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Contributors

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Carmarthenshire County Council

Annual Report

OF THE

County Medical Officer
of Health

For the Year 1964

CARMARTHEN :

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INTRODUCTION

Mr. Chairman, Aldermen and Councillors,

I beg to submit my report on the health of Carmarthenshire for 1964.

The birth rate is now 14.81 per 1,000 population, the highest it has been since 1949. A heartening improvement is noted in the still birth rate which fell from 26.09 per 1,000 live and still births in 1963 to 17.52 in 1964.

The infant mortality figure of 70 gives a rate of 28.36 per 1,000 live births which is slightly up on 1963. This compares unfavourably with the England and Wales rate of 20, and the Wales rate of 24. Both the neo-natal death rate at 21.47 per 1,000 live births and the early neo-natal mortality rate at 19.04 per 1,000 live births showed a slight increase as compared with the previous year. The combination of stillbirths and early neo-natal deaths gives a perinatal mortality rate of 36.23 per 1,000 live and still births as compared with 42.95 for 1963.

There was a decrease in the number of persons who died from lung cancer from 72 in 1963 to 62 in 1964. The overall cancer death rate however remained the same at 2.1 per 1,000 population.

Attention is drawn to the increased demand for ambulance transport in the last ten years. As compared with 1955, there has been a mileage increase of 117,000 (over 20%) and an increase in patients carried of 18,000 (33%). This is an alarming situation if it reflects the state of health of the community.

In the maternity field the trend to increased hospital deliveries referred to in my last report continued. All Carmarthenshire maternity patients could be admitted to hospital for confinement if the hospitals concerned arranged discharge in selective cases on a 24 or 48 hour basis.

Following discussions with the Local Medical Committee, a plan for the attachment of health visitors to general practitioners was formulated during the year and the Authority decided to implement the arrangements as from the 1st January, 1965.

The home help service case load remains about the same but difficulties are encountered in recruiting home helps. If the service is to remain as satisfactory as it has in the past, a new method of recruitment will have to be implemented.

In the mental health field we have lost the services of the qualified female mental welfare officer but despite repeated advertisements the post remained unfilled. There is an increasing amount of community care work and the establishment of mental welfare officers is under review.

The Training Centre under the care of Mrs. Lewis continued to do very good work.

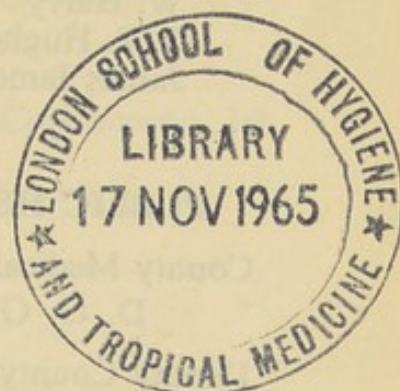
Mr. W. C. Thomas, chief administrative officer of the County Health Department retired on the 30th April, 1965 after over 47 years service with the County Council. Tribute must be paid to Mr. Thomas for his loyal, efficient and conscientious service during these years. His outlook has always been progressive and his dedication has in large measure helped to better the service. He has seen the Department grow from its infancy to one of the largest under the County Council—a period of many changes. The preparation of the schemes to implement the requirements of Statutes and Orders were his handiwork. During the war, he served in the army with distinction attaining the rank of Major and being awarded the M.B.E. (Military Division). Obviously I and my department will miss his guidance and I sincerely hope he and Mrs. Thomas will have many years of happy retirement.

I am grateful for the support and help of the Chairman and members of the Health and Public Health Committee 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.

D. G. G. JONES,

County Medical Officer of Health.

August, 1965.



HEALTH AND PUBLIC HEALTH COMMITTEE, 1964

Chairman: Alderman S. J. E. Samuel.

Vice-Chairman: Alderman Evan Bevan.

Aldermen :

Emrys Aubrey	Josiah Jones
W. I. Daniel	Haydn Lewis
G. V. Davies	W. H. Mathias, O.B.E. (Ex-officio)
Thomas Davies	D. J. Stone
Mrs. Loti Rees Hughes	S. O. Thomas
W. Douglas Hughes	T. J. Williams

Councillors:

J. H. Davies	Mrs. M. Joseph
W. J. Davies	Dr. H. D. Llewellyn
L. Dennis	L. R. McDonagh
D. Arthur Evans	John Morgan.
G. P. Evans	William Morris
Idris Evans	J B Ohlsson
Thomas Evans	J. D. Phelps
T. E. Evans	W. J. Phillips (Abergwili)
T. N. Evans	D. C. Thomas
Austin Griffiths	S. I. Thomas.
W. Harry	A. T. Wilkins
S. T. Hughes	G. O. Williams
James James	John Williams

(4 Vacancies)

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health and Principal School Medical Officer:

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

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

M. G. Danaher, M.B., B.Ch., B.A.O., L.M., D.P.H.

Senior Administrative Officer:

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

Principal Dental Officer :

W. E. T. Llewelyn, L.D.S., R.C.S.

Chief Nursing Officer :

Miss I. John, S.R.N., S.C.M., H.V.Cert.

Organiser of Home Helps :

Miss Joan M. Crossman.

County Ambulance Officer :

G. B. Evans, M.B.E.

Assistant Medical Officers :

Elizabeth T. Davies-Humphreys, M.R.C.S., L.R.C.P.
 D. O. Davies, M.R.C.S., L.R.C.P.
 J. G. E. Collins, M.R.C.S., L.R.C.P., D.P.H.
 C. I. Morgan, M.R.C.S., L.R.C.P.
 E. Lynette Davies, B.Sc., M.B., B.Ch., D.R.C.O.G.
 Audrey A. Jones M.B. Ch.B. (Commenced 20th April).
 Anna Ll. Davies, B.Sc., M.B., B.Ch. (Ceased 8th March).
 *E. H. Beynon-Hopkins, M.R.C.S., L.R.C.P., D.P.H. (part-time).
 *Gladys M. Herbert, 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).
 A. Nest M. Crane, B.Sc., M.B., B.S., D.C.H., (part-time).
 Mair Walker, M.B., Ch.B. (Part-time) (Commenced 12th March).

* Divisional Medical Officer of Health.

Assistant Dental Officers :

J. L. T. Davies, L.D.S., R.C.S.
 D. L. Walters, L.D.S., R.C.S.
 T. J. Thomas, L.D.S., R.C.S.
 Mrs. M. N. Davies, B.D.S., L.D.S., R.C.S. (Commenced 19th October).

Medical Officer of Gynaecological Clinic :

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

Senior Nursing Officer :

Miss R. E. Morris, S.R.N., S.C.M., H.V.Cert. (Ceased 1st. March)

Deputy Chief Nursing Officer:

Miss E. Evans, S.R.N., S.C.M., H.V.Cert (Commenced 1st. September).

Senior Orthopaedic Sister :

Miss E. R. Buckley, M.C.S.P.

Assistant Orthopaedic Sister :

Mrs. O. Turner Evans, M.C.S.P.

Speech Therapist :

Mrs. R. M. Morgan, L.C.S.T. (Ceased 30th June).
 Mrs. J. V. W. Jones, L.C.S.T. (Commenced 1st September).

Assistant Organisers of Home Helps :

Mrs. E. J. Griffiths.
 Miss M. M. Y. Hughes.

Chiropodist:

Mrs. M. J. Lloyd, M.Ch.S. (part-time) (Commenced 28th February).

Mental Welfare Officers:

H. Lewis.
 W. O. Williams.
 Miss R. E. Lewis (Ceased 30th November).
 A. J. Bennett.

Acting Mental Welfare Officers :

*J. A. D. Hopkins.
 *D. G. Jones.
 *Esmor Evans.
 *D. J. Lewis.
 *J. I. Stephens.
 *J. G. Jones.
 *D. A. David.

* Also County Welfare Officers.

Supervisor Llanelly Training Centre and Home Teacher for Mentally Subnormal :

Mrs. M. A. Lewis.

Assistant Supervisors and Home Teachers for Mentally Subnormal :

Mrs. J. M. Jones.
 D. E. Ambrose.
 Mrs. M. Woodliffe.
 Miss P. Davies.
 Miss M. Y. Jones.
 Miss L. A. Jones.

Home Teachers and Visitors for the Blind :

Miss S. M. Tidmarsh.
 Mrs. A. Davies.
 Miss Betty Evans.

Welfare Officer for the Handicapped:

Miss Myra Thomas.

County Analyst :

D. C. Jenkins, M.Sc., D.I.C., F.R.I.C.

Inspectors under Food and Drugs Acts :

Chief Inspector—D. R. Watkins.
 Deputy Chief Inspector—E. G. Nicholls.

Educational Psychologist :

C. B. E. James, B.A., B.Ed., Ph.D., F.B.P.S.

Consultants available for County Health Services**Pathologist :**

D. F. Davies, M.D., M.R.C.P.

Bacteriologist under the Medical Research Council :

H. D. S. Morgan, M.R.C.S., L.R.C.P., M.C.Path., Dip. Bact.

Chest Physicians :

J. T. Jones, B.Sc., M.B., B.Ch.
 D. B. Ll. Morgan, M.D.

Assistant Chest Physicians :

J. Williams, B.Sc., M.B., B.Ch.
Bronwen N. Davies, B.Sc., M.B., B.Ch.

Medical Officer of V.D. Clinic :

D. E. Thomas, M.B., B.S.

Obstetricians :

J. R. E. James, B.Sc., M.B., F.R.C.S., F.R.C.O.G.
Rhys M. Williams, M.B., B.S., F.R.C.O.G.

Orthopaedic Surgeons :

G. D. Rowley, B.Sc., M.Ch.
R. L. Rees, F.R.C.S.

Ophthalmic Surgeons :

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.,
Carmarthen.
R. E. Packer, M.B., B.Ch., D.O.M.S., Llanelly.

Ear, Nose and Throat Surgeons :

T. I. Williams, F.R.C.S., Llanelly.
S. Morgan, B.Sc., F.R.C.S., Carmarthen.

Plastic Surgeons :

Eric W. Peet, F.R.C.S., Oxford.
Emlyn Lewis, F.R.C.S., Chepstow.

Paediatricians:

R. T. Jenkins, B.Sc., M.B., Ch.B., M.R.C.P., D.C.H., Swansea.
K. R. Keay, M.D., M.R.C.P., D.C.H., Carmarthen.

Geriatricians:

J. C. Davies, M.B., B.S., M.R.C.P.
T. F. MacCarthy, B.Sc, M.D., M.R.C.P.

Dermatologist :

D. Leighton Rees, M.D., M.R.C.P., Swansea.

Orthodontist :

R. E. Rix, M.R.C.S., L.R.C.P., F.D.S., R.C.S., D.D.O., R.F.P.S.,
London.

Dental Surgeon :

E. J. R. Morgan, M.B., F.D.S., R.C.S.

Hon. Consultant Psychiatrist :

John Farr, M.B., B.S., D.P.M.

Psychiatrists :

E. J. Eurfyl Jones, M.A., B.M., B.Ch., D.P.M.
N. J. C. McGill, M.B., B.S., D.P.M.
C. C. Beresford, M.B., B.S., D.P.M.

Child Psychiatrist :

J. McDonald, M.A., M.B., Ch.B., D.P.M.

NURSING

District.	Name.	Qualifications.
Whole-time Health Visitors :		
Amman Valley	M. G. Evans	S.R.N., S.C.M., H.V.Cert.
Ammanford	A. Howells	S.R.N., S.C.M., H.V.Cert.
Bancyfelin	E. N. E. Davies	S.R.N., H.V.Cert.
Burry Port	G. M. Burford	S.R.N., S.C.M., H.V.Cert.
Carmarthen Borough	G. I. Evans	S.R.N., S.C.M., H.V.Cert.
	D. Evans Murray	S.R.N., S.C.M., H.V.Cert.
Cynwyl Elfed	A. E. Jones	S.R.N., S.C.M., H.V.Cert.
Felinfoel	E. M. Jones	S.R.N., S.C.M., H.V.Cert.
Llandeilo	C. M. Bailey	S.R.N., S.C.M., H.V.Cert.
Llandovery	J. Jones	S.R.N., S.C.M., H.V.Cert.
Llandybie	M. M. Davies	S.R.N., H.V.Cert.
Llanelly Borough	D. C. Insley	S.R.N., S.C.M., H.V.Cert.
	C. Jones	S.R.N., S.C.M., H.V.Cert.
	M. E. Jones	S.R.N., S.C.M., H.V.Cert.
	E. M. Perrott	S.R.N., S.C.M., H.V.Cert.
	R. M. Walters	S.R.N., S.C.M., H.V.Cert.
Llangendeirne	M. E. Thomas	S.R.N., S.C.M., H.V.Cert.
Llangennech	E. Edwards	S.R.N., S.C.M., H.V.Cert.
Nantgaredig	Vacancy	
Pencader	D. R. J. Edwards	S.R.N., H.V.Cert.
St. Clears	M. E. E. Davies	S.R.N., S.C.M., H.V.Cert.
Trimsaran	G. M. Williams	S.R.N., S.C.M., H.V.Cert.
Tumble	E. J. M. Jones	S.R.N., S.C.M., H.V.Cert.
Whitland	M. E. Morris	S.R.N., S.C.M., H.V.Cert.
District Nurse/Midwives :		
Ammanford Town	M. E. E. Davies	S.R.N., S.C.M.
Betws	S. E. James	S.R.N., S.C.M., Tb. Cert.
Saron	G. Edwards	S.R.N., S.C.M.
Tycroes	E. J. Davies	S.R.N., S.C.M.
Brynamman	A. James	S.R.N., S.C.M.
Burry Port	M. J. Davies	S.R.N., S.C.M.
Caeo	M. M. Jones	S.C.M., S.E.N.
Cilycwm	Vacancy	
Cwmamman and Garnant	V. Sharp	S.R.N., S.C.M.
Glanamman	Vacancy	
Cynwyl Elfed	E. Thomas	S.R.N., S.C.M.
Dafen	E. M. Thomas	S.R.N., S.C.M., Tb.Cert.
Drefach	E. A. Jones	S.R.N., S.C.M.
Felinfoel	A. R. Harries	S.R.N., S.C.M.
Ferryside	E. D. A. Edwards	S.R.N., S.C.M.
Gorslas	B. M. Rees	S.R.N., S.C.M.
Kidwelly	R. H. Davies	S.R.N., S.C.M.
Laugharne	E. John	S.C.M., S.E.N.
Llandeilo	S. A. M. Rees	S.R.N., S.C.M.
Llandeilo (South)	E. A. Davies	S.R.N., S.C.M.
Llandovery	M. M. Ladd	S.R.N., S.C.M.
Llandybie	L. Thomas	S.R.N., S.C.M.
Llanfihangel-Aberbythich	A. M. Pugh	S.R.N., S.C.M.
Llanfynydd and Llangathen	M. C. Thomas	S.R.N., S.C.M.
Llangadog	H. Harry	S.R.N., S.C.M.
Llangennech	G. M. Tinnuche	S.R.N., S.C.M.
	M. Lloyd	S.R.N., S.C.M.
Llansadwrn and Llanwrda	D. E. Davies	S.C.M., S.E.N.
Llansawel	Vacancy	
Llanybyther	D. Thomas	S.R.N., S.C.M.
Llwynhendy	M. E. Richards	S.R.N., S.C.M.
Meidrim and Trelech	Vacancy	
Nantgaredig	E. M. M. Richards	S.R.N., S.C.M.
Newcastle Emlyn	S. E. V. Jones	S.R.N., S.C.M.

