with as follows :—

	M.	F.	Total.
Admitted to Institutions	4	1	5
Placed on Waiting List for admission to Suitable Institutions *	4	1	5
Placed under guardianship	1	—	1
Placed under Statutory Supervision	2	3	5
Placed under Voluntary Supervision	1	—	1
Found not to be defective	—	—	—
Action pending	—	—	—
Totals	12	5	17

*These cases were under statutory supervision pending admission.

Of the cases reported during previous years, three males were admitted to Institutions during the year.

Five cases ceased to be under care during the year, viz. :—

	M.	F.	Total.
Removed from the Register as " not subject to be dealt with "	1	—	1
Deceased	1	1	2
Left Area	—	—	—
Discharged by Order of the Board of Control	1	1	2
Totals	3	2	5

At the end of 1952, the Authority held records of 162 defectives as follows :—

	M.	F.	Total.
At Institutions	19	55	74
Under Guardianship	4	—	4
Awaiting Admission to Institutions *	9	7	16
Under Statutory Supervision	9	6	15
In a " place of safety "	—	—	—
Under voluntary supervision	29	24	53
Action pending	—	—	—
Totals	70	92	162

* These Cases were also under Statutory Supervision pending admission.

Cases on Licence.—Of the 74 cases at Institutions, five (one male and four females) were out on licence at the end of the year.

COMMUNICABLE DISEASES

The following table summarises the notifications of infectious diseases received during 1952 :—

Disease.	No. of cases notified.
Scarlet Fever	148
Whooping Cough	196
Diphtheria	—
Measles	1009
Pneumonia	190
Meningococcal Infection	6
Acute Poliomyelitis :	
Paralytic	8
Non-Paralytic	15
Acute Encephalitis :	
Infective	1
Post-infectious	—
Dysentery	37
Ophthalmia Neonatorum	9
Puerperal Pyrexia	11
Enteric Fever	—
Para-typhoid	13*
Food Poisoning	3
Erysipelas	5

* Four of these cases were notified by St. David's Hospital, Carmarthen.

It will be noted that for the fifth year in succession, no case of diphtheria was notified.

Acute Poliomyelitis.—Twenty-nine cases of acute poliomyelitis were confirmed in the County during the year, the majority of the cases occurring in the second half of the year. The outbreak was generally mild and paresis slight. Seventeen of the cases were under 15 years of age, and paresis developed in seven of them. One case, age 28, died from acute poliomyelitis. The following table summarises the position generally :—

	Under 5 years of age.	Over 5 and under 15 years of age.	Over 15 years of age.	Total.
Paralytic	5*	3	3†	11
Non-Paralytic	4	5	9	18
Total	9	8	12	29

* One Bulbar Poliomyelitis.

† One Died.

In 1951, there were 37 cases, 15 of whom were under five years of age, 16 between the ages of 5 and 15 years, and 6 over 15 years of age. Of these, ten cases had residual paralysis.

Sonne Dysentery.—An outbreak of sonne dysentery occurred at two schools in the County. St. Clears County Primary School was affected in February and one teacher and seven pupils were found to be suffering from the disease. The source of the infection was a child carrier at the school.

The second outbreak occurred at Carway County Primary School where cases of dysentery were reported when the school re-opened after the Whitsun holidays. Twenty-six pupils had had stomach trouble during the holidays, and ten of them were absent from school. Of the sixteen pupils who had returned to school, ten were found, on bacteriological examination, to be suffering from sonne dysentery, and four of the absentees had symptoms of the disease. All sufferers and home contacts were immediately excluded from school. The school attendance at the end of the week fell to 30% and as there was no prospect of early improvement, the school was closed for two weeks. When the school re-opened on the 30th June, a number of children were still excluded. There were a few new cases during July, but the outbreak gradually died out. The last case was authorised to return to school on the 8th September.

LABORATORY SERVICES

The Public Health Laboratory at Carmarthen, which is controlled by the Medical Research Council, is available for the examination of bacteriological specimens in connection with the County Health Services. The services rendered by the Laboratory are particularly valuable in the control of epidemics, and full co-operation is maintained between the staff of the Laboratory and the Health Department. 24,308 specimens were examined at the Laboratory during 1952.

