

[Report 1965] / Medical Officer of Health, Carmarthenshire County Council.

Contributors

Carmarthenshire (Wales). County Council. no2003000265

Publication/Creation

1965

Persistent URL

<https://wellcomecollection.org/works/nbnw93jv>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



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

Carmarthenshire County Council



Annual Report

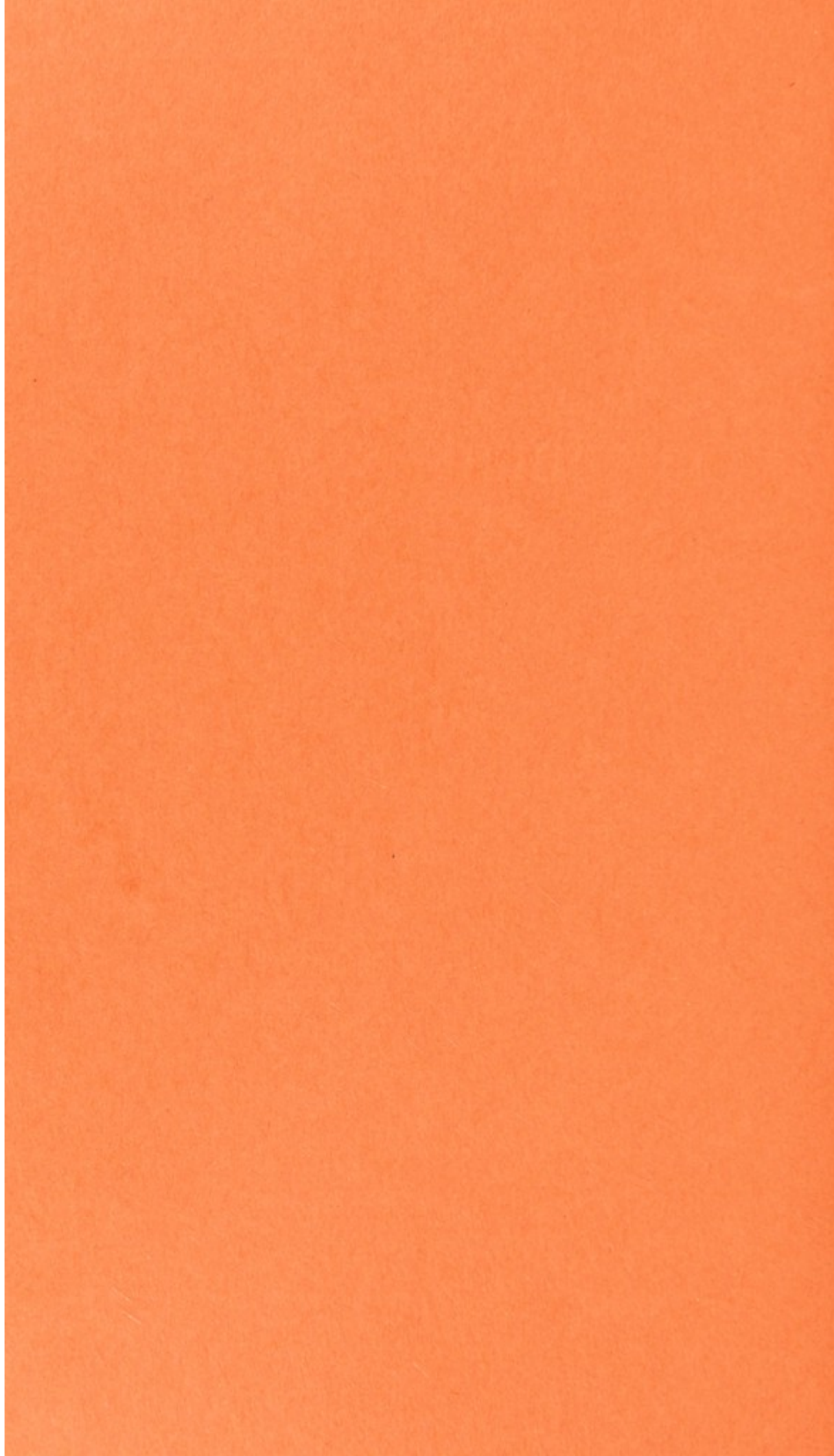
OF THE

County Medical Officer
of Health

For the Year 1965

CARMARTHEN :

Printed by The Journal Co. Ltd., 18, King Street.