District.	Name.	Qualifications.
Pencader	S. J. Jones ..	S.R.N., S.C.M.
Penygroes	L. M. Davies ..	S.R.N., S.C.M.
Pontyates	A. M. Hughes ..	S.R.N., S.C.M.
Pontyberem	M. B. Harries ..	S.R.N., S.C.M.
Pwll, Sandy and Furnace ..	(Vacancy) ..	
St. Clears	S. H. Griffiths ..	S.R.N., S.C.M.
Talley	(Vacancy) ..	
Trimsaran	P. M. Michael ..	S.R.N., S.C.M., S.R.F.N., H.V.Cert.
Tumble	H. E. A. Ratford ..	S.R.N., S.C.M., S.R.F.N.
Velindre	G. R. Luke ..	S.R.N., S.C.M.
Whitland	R. E. Hopkins ..	S.R.N., S.C.M.

District Nurses :

Carmarthen	M. O. Davies ..	S.R.N., S.C.M.
	E. M. Husband ..	S.R.N.
	H. Jones ..	S.R.N.
	E. G. Thomas ..	S.R.N., S.C.M.
Llanboidy	E. M. Adams ..	S.R.N.
Llanelly	H. Bushell ..	S.R.N.
	M. Griffiths ..	S.E.N.
	E. J. Somers ..	S.R.N., S.C.M.
	J. B. Tasker ..	S.R.N.

Whole-time Midwives :

Burry Port	Vacancy	
Carmarthen	E. M. James ..	S.R.N., S.C.M.
	D. M. Jones ..	S.R.N., S.C.M.
	M. D. Jones ..	S.R.N., S.C.M.
	M. J. Thomas ..	S.R.N., S.C.M.
Llanelly	M. David Griffiths ..	S.R.N., S.C.M.
	A. E. James ..	S.R.N., S.C.M.
	K. Y. Perrott ..	S.C.M.
	A. H. Williams ..	S.R.N., S.C.M.
Pembrey	M. E. Thomas ..	S.R.N., S.C.M.

Relief District Midwife :

Carmarthen	(Vacancy)	
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Relief District Nurse/Midwives :

Group 1	P. A. Davies ..	S.R.N., S.C.M., B.T.A.
Group 3 }	K. D. Charles ..	S.R.N., S.C.M.
Group 4 }	2 Vacancies	
Group 5	H. M. Jones ..	S.R.N., S.C.M.
Group 6	K. J. Pryce ..	S.R.N., S.C.M.
Group 7	M. Branch ..	S.R.N., S.C.M.
Group 8	(Vacancy)	
Group 9	(Vacancy)	
Group 10	S. A. N. Price ..	S.R.N., S.C.M.

STATISTICS

Area : 588,472 acres.

Population—Census 1961 : 168,008.

Estimated by Registrar General for 1964 : 166,600.

Product of a penny rate for general purposes : £17,015

Rateable Value for general purposes : £4,311,394.

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, the chief industries apart from agriculture, being Forestry, Stone Quarrying and Milk Processing. The remainder of the County (the south eastern part) is industrial, the chief industries being Coal Mining, Iron and Steel Rolling, Tinplate and Hollow Ware. During the years since the last war, miscellaneous light industries have been introduced, the chief amongst them being Light Precision Engineering and Chemical Manufacture.

Live Births :

			Male		Female		Total
Legitimate	..	..	1228	..	1117	..	2345
Illegitimate	..	..	61	..	62	..	123
			<hr/>		<hr/>		<hr/>
Totals	..	..	1289	..	1179	..	2468
			<hr/>		<hr/>		<hr/>

Rate per 1,000 of estimated population : 14.81.

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

	Urban		Rural		Admin. County		England and Wales	
Year	No.	Reg. Rate.	No.	Reg. Rate.	No.	Reg. Rate.	No.	Reg. Rate.
1960	..	906	13.44	..	1500	14.87	..	2406 14.30
1961	..	854	12.89	..	1471	14.63	..	2325 13.94
1962	..	947	14.27	..	1509	14.98	..	2456 14.70
1963	..	931	14.10	..	1495	14.87	..	2426 14.57
1964	..	963	14.60	..	1565	14.96	..	2468 14.81

Illegitimate Live Births :

Illegitimate live births per cent of total live births : 4.98.

Still Births :

Male	Female	Total
19	25	44

Rate per 1,000 (Live and Still) Births : 17.52.

Total Live and Still Births : 2,512.

Infant Mortality

There were 70 deaths of infants under one year old during the year; an infant mortality rate of 28.36 per 1,000 live births. This compares with a rate of 28.03 for 1963. For England and Wales for 1964, the rate was 20.0, but the rate for Wales only was 24.0.

A classification of 1964 deaths in the County is as follows :—

	Males	Females	Total	Rate
Legitimate ..	37	27	64	27.29
Illegitimate ..	4	2	6	48.28
Totals ..	41	29	70	28.36

The causes of death were :—

	Male	Female	Total
Pneumonia ..	5	3	8
Congenital malformations ..	7	9	16
Gastritis, enteritis and diarrhoea ..	1	1	2
Bronchitis ..	—	—	—
Accidents ..	1	1	2
Other defined and ill-defined diseases ..	25	15	40
Other infective-parasitic disease ...	1	—	1
Other heart disease ...	—	—	—
Influenza ..	1	—	1
Totals ..	41	29	70

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

Year	Legitimate		Illegitimate		Total		England and Wales	Wales only
	No.	Rate	No.	Rate	No.	Rate	Rate	Rate
1959	54	23.98	2	23.26	56	23.95	22.0	24.0
1960	61	26.14	1	13.89	62	25.77	21.9	25.0
1961	46	20.48	1	12.66	47	20.22	21.4	22.0
1962	64	27.15	2	20.41	66	26.87	21.4	23.0
1963	62	26.59	6	63.16	68	28.03	20.9	23.0
1964	64	27.29	6	48.78	70	28.36	20.0	24.0

Neo-Natal Deaths

53 infants under four weeks old died (neo-natal deaths) during the year, a mortality rate of 21.47 per 1,000 live births. This figure was 47 for the previous year, a mortality rate of 19.37.

An analysis of the neo-natal deaths in the County during 1964 is as follows :—

				M.	F.	Total	Rate
Legitimate	..	..	..	28	.. 20	.. 48	.. 20.47
Illegitimate	..	..	..	3	.. 2	.. 5	.. 40.65
				—	—	—	—
Totals	..	..	..	31	.. 22	.. 53	.. 21.47
				—	—	—	—

Neo-natal deaths in the County for the last five years are summarised in the following table :—

Year	Legitimate		Illegitimate		Total		England and Wales
	No.	Rate	No.	Rate	No.	Rate	Rate
1960	50	21.42	1	13.89	51	21.20	15.6
1961	31	13.80	—	—	31	13.33	15.5
1962	42	17.81	1	10.20	43	17.50	15.1
1963	41	17.59	6	63.16	47	19.37	14.2
1964	48	20.47	5	40.65	53	21.47	13.8

Early Neo-natal Mortality (Deaths under one week)

				M.	F.	Total	Rate
Legitimate	..	..	..	27	.. 17	.. 44	.. 18.76
Illegitimate	..	..	..	2	.. 1	.. 3	.. 24.39
				—	—	—	—
Totals	..	..	..	29	.. 18	.. 47	.. 19.04
				—	—	—	—

Perinatal Mortality (Still Births and deaths under one week)

				M.	F.	Total	Rate per 1000 total live and still births
Legitimate	..	..	..	46	.. 41	.. 87	.. 36.43
Illegitimate	..	..	..	2	.. 2	.. 4	.. 32.26
				—	—	—	—
Total	..	..	..	48	.. 43	.. 91	.. 36.23
				—	—	—	—

Maternal Mortality

Maternal Mortality covers the number of deaths in which pregnancy or childbirth was the primary cause of death. *One such case occurred in this county during 1964. The figures for the last six years were as follows:—

Year	Maternal Deaths.		Total Births.	Rate per 1,000 total Births.		Rate for England and Wales.	
1959	..	—	..	2396	..	—	0.38
1960	..	1	..	2455	..	0.4	0.39
1961	..	1	..	2379	..	0.4	0.33
1962	..	1	..	2509	..	0.4	0.35
1963	..	2	..	2491	..	0.8	0.28
1964	..	1*	..	2512	..	0.4	0.25

*The Registrar General's return shows two maternal deaths—one of these occurred in 1963 but had not been classified at the end of that year.

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.	
1959	..	—	..	—
1960	..	1	..	0.4
1961	..	1	..	0.4
1962	..	—	..	—
1963	..	2	..	0.8
1964	..	1	..	0.4

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.

Total Deaths

Male	Female	Total
1221	1017	2238

Death Rate per 1,000 of estimated population : 13.43.

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

Year	Urban		Rural		Admin. County		Rate for Eng. & Wales	
	Deaths.	Crude D.R.	Deaths.	Crude D.R.	Deaths.	Crude D.R.		
1960	.. 1036	15.37	.. 1270	12.59	.. 2306	13.71	..	11.5
1961	.. 1025	15.47	.. 1215	12.09	.. 2240	13.43	..	12.0
1962	.. 979	14.75	.. 1302	12.92	.. 2281	13.65	..	11.9
1963	.. 1088	16.48	.. 1302	12.95	.. 2390	14.35	..	12.2
1964	.. 1033	15.66	.. 1205	11.98	.. 2238	13.43	..	11.3

The following table gives the causes of death in 1964 at specified ages :—

Cause of Death	All Ages			Under 4 weeks			4 weeks and under one year			1 to —5		
	M	F	T	M	F	T	M	F	T	M	F	T
1. Tuberculosis, respiratory	10	—	10	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other ..	3	1	4	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective & parasitic diseases ..	1	3	4	—	—	—	1	—	1	—	—	—
10. Malignant neoplasm, stomach ..	32	29	61	—	—	—	—	—	—	—	—	—
11. Malignant neoplasm, lung, bronchus ..	56	6	62	—	—	—	—	—	—	—	—	—
12. Malignant neoplasm, Breast ..	—	33	33	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus ..	—	14	14	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms ..	93	94	187	—	—	—	—	—	—	3	—	3
15. Leukaemia, aleukaemia	4	1	5	—	—	—	—	—	—	2	—	2
16. Diabetes ..	3	9	12	—	—	—	—	—	—	—	—	—
17. Vascular lesions of nervous system ..	140	165	305	—	—	—	—	—	—	—	—	—
18. Coronary disease, angina	328	185	513	—	—	—	—	—	—	—	—	—
19. Hypertension with heart disease ..	21	19	40	—	—	—	—	—	—	—	—	—
20. Other heart disease ..	84	167	251	—	—	—	—	—	—	—	—	—
21. Other circulatory disease	48	57	105	—	—	—	—	—	—	—	—	—
22. Influenza ..	4	4	8	—	—	—	1	—	1	—	—	—
23. Pneumonia ..	46	47	93	1	1	2	4	2	6	—	—	—
24. Bronchitis ..	69	15	84	—	—	—	—	—	—	—	1	1
25. Other diseases of respiratory system ..	76	14	90	—	—	—	—	—	—	—	—	—
26. Ulcer of stomach and duodenum ..	2	2	4	—	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea ..	4	6	10	—	—	—	1	1	2	—	—	—
28. Nephritis and nephrosis	9	4	13	—	—	—	—	—	—	1	—	1
29. Hyperplasia of prostate ..	15	—	15	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	—	2	2	—	—	—	—	—	—	—	—	—
31. Congenital malformation	11	9	20	5	7	12	2	2	4	—	—	—
32. Other defined and ill-defined diseases ..	110	96	206	25	14	39	—	1	1	—	1	1
33. Motor vehicle accidents ..	22	5	27	—	—	—	—	—	—	1	—	1
34. All other accidents ..	25	26	51	—	—	—	1	1	2	1	1	2
35. Suicide ..	5	4	9	—	—	—	—	—	—	—	—	—
36. Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	—	—	—
Total ..	1221	1017	2238	31	22	53	10	7	17	8	3	11

	5 to — 15			15 to — 45			45 to — 65			65 to — 75			75 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1	—	—	—	—	—	—	3	—	3	4	—	4	3	—	3
2	—	—	—	—	—	—	1	1	2	—	2	2	—	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	1	1	—	2	2	—	—	—
10	—	—	—	—	—	—	7	7	14	17	5	22	8	17	25
11	—	—	—	2	1	3	24	4	28	25	1	26	5	—	5
12	—	—	—	—	—	—	—	20	20	—	9	9	—	4	4
13	—	—	—	—	2	2	—	7	7	—	1	1	—	4	4
14	—	2	2	6	2	8	27	34	61	27	37	64	30	19	49
15	—	—	—	—	—	—	—	1	1	2	—	2	—	—	—
16	—	—	—	—	—	—	1	—	1	1	5	6	1	4	5
17	—	—	—	2	5	7	28	28	56	43	52	95	67	80	147
18	—	—	—	9	3	12	111	28	139	124	66	190	84	88	172
19	—	—	—	—	—	—	6	7	13	6	6	12	9	6	15
20	—	—	—	2	1	3	16	19	35	14	39	53	52	108	160
21	—	—	—	—	—	—	6	8	14	15	8	23	27	41	68
22	—	—	—	—	1	1	—	—	—	2	2	4	1	1	2
23	1	—	1	1	1	2	6	4	10	12	9	21	21	30	51
24	—	—	—	1	—	1	17	3	20	25	5	30	26	6	32
25	—	—	—	1	—	1	31	4	35	26	4	30	18	6	24
26	—	—	—	—	—	—	2	1	3	—	—	—	—	1	1
27	—	—	—	—	1	1	2	1	3	1	2	3	—	1	1
28	—	—	—	1	—	1	2	2	4	3	1	4	2	1	3
29	—	—	—	—	—	—	—	—	—	4	—	4	11	—	11
30	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
31	1	—	1	—	—	—	2	—	2	—	—	—	1	—	1
32	1	1	2	8	4	12	21	22	43	31	22	53	24	31	55
33	3	—	3	10	2	12	7	—	7	1	1	2	—	2	2
34	4	—	4	10	1	11	5	2	7	1	3	4	3	18	21
35	—	—	—	1	1	2	3	3	6	1	—	1	—	—	—
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	10	3	13	54	27	81	328	207	535	387	280	667	393	468	861

Chief Causes of Death

The chief causes of death during 1964 and the rates per 1,000 population compared with previous years were :—

Cause of Death	1960		1961		1962		1963		1964	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Heart and other Circulatory Disease ..	924	5.49	925	5.55	928	5.56	988	5.93	909	5.46
Cancer ..	348	2.07	335	2.01	349	2.09	356	2.14	357	2.14
Vascular Lesions of Brain	358	2.13	274	1.64	363	2.17	365	2.19	305	1.83
Pneumonia ..	68	0.40	70	0.42	71	0.43	63	0.38	93	0.56
Bronchitis ..	79	0.47	110	0.66	111	0.66	114	0.68	84	0.50
Other diseases of respiratory system ..	89	0.53	78	0.47	76	0.45	72	0.43	90	0.54
Motor Vehicle accidents ..	—	—	—	—	—	—	16	0.10	27	0.16
All other accidents ..	—	—	—	—	—	—	70	0.42	51	0.31

Deaths from the above causes for 1964 constitute 85.61% of the total deaths.

The number of deaths of persons 65 years of age and over was 1,528 or 68.28% of the total deaths in 1964.

861, or 38.47% of the total deaths were over 75 years of age.