VENEREAL DISEASES.

Carmarthenshire cases are treated at the Venereal Diseases Clinics at the Swansea and Llanelly General Hospitals. 110 new patients from the County attended during the year as follows :—

	Syphilis.	Gonorrhoea.	Non-V.D. and other conditions.	Total.
Swansea Clinic	3	11	35	49
Llanelly Clinic	11	7	43	61
Total	14	18	78	110

Total attendances of patients during the year :—

Swansea Clinic	121
Llanelly Clinic	1027
Total	1148

The following Table gives the number of cases dealt with for the first time during each of the last five years :—

Year.	Acquired and Congenital Syphilis.			Gonorrhoea.			Other conditions.
	M.	F.	T.	M.	F.	T.	T.
1948	15	26	41	41	4	45	96
1949	9	14	23	46	2	48	74
1950	15	13	28	34	4	38	92
1951	6	10	16	13	1	14	76
1952	6	8	14	17	1	18	78

The following Table summarises the work of the Clinics during 1952 :—

New and Old Cases.	Swansea Clinic.		Llanelly Clinic.		Total Male	Total Female	Total
	M.	F.	M.	F.			
(1) Cases under treatment or observation on January 1st	32	6	33	26	65	32	97
(2) Returned defaulters	1	—	5	—	6	—	6
(3) Dealt with for the first time and suffering from:							
(*a*) Syphilis :							
Primary	—	—	1	—	1	—	1
Secondary	—	—	—	1	—	1	1
Latent first year	—	—	—	—	—	—	—
Later stages	1	1	4	4	5	5	10
Congenital	—	1	—	1	—	2	2
Others	—	—	—	—	—	—	—
(*b*) Gonorrhoea	10	1	7	—	17	1	18
(*c*) Other conditions or Undiagnosed	29	6	33	10	62	16	78
(4) Previously treated at other centres, etc.	11	1	—	—	11	1	12
Totals	84	16	83	42	167	58	225
Attendances as Out-Patients :—							
(*a*) Seen by Medical Officer	36	13	329	165	365	178	543
(*b*) For intermediate treatment	32	40	405	128	437	168	605
Total attendances	68	53	734	293	802	346	1148

The following Table shows the results of treatment in 1952 :—

	Swansea Clinic.			Llanelly Clinic.		
	Syphilis	Gonorrhoea	Other conditions	Syphilis	Gonorrhoea	Other conditions
Cases under treatment, etc., on January 1st	22	7	9	45	3	11
Cases dealt with for first time, including new cases, returned defaulters and transfers in	8	19	35	13	8	45
Total	30	26	44	58	11	56
Discharged cured after completion of treatment	9	16	29	8	4	49
Ceased to attend before completion of treatment	—	—	—	—	—	—
Ceased to attend after completion of treatment but before final tests of cure	4	1	—	6	—	—
Cases under treatment or observation that died from the disease	—	—	—	—	—	—
Transferred out to other Centres, Institutions, etc.	6	—	—	2	—	—
Cases remaining under treatment, etc., on 31st December	11	9	15	42	7	7
Total	30	26	44	58	11	56

TUBERCULOSIS.

Two Chest Physicians each with an Assistant Chest Physician cover the County. The Physicians of Pembrokeshire and Swansea also attend Carmarthenshire cases along the borders of the County.

The number of new cases reported by formal notification or otherwise and the case rates per 1,000 population during the past five years are as follows :—

Year.	No. of Respiratory cases.	Case rate.	No. of Non-Respiratory cases.	Case rate.
1948	190	1.11	79	.48
1949	220	1.29	49	.28
1950	225	1.31	45	.26
1951	198	1.16	42	.25
1952	200	1.17	42	.25

The mortality figures for the same five years are as follows :—

Year.	Deaths from Respiratory T.B.	Death Rate per 1,000 population.	Deaths from Non-Respiratory T.B.	Death Rate per 1,000 population.
1948	89	.52	25	.14
1949	95	.56	18	.11
1950	70	.41	16	.09
1951	59	.35	16	.09
1952	35	.20	10	.06

The following Table shows the age distribution of all new cases notified during 1952 :—