Carmarthenshire County Council

Annual Report

OF THE

County Medical Officer
of Health

For the Year 1965

CARMARTHEN :

Printed by The Journal Co. Ltd., 18, King Street,

CONTENTS

	<i>Page</i>
Introduction	5
Committee	6
Public Health Officers	6
Statistics :	
Population	12
Births	12
Infant Mortality	13
Neo-natal Deaths	13
Perinatal Mortality	14
Maternal Mortality	15
Deaths	15
Causes of Death for Age Groups	16
Chief Causes of Death	18
Infant Deaths from Infectious Diseases	18
Cancer Mortality	19
Administration	20
Joint Use of Staff	21
Voluntary Organisations	21
Domiciliary Health Services :	
Elderly Sick and Infirm	22
Care of Mothers and Young Children :	
Expectant and Nursing Mothers	23
Mothercraft and Relaxation Classes	23
Personal Record Cards	23
Haemoglobin Tests	23
Unmarried Mothers and their Children	24
Child Welfare	25
Medical Treatment of Infants	27
Premature Infants	30
Infants at Risk of Handicapping Conditions	30
Ruth Griffiths Test	33
Phenylketonuria	33
Ophthalmia Neonatorum	34
Welfare Foods	34
Dental Care	35
Gynaecological Clinic	36
Family Planning Clinic	36
Nurseries and Child Minders	36
Nursing Homes	36
Domiciliary Midwifery	36
Maternity Flying Squads	38
Medical Aid	38
Exfoliative Cytology	38
Hospital Provision for Maternity Cases	39
Gas and Air Analgesia	39
Pethidine	40
Trichloroethylene	40
Refresher Courses for Midwives	40
Pupil Midwives	40
Puerperal Pyrexia	41
Supervision of Midwives	41

	<i>Page</i>
Health Visiting	41
Student Health Visitors	42
Refresher Courses	42
Home Nursing	42
District Training	43
Refresher Courses	43
Prevention of Break-up of Families	43
Vaccination and Immunisation	43
Smallpox Vaccination	43
Diphtheria, Whooping Cough, Tetanus, and Poliomyelitis Immunisation	44
BCG Vaccination	46
County Ambulance Service	47
Service on Repayment	48
Radio Control	50
Prevention of Illness, Care and After-Care	50
Tuberculosis	50
Malignant Disease	51
Incontinence Pads	51
Chiropody	51
Travelling Expenses of Relatives	52
Home Help Service	53
Health Education	55
Mental Health Service	55
Staffing	55
Training Centres	55
Residential Homes	56
Mental Illness	56
Mental Subnormality	56
Community Care	57
Llanelli Training Centres	59
Home Teaching	61
Communicable Diseases	61
Laboratory Services	61
Venereal Diseases	61
Tuberculosis	62
County Welfare Services	65
Blind Persons	65
Milk Control	67
Food and Drugs	67
Sanitary Circumstances	73
Table—Vital Statistics, 1965	74

Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

INTRODUCTION

Mr. Chairman, Aldermen and Councillors,

I beg to submit my report on the health of Carmarthenshire for 1965.

The birth rate for the year fell to 14.17 per thousand births as compared with 14.81 in 1964. The rate for England and Wales was 18.1. There was a slight improvement in the still-birth rate.

The infant mortality rate showed an appreciable decrease as compared with the previous year i.e. from 28.30 to 22.49. However, this rate is still higher than the national rate (19.0). Both the neo-natal mortality rate (16.12) and the early neo-natal mortality rate (13.58) indicate an improvement on the previous year when the rates were 21.47 and 19.04 respectively. Similarly, peri-natal mortality improved from 36.23 to 30.44 per thousand live and still-births.

The demand for ambulance transport has increased by 6.14% over 1964 and has followed the pattern of previous years.

The scheme for co-operation between general medical practitioners and health visitors came into operation on the 1st January and the result of the first year's work appears to be satisfactory. The scheme will be reconsidered after two years working experience. When requested to do so, the midwives also continued to attend general medical practitioners ante natal clinics.