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

Pneumonia	8
Gastritis, Enteritis and Diarrhoea ..	2
Influenza	1
Measles	—
Whooping Cough	—
Diphtheria	—
Tuberculosis (all forms)	—
Other Infective and Parasitic Diseases ..	1
Meningococcal Infections	—

Cancer

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

Year	No. of Deaths		Rate	Rate for England and Wales	
1960	..	348	..	2.1	.. 2.1
1961	..	335	..	2.0	.. 2.2
1962	..	349	..	2.1	.. 2.2
1963	..	356	..	2.1	.. 2.2
1964	..	357	..	2.1	.. 2.2

A classification of the causes of death from Cancer during 1964 is as follows :—

Site of Cancer		Age Periods							Total	Grand Total
		0—	1—	5—	15—	45—	65—	75—		
Stomach	M.	—	—	—	—	7	17	8	32	61
	F.	—	—	—	—	7	5	17	29	
Lung, Bronchus ..	M.	—	—	—	2	24	25	5	56	62
	F.	—	—	—	1	4	1	—	6	
Breast	M.	—	—	—	—	—	—	—	—	33
	F.	—	—	—	—	20	9	4	33	
Uterus	M.	—	—	—	—	—	—	—	—	14
	F.	—	—	—	2	7	1	4	14	
Others	M.	—	3	—	6	27	27	30	93	187
	F.	—	—	2	2	34	37	19	94	
TOTALS	M.	—	3	—	8	58	69	43	181	357
	F.	—	—	2	5	72	53	44	176	

ADMINISTRATION

The County Health Services (apart from the School Health Service which is outside the scope of this report) are administered by the Health and Public Health Committee. This Committee have appointed seven Sub-Committees to assist in the administration of certain services, viz. :—

- (i) **Ambulance Transport Sub-Committee**, to supervise the administration and organisation of the County Ambulance Service and to make recommendations for the improvement of the Service. The Sub-Committee comprise of representatives of the Authority, the South West Wales Hospital Management Committee, the Women's Voluntary Services, 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 and Public 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 and Public 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 and Public 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) **Three District Nursing Appointments Sub-Committees**, for the Carmarthen, Llanelly and Llandeilo areas, respectively, to make appointments to vacancies for nursing staff. The Sub-Committees which include the senior member of the County Council representing the area in which the vacancy occurs have full powers. If the appointment is to a district in which a District Nursing Association functions, representatives of the District Nursing Association concerned are also included.
- (v) **Home Help Service Sub-Committee**, to consider and make recommendations in unusual and difficult cases requiring home help assistance.

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 Educational Divisional Executive.

There are no formal joint "administrative" arrangements with other Local Health Authorities, but arrangements have been made with the Glamorgan, Pembrokeshire and Cardiganshire Authorities for Ambulance Services along the border areas. Arrangements have also been made with the Glamorgan Authority for Home Nursing and Midwifery Services in the Cwmllynfell and Garnswllt areas and with the Pembrokeshire Authority in the Clynderwen and Whitland areas.

JOINT USE OF STAFF

One Infant Welfare Centre has a general medical practitioner as medical officer in charge; the other Centres all have Assistant Medical Officers in attendance.

To co-ordinate the hospital services with the local health services and for continuity of medical investigation and treatment, one Assistant Medical Officer attends the Paediatric Outpatients Clinic at Glangwili Hospital one session a week.

The infectious diseases cases at the West Wales Isolation Hospital are under the medical care of the County Medical Officer of Health.

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 Hospital Board.

The Physician Superintendent of St. David's Hospital is the Honorary Consultant Psychiatrist to the Authority.

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

Consultant Orthopaedic Surgeons under the Hospital Board also attend the County Orthopaedic Clinics.

The services of the Geriatricians appointed for the Glantawe Hospital Management Committee area and the South West Wales Hospital Management Committee area are also available for the welfare service of the Authority.

The County Medical Officer of Health attends the meetings of the Hospital Management Committees for Glantawe and South West Wales as well as the Carmarthenshire Executive Council.

Students from the three nurse training schools in the County spend one day, usually during the third year of training, accompanying domiciliary nurses, midwives and health visitors on their home visits, and also visit a clinic. Talks are given to the students by the Authority's Senior Nursing Staff.

VOLUNTARY ORGANISATIONS

It is with regret that it is reported that the County Nursing Association disbanded during the year. Tribute must be paid to the Association for their excellent work over a long period. In particular, appreciation must be expressed in respect of the pioneering work undertaken in the field of home nursing for many years before the service became the responsibility of the Authority under the National Health Service Act 1964/1946.

In addition, information was received during the year that five District Nursing Associations had also disbanded viz,—Llandybie/Penygroes, Kidwelly, Llangunnor, Ferryside and Cwmamman. There are still 15 District Nursing Associations in the County but in view of the disbandment of the County Nursing Association and the need for grouping nurses in preference to single districts, further disbandment of District Nursing Associations can be expected.

The Voluntary Ladies Committees at some of the Infant Welfare Centres continue to be very active.

The voluntary activities of the Women's Voluntary Services and the British Red Cross Society, continue to flourish. The two organisations are ever ready to assist by arranging escorts for patients without regard to distance or short notice of requirements. Particular reference must be made to the work of the County Branch of the Women's Voluntary Services in connection with the tremendous amount of work undertaken by them in maintaining the Hospital Car Service. Members of the Women's Voluntary Services, Voluntary Ladies' Committees of Infant Welfare Centres and private individuals give very valuable service by distributing National Welfare Foods. It is, however, being found that as the older members give up the work of distribution of National Welfare Foods increasing difficulty is being experienced in replacing them.

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 one afternoon a week.

The British Red Cross Society, St. John's Priory for Wales and various Old Peoples' Associations provide a chiropody service for which they receive grants from the Authority.

Valuable assistance and co-operation are 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.

DOMICILIARY HEALTH SERVICES—ELDERLY SICK AND INFIRM

The facilities for the care of the elderly and infirm in the County are much enhanced by the fact that both the South West Wales and the Glantawe Hospital Management Committees have Consultant Geriatricians. Their services are available in an advisory capacity to the County Welfare Services as well as to general medical practitioners and, in view of the increasing number of elderly people in the community, the advantages of having consultants specialising in the ills of the aged and their rehabilitation is evident.

Foremost among the agencies available for the care of the aged and infirm are the nursing and health visiting services provided by the authority. The district nurse is quite often more than a nurse and a little less than a relative, and this status enables her to bring considerable influence to bear on the family as a whole for the welfare of the patient.

Health visitors are sometimes asked to provide reports on the social conditions of patients with particular reference to the extent to which they can be nursed at home with the assistance of either relatives or neighbours. Health visitors also deal with special enquiries in connection with the elderly infirm and keep them under casual supervision following discharge from hospital.

One health visitor made regular visits to Bryntirion Hospital and then passed on to health visitors information and requests for information in regard to patients from their individual districts. The Almoners at Bryntirion Hospital and West Wales General Hospital also worked in close liaison with the Organiser of Home Helps.

The number of chronic sick and aged persons assisted under the home help service still account for over 90% of the total cases assisted during the year. The home help service plays a vital part in keeping these patients in their own homes or returning them to their homes as soon as possible.

2162 patients 65 years of age and over were attended by home nurses during the year.

In spite of the statutory assistance available, the need for voluntary workers in connection with the care of the aged remains an acute problem.

CARE OF MOTHERS AND YOUNG CHILDREN

Expectant and Nursing Mothers

Ante-Natal Clinics—At the end of the year nine Ante-natal clinics were maintained by the Authority and twelve and thirteen sessions were held on alternate weeks. A list of the clinics and information as to attendances made during the year are as follows:—

Clinic	Sessions weekly	Medical Officer	Attendances		Average total attendance per session
			Ante-Natal	Post-Natal	
Ammanford ..	{ One *	A. A. Jones ..	173	—	3.33
Llanelly ..	Two	C. I. Morgan ..	725	5	0.26
Llangennech ..	One	A. A. Jones ..	158	1	7.30
Kidwelly ..	One	Davies-Humphreys ..	464	75	3.00
Burry Port ..	Two	Davies-Humphreys ..	474	42	10.78
Cross Hands ..	Two	M. G. Danaher ..	635	34	5.38
Pontyates ..	One	E. L. Davies ..	314	37	6.31
Llwynhendy ..	One	E. L. Davies ..	364	8	6.62
Amman Valley Hospital ..	One	John Davies ..	1312	—	7.44
					26.77

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

1,263 cases made 4,828 attendances at the Clinics during the year, viz:—

Ante-Natal .. 1,114 cases, 4,619 attendances.

Post-Natal .. 149 cases, 209 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 the blood groups and Rhesus Agglutinins are made known to midwives and general medical practitioners.

Many general medical practitioners hold their own ante-natal clinics and provided routine work so allows, domiciliary midwives attend such sessions if the doctor so desires.

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

Personal Record Cards.—The personal record cards again proved their value in the care of the patient. The majority of the staff of hospitals and general practitioners co-operated in their use.

Haemoglobin.—Tallquist Haemoglobin charts have been issued to all midwives to enable them to estimate the haemoglobin of every maternity patient booked, and to refer as soon as possible to the general practitioners all cases of anaemia. Unfortunately, few expectant mothers book midwives in the early months of pregnancy.

Care of Unmarried Mothers and their Children

St. Martin's Home, Hereford, one of the Homes to which the Authority had authorised the admission of unmarried mothers, closed on the 14th August. In view of the difficulties experienced at times in obtaining accommodation, the Health and Public Health Committee agreed to add two names to the list of Hostels to which Carmarthenshire unmarried mothers could be admitted under the Authority's arrangements. The Hostels to which unmarried mothers can be admitted are:—

Northlands Salvation Army Home, Cardiff.

Cwmdonkin Shelter, Swansea.

56, Stanwell Road, Penarth.

Mount Hope Salvation Army Home, Bristol.

The Shelter, 43, York Place, Newport.

Particulars of admissions and discharges during 1964 are given in the following table :—

Hostel.	Admissions.	Discharges.	In Residence on the 31st December.
Northlands, Cardiff	7	6	2
St. Martin's Home, Hereford ..	1	2	—
Cwmdonkin Shelter, Swansea ..	—	—	—
56, Stanwell Road, Penarth ..	6	6	—
Mount Hope, Bristol ..	—	2	—
The Shelter, Newport ..	1	—	1

There was a sharp rise in the number of illegitimate births in the County. Statistics show that there were 123 illegitimate live births in 1964 as compared with 95 for 1963—a rise of approximately 30%. Immediately information is received that an unmarried girl is expecting a baby or has been delivered of a child, the matter is brought to the notice of the Moral Welfare Workers of the St. David's Diocesan Moral Welfare Committee who visit the homes in order to assist unmarried mothers in every way possible and, if necessary to arrange for the adoption of the infants. The Health and Public Health Committee make an annual grant to the St. David's Diocesan Moral Welfare Committee in return for the work undertaken by the Moral Welfare Workers on behalf of the authority.

In spite of the increase in the number of illegitimate births, the number of unmarried mothers who were admitted to hostels under the Committee's arrangements fell to 15 as compared with 18 for 1963. This means that only about 12% of the unmarried mothers took advantage of the facilities available under the authority's arrangements. The majority of them were confined at home or at a local hospital.

Child Welfare.

38 Centres were being maintained by the Authority at the end of the year.

A list of the centres, and other information for 1964, is as follows:—

Centre	Where held	Day held	Attend- ances	Avg. attend- ances
Ammanford ..	Child Welfare Clinic, High Street, Ammanford.	Tuesday	1722	33.12
Brechfa ..	Church Hall, Brechfa	Thursday	140	5.19
Brynamman ..	The Clinic, Brynamman	Tuesday	589	23.56
Burry Port ..	Memorial Hall, Burry Port ..	Tuesday	1099	43.96
Carmarthen Borough. ..	The Clinic, Pond Street, Carmarthen. ..	Monday	1331	27.73
Carmarthen Rural. ..	The Clinic, Pond Street, Carmarthen. ..	Wednesday	456	17.54
Cwmamman ..	Bethesda Chapel Vestry, Glanamman. ..	Wednesday	773	30.92
Felinfoel ..	Ysgol-y-Babanod, Felinfoel ..	Thursday	935	37.40
Ferryside ..	Ex-R.A.F. Camp, Ferryside ..	Tuesday	378	15.12
Furnace ..	Saron Vestry, Furnace	Wednesday	271	10.42
Gorslas ..	Public Hall, Cross Hands ..	Tuesday	618	25.75
Kidwelly ..	Trinity Methodist Church, Kidwelly. ..	Tuesday	669	26.76
Laugharne ..	The Clinic, Laugharne	Tuesday	464	17.85
Llandeilo ..	Salem Chapel Vestry, Llandeilo ..	Wednesday	362	13.92
Llandovery ..	The Clinic, Llandovery.	Tuesday	280	10.77
Llandybie ..	Assembly Rooms, Memorial Hall, Llandybie.	Thursday	553	21.27
Llanelly Borough. ..	Brynmair, Llanelly	Mon. and Fri.	4491	30.34
Llangadog ..	Y.M.C.A. Hall, Llangadog ..	Friday	372	28.61
Llangennech ..	Salem Chapel Vestry, Llangennech	Tuesday	767	29.50
Llanstephan ..	Memorial Hall, Llanstephan ..	Wednesday	345	12.78
Llanybyther ..	The Clinic, Llanybyther	Monday	319	17.72
Llwynhendy ..	The Clinic, Llwynhendy. ..	Tuesday	1301	52.04
Meidrim ..	Church Hall, Meidrim	Thursday	161	12.38

Centre	Where held	Day held	Attendances	Avg. attendances
Newcastle Emlyn.	The Court House, Newcastle Emlyn.	Friday	499	19.96
Pencader	Tabernacle Vestry, Pencader	Thursday	626	23.18
Pendine	The Institute, Llanmiloe, Pendine.	Wednesday	483	17.89
Penygroes	Congregational Chapel Vestry, Penygroes.	Tuesday	914	35.15
Ponthenry	Welfare Hall, Ponthenry	Wednesday	392	15.08
Pontyates	Welfare Hall, Pontyates	Wednesday	501	19.27
Pontyberem	Public Hall, Pontyberem	Wednesday	604	23.23
Pumpsaint	Coronation Hall, Pumpsaint	Thursday	62	6.89
Pwll	Salem Chapel Vestry, Pwll	Wednesday	519	19.96
St. Clears	The Clinic, St. Clears	Tuesday	535	20.58
Trimsaran	Workmen's Institute, Trimsaran	Tuesday	442	17.68
Tumble	Welfare Hall, Tumble	Tuesday	586	22.54
Velindre	Red Dragon Hall, Velindre, Llandyssul.	Thursday	575	23.96
Whitland	Memorial Hall, Whitland	Friday	693	27.72
Ystradowen	The County Primary School, Ystradowen.	Wednesday	275	11.00

All centres are held fortnightly except as follows :—

Llanelly—Three sessions weekly.

Carmarthen Borough—One session weekly.

Ammanford—One session weekly.

Llangadog—One session every four weeks.

Meidrim—One session every four weeks.

Pumpsaint—One session every six weeks.

Number of Children who attended centres:—

Born 1964	..	..	..	..	1619
Born 1963	..	..	..	..	1640
Born 1962-59	..	..	..	..	1253
					<u>4512</u>

Number of children attending centres at the end of the year:—

Under 1 year of age	..	..	..	1583
Between 1 and 5 years of age	..	..	..	2780
				<u>4363</u>

No. of children referred for special treatment or advice 200

Clinic Accommodation

The small clinic at Llanybyther was completed early in the year and the first clinic session was held there on the 6th April.

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 1964 :—

Ear, Nose and Throat Defects.—Under arrangements made with the Llanelly Hospital, the County Medical Officer of Health directed parents to take their children to attend for specialist examination, attendances being made at the Out-patient Departments. Specialist examinations at the other Hospitals were arranged by the Hospitals. The names of children found to require in-patient treatment were placed by the specialists on the Hospital waiting lists, and the arrangements for admission were made by the Hospitals.

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:—Two cases of cleft palate are known to have been treated during the year and six cases of miscellaneous defects were examined by the Plastic Surgeon.