Age Periods.	Respiratory.		Non-Respiratory		Total.
	M.	F.	M.	F.	
0—1	1	—	1	1	3
1—5	3	3	1	1	8
5—15	9	5	4	6	24
15—25	29	35	5	5	74
25—35	21	21	1	4	47
35—45	18	13	3	2	36
45—55	10	6	1	1	18
55—65	13	—	1	2	16
65 +	10	3	1	2	16
Total	114	86	18	24	
Grand Total	200		42		242

The following Table shows the deaths from Tuberculosis classified into the various age groups for the year 1952 :—

Age Periods.	Deaths from Tuberculosis.			
	Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.
0—1	1	—	—	—
1—5	—	—	1	—
5—15	—	—	1	2
15—45	6	2	4	1
45—65	15	1	—	1
65 + ...	7	3	—	—
Totals	29	6	6	4
Grand Totals	35		10	

Examinations and Dispensary Records.

During the year 3,440 new cases, including 488 contacts, were examined. Of these, 221 were diagnosed as definitely tuberculous and 3,112 as non-tuberculous. 107 cases were not finally diagnosed.

COUNTY WELFARE SERVICES.

Under the National Assistance Act, 1948, the County Council were given power to make arrangements for promoting the welfare (but excluding financial assistance or medical treatment) of persons who are blind, deaf or dumb, aged, and others who are substantially and permanently physically handicapped. The County Welfare Committee was appointed to undertake the Council's functions under the Act.

Blind Persons.—There is no change to report in the arrangements for the care and welfare of blind persons, and the Carmarthenshire Blind Society continued to act as agents of the County Council. Medical examination and certification of cases is arranged by the County Medical Officer of Health, and specialist examination, when necessary, is undertaken at the Ophthalmic Clinics of the Regional Hospital Board at Carmarthen and Llanelly. If a patient is unable to travel, a domiciliary visit is made by the Ophthalmologist.

During 1952, 124 new cases (62 male and 62 female) were examined and 85 (46 male and 39 female) were certified as blind. The total number of blind persons on the Register at the end of the year was 525 (as compared with 494 on the 31st December, 1951). The age distribution of these cases was as follows :—

Age.	M.	F.	Total	Age.	M.	F.	Total
0—5	—	1	1	45—55	15	21	36
5—15	1	—	1	55—65	32	51	83
15—35	13	8	21	Over 65	149	214	363
35—45	11	9	20	Totals	221	304	525

202 (82 male and 120 female) became blind when over 65 years of age. 24 (9 male and 15 female) became blind in infancy (under 12 months old).

At the end of the year two males were under training; one at the School of Physiotherapy of the National Institute for the Blind and the other at the Queen Elizabeth Home for the Blind, Torquay. Three males were employed at home. Four males and one female were employed in workshops (two males at Swansea and two males and one female at Llanelly).

MILK CONTROL

The number of animals slaughtered under the Tuberculosis Order, 1925, during the past five years is as follows :—

1948	....	14
1949	....	22
1950	....	22
1951	....	15
1952	....	7

The enforcement of regulations relating to Raw Milk was transferred to the Ministry of Agriculture and Fisheries as from the 1st October, 1949, by virtue of the Milk (Special Designations) (Raw Milk) Regulations, 1949.

The Milk and Dairies Orders, 1926-1943, were revoked by the Milk and Dairies Regulations, 1949. Under the latter regulations, the responsibility for the registration of dairy farms and of persons carrying on the trade of dairy farmer was transferred to the Ministry of Agriculture and Fisheries. Local Authorities retain responsibility for dairies which are not dairy farms and of dairymen who are not dairy farmers, and for the enforcement of the regulations relating to diseases communicable to man. These regulations also came into operation on the 1st October, 1949.

Milk in Schools.—During 1952, 926 samples were taken by the Chief Inspector of Weights and Measures of milk supplied to schools. Of these 852 were found to be satisfactory and 74 unsatisfactory.

SANITARY CIRCUMSTANCES

At the time of the completion of this report, the only reports which had been received from District Medical Officers of Health were those in respect of the Llanelly Health Division. The following is a summary of the work undertaken by those Sanitary Authorities during the year :—

Water Supply

Llanelly Borough—Good progress was made with the Towy Water Scheme and approximately one-third of the water main had been completed at the end of the year. This scheme, which is expected to cost £350,000, will provide an additional 4-6 million gallons of water per day, mainly for Trostre Tinplate Works.