An increase in the establishment of mental welfare staff will meet the growing needs in this field. Two female assistant mental welfare officers were appointed during the year. It is hoped that they will be enabled to follow a course of studies to qualify as mental welfare officers.

Continued reduction in distribution of National Welfare Foods once more raises doubts as to the continuing need for this service.

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, 1966

HEALTH AND PUBLIC HEALTH COMMITTEE, 1965

Chairman: Alderman Evan Bevan, O.B.E.

Vice-Chairman: Alderman S. O. Thomas.

Aldermen :

Emrys Aubrey
W. I. Daniel
G. V. Davies
Thomas Davies
W. J. Davies (Ex-officio)
L. Dennis
Mrs. Loti Rees Hughes
W. Douglas Hughes, O.B.E.

Josiah Jones
Haydn Lewis
W. H. Mathias, O.B.E. (Ex-officio)
S. J. E. Samuel
D. J. Stone
Frank Thomas
T. J. Williams, M.B.E.

Councillors:

J. H. Davies
T. W. Davies
W. J. Davies
D. Arthur Evans
G. P. Evans
Idris Evans
Thomas Evans
T. E. Evans
T. N. Evans
Austin Griffiths
W. Harry
S. T. Hughes
James James

Mrs. M. Joseph, B.E.M.
Dr. H. D. Llewellyn, O.B.E.
L. R. McDonagh
William Morris
J. B. Ohlsson
B. Owen
J. D. Phelps
W. J. Phillips (Abergwili)
D. C. Thomas
J. R. Thomas
S. I. Thomas
A. T. Wilkins
G. O. Williams

John Williams

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. G. Owen.

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 (Ceased 31st May).
Miss E. Evans, S.R.N., S.C.M., H.V.Cert (Commenced 1st June).

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. (Ceased 4th June)
 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.
 D. G. Daniels, M.B., B.Ch., M.R.C.S., L.R.C.P. (Commenced 7th October).
 *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).
 Margaret Evans, M.B., B.Ch. (Part-time)

* Divisional Medical Officer of Health.

Assistant Dental Officers :

J. L. T. Davies, L.D.S., R.C.S. (Ceased 5th August)
 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. (Ceased 31st May).

Medical Officer of Gynaecological Clinic :

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

Deputy Chief Nursing Officer:

Miss N. I. Davies, S.R.N., S.C.M., H.V.Cert., Q.N. (Commenced 1st September).

Senior Orthopaedic Sister :

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

Assistant Orthopaedic Sister :

Miss J. M. Brinson, M.C.S.P. (Commenced 26th April)

Speech Therapist :

Mrs. J. V. W. Jones, L.C.S.T.

Assistant Organisers of Home Helps :

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

Chiropodist:

Mrs. M. J. Lloyd, M.Ch.S. (part-time)

Mental Welfare Officers:

H. Lewis.
 W. O. Williams.
 A. J. Bennett,

Assistant Mental Welfare Officers:

Miss M. M. James (Commenced 1st September).

Miss M. Williams (Commenced 2nd August).

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 Llanelli Training Centre and Home Teacher for Mentally Subnormal :

Mrs. M. A. Lewis.

Senior Assistant Supervisor and Home Teacher for Mentally Subnormal:

Mrs. J. M. Jones (Commenced 1st October).

Assistant Supervisors and Home Teachers for Mentally Subnormal :

D. E. Ambrose.

Mrs. M. Woodliffe.

Miss P. Davies.

Mrs. M. Y. Russ.

Miss L. A. Jones (Ceased 31st August).

Mrs. A. Jones-Davies (Commenced 20th September)

Miss B. Griffiths (Trainee) (Commenced 1st September).

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 (Ceased 16th December)

E. G. Nicholls (Commenced 17th December).

Deputy Chief Inspector—Vacancy.

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 :

M. M. Beveridge, L.R.C.P., L.R.C.S., L.R.F.P.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., Llanelli.
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., Llanelli.

Audiologist:

Hector A. Thomas, F.R.C.S., Cardiff.

Ear, Nose and Throat Surgeons :

T. I. Williams, F.R.C.S., Llanelli.
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.
W. A. B. Brown, L.D.S., D.Orth., R.C.S., Cardiff.