Orthopaedic Treatment.—The work of the County Orthopaedic Clinics continued as in past years. The Regional Hospital Board bear the cost of the services of the Consultant Orthopaedic Surgeons : Mr. Gordon Rowley, who paid monthly visits to the County Clinics, and Mr. R. L. Rees, who held a clinic monthly at Carmarthen. Children requiring in-patient treatment are admitted to Gorseinon, Morriston, Swansea and West Wales General Hospitals. Cases requiring X-ray or special examinations attend at the Out-Patient Departments of the Hospitals.

Nineteen Orthopaedic Clinics were functioning in the County on the 31st December, 1964. 2,600 cases were being attended to for all Authorities, viz.:—

County Education Committee	1182
County Health Committee	1389
South West Wales Hospital Management Committee	11
Glantawe Hospital Management Committee ..	18

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	1	14	15
Spastic	5	1	6
Obstetrical	—	—	—
Other	—	—	—
Congenital Deformities	70	9	79
Infective Conditions of Bones and Joints	—	1	1
Non-infective conditions of Bones and Joints :			
Rickets	—	—	—
Other	—	1	1
Static or Postural Defects	1284	2	1286
Traumatic Deformities	—	1	1
Multiple Defects	—	—	—
Miscellaneous	29	—	29
Totals	1389	29	1418

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 cases under Scheme on 1st January, 1964	1147	27	1174
Number of new cases during the year ..	475	5	480
Number of individual cases dealt with during the year	1622	32	1654
Number of cases withdrawn from Scheme	233	3	236
Number of cases under the Scheme on the 31st December, 1964	1389	29	1418
Total number of attendances made at the clinics	5057	62	5119
Number of individual cases received remedial exercises by Sisters	—	—	—
Number of individual cases massaged by Sisters	—	—	—
Number of home visits by Sisters	391	56	447
Number of cases examined by visiting Orthopaedic Surgeons	141	8	149
Number of cases recommended in-patient hospital treatment by Surgeons ..	8	—	8

Seven 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. Premature Baby Outfits, which include cots complete with bassinette, mattresses, rubber sheeting, blankets, Cestra Premature Baby Outfits, Belcroy Feeders, pipettes, layettes, etc., etc., are available to midwives during normal office hours at the County Health Department, and at any time of the day or night under arrangements with the West Wales Isolation Hospital.

164 premature infants were notified during 1964 and further information is as follows :—

(a) Number born at home or in a Nursing Home	..	18
(i) Nursed entirely at home or in Nursing Home	..	12
* (ii) Transferred to Hospital	.. ..	6
(iii) Died within first twenty-four hours	.. ..	1
(iv) Died in one to seven days	.. ..	—
(v) Others who died within first twenty-eight days	.. ..	—
(vi) Survived at end of twenty-eight days	.. ..	11
(b) Born in Hospital	.. ..	146
(i) Died within first twenty-four hours	.. ..	17
(ii) Died in one to seven days	.. ..	14
(iii) Others who died within first twenty-eight days	.. ..	2
(iv) Survived at end of twenty-eight days	.. ..	113
* of the 6 transferred to Hospital :—		
Died within first twenty-four hours	.. ..	2
Died in one to seven days	.. ..	1
Others who died within first twenty-eight days	.. ..	—
Survived at end of twenty-eight days	.. ..	3

It will be seen that in all, 37 premature infants (or 22.56%) died within the first twenty-eight days. Of that number, death was due to prematurity or directly associated causes in respect of 31 infants. 27 of these infants were born at Hospitals and 4 at home. Three of the infants born at home were transferred to and died at Hospital. Malformation and definite pathological conditions were responsible for the death of the other 6 infants.

A Portable Oxygenaire Incubator is held at the Carmarthen Ambulance Station and it is readily available for the transfer of premature infants to hospital.

Infant at Risk of Handicapping Conditions.

Over the last thirty years infant mortality in Carmarthenshire has declined from 81.6 per thousand births in 1933 to 28.36 per thousand births in 1964. The corresponding rates for England and Wales were 64 in 1933 and 20.0 in 1964. Infants now survive who, years ago, because of immaturity, malformation, birth injury or disease died early in infancy. The survival of these weaker infants has posed problems in child health, the main one being the need to ensure that the benefits of medical science are applied to those infants at the optimum time, that is, when the chance of success is best. It is not sufficient for treatment to be commenced when a defect has become established, much more can be done if the risk is detected early.

Certain conditions predispose an infant to a risk of handicap although it must be stressed that a handicap does not necessarily follow such unfavourable conditions. There is however sufficient evidence to suggest an association which is more than casual between the following five main categories of conditions and handicaps:—

- (1). An unfavourable family history e.g. deafness and congenital malformations.
- (2). Pre-natal conditions e.g. rubella, hypertension and blood group incompatibilities.
- (3). Perinatal conditions e.g. birth asphyxia, prematurity and congenital malformations.
- (4). Post Natal conditions e.g. acute infections and convulsions
- (5). A symptomatic group where developmental progress is retarded or abnormal.

In order to detect infants "at risk" at the earliest possible date a system of notification was introduced in Carmarthenshire in July, 1963. The basis of the system is the notification of birth form and a list of at risk conditions, each condition having a code number, which has been circulated to all hospitals, general medical practitioners, midwives and health visitors.

When one of the "at risk" conditions is present the doctor or midwife attending the birth enters the appropriate code number in the space provided on the notification of birth form. An "at risk" register is maintained by the County Medical Officer of Health and steps are taken to review the progress of each infant and initiate such investigations and treatment as appear to be necessary. The follow-up is conducted by the general medical practitioner or with his approval by an assistant medical officer. The following is a summary of the conditions giving rise to notification during the year:—

Code
No.No. of
Notifications

FAMILY HISTORY :

1.	Deafness	4
2.	Visual Handicap	1
3.	Cerebral Palsy	—
4.	Epilepsy	4
5.	Congenital Malformations	1
6.	Mental Disorder	2
7.	Repeated dead conceptions	8
8.	Other conditions	7

PRENATAL :

9.	Toxaemias of Late Pregnancy	146
10.	Hyperemesis	3
11.	Rubella or other Virus Infection	—
12.	Toxoplasmosis	—
13.	Primary Hypertension or Hypertension secondary to Nephritis	10
14.	Uterine Haemorrhage	28
15.	Diabetes	2
16.	Multiple pregnancy	55
17.	Hydramnios	11
18.	Threatened Abortion	9
19.	Blood Group Incompatibilities	28
20.	Major Surgery	—
21.	Drug Therapy	—
22.	X-rays early in pregnancy	—
23.	Positive W.R.	—
24.	Other Conditions	23

PERINATAL

25.	Malpresentation	32
26.	Birth asphyxia	36
27.	Prolonged or difficult labour	45
28.	Premature Birth	67
29.	Precipitated Labour	3
30.	Foetal Distress	38
31.	Forceps Delivery	147
32.	Postmaturity	71
33.	Neonatal Jaundice	10
34.	Congenital Malformation	11
35.	Caesarean Section	123
36.	Low birth weight in relation to Gestation Period	—
37.	Other Conditions	50

POST NATAL :

38.	Convulsions	—
39.	Cyanotic attacks	2
40.	Meningitis or encephalitis	1
41.	Acute specific infections	1
42.	Cerebral palsy	—
43.	Eye Infections	2
44.	Otitis Media	—
45.	Difficulties in sucking or swallowing	—
46.	Other Conditions	60

SYMPTOMATIC GROUP :

47.	Mother's suspicion of abnormality	—
48.	Delayed Speech	—
49.	Delayed motor development	—
50.	Other	5

The total number of children covered by the above conditions was 769 and 130 of them had been withdrawn during the year as making normal progress.

In 41 cases a defect was detected and the necessary specialist investigations were initiated.

Ruth Griffiths Tests.—Premature infants and those suffering from haemolytic disease of the newborn generally receive paediatric supervision immediately following birth in addition to which specialised tests, known as the Ruth Griffiths hearing tests and mental development scales, are performed to assess their hearing acuity and intelligence. These tests which are performed by an Assistant Medical Officer specially trained in the work are generally started at the age of six months and if necessary repeated at intervals until the infant is two years of age.

Several such infants were referred by the Consultant Paediatricians at Morriston and West Wales General Hospitals for assessment and the results are reported back to them.

The following is a summary of the results of the assessments carried out during the year:—

Condition	No. of cases Assessed	Hearing			General Intelligence Quotient				
		Normal	Doubtful	Defective	Under 25%	25—50%	50—75%	75—100%	100+%
Prematurity	36	32	2	—	—	—	—	27	9
Haemolytic Disease of the new-born	8	7	—	—	—	—	—	6	1
Delayed milestones	4	3	—	1	—	1	1	2	—
Other Conditions	22	17	1	—	—	2	1	14	5
Totals	70	59	3	1	—	3	2	49	15

Phenylketonuria.—Tests are made during the fifth or sixth week of life of every infant to assist in the early diagnosis of Phenylketonuria. These tests are carried out by the health visitors during their home visits and should any infant show a positive re-action to the tests, the child is referred to the Paediatrician for further tests.

One case showing doubtful results to phenistix tests was found during the year but on further investigations at the Pathological Laboratory it was confirmed that this case was negative.

Ophthalmia Neonatorum

One case was notified during the year. The notifications for the last five years were as follows :—

Year	Cases		
	Notified	Treated	
		At Home	In Hospital
1960	3	3	—
1961	—	—	—
1962	—	—	—
1963	1	1	—
1964	1	1	—

Vision was unimpaired in the notified case.

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

The arrangements for the distribution of Welfare Foods continued to operate satisfactorily. One voluntary centre closed during the year and one was transferred to the local infant welfare centre. At the end of the year, distribution was being undertaken at forty-five centres as follows:—

- 2 Centres staffed by whole-time employees
- 5 At the Offices of County District Authorities
- 21 At Infant Welfare Centres
- 17 Voluntary Centres

The Welfare Foods are delivered from the Ministry Depots to a Central Stores in Carmarthen and all the Centres, with the exception of Llanelly, receive their supplies by van from the Central Stores. Llanelly Centre receives deliveries direct from Ministry Depots. Experience has shown that these arrangements work satisfactorily.

Tribute must be paid to the continued co-operation and assistance of voluntary workers in this invaluable, if routine work. Unfortunately it is now being found that when a distributor discontinues her service at a Centre it is becoming increasingly difficult to find a replacement.

During the period 29th December 1963, — 26th December, 1964, Welfare Foods as follows were issued to parents at Centres:—

National Dried Milk	..	54,070 Tins.
Cod Liver Oil	.. ..	2,921 Bottles.
Orange Juice	.. ..	25,770 Bottles.
“ A ” and “ D ” Tablets	..	1,787 Packets.

The figures do not include issues to Hospitals and Institutions from Ministry Depots.

The following table shows the average distribution per week during the four quarters of 1964 :—

Period	30/12/63 to 30/3/64	31/3/64 to 29 /6/64	30/6/64 to 28/9/64	29/9/64 to 28/12/64
National Dried Milk (Tins)	1076	1013	1013	1057
Cod Liver Oil (Bottles) ..	66	46	44	69
Orange Juice (Bottles) ..	483	527	533	439
Vitamin " A " and " D " Tablets (Packets) ..	37	32	33	35

The annual distribution of all National Welfare Foods showed a small decrease as compared with 1963. The percentage of actual decreases were National Dried Milk 1.72%, Cod Liver Oil, 5.93%, Orange Juice 2.42%, and A. & D. Tablets 8.36%.

At the majority of Infant Welfare 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 of 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 Treatment

The Principal Dental Officer has submitted the following report on the dental treatment during the year of expectant and nursing mothers and young children:—

During the past year 24 expectant and nursing mothers were referred for dental treatment as compared with 43 in 1963. All the patients referred required treatment.

The majority of the cases were referred by the medical officers in charge of the ante-natal clinics held in the County. Some of the cases were referred by the patients own private practitioners who hold their own ante-natal clinics.

All the cases referred were treated as priority patients and were seen as soon as possible so avoiding having to wait as is the case, usually, with private dental practitioners.

All the treatment carried out including the provision of dentures is free of charge to the patient.

A summary of the cases is as follows:—

Brought forward from 1963	31
New cases requiring treatment	24
Actually treated	37
Treatment completed	28
Discontinued before full treatment completed	14
Refused treatment	10
Not completed at end of year	3
Awaiting treatment at end of year	8

23 children under the age of 5 were also referred and treated under the arrangements of the Committee and 22 were made dentally fit.

A summary of the cases treated is given below:—

	Expectant and Nursing Mothers	Children under 5 years of age
Dentures provided	24	—
Teeth extracted	123	17
Teeth filled	48	16
Scalings and gum treatment ..	11	2
Other treatment	—	—
Treatment under a general anaesthetic	15	12
Attendances for treatment ..	162	26

Gynaecological Clinic

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

26 cases were seen at the Clinic during 1964 (6 new cases and 20 old cases) and they made 44 attendances.

Family Planning Clinic

Clinics are held at Carmarthen and Ammanford under the auspices of the Family Planning Association. The Association have been allowed the use of the Pond Street Clinic, Carmarthen, and the Clinic, High Street, Ammanford, and the equipment at the Clinics is available to them. Weekly sessions are held at Carmarthen and fortnightly sessions at Ammanford. Advice is given to married women in regard to spacing of children, and also to those unable to have children. The County Council also make a grant annually to the funds of the Carmarthenshire Branch.

NURSERIES AND CHILD MINDERS

One application for registration as a child minder under the Nurseries and Child Minders Regulation Act 1948 was granted. At the end of the year, one Nursery and two child minders were registered under the Regulations.

Regular visits are made by the County Medical Officer of Health or Deputy County Medical Officer of Health to ensure that the conditions laid by the Authority are adhered to strictly.

NURSING HOMES

There are no registered nursing homes in the County.

MIDWIFERY SERVICE

The establishment of Whole-time County Council Midwives at the end of the year was 10, viz:—

Llanelly Borough—4
Carmarthen District—4
Burry Port and Pembrey—2

together with a Relief District Midwife (Carmarthen area) who also undertakes general nursing when necessary.

However, when the post of District Midwife at Burry Port became vacant during the year, the Authority decided not to fill the vacancy pending a review of the home nursing and midwifery services.

There was little difference in the staffing position as compared with the previous year. The major problem is to assess the actual midwifery staff needed in the light of the ever decreasing number of domiciliary deliveries but bearing in mind the large area to be covered and the lines of communication available. A great part of the present duties of midwives seems to be concerned with the puerperium nursing of early hospital discharges—a not very rewarding task for qualified midwives. 1631 patients delivered at hospital were discharged to the care of domiciliary midwives before the tenth day. The amount of ante-natal work undertaken by midwives must not be overlooked. Although there were only 424 domiciliary deliveries during the year, 1828 patients booked domiciliary midwives for ante-natal care and 14,438 ante-natal home visits were made.

117 Midwives notified their intention to practise in the County during 1964, viz.:—

			As Midwives
Domiciliary Midwives	..	..	74
Institution Midwives	..	..	43

8 of the Domiciliary Midwives were in private practice but cases attended by them were those attended while undertaking relief duties for the Authority.

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

	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child		
County Council midwives (including district nurse/midwives employed directly by the Authority) ..	1	13	53	275	342	—
District nurse / midwives (under Nursing Associations) ..	—	1	24	57	82	—
Midwives employed by Hospital Management Committees ..	—	—	—	—	—	1987
Private midwives* ..	—	—	—	—	—	—
Totals ..	1	14	77	332	424	1987
* Cases taken while relieving for : County Council and included in table above.	—	1	3	10	14	—

The table shows the number of patients delivered by midwives in the County irrespective of the home address of the patient which was in some cases outside the County and does not include patients normally residing in the County who were delivered in hospitals outside the area. The number of maternity patients is shown and not the number of babies delivered.

Of the 424 patients delivered at home, one patient was delivered of twins and 21 sets of twins and one set of triplets were delivered in hospital where 1987 patients were confined.