Kidwelly Borough—Minor improvement schemes were completed. Various plans to augment the water supplies were considered, but a final decision was postponed pending information as to available grants.

Burry Port Urban District—A supply of water was obtained from Llanelly Corporation as from the 26th August, 1952, to augment the domestic supply in the higher parts of the area, and also to provide for the needs of the Carmarthen Bay Power Station.

Llanelly Rural District—A series of minor mains extensions were completed in the Pembrey, Llannon, and Five Roads areas.

Sewage Disposal

Llanelly Borough—Local extensions of sewers were made to new housing estates.

Kidwelly Borough—Very good progress was made with the construction of sewerage for the area. It is expected that the work will be completed by September, 1953.

Burry Port Urban District Council—It is expected that the major scheme for the unsewered part of the area, which includes the construction of a sewage disposal works, will be completed by August, 1953.

Llanelly Rural District—The Cynheidre and Bryn Schemes were completed. Good progress was made with the schemes for Five Roads, Cwmgwili (a joint scheme with Llandilo Rural District), Cross Hands and Pontyberem. The approval of the Welsh Board of Health was awaited to the Llannon Sewerage Scheme, and the scheme for the installation of a new sewage disposal works at Bynea ; the latter scheme would involve closing down the present overloaded sewage works at Halfway.

Municipal Abattoirs

Llanelly Borough—Plans were prepared and submitted to the Ministry of Food for the modernisation of the municipal abattoir.

Atmospheric Pollution

Llanelly Borough—Much attention was given to this problem by the Authority during the year. With the co-operation of the managements of industrial premises, it was possible to abate partially a number of the more serious smoke and grit nuisances.

VITAL STATISTICS—1952.

Name of District.	Estimated Population for 1952	Live Births.		Deaths Registered in District.		Transferable Deaths.		Deaths under 1 year.		Area of District in Acres.	Census 1951.
						Outward.	Inward.				
		No.	Rate per 1000 Population.	No.	Rate per 1000 Population.	Non-Residents registered in District.	Residents not registered in District.	No.	Rate per 1000 Live Births.		Total Population at all ages.
URBAN											
Llanelly	33,260	434	13.05	448	13.47	109	41	14	32.26	2,069	34,329
Carmarthen	11,910	134	11.25	144	12.09	208	10	2	14.93	5,160	12,121
Llandilo	1,882	39	20.72	22	11.69	1	5	—	—	311	2,003
Llandovery	1,965	26	13.23	22	11.19	20	3	1	38.46	1,266	1,856
Kidwelly	2,986	45	15.07	47	15.74	—	12	2	44.44	2,854	3,007
Newcastle Emlyn	751	5	6.66	9	11.98	—	2	—	—	208	763
Ammanford	6,570	104	15.83	83	12.63	2	25	4	38.46	944	6,578
Burry Port	6,033	82	13.59	68	11.27	1	25	1	12.20	1,374	5,927
Cwmamman	4,443	57	12.83	60	13.50	5	14	2	35.09	756	4,593
Total	69,800	926	13.27	903	12.94	346	137	26	28.08	14,942	71,177
RURAL											
Llanelly	37,860	520	13.73	418	11.04	14	117	21	40.38	51,367	37,000
Carmarthen	28,430	460	16.18	344	12.10	11	97	18	39.13	202,733	28,469
Llandilo-fawr	26,080	353	13.53	362	13.88	4	87	8	22.66	236,588	26,404
Newcastle Emlyn	8,530	128	15.01	133	15.59	1	24	5	39.06	82,842	8,692
Total	100,900	1461	14.48	1257	12.46	30	325	52	35.59	573,530	100,565
Urban Districts	69,800	926	13.27	903	12.94	346	137	26	28.08	14,942	71,177
Rural Districts	100,900	1461	14.48	1257	12.46	30	325	52	35.59	573,530	100,565
Whole County	170,700	2387	13.98	2160	12.65	376	462	78	32.68	588,472	171,742
England & Wales			15.3		11.3				27.6		