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.
M. T. Stather-Dunn, M.B., B.Ch., 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	D. Bowden	S.R.N., H.V.Cert.
Llandybie	M. M. Davies	S.R.N., H.V.Cert.
Llanelli 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.
	J. Jones	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	R. M. Walters	S.R.N., S.C.M., H.V.Cert.
Pencader	D. R. J. Morgan	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	M. A. Thomas	S.R.N., S.C.M.
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.
Cao	M. M. Jones	S.C.M., S.E.N.
Cwmamman Garnant	S. E. James	S.R.N., S.C.M., Tb.Cert.
Glanamman	V. Sharp	S.R.N., S.C.M.
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	C. M. Davies	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	M. M. M. John	S.R.N., S.C.M.
Llanybyther	D. Thomas	S.R.N., S.C.M.
Llwynhendy	(Vacancy)	
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.

*These posts have been redesignated District Nurse but while nurse holds C.M.B. certificate she will continue to practice midwifery.

District.	Name.	Qualifications.
Pembrey	(Vacancy)	
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	(Vacancy)	
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., Q.N.
	H. Jones	S.R.N., Q.N.
	E. G. Thomas	S.R.N., S.C.M.
Llanboidy	E. M. Adams	S.R.N.
Llanelli	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.
Llanelli	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.

Relief District Midwife :

Carmarthen	(Vacancy)
--------------------	-----------

Relief District Nurse/Midwives :

Group 1	P. A. Davies	S.R.N., S.C.M., B.T.A.
Group 3 }	E. E. Varney	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 1965: 166,320.

Product of a penny rate for general purposes: £17,407

Rateable Value for general purposes: £4,394,843.

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	..	..	1171	..	1085	..	2256
Illegitimate	..	..	53	..	48	..	101
			<hr/>		<hr/>		<hr/>
Totals	..	..	1224	..	1133	..	2357
			<hr/>		<hr/>		<hr/>

Rate per 1,000 of estimated population: 14.17.

The following table shows 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.		Rate.
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	..	1505	14.96	..	2468 14.81
1965	..	840	12.78	..	1517	15.08	..	2357 14.17

Illegitimate Live Births :

Illegitimate live births per cent of total live births: 4.29.

Still Births :

	Male		Female		Total
	22	..	19	..	41

Rate per 1,000 (Live and Still) Births: 17.10.

Total Live and Still Births: 2,398.

Infant Mortality

There were 53 deaths of infants under one year old during the year; an infant mortality rate of 22.49 per 1,000 live births. This compares with a rate of 28.36 for 1964. For England and Wales for 1965, the rate was 19.0, but the rate for Wales only was 20.0.

A classification of 1965 deaths in the County is as follows :—

		Males		Females		Total		Rate
Legitimate	..	25	..	26	..	51	..	22.61
Illegitimate	..	2	..	—	..	2	..	19.80
Totals	..	27	..	26	..	53	..	22.49

The causes of death were :—

				Male		Female		Total
Pneumonia	..	..	..	7	..	3	..	10
Congenital malformations	..	..	..	2	..	4	..	6
Gastritis, enteritis and diarrhoea	..	..	..	1	..	—	..	1
Whooping Cough	..	..	..	—	..	1	..	1
Other defined and ill-defined diseases	..	..	..	17	..	18	..	35
Totals	..	..	..	27	..	26	..	53

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

	Legitimate		Illegitimate		Total		England and Wales	Wales only
Year	No.	Rate	No.	Rate	No.	Rate	Rate	Rate
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
1965	51	22.61	2	19.80	53	22.49	19.0	20.0

Neo-Natal Deaths

38 infants under four weeks old died (neo-natal deaths) during the year, a mortality rate of 16.12 per 1,000 live births. This figure was 53 for the previous year, a mortality rate of 21.47.