The number of patients delivered in the County at hospitals showed an increase and was, in fact, the highest number delivered at hospital since the National Health Service Act came into operation. The number of hospital and home deliveries during the past five years are given below:—

	Total No. of patients delivered by Midwives	No. delivered at Hospital	No. delivered at Home
1960	2327	1722 (or 74.00%)	605 (or 26.00%)
1961	2253	1669 (or 74.08%)	584 (or 25.92%)
1962	2380	1795 (or 75.42%)	585 (or 24.58%)
1963	2377	1902 (or 80.02%)	475 (or 19.98%)
1964	2411	1987 (or 82.41%)	424 (or 17.59%)

2,488 maternity patients who normally resided within the County were notified as having been attended by midwives during 1964, either within or without the County. Of that number 2068 (or 83.12%) were delivered at hospital and 420 (or 16.88%) were delivered at home.

It is disappointing to have to state that even after sixteen years of free medical services under the National Health Service Act, many expectant mothers are still not consulting their family doctors early in pregnancy. It has been found that there is a high incidence of iron deficiency anaemia late in pregnancy and that the condition can be avoided by medical care in the early months. Early diagnosis is essential and mothers should consult their doctors as early as possible in pregnancy.

Maternity Flying Squads

The County is covered for maternity emergencies by flying squads at Morriston Hospital and West Wales General Hospital and the arrangements are working well. The primary object of the flying squad is to ensure safe transit of maternity patients requiring treatment to a fully equipped maternity unit rather than carrying out the treatment at home.

Medical Aid

Medical aid was sought in respect of 573 cases, 268 by Institutional midwives and 305 by domiciliary midwives.

Exfoliative Cytology

A pilot scheme for Exfoliative Cytology has been in operation at the West Wales General Hospital since March 1963. At present it is confined to routine gynaecological patients at the hospital and extension of the scheme will have to await a decision on national policy in the matter.

A similar pilot scheme is in operation at the Llanelly General Hospital.

Hospital Provision for Maternity Cases

For that part of the County in the area of the South West Wales Hospital Management Committee, all maternity patients requiring admission to hospital on social grounds are admitted without question. The Glantawe Hospital Management Committee request information as to home conditions before authorising the hospital admission of social cases but so far as is known all applications are granted despite a high percentage of applications for hospital admission on medical grounds.

Prior to the early discharge of maternity patients in the area of the South West Wales Hospital Management Committee, the hospital concerned makes enquiries as to the home conditions.

The minimum lying-in period is at present laid down as 10 days, however, a number of patients confined at hospital are discharged home before the tenth day. Selected cases could be discharged on the second or third day but this would necessitate a high degree of co-operation between the hospital, general practitioner and domiciliary midwife. The selected cases should be those with normal deliveries whose home social conditions are good and whose family doctor has indicated that he is prepared to accept responsibility for the care of the patient following early discharge. These patients should provisionally be selected before admission so that they can make all necessary arrangements beforehand. Such early selection will also enable the domiciliary midwife to plan her visiting to the best advantage. An increased number of early discharges would make hospital confinements available to a great number of patients and could eventually mean for the County that every expectant mother, if she so desired, could be confined at Hospital.

Gas/Air Analgesia

All the midwives employed under the arrangements of the Authority are qualified to administer gas/air analgesia. All district midwives, district nurse/midwives and relief district nurse/midwives are supplied with Minnitt's Gas/Air apparatus. Eight private midwives, who are occasionally employed on relief, are also qualified to administer gas/air analgesia.

Gas/Air analgesia was administered by domiciliary midwives during the year as follows :—

	When Doctor was not present	When Doctor was present	Total
County Council midwives (including district nurse/midwives employed directly by the Authority)	159	21	180
District nurse midwives under Nursing Associations	28	9	37
*Private midwives	—	—	—
Totals	187	30	217

*Gas/Air Analgesia administered by private midwives while relieving County Council midwives or district nurse/midwives have been included in appropriate column.

Pethidine

Pethidine was also administered by domiciliary midwives to a number of cases as will be seen from the following table :—

	When Doctor was not present	When Doctor was present	Total
County Council midwives (including district nurse/midwives employed directly by the Authority)	191	26	217
District nurse/midwives under Nursing Associations	22	11	33
*Private midwives	—	—	—
Totals	213	37	250

*Pethidine administered by private midwives while relieving County Council midwives or district nurse/midwives have been included in the appropriate column.

Trichloroethylene

Fourteen trichloroethylene apparatus are available for midwives. Midwives have been divided into groups and one apparatus is allocated to each group—the machine is held by a selected midwife in each group except when it is in actual use by one of the other midwives.

Trichloroethylene was administered in domiciliary cases during the year as follows :—

	When Doctor was not present	When Doctor was present	Total
County Council midwives (including district nurse/midwives employed directly by the Authority)	75	19	94
District nurse/midwives under Nursing Associations	19	2	21
*Private midwives	—	—	—
Totals	94	21	115

* Trichloroethylene administered by private midwives while relieving County Council midwives or district nurse/midwives have been included in the appropriate column.

Refresher Courses

Provision is made by the Authority for Refresher Courses. Six midwives attended courses approved for the purpose of Rule G.I. of the Central Midwives Board Rules.

Pupil Midwives

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

Puerperal Pyrexia

There were two cases of Puerperal Pyrexia notified during the year. One case confined and treated at hospital, and the other confined and treated at home.

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 Deputy Chief Nursing Officer assists her with these duties.

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

District Nurse/Midwives	..	..	135 visits
County Council Midwives	..	..	39 "
Independent Midwives	..	..	7 "
Hospital Midwives	..	..	10 "

Special visits of investigation were as follows :—

Puerperal Pyrexia	..	..	16 visits
Infant eye conditions	..	..	140 "
Maternal Deaths	..	..	1 "
Others	..	..	10 "

HEALTH VISITING

The health visiting establishment is 24 whole-time health visitor/school nurses. At the end of the year, there was one vacancy.

Towards the end of the year, the arrangements for the allocation and attachment of health visitors to medical practices in the county were finalised. Unfortunately, it was not possible to attach health visitors to medical practices for the whole county but, where attachment was not possible, arrangements were made for the health visitors to be available to the general practitioners. The arrangements will be put into operation on the 1st January, 1965.

It is hoped that as a result of these arrangements, the services of the health visitors will be put to better use especially for social and health education work for which they have been specially trained.

During the year the health visitors made home visits to infants up to 5 years of age as follows:—

Born	No. of "FIRST" Annual Visits						Total number of revisits to all infants
	1964	1963	1962	1961	1960	1959	
No. of infants	2307	2229	2151	1864	1726	1015	11,292

3665 visits were made to adult patients and an analysis is given below. The table does not show the actual number of **individual** patients visited as some have had to be included under more than one heading, e.g. a patient over 65 years of age discharged from hospital would be included under both headings.

	Number of Cases	Total Re-Visits
Mentally disordered	5	1
Over 65 years of age	376	960
Discharged from Hospital (Excluding Mental Hospital)	194	275
Ante-Natal	170	173
Tuberculous Households	610	597
Other Infectious Diseases	8	1
Not already included above	175	232

In addition to the visits to infants and adults shown above, health visitors made 5378 "no access" visits i.e. visits to homes but found the patients or mothers and infants not at home.

1954 sessions were attended by health visitors at Local Health Authority Clinics.

Student Health Visitors

No student health visitors were appointed during the year.

Refresher Courses

A limited number of health visitors are authorised to attend Refresher Courses each year; five attended during 1964.

HOME NURSING

During the year, one whole-time district/nurse was re-classified as a district nurse/midwife and the establishment for home nursing at the end of the year was as follows:—

Whole-time district nurses	9
District Nurse/Midwives	45
Relief District Nurse/Midwives	10

In addition, the relief district midwife in the Carmarthen area under takes home nursing duties as necessary.

I must once more record appreciation of the co-operation received from the District Nursing Associations.

In general, there was little change in the pattern of home nursing as compared with 1963.

4,339 home nursing cases were attended during 1964 and 105,758 home visits were made by district nurses. A classification of the cases is as follows :—

	No.	Percentage of Total
Medical	3352	77.25
Surgical	843	19.43
Infectious Diseases	2	0.05
Tuberculosis	32	0.74
Maternal Complications	22	0.51
Others	88	2.03

1097 of the cases received more than 24 visits each during the year.

The age distribution of the cases attended during the year was as follows :—

	No.	Percentage of Total
Under 5 years	221	5.09
5 years and up to 65 years	1956	45.08
65 years and over	2162	49.83

There was a slight increase in the number of cases attended from 4,208 in 1963 to 4,339 in 1964 and a corresponding increase in the number of visits from 104,523 to 105,758. There was a very slight increase in the number of patients 65 years and over from 2,149 for 1963 to 2,162 for 1964 but the percentage of these patients to the total number of cases dropped from 51.07 (1963) to 49.83 for 1964.

No special provision is made for the home nursing of sick children.

District Training

The Authority have arrangements to second up to six district nurses a year for district training. The nurses are paid by the training authority a training allowance in accordance with the Nurses and Midwives Whitley Council scale. The difference between the training allowance and their ordinary salary is paid by the Health and Public Health Committee. The course covers a period of three months.

Six nurses attended a district training course during 1964, four at Cardiff and two at Bristol.

Refresher Courses

Provision is made by the Authority for a limited number of district nurses to attend refresher courses. During the year, two district nurses attended such courses.

PREVENTION OF BREAK-UP OF FAMILIES

Particular attention is paid by health visitors to problem families and regular visits are paid by them. In addition to this, special visits are paid by Senior Nursing Staff as often as it is considered necessary.

In 1950, the Children's Officer was, in this County, designated to co-ordinate all activities for dealing with children neglected or ill-treated in their homes. Bi-monthly meetings are held of a Co-ordinating Committee consisting of the Deputy County Medical Officer of Health, Senior Nursing Officers, Organiser of Home Helps, Boarding-Out Officers, Education Welfare Officers, Probation Officers, representatives of the National Assistance Board, the Local Inspectors of the National Society for the Prevention of Cruelty to Children, and the Children's Officer.

Cases are specially considered at the meetings and decisions are reached as to the best action to be taken. Unnecessary overlapping of visits is prevented in this way.

The Authority have also agreed to the provision of home helps in cases where it is considered necessary by the Co-ordinating Committee.

VACCINATION AND IMMUNISATION

The arrangements of the Authority for vaccination against smallpox and poliomyelitis and immunisation against diphtheria, whooping cough and tetanus 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

Since November 1962 it has been the policy to recommend the vaccination of young children against smallpox between the ages of one and two years of age instead of at six months. This policy has not been successful as the percentage of children in this age group who have been vaccinated is now estimated to be 27%. Prior to the change over approximately 50% of all children under the age of one year were vaccinated annually.

The 27% for Carmarthenshire compares with a percentage of 32 for England and Wales and 19 for Wales alone.

Records in respect of 738 successful vaccinations undertaken during 1964 were received during the year, the ages of the cases being as follows:—

Under 1 year old	..	..	..	157
Age 1 year	..	..	..	507
Age 2—4 years	..	..	..	53
Age 5—14 years	..	..	..	3
Age 15 years and over	..	..	..	18
Total	..	..	..	<u>738</u>

Records in respect of 143 re-vaccinations were also received.

Diphtheria, Whooping Cough and Tetanus Immunisation

Whenever possible, the immunisation of young children against diphtheria, whooping cough and tetanus is by means of a triple antigen (a course of three injections giving simultaneous protection against the three diseases).

Supplies of the triple antigen, and single antigen if required, are provided free of charge to infant welfare centres and general medical practitioners.

The following is a summary of the immunisation carried out during the year:—

Type of Prophylactic used	Children born in years:					Total
	1964	1963	1960-1962	1955-1959	1950-1954	
Diphtheria only	1	2	1	3	—	7
Whooping Cough only ..	2	12	1	3	—	18
Diphtheria/Whooping Cough Combined	2	1	—	—	—	3
Triple Antigen Diph/Wh.C./Tetanus ..	659	914	264	42	3	1882
Diphtheria/Tetanus	2	14	9	10	—	35
Tetanus only	—	—	5	22	15	42
Quadrilin (Diphtheria/Whooping Cough/Tetanus/Poliomyelitis)	12	31	6	—	—	49
Whooping Cough/Tetanus	4	—	—	1	—	5

The total number of children immunised during the year against each disease is as follows :—

Disease	Born in years:					Total
	1964	1963	1960-1962	1955-1959	1950-1954	
Diphtheria	676	962	280	55	3	1976
Whooping Cough	679	958	271	46	3	1957
Tetanus	677	959	284	75	18	2013

1,842 children under 5 years of age (15.75%) were immunised against diphtheria during 1964 as compared with 1,570 (13.42%) during 1963 and 1,595 (13.63%) during 1962.

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 but it has not been possible to arrange "booster" sessions in recent years owing to the heavy demand for vaccination against poliomyelitis. 544 children received "booster" injections against diphtheria.

The following table gives the diphtheria 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	%
11700	6566	56.12	22400	14797	66.06

Of the 14,797 immunised children between 5 and 14 years of age, 3,975 (26.86%) were immunised or received "booster" injections in the last five years.

BCG Vaccination

The arrangements of the Authority provide for the BCG vaccination of the following groups:—

- (1). School children of 13 years of age and over.
- (2). Pupils of independent schools of 13 years of age and over.
- (3). Students attending further educational establishments.

The following is a summary of the work carried out during 1964:—

	School Children	Pupils attending independent schools	Students
(1). No. eligible	2905	33	107
(2). No. of (1) skin tested ..	2495 (85.89%)	30 (90.91%)	107 (100%)
(3). No. of (2) who were:—			
(a) found to be negative ..	2132 (85.45%)	26 (86.67%)	32 (29.91%)
(b) found to be positive ..	236 (9.46%)	3 (10%)	72 (67.29%)
(c) Failed to attend for reading of skin test.	127 (5.09%)	1 (3.3%)	3 (2.8%)
(4). (a) Had BCG vaccination ..	2120 (84.97%)	26 (86.67%)	31 (28.97%)
(b) Refused vaccination or were Medically unfit ..	12	—	1

The number of school children dealt with includes the contacts of a school child who were vaccinated by Assistant Medical Officers.

Child Contacts of Tuberculosis.—The BCG vaccination of child contacts of tuberculous patients is the responsibility of the Chest Physicians. 195 children were skin tested by them during the year of whom 18 (9.38%) proved positive. Of the 149 who proved negative 145 were successfully vaccinated.

Vaccination against Poliomyelitis

As the result of the campaign of vaccination against poliomyelitis undertaken in 1963 when 18,131 children and young persons were vaccinated with oral vaccine, the amount of poliomyelitis vaccination undertaken during 1964 was limited.

The total number of vaccinations undertaken during the year was as follows:—

	Number of persons who have received	
	2 injections of Salk vaccine	3 doses of oral vaccine
Children born 1964	21	242
Children born 1963	37	1023
Children born 1962	5	334
Children and young persons born in years 1943-1961	4	921
Young persons born in years 1933-1942 ..	1	119
Others	1	121
TOTAL	69	2,760

Number of persons given third injection of salk	22
Number of persons given fourth injection of Salk	—
Number of persons given a reinforcing dose of oral vaccine after 3 Salk doses or 3 oral doses or 2 Salk doses plus 2 Oral doses ..	73

The percentages of children born in 1962 and 1963 who had been vaccinated by the 31st December, 1964, with comparable figures for England and Wales and Wales only are as follows:—

	1962 ..	1963
Carmarthenshire	54%	52%
England and Wales	65%	60%
Wales	62%	59%

The total number of children born in the last three years who have had three doses of Sabin (Oral) vaccine is as follows:—

- 1964—242 children.
- 1963—1231 children.
- 1962—1136 children.