An analysis of the neo-natal deaths in the County during 1965 is as follows :—

				M.	F.	Total	Rate
Legitimate	..	..	..	17	20	37	16.40
Illegitimate	..	..	..	1	—	1	9.90
				—	—	—	—
Totals	..	..	..	18	20	38	16.12
				—	—	—	—

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
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
1965	37	16.40	1	9.90	38	16.12	13.0

Early Neo-natal Mortality (Deaths under one week)

				M.	F.	Total	Rate
Legitimate	..	..	..	17	14	31	13.74
Illegitimate	..	..	..	1	—	1	9.90
				—	—	—	—
Totals	..	..	..	18	14	32	13.58
				—	—	—	—

Perinatal Mortality (Still Births and deaths under one week)

				M.	F.	Total	Rate per 1000 total live and still births
Legitimate	..	..	..	38	31	69	30.08
Illegitimate	..	..	..	2	2	4	38.46
				—	—	—	—
Total	..	..	..	40	33	73	30.44
				—	—	—	—

Maternal Mortality

Maternal Mortality covers the number of deaths in which pregnancy or childbirth was the primary cause of death. No case occurred in this county during 1965. 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.
1960	..	1	..	2455	..	0.4
1961	..	1	..	2379	..	0.4
1962	..	1	..	2509	..	0.4
1963	..	2	..	2491	..	0.8
1964	..	1	..	2512	..	0.4
1965	..	—	..	2398	..	—

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.	
1960	..	1	..	0.4
1961	..	1	..	0.4
1962	..	—	..	—
1963	..	2	..	0.8
1964	..	1	..	0.4
1965	..	—	..	—

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 Medical Member of the Welsh Board of Health.

Total Deaths

Male	Female	Total
1192	1080	2272

Death Rate per 1,000 of estimated population : 13.66.

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.			
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
1965	..	1024	15.59	..	1248	12.41	..	2272	13.66	..	11.5

The following table gives the causes of death in 1965 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	6	2	8	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other ..	3	—	3	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ..	5	1	6	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	1	1	—	—	—	—	1	1	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	1	1	2	—	—	—	—	—	—	1	1	2
9. Other infective & parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	43	27	70	—	—	—	—	—	—	—	—	—
11. Malignant neoplasm, lung, bronchus	53	7	60	—	—	—	—	—	—	—	—	—
12. Malignant neoplasm, Breast	1	37	38	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus	—	21	21	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms ..	80	106	186	—	—	—	—	—	—	—	1	1
15. Leukaemia, aleukaemia	5	5	10	—	—	—	—	—	—	—	—	—
16. Diabetes	10	17	27	—	—	—	—	—	—	—	—	—
17. Vascular lesions of nervous system	131	184	315	—	—	—	—	—	—	—	—	—
18. Coronary disease, angina	347	204	551	—	—	—	—	—	—	—	—	—
19. Hypertension with heart disease	25	31	56	—	—	—	—	—	—	—	—	—
20. Other heart disease ..	100	166	266	—	—	—	—	—	—	—	—	—
21. Other circulatory disease	58	65	123	—	—	—	—	—	—	—	—	—
22. Influenza	—	1	1	—	—	—	—	—	—	—	—	—
23. Pneumonia	34	21	55	1	—	1	6	3	9	—	—	—
24. Bronchitis	59	14	73	—	—	—	—	—	—	—	—	—
25. Other diseases of respiratory system	66	8	74	—	—	—	—	—	—	—	1	1
26. Ulcer of stomach and duodenum	19	8	27	—	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	3	5	8	—	—	—	1	—	1	—	1	1
28. Nephritis and nephrosis	10	7	17	—	—	—	—	—	—	—	—	—
29. Hyperplasia of prostate ..	7	—	7	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformation	4	6	10	1	3	4	1	1	2	1	1	2
32. Other defined and ill-defined diseases	66	94	160	16	17	33	1	1	2	—	2	2
33. Motor vehicle accidents ..	25	3	28	—	—	—	—	—	—	1	—	1
34. All other accidents	25	35	60	—	—	—	—	—	—	1	1	2
35. Suicide	6	3	9	—	—	—	—	—	—	—	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—
Total	1192	1080	2272	18	20	38	9	6	15	4	8	12