COUNTY AMBULANCE SERVICE

The arrangements of the Authority provide for :—

- (a) A 24 hours service at nine ambulance stations.
- (b) Five "sitting case" ambulances, all dual purpose vehicles, stationed at Llanelly, Carmarthen, Ammanford, Llandeilo and Tumble, respectively.
- (c) A Hospital Car Service for the conveyance of "sitting cases" arranged by the Women's Voluntary Services.
- (d) An Ambulance Control Centre under the County Ambulance Officer undertaking the operational control of the Service and co-ordinating all requests for ambulance transport.

The ambulance stations providing a 24 hours service are as follows:—

Station	Number of Ambulances	Whole-time Drivers	Attendants
Llanelly ..	2‡	6	Two whole-time and Volunteers
Carmarthen ..	2*	5	Two whole-time and Volunteers
Glanamman ..	1	2	Volunteers
Ammanford ..	1	2	Volunteers
Trimsaran ..	1	2	Volunteers
Tumble ..	2*	3	Volunteers
Llandeilo ..	1	2	Volunteers
Llandovery ..	1	2	Volunteers
Whitland ..	1	2	Volunteers

* 1 Ambulance only on 24 hours service.

‡ 1 Ambulance only between midnight and 8 a.m.

The maintenance and repair of ambulances continued to be undertaken at local garages. The maintenance arrangements are as follows:—

- (a) Inspection and lubrication every 2,000 miles.
- (b) Maintenance service every 6,000 miles.

Complete overhauls, according to the performance of each vehicle are undertaken as required.

The ambulance fleet now consists of:—

13 petrol driven dual purpose ambulances.

4 diesel driven dual purpose ambulances.

Reserves: 4 petrol driven and one diesel driven ambulances.

The following is a comparison of the average fuel consumption of the petrol and diesel driven vehicles:—

Petrol driven ambulances, 14.21 miles per gallon.

Diesel driven ambulances, 22.89 miles per gallon.

There was an increase in the demand for transport during the year, the average number of patients conveyed per month being 6,022 as compared with 5,492 during 1963 (an increase of 9.65%).

The total mileage for all vehicles increased, being 645,940 miles as compared with 581,192 miles in 1963 (an increase of 11.14%).

Arrangements were made for 44 patients to travel by train and the estimated mileage involved was 13,980.

A comparison of the mileages travelled and patients carried during each of the last ten years is given in the following table:—

Year	Mileage	% + or — over previous year	Patients	% + or — over previous year
1955	528,905	—3.07	54,135	—9.33
1956	534,460	+1.05	54,905	+1.42
1957	523,523	—2.05	53,048	—3.39
1958	553,561	+5.74	57,046	+7.56
1959	542,274	—2.04	55,447	—2.82
1960	559,845	+3.24	58,361	+5.26
1961	553,971	—1.05	60,306	+3.33
1962	539,915	—2.54	60,208	—0.15
1963	581,192	+7.65	65,900	+9.47
1964	645,940	+11.14	72,266	+9.65

The average number of trips per month for 1964 was 1473 as compared with 1419 for 1963, an increase of 3.80%.

Ambulance Service on Repayment

The National Health Service (Amendment) Act, 1957 empowers Local Health Authorities to provide ambulances on a repayment basis, in circumstances in which there is no duty under the arrangements made for the provision of an ambulance service in accordance with the National Health Service Act, 1946. These are permissive powers and the Act does not alter in any way the duty of the Authority under the Act of 1946. The standard of that service should not be impaired and no part of the cost of arrangements under the 1957 Act should fall on the rates and the exchequer.

The Authority have agreed to provide, on request, a reserve ambulance (if available) to standby at sports or other public meetings, provided:

- (i) that an ambulance service driver who was off duty was prepared voluntarily to act as driver of the vehicle for the period required;
- (ii) that the organisers of the meeting remunerated the driver for his services in addition to the charge made by the Authority for the use of the ambulance;
- (iii) that the County Ambulance Officer had the right to withdraw the vehicle at any time at short notice.

Four requests were received during the year for an ambulance on a repayment basis.

In the case of individual patients requiring ambulance transport on repayment, the County Medical Officer of Health is authorised to provide the service only where he considers the medical grounds are sufficiently strong. Six cases were conveyed during the year.

The following table summarises monthly the work of the Ambulance Service for the year 1964, with comparable average monthly figures for the previous year.

Month	TRIPS				PATIENTS				MILEAGE						
	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 ..	846	238	235	43	1362	2839	908	1367	376	5490	23058	15970	8671	1709	49408
February ..	1087	312	282	71	1752	3781	872	1905	598	7156	30394	19891	11503	2913	64701
March ..	921	230	200	46	1397	3048	828	1382	653	5911	24027	17124	7421	2255	50827
April ..	859	241	197	42	1339	2933	784	1459	334	5510	23527	14589	9203	2029	49348
May ..	1090	259	286	52	1687	3492	901	1979	506	6878	28533	16399	11133	2397	58462
June ..	876	227	238	66	1407	3258	778	1470	563	6069	25538	15699	9199	2847	53283
July ..	891	212	196	66	1365	3003	756	1241	575	5575	25619	13990	8002	2786	50397
August ..	1019	243	257	14	1533	3227	769	1505	76	5577	28243	13599	10385	890	53117
September	859	228	201	64	1352	3228	769	1352	554	5903	23891	15999	7787	3075	50752
October ..	1129	299	247	45	1720	3799	1042	1695	396	6932	30804	18742	10169	2035	61750
November ..	860	277	208	84	1429	2875	936	1416	728	5955	22871	19039	8590	4530	55030
December ..	816	248	217	53	1334	2644	942	1302	422	5310	21617	16509	8056	2683	48865
Total ..	11253	3014	2764	646	17677	38127	10285	18073	5781	72266	308122	197550	110119	30149	645940
Average per month for 1964 ..	937	251	230	53	1473	3177	857	1506	481	6022	25676	16462	9176	2512	53828
Average per ..															

Radio Control of Ambulances

The radio control of ambulances continued to function satisfactorily and enabled the service to deal more expeditiously with emergency cases and ensured a more efficient use of the ambulances.

The following is a comparison of miles per patient conveyed by ambulance for the last five years :—

Year				Miles per patient
1960	..	..	..	8.97
1961	..	..	..	9.19
1962	..	..	..	7.71
1963	..	..	..	7.47
1964	..	..	..	8.94

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 and Public 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. No issues were made during the year, but five 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. One shelter was being used by a patient at the end of 1964.
- (c) Assistance to obtain suitable housing accommodation in co-operation with Local Housing Authorities.
- (d) Home Help Assistance.
- (e) Nursing requisites:—In addition to the normal sick room requisites, special beds and bedding have been issued to severely paralysed persons. In the main, they are persons who have undergone prolonged hospital treatment following spinal injuries and can be nursed at home provided special equipment is available. 7 sets of equipment were on loan at the end of the year.

- (f) Assistance towards the cost of travelling expenses of relatives to visit patients in Hospitals and Sanatoria. No applications were received from relatives of tuberculous patients.
- (g) BCG vaccination of child contacts. Details will be found in the section devoted to Vaccination and Immunisation.
- (h) Occupational Therapy.

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 1964.

Incontinence Pads

The care and after-care arrangements include the provision of incontinence pads for which there is an increasing demand. So far there has been no problem reported in connection with disposal which is by burning in domestic grates.

Chiropody

The arrangements of the Authority for the prevention of illness include provision for a chiropody service for the elderly, the physically handicapped and expectant mothers. The service is provided mainly through voluntary organisations who are assisted by means of grants. In addition, a female part-time chiropodist commenced duties on the 28th February and her services are utilised to provide a chiropody service in those areas not covered by the chiropodists of the voluntary organisations. At the end of the year, she attended fortnightly clinics at Drefach and Felinfoel and monthly clinics at Ystradowen and Llanybyther.

The voluntary organisations participating in the arrangements are as follows:—

<i>Organisation</i>	<i>Number of Clinics</i>				
Old Age Pensioners' Associations	24
Old People's Welfare Committees	1
British Red Cross Society	11
St. John's Ambulance Service	2

Two additional organisations restrict their arrangements to the treatment of house-bound patients.

The classification of the patients treated during the year was as follows:—

<i>Classification</i>	<i>Cases</i>	<i>Clinic Attendances</i>	<i>Home Treatments</i>
Elderly	3,298	11,279	4,798
Handicapped	92	191	219
Expectant and nursing mothers	14	49	—
Totals	3,404	11,519	5,017

The following is a summary of the conditions treated:—

Bunions	400	Callosities	7,553
Corns	489	Ingrowing Nails ..	942
Nail trimming ..	12,043	Miscellaneous Conditions	4,164

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. 39 applications 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

No information was received during the year as to cases of venereal disease or their contacts who needed follow-up.

HOME HELP SERVICE

Home help assistance continued to be provided on the same lines as for previous years; assistance being limited to the amount needed for the essential duties of the household. The problem of the other needs of patients—particularly the aged and chronic sick, some of whom reside alone, still remains unsolved. The extent to which assistance was necessarily limited will be seen from the following table showing the authorised assistance during the last normal week of 1964 :—

Weekly Assistance	No. of Cases
6 hours and under	404
Over 6 hours and up to 9 hours ..	107
Over 9 hours and up to 12 hours ..	133
Over 12 hours and up to 15 hours ..	11
Over 15 hours and up to 18 hours ..	5
Over 18 hours	1

Payment for assistance depends on the financial circumstances of the household and the contribution is assessed in accordance with the County Council Scale. No patient is allowed assistance free of charge under the present scale; a minimum charge has been fixed at 2/6 per week for up to four hours assistance and 5/- per week for over four hours assistance. Where the patient is entitled to a National Assistance Allowance, the Board make a special allowance to cover the minimum charges.

931 cases received home help assistance during 1964, as compared with 924 cases during 1963. The 931 cases include 22 patients for whom a second period of assistance was provided during the year. The number of individual families who received assistance during 1964 was therefore 909.

The 931 cases for 1964 were:—

Over 65 years of age	670
Under 65:	
Chronic Sick and Tuberculous ..	168
Mentally Disordered	4
Maternity	43
Others	46
<hr/> Total	<hr/> 931

The number of cases assisted during the year showed a slight increase from 924 for 1963 to 931 for 1964. There was, however, a slight decrease in the number of chronic sick and aged, but these cases still accounted for over 90% of the total cases.

The home help service in its present form is restricted to essential domestic duties but this caters only for part of the needs of the elderly chronic sick. There is a wide field for voluntary effort for the patients who are housebound and reside alone or with another aged person.

Tribute must again be paid to those home helps who assist patients voluntarily for many hours over and above their paid duty but the best help that can sometimes be given is to encourage patients to fend for themselves. There is sometimes a tendency to leave everything to the home help even to the organisation of the home with the inevitable loss of interest in its running by the patient.

661 cases were being assisted on the 31st December, 1964, as compared with 594 at the end of 1963. Of the 661 cases, 591 (or 89.41%) were "long term" cases, i.e., those who had been receiving assistance for more than three months. An analysis of the period of assistance is given in the following table :—

Period of Assistance	No. of Cases
Less than one month	23
One to two months	25
Two months to three months	22
Three months to four months	20
Four months to five months	12
Five months to six months	13
Six months to twelve months	103
Over twelve months	443
Total	661

The age distribution of the 661 cases was as follows :—

	No. of Cases
30 years of age and under	6
Over 30 years of age and up to 40	16
Over 40 years of age and up to 50	22
Over 50 years of age and up to 60	65
Over 60 years of age and up to 65	61
Over 65 years of age and up to 70	112
Over 70 years of age and up to 75	124
Over 75 years of age and up to 80	143
Over 80 years of age and up to 85	77
Over 85 years of age and up to 90	31
Over 90 years of age	4
Total	661

379 of the cases (or 57.34%) were over 70 years of age, and 552 of the cases (or 83.51%) were over 60 years of age.

On the 1st January, 1964, 318 home helps were available for duty. 146 new home helps were enrolled during the year and 130 resigned. On the 31st December, 334 were available for duty. Service given in the last normal week of the year was equivalent in terms of whole-time employment to 101.6 home helps.

No arrangements were made for training home helps during the year.

HEALTH EDUCATION

Health Education is mainly undertaken through personal contact with parents and others, by Medical Officers, health visitors, district nurses and midwives. As an aid to the staff in this work, pamphlets on relevant topics including the prevention of accidents in the home, are distributed from time to time. Film strips are also available for use by health visitors. The In-Service Training Course referred to below proved invaluable.

Smoking and Health

In March of this year, one of the mobile anti-smoking units of the Central Council for Health Education visited all Secondary Modern and Grammar Schools in the County. The campaign was directed mainly at the last intake of pupils. It is difficult to assess whether this campaign brought about any change in the smoking habits of pupils or deterred any from the habit.

In-Service Training Course

A very successful In-Service Training Course under the auspices of the Central Council for Health Education was held in one of the County Clinics on the 4th and 5th November and a half-day session was devoted to each of the following subjects:—

- (a) Mental Health.
- (b) The Care of the Aged.
- (c) Health Education in Schools.
- (d) Sex Education.

The various sessions were attended by Assistant Medical Officers, organisers of home helps, health visitors, nursing staff, mental welfare officers, district welfare officers and representatives of the teaching staff of secondary schools.

MENTAL HEALTH SERVICE

The arrangements of the Authority provide for:—

- (1) The employment of such staff as may be necessary from time to time to ensure that the services provided are effectively performed and developed and for the training of staff.
- (2) The maintenance of close links with the Psychiatrists and other members of the staff of hospitals, and general medical practitioners and making suitable joint appointments with hospital authorities.
- (3) Co-operation with
 - (a) other local authorities and when necessary making mutual arrangements for the provision of services,
 - (b) The Ministry of Labour, particularly in connection with their rehabilitation services, and
 - (c) voluntary organisations for the care and welfare of the mentally disordered in the County.

- (4) The establishment of junior and adult training centres and residential homes, for all types of mentally disordered patients not requiring hospital treatment, a holiday home and day centres, social clubs, and such other activities as may be desirable to assist in the rehabilitation of mentally disordered patients.
- (5) The community care of persons in their own homes by mental welfare officers.

Staffing

The service suffered a loss during the year through the resignation on the 30th November of the female full-time mental welfare officer, leaving three males only on the staff. At the end of the year it had not been possible to fill the vacancy. The service of a female mental welfare officer is most desirable if not essential in dealing with certain female patients.

A full-time acting mental welfare officer also retired earlier in the year and his duties which were wholly with the mentally subnormal were distributed between the other officers on the staff.

Training Centres

Improvised premises continue to be used for the Training Centre at Llanelly (children and adult females at Ann Street and adult males at Bidulph Street). The staff at Ann Street comprise the Supervisor who is responsible for both premises and four Assistant Supervisors, while at Bidulph Street there was a male and female assistant supervisor.

It is pleasing to report that a site at Heol Goffa, Llanelly, for new premises for a Junior Training Centre and Special Care Unit has been acquired, and at the end of the year the planning was in an advanced stage.

Efforts were also being made to earmark a suitable site for an Adult Training Centre at Llanelly.

Residential Homes

The establishment of residential homes is not envisaged in the immediate future, but provision is made for them in the development plans of the authority.

Mental illness—Admissions to Hospitals

The mental welfare officers arranged for the admission of patients as follows:—

Compulsory admission for observation	..	..	1
Compulsory admission for treatment	..	..	22
Emergency Cases	..	..	151
Informal	..	..	57
Section 60 (court cases)	..	..	2

Mental Subnormality

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

	M.	F.	Total
Admitted to Hospitals	1	3	4
Placed on Waiting List for admission to suitable Hospitals	—	2	2
Placed under guardianship	—	—	—
Placed in Community Care	4	6	10
Action Pending	—	—	—
Found not to be Subnormal	—	1	1
Died	—	—	—
Totals	5	12	17

In addition to the new cases mentioned above as admitted to hospital five mentally subnormal patients who had been reported in previous years were admitted during the year.

The total number of subnormal patients at hospitals at the end of the year was as follows:—

	Males	Females	Total
Under 16 years of age	8	17	25
16 years of age and over	42	57	99
Total	50	74	124

There were seven patients on the urgent list and two on the non-urgent list for admission to hospital.

Short-term care was arranged at psychiatric hospitals for four patients.

Community Care

The retention of mentally handicapped persons in the community is a primary duty of the local health authority and community care plays an increasingly important part in the mental health service.

The following table indicates the number of cases under community care at the end of the year:—

[illegible]

LLANELLY TRAINING CENTRE FOR THE MENTALLY SUBNORMAL

The following report has been received from the Supervisor of the Training Centre:—

At the end of the year, the number attending the Centre was 55, 6 children under 9 years, 4 between 9 and 11 years, 15 between 11 and 16 years, 16 adult females and 14 adult males. Attendance continued to be very good.

The grouping system at Ann Street, referred to in previous reports, i.e. infants or admission group, intermediate group, transition group, older girls group, and at Biddulph Street, male transition group, and older boys group, was found to be working satisfactorily. The transition groups proved to be the right placing for several pupils who had hitherto been misfits in other classes and included some pupils over 16 years of age who were not quite ready emotionally to join the adults. They thus had an opportunity to try more difficult skills without having to compete with older pupils who had already mastered them.

In Biddulph Street it was found beneficial on one day of each week to let the younger boys spend their time in the "workshop" learning the rudiments of carpentry and for the older boys to spend the time doing number work, reading and pre-reading activities, arts and crafts.

In Ann Street, the children in the admission group progressed particularly well. Although most of the teaching is formal, some part of each day is given over to free activity when a fairly wide choice is presented to them in order to stimulate their imagination. During the course of the period, the supervisor spends some time with each child guiding his play and helping him to progress to more variety and higher standards.

There was a big improvement in the speech of the younger children—three of them began to speak for the first time, and others widened their vocabulary and spoke more coherently.

During the year the Speech Therapist made some tape recordings of suitable exercises etc., which were found to be very useful. This little group of small children also became more sociable. They played well together, were willing to share with each other and always seemed to be contented and well occupied.

All musical activities—percussion band, singing, musical movement, dancing (country, old tyme and ballroom) continued to be popular throughout the Centre, the mongol children being especially fond of music and having a good memory for tunes and a keen sense of rhythm. Some good work was done in musical movement. The children performed several attractive dances which were specially adapted to suit their capabilities.

Several new methods were tried in art work using new materials so that the children could express their ideas and improve their awareness of colour. New crafts were also introduced.

The boys continued to cultivate the plot of land at Biddulph Street. Further orders for mops were received from the School Meals Service. Mosaic tile craft has been introduced successfully.

The standard of embroidery and cross-stitch work produced by the older girls continued to improve and, provided that the patterns were marked out in advance, they could turn out very attractive articles such as settee sets, tablecloths, runners and cushion covers which proved to be in great demand. A much wider curriculum than previously was followed by this group including laundry work, cookery, cleaning, shopping and entertaining. Our aim is to teach the girls to go out shopping for, cook, serve and clear away simple meals, hoping that they will thus become more independent at home. They are helped and encouraged to keep themselves and their clothes clean and presentable and also to make their surroundings cleaner and more attractive. As far as possible, they are given the type of equipment that they would be likely to use at home e.g. electric steam iron, ironing board, spin dryer and electric cooker as it is felt that they should not be protected from all stress but rather that they should learn to deal with daily household situations. They are encouraged also to make decisions such as choosing materials for the home and clothes from pattern cards and catalogues and to take responsibility e.g. helping to care for younger children and answering the door or the telephone.

During the year some of the younger children commenced swimming lessons. They were taken weekly to the Llanelly Swimming Baths usually by public transport (which was a lesson in itself) and at the Bath each child was cared for by a Red Cross Worker. A number of the children made progress, three actually learned to swim unaided, and all really enjoyed the experience.

During June, school medical examinations were carried out. This service was much appreciated by the parents.

In June also we went for the annual outing to Port Eynon. As usual this was a great success.

On the 21st September, the pupils were very interested and excited by a surprise visit of one of the interviewers from the B.B.C. programme "Trem."

On the 22nd September, an Open Day and Exhibition of work was held at the Ann Street Centre. We were able to show a fairly large exhibition of art work. For the first time pottery was shown and several orders were taken. A large number of orders were taken for fruit plates, ash trays and even coffee tables incorporating mosaic tile craft.

A wider variety of woodwork and a very attractive range of contemporary stools made by weaving gaily coloured stoolcord on steel and wooden frames, the work of the older boys, was also displayed.

Most of the parents attended and were pleased to see such a large exhibition. Many other people also visited on that day and during the following week. Sufficient orders were taken to keep the older pupils occupied for many months. The Day was a pleasant social occasion, tea being provided by the Chairman of the County Council.

Work from the Centre was also shown at the National Eisteddfod at Swansea.

Miss P. Davies, one of the Assistant Supervisors attended the one day a week course at Cardiff during the year and was successful in the examination held at the end of the course.

The centre continues to attract the benevolent interest of various organisations and their expressions of goodwill are greatly appreciated.

In the Training Centre we continue to be interested in two areas of development of the child—firstly the personality, and secondly, the acquisition of skill. I feel that there is always hope of continued improvement and that our aim should be to present a continuous training programme which should not be an end in itself but, for as many as possible, a path to a fuller life outside, independent of the Training Centre.

M. A. LEWIS.

Home Teaching

Seven mentally subnormal persons who cannot attend the Centre are still being visited periodically at their homes for tuition.

COMMUNICABLE DISEASES

The following table summarises the notifications of infectious diseases received during 1964 :—

Disease				No. of cases notified
Scarlet Fever	..	..	..	28
Whooping Cough	..	..	..	108
Diphtheria ..	..	..	..	—
Measles ..	..	..	..	844
Pneumonia	..	..	..	51
Meningococcal Infection	..	..	..	2
Acute Poliomyelitis :				
Paralytic	..	..	..	—
Non-Paralytic	..	..	..	—
Acute Encephalitis :				
Infective	..	..	..	—
Post-infectious	..	..	..	—
Dysentery ..	..	..	..	110
Ophthalmia Neonatorum	..	..	..	1
Puerperal Pyrexia	..	..	..	1
Typhoid Fever	..	..	..	—
Para-typhoid	..	..	..	1
Food Poisoning	..	..	..	1
Erysipelas ..	..	..	..	3

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

Acute Poliomyelitis

There have been no cases of acute poliomyelitis for the last two years. There were three cases in 1962.

Details of vaccination against poliomyelitis undertaken during the year appear earlier in the report under vaccination and immunisation.

Vaccination against poliomyelitis was introduced in 1956 and there have been only 10 cases (7 of which were children) of acute poliomyelitis in the County in the following eight years. None of these patients had been vaccinated.

Between 1951 and the introduction of vaccination in 1956, 104 cases of acute poliomyelitis occurred as follows:—

Year	Number of Cases		Total
	Children under 15 years of age	Others	
1951	31	6	37
1952	17	12	29
1953	9	5	14
1954	2	1	3
1955	11	8	19
1956	—	2	2
TOTAL	70	34	104

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.

VENEREAL DISEASES

Carmarthenshire cases are treated at the Venereal Diseases Clinics at Mount Pleasant Hospital, Swansea, and Bryntirion Hospital. 68 new patients from the County attended during the year as follows :—

	Syphilis	Gonorrhoea	Non-V.D. and other conditions	Total
Swansea Clinic	1	5	28	34
Llanelly Clinic	6	3	25	34
Total	7	8	53	68

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.
1960 ..	1	—	1	12	—	12	77
1961 ..	6	—	6	20	—	20	62
1962 ..	3	—	3	15	2	17	51
1963 ..	5	1	6	10	—	10	43
1964 ..	3	4	7	7	1	8	53

Additional information as to treatment which has been available in past years is no longer provided in detail by the Centres.

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
1960	..	115	..	0.68	..	16
1961	..	96	..	0.58	..	19
1962	..	90	..	0.54	..	12
1963	..	69	..	0.41	..	25
1964	..	77	..	0.46	..	10

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
1960	..	13	..	0.08	..	2
1961	..	9	..	0.05	..	—
1962	..	10	..	0.06	..	1
1963	..	8	..	0.05	..	2
1964	..	18	..	0.11	..	—

The following table shows the age distribution of all new cases notified during 1964 :—

Age Periods		Respiratory		Non-Respiratory		Total
		M.	F.	M.	F.	
0—1	..	—	1	—	—	1
1—5	..	1	1	—	—	2
5—15	..	1	1	—	—	2
15—25	..	5	4	—	—	9
25—35	..	5	2	1	3	11
35—45	..	5	6	1	2	14
45—55	..	11	—	1	—	12
55—65	..	17	3	—	—	20
65+	..	12	2	1	1	16
Total	..	57	20	4	6	
Grand Totals		77		10		87

The following table shows the deaths from Tuberculosis classified into the various age groups for the year 1964 :—

Age Periods	Deaths from Tuberculosis			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0—1 ..	—	—	—	—
1—5 ..	—	—	—	—
5—15 ..	—	—	—	—
15—45 ..	—	—	—	—
45—65 ..	5	1	—	—
65+ ..	11	1	—	—
Totals ..	16	2	—	—
Grand Totals ..	18		—	

Examinations at Chest Clinics

During the year, 3,665 new cases, including 482 contacts, were examined. Of these 69 were diagnosed as definitely tuberculous and 3,413 as non-tuberculous. 183 cases were not finally diagnosed.

Register of Cases

The following table summarises for the year the Register of Tuberculosis cases in the County :—

	Resp.		Non-Resp.		Totals		Grand Total	Rate per 1,000 population
	M.	F.	M.	F.	M.	F.		
Cases on Register 1/1/64 ..	448	282	27	98	475	380	855	5.13
Notified Cases, 1964 ..	49	19	4	5	53	24	77	0.46
Inward Transfers	8	1	—	1	8	2	10	0.06
Total New cases	57	20	4	6	61	26	87	0.52
Withdrawn:—								
Recovered ..	47	47	6	10	53	57	110	—
Left Area ..	10	10	—	—	10	10	20	—
Change of Diagnosis ..	1	1	—	—	1	1	2	—
Deaths:—								
Tuberculosis ..	16	2	—	—	16	2	18	—
Other causes ..	13	5	3	—	16	5	21	—
On Register, 1/1/65 ..	418	237	22	94	440	331	771	4.63

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 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 Welsh Hospital Board at Carmarthen and Llanelly. If a patient is unable to travel, a domiciliary visit is made by the Ophthalmologist.

During 1964, 77 new cases (31 males and 46 females) were certified blind. The following table shows their age distribution and the principal causes of blindness:—

Age at Regis- tration	Primary Ocular Disease								Total		Grand Total
	Cataract		Glaucoma		Retrolental Fibroplasia		Other				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
0—4	—	—	—	—	—	—	—	1	—	1	1
5—15	—	—	—	—	—	—	—	—	—	—	—
16—20	—	—	—	—	—	—	1	—	1	—	1
21—29	—	—	—	—	—	—	—	—	—	—	—
30—39	—	—	—	—	—	—	1	—	1	—	1
40—49	—	—	—	—	—	—	1	1	1	1	2
50—59	—	—	—	—	—	—	1	1	1	1	2
60—69	3	2	—	1	—	—	2	6	5	9	14
70—79	4	6	—	7	—	—	6	1	10	14	24
80 and over	5	8	1	6	—	—	6	6	12	20	32
Totals	12	16	1	14	—	—	18	16	31	46	77

At the end of the year there were 524 blind persons on the register and their age distribution was as follows:—

Age Group	M.	F.	Total
0—4 ..	—	1	1
5—15 ..	2	3	5
16—20 ..	2	—	2
21—29 ..	5	2	7
30—39 ..	10	4	14
40—49 ..	14	16	30
50—59 ..	21	18	39
60—69 ..	31	59	90
70—79 ..	56	106	162
80 and over ..	57	117	174
Totals ..	198	326	524

228 persons (81 males and 147 females) became blind when over 65 years of age. 42 (14 males and 28 females) became blind under the age of 12 months

Partially Sighted

27 persons (10 males and 17 females) were found to be partially sighted during the year. Their age distribution and the principal causes of partial sight are as follows:—

Age at Regist- ration	Primary Ocular Disease								Total		Grand Total
	Cataract		Glaucoma		Retrolental Fibroplasia		Other				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
0—4	—	—	—	—	—	—	—	—	—	—	—
5—15	—	—	—	—	—	—	—	—	—	—	—
16—20	—	—	—	—	—	—	—	—	—	—	—
21—49	—	—	—	—	—	—	—	—	—	—	—
50—64	—	1	—	1	—	—	—	—	—	2	2
65 and over	5	5	1	1	—	—	4	9	10	15	25
Totals	5	6	1	2	—	—	4	9	10	17	27

There were 91 partially sighted persons on the register at the end of the year. Their age distribution is as follows:—

Age Group	M.	F.	Total
0—4 ..	—	—	—
5—15 ..	—	1	1
16—20 ..	2	3	5
21—49 ..	11	5	16
50—64 ..	5	7	12
65 and over ..	20	37	57
Totals	38	53	91

Employment of blind persons

At the end of the year, 20 males and 2 females were in employment, 10 of them in workshops for the blind, one as a homemaker and 11 (including 1 female) variously engaged in open employment.

Two male blind persons were in training for employment at the end of the year. One male who had undergone training was unemployed at the end of the year.

Subject to training, 6 males were capable of work in sheltered employment and 3 males in open employment. None was considered capable of work in open employment without training.

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F. 1 of Form B.D.8 recommends :—				
(a) No treatment	9	18	—	23
(b) Treatment (medical surgical or optical) ..	30	9	—	24
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	2	—	3

Ophthalmia Neonatorum :

(i) Total number of cases notified during the year—One

(ii) Number of cases in which :—

(a) Vision lost	}	Nil
(b) Vision impaired		
(c) Treatment continued at end of year		

MILK CONTROL

No animals have been slaughtered under the Tuberculosis Orders during the past five years.

Under The Milk (Special Designation) Regulations, 1963, the granting of producers licences is the responsibility of the Ministry of Agriculture, Fisheries and Food. Dealers licences are the responsibility of the County Council as the Food and Drugs Authority.

Under the Milk and Dairies Regulations, 1959, responsibility for the registration of dairy farms and of persons carrying on the trade of dairy farmer falls on the Ministry of Agriculture, Fisheries and Food. 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.

FOOD AND DRUGS

The duty of the County Council under the Food and Drugs Act, 1955, to ensure that food sold for human consumption is of good quality and wholesome is an important part of the comprehensive public services which are essential to good health. The following is the report of the Chief Inspector of Food and Drugs for the year :—

Total number of samples submitted to the Public Analyst ..	947
Informal samples of milk tested for compositional quality by officers of the Food and Drugs department	669
Alcoholic spirits tested by officers of the department ..	12
Milk samples sent for bacteriological or biological examination to the Public Health Laboratory	909
Total number	2537

MILK SAMPLES SUBMITTED TO THE PUBLIC ANALYST

Number of samples submitted	649
Certified genuine in Fat and Non-fatty-solids content ..	440
Deficient in Non-fatty-solids but otherwise genuine ..	147
Contained Added Water	10
Deficient in Fat	12
Deficient in both Fat and Non-fatty-solids	35
Unsatisfactory on account of contamination with various substances	5

Included in the above total are 10 "Appeal to Cow" samples of milk, of which 3 were genuine and 7 were certified to be deficient in fat and /or non-fatty-solids.

Milk samples certified to contain Added Water

The 10 samples of milk certified to contain added water were taken from producer-retailers in the county.

Legal proceedings under Section 2, Food and Drugs Act, 1955, were taken in respect of five of the milk samples certified to contain added water and the fines and costs imposed were as follows:—

<i>Percentage Added Water</i>	<i>Fines & Costs imposed</i>	<i>Percentage Added Water</i>	<i>Fines & Costs imposed</i>
1. 5.2% } 2.0% } 1.8% }	£27 - 10 - 0	2. 4.5% } 14.1% }	£8 - 17 - 0.

In the case of one milk sample certified to contain 4.3% added water, it was found that a leak in the joint at the bottom of the "In Churn Milk-Cooler" used accounted for the adulteration. Having regard to all the circumstances, it was decided to issue a caution in this instance. It is important for milk-producers using this type of cooler to test regularly for any leakages by operating the cooler at pressure in an empty churn.

The percentages of added water in the remaining four samples were small (1.3% to 2.6%) and cautions were issued.

Milk contaminated with various substances

Legal action under Section 2, Food and Drugs Act, 1955 was taken in respect of two bottles of milk submitted to the Public Analyst following complaints from the purchasers:—

<i>Nature of contamination</i>	<i>Result of Proceedings</i>
1. Wheat flour with colouring matter loose in the milk and adhering to the inside of the bottle.	Fine imposed:—£25
2. Deposit of mortar on the inside of the bottle	Case dismissed.

Warnings were given in respect of the other three bottles of milk reported by the Public Analyst to be unsatisfactory on account of (1) sediment of a sandy material (2) discoloration due to the presence of blood and (3) unpleasant odour.

Milk samples reported deficient in Fat

Investigations were carried out in respect of several milk samples reported to be deficient in fat but in no case was it considered advisable to institute legal action.

Milk samples tested for antibiotics

Fifty-seven of the formal samples of Untreated Milk were also tested by the Public Analyst for the presence of antibiotics. Traces of antibiotics were found present in only one of the samples examined and the milk producer-retailer concerned was warned.

Informal samples of Milk taken at schools and other establishments and tested at this office by the Food and Drugs Officers....

Number of samples tested	669
Genuine in Fat and non-fatty-solids	603
Deficient in Fat	16
Deficient in both Fat and Non-fatty-solids	5
Deficient in Non-fatty-solids	45

MISCELLANEOUS ARTICLES OF FOOD AND DRUGS

Samples of articles of food and drugs reported by the Public Analyst to be genuine	268
Samples of articles of food and drugs reported by the Public Analyst to be unsatisfactory	28
	296
Other specimens submitted to the Public Analyst for examination	2
Total	298

The samples comprised the following:—Forty-four of Ice Cream; Thirty-six of Butter; Twenty-eight of Soft Drinks; Twenty-seven of Sausages; Twenty-four of Fruit Preserves; Seventeen of Canned Meat Products; Sixteen of Butter Confectionery; Eleven of Malt Vinegar; Ten of Evaporated Milk; Eight of Almond Marzipan; Six of Non-brewed Condiment; Five each of Milk Pudding, Fish Paste and Ground Almonds; Four each of Instant Coffee and Faggots; Three each of Cream, Cough Mixture, Analgesic Tablets and Meat Pies; Two each of Self Raising Flour, Shredded Beef Suet, Olive Oil, Meat Paste, Meat Stock Tablets, Horseradish Sauce and Rose Hip Syrup; One each of Margarine Cod Liver Oil, Pickled Onions in Non brewed Vinegar, Medicinal Essence of Cinnamon, Bread, Malt Extract with Cod Liver Oil, Camembert Cheese, Breakfast Cereal, Cream of Vegetable Soup, Scalp Lotion, Liqueur Chocolates, Chlorodyne, Salt, Ointment for Rheumatism, Iced Sponge Cake, Nerve Sedative, Suppositories, Decongestant Tablets, Flu and Cold Capsules and Vitamin Tablets.

The other two specimens submitted to the Public Analyst were a grub found by the complainant on a slice of bread and a piece of bone found in a tin of chicken dinner for children. These complaints were taken up with the manufacturers but no further action was considered advisable.

Particulars relating to the Unsatisfactory Samples

<i>Description of Article</i>	<i>Nature of deficiency or irregularity</i>
Sausages (4 samples).	Presence of preservative not declared.
Sausages (2 samples).	Both were 3% deficient in Meat.
Bread	Slightly sour condition.
Corned Beef.	Portions of the Meat were badly discoloured.
Onions in Non-brewed Vinegar.	The word 'Vinegar' should not have been used as the liquid was a solution of acetic acid.
Malt Extract with Cod Liver Oil.	8% deficient in Cod Liver Oil content.
Corned Beef	Contained pieces of hairy animal tissue.
Luncheon Meat.	2½% deficient in Meat.

Butter (2 samples)	Water content slightly in excess of permitted maximum.
Camembert Cheese	Evidence of slight rancidity.
Puffed Wheat	Small insect found on them.
Scalp Lotion.	Unsuitable for use on account of the separation of the mercury as black mercuric sulphide.
Ice Cream.	6% deficient in Milk Solids other than Fat.
Lemon Drink.	10% deficient in fruit.
Lime Juice Cordial.	Contaminated with detergent to the extent of 0.2%
Non-brewed condiment.	8½% deficient in Acetic Acid.
Corned Beef.	Slight rancidity of the fat on the outer portions of the meat.
Iced Sponge Cake.	Patches of mould in the cake.
Almond Marzipan.	10% deficient in Ground Almond.
Self Raising Flour.	Unsuitable for baking purposes owing to its high acidity.
Liqueur Chocolates.	Public Analyst considered that strength of Whisky found did not justify the description "Full Strength."
Appleade.	Contained a dark sediment of partly lignified plant tissue infected with mould hyphae and spores.
Salt.	Contained a hard black substance consisting of calcium sulphate.

Legal action under Section 2, Food and Drugs Act, 1955 was taken in respect of the mouldy Iced Sponge Cake and a fine of £20 together with witness costs of £7, was imposed on the suppliers.

Extensive investigations were carried out in respect of several of the other samples reported to be unsatisfactory but having regard to all the circumstances it was considered inadvisable to take legal action in respect of any of them.

Alcoholic Spirits

Tests were carried out by officers of the department on 12 informal samples of alcoholic spirits purchased at licensed premises and all the samples were found to be genuine.

Unsatisfactory articles of food examined in this department and not submitted to the Public Analyst

Legal proceedings under Section 2, Food and Drugs Act, 1955 were taken in respect of the following unsatisfactory articles of food brought to the notice of the department by private purchasers:—

<i>Article</i>	<i>Nature of irregularity</i>	<i>Fine imposed</i>
Sausages.	Rubber finger-stall partly embedded in one of the sausages.	£15
Canned Ox Tongue and Beef.	Contained pieces of hairy animal tissue.	£5
Meat Pie.	Mouldy.	£20
Meat Pie.	Mouldy.	£50
Steak and Kidney Pie.	Mouldy.	£35

The following complaints were also investigated but it was considered inadvisable to institute legal proceedings in respect of these articles of food:—

(1) Bread containing a piece of wax; (2) Wrapped doughnuts with spots of mould on them; (3) Meat and Potato Pasties with the potatoes discoloured and unwholesome; (4) Canned Blackberries in which a piece of wire was found. (company concerned had gone into liquidation).

The Milk (Special Designation) Regulations, 1960-1963

The 1963 Regulations came into operation entirely on the 1st October, 1964 and replaced the 1960 Regulations.

Under the new Regulations, the "Special Designations" to be applied to milk are:—"Untreated" in the case of raw milk, "Pasteurised" and "Sterilised," thus doing away with the description "Tuberculin Tested Milk."

One hundred and forty-six samples of milk were taken for examination from milk-dealers to whom licences had been issued under the above Regulations by the County Council as the Food and Drugs Authority for the whole of the county. The results of the tests carried out on these samples at the Public Health Laboratory were as follows:—

Pasteurised Milk

Satisfied both Phosphatase test for adequacy of heat-treatment and Methylene Blue test for bacteriological quality	91
Failed Phosphatase test but satisfied Methylene Blue test	9
Failed Methylene Blue test but satisfied Phosphatase test	5
Satisfied Phosphatase test but Methylene Blue test void as atmospheric shade temperature exceeded 70°F.	1
Total	106

Untreated Milk

Satisfied Methylene Blue test	21
Failed Methylene Blue test	7
Test void	1
Total	29

Sterilised Milk

Number of samples taken	11
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The eleven samples were satisfactory under the prescribed test.

MILK IN SCHOOLS SCHEME

Details of the results of the bacteriological tests carried out on 683 samples of milk taken at schools in the county are as follows:—

Pasteurised Milk

Satisfied both Phosphatase and Methylene Blue test	..	292
Failed both Phosphatase and Methylene Blue test	..	1
Failed Phosphatase test but satisfied Methylene Blue test	..	13
Failed Methylene Blue test but satisfied Phosphatase test	..	24
Satisfied Phosphatase test but Methylene Blue test void	..	9
Total	..	339

Untreated Milk

Satisfied Methylene Blue test	..	..	..	..	254
Failed Methylene Blue test	..	..	..	..	63
Test void	..	..	..	..	27
Total	..	..	..	..	344

Milk samples taken at Children's Homes, Hospitals, etc.

The results of the bacteriological tests are summarised as follows:—

	<i>Satisfactory</i>	<i>Failed Methylene Blue test</i>	<i>Total</i>
Pasteurised Milk	.. 35	1	36
Untreated Milk	.. 15	8	23
Total	.. 50	9	59

Milk samples sent for Guinea-pig inoculation

Twenty-one samples of milk taken at the farms of producers supplying milk to schools and other establishments were sent to the Public Health Laboratory for examination for tuberculosis, *Brucella abortus*, etc.

Eighteen samples were reported to be free from infection. The tests could not be completed on one sample as the guinea-pig died of intercurrent infection not due to the milk.

The remaining two samples, taken from the same source, were reported to have given positive reactions to tests for micro-organisms which could cause disease (Q Fever) in human beings.

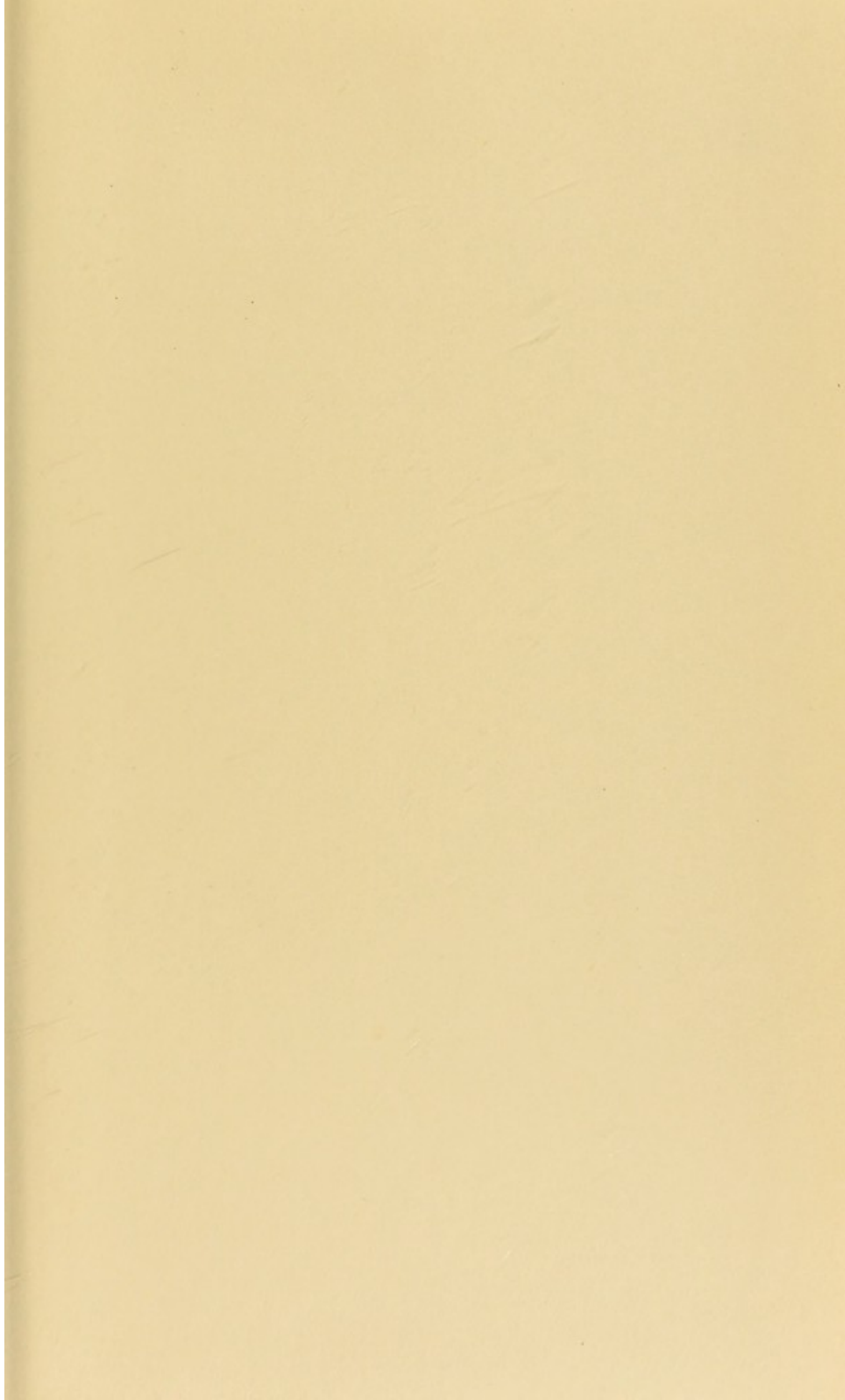
D. R. WATKINS,
Chief Inspector.

SANITARY CIRCUMSTANCES

At the time of the completion of this report, reports on the sanitary circumstances of county districts had not been received.

VITAL STATISTICS, 1964

Name of District	Estimated Population for 1964	Live Births		Deaths registered in District		Transferable Deaths		Deaths under 1 year		Area of District in Acres	Census 1961 Total population at all ages
		No.	Rate per 1,000 Population	No.	Rate per 1,000 Population	Outward	Inward	No.	Rate per 1,000 Live Births		
URBAN :											
Llanelli	29270	432	14.76	464	15.85	173	63	13	30.09	2069	29994
Carmarthen	12820	182	14.20	241	18.80	379	18	3	16.48	5160	13249
Llandeilo	1930	35	18.13	29	15.03	2	10	1	28.57	311	1906
Llandovery	2020	23	11.39	33	16.34	13	11	1	43.48	1266	1898
Kidwelly	2910	43	14.78	31	10.65	2	12	2	46.51	2854	2879
Newcastle Emlyn	660	9	13.64	5	7.58	3	4	—	—	208	648
Ammanford	6250	82	13.12	89	14.24	3	28	—	—	951	6264
Burry Port	5920	79	13.34	74	12.50	—	23	1	12.66	1374	5671
Cwmamman	4200	78	18.57	67	15.95	1	25	1	12.82	756	4272
Total	65980	963	14.60	1033	15.66	576	194	22	22.85	14949	66781
RURAL :											
Llanelli	40310	624	15.48	468	11.61	41	183	21	33.65	51367	40230
Carmarthen	28090	419	14.92	323	11.50	9	142	14	33.41	202733	28004
Llandeilo Fawr	24080	329	13.66	279	11.59	6	118	8	24.32	236581	24494
Newcastle Emlyn	8140	133	16.34	135	16.58	13	50	5	37.59	82842	8227
Total	100620	1505	14.96	1205	11.98	69	493	48	31.89	573523	100955
Whole County	166600	2468	14.81	2238	13.43	645	687	70	28.36	588472	167736
England and Wales	—	—	18.4	—	11.3	—	—	—	20.0	—	—



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