	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	—	—	—	—	—	—	1	1	2	3	1	4	2	—	2
2	—	—	—	1	—	1	—	—	—	1	—	1	1	—	1
3	—	—	—	—	—	—	2	—	2	2	—	2	1	1	2
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	—	—	—	3	—	3	20	6	26	13	10	23	7	11	18
11	—	—	—	2	—	2	21	6	27	22	—	22	8	1	9
12	—	—	—	—	5	5	—	16	16	1	10	11	—	6	6
13	—	—	—	—	4	4	—	7	7	—	8	8	—	2	2
14	—	—	—	3	4	7	26	36	62	27	40	67	24	25	49
15	1	—	1	—	1	1	2	—	2	2	1	3	—	3	3
16	—	—	—	1	1	2	3	2	5	3	7	10	3	7	10
17	—	—	—	2	1	3	20	20	40	44	52	96	65	111	176
18	—	—	—	11	2	13	119	40	159	132	66	198	85	96	181
19	—	—	—	—	1	1	8	1	9	5	6	11	12	23	35
20	—	—	—	2	3	5	24	14	38	19	30	49	55	119	174
21	—	—	—	2	1	3	12	9	21	19	12	31	25	43	68
22	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
23	—	—	—	—	2	2	6	1	7	4	5	9	17	10	27
24	—	1	1	—	1	1	17	3	20	23	4	27	19	5	24
25	—	—	—	—	1	1	25	2	27	18	2	20	23	2	25
26	—	—	—	1	1	2	8	—	8	6	2	8	4	5	9
27	—	—	—	1	—	1	—	—	—	—	1	1	1	3	4
28	—	—	—	3	—	3	2	2	4	3	2	5	2	3	5
29	—	—	—	—	—	—	—	—	—	2	—	2	5	—	5
30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—
32	—	—	—	2	5	7	13	22	35	17	23	40	17	24	41
33	—	1	1	21	2	23	—	—	—	1	—	1	2	—	2
34	—	—	—	7	1	8	9	5	14	2	3	5	6	25	31
35	—	—	—	2	1	3	3	2	5	1	—	1	—	—	—
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	2	3	64	37	101	342	196	538	370	285	655	384	526	910

Chief Causes of Death

The chief causes of death during 1965 and the rates per 1,000 population compared with previous years were :—

Cause of Death	1961		1962		1963		1964		1965	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Heart and other Circulatory Disease ..	925	5.55	928	5.56	988	5.93	909	5.46	996	5.99
Cancer ..	335	2.01	349	2.09	356	2.14	357	2.14	375	2.25
Vascular Lesions of Brain	274	1.64	363	2.17	365	2.19	305	1.83	315	1.98
Pneumonia ..	70	0.42	71	0.43	63	0.38	93	0.56	55	0.33
Bronchitis ..	110	0.66	111	0.66	114	0.68	84	0.50	73	0.44
Other diseases of respiratory system ..	78	0.47	76	0.45	72	0.43	90	0.54	74	0.44
Motor Vehicle accidents ..	—	—	—	—	16	0.10	27	0.16	28	0.17
All other accidents ..	—	—	—	—	70	0.42	51	0.31	60	0.36

Deaths from the above causes for 1965 constitute 86.97% of the total deaths.

The number of deaths of persons 65 years of age and over was 1,565 or 68.88% of the total deaths in 1965.

910, or 40.05% of the total deaths were over 75 years of age.

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

Pneumonia	10
Gastritis, Enteritis and Diarrhoea ..	2
Influenza	—
Measles	2
Whooping Cough	1
Diphtheria	—
Tuberculosis (all forms)	—
Other Infective and Parasitic Diseases ..	—
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	
1961	..	335	..	2.0	.. 2.2
1962	..	349	..	2.1	.. 2.2
1963	..	356	..	2.1	.. 2.2
1964	..	357	..	2.1	.. 2.2
1965	..	375	..	2.25	.. 2.2

A classification of the causes of death from Cancer during 1965 is as follows :—

Site of Cancer		Age Periods							Total	Grand Total
		0—	1—	5—	15—	45—	65—	75—		
Stomach	M.	—	—	—	3	20	13	7	43	70
	F.	—	—	—	—	6	10	11	27	
Lung, Bronchus ..	M.	—	—	—	2	21	22	8	53	60
	F.	—	—	—	—	6	—	1	7	
Breast	M.	—	—	—	—	—	1	—	1	38
	F.	—	—	—	5	16	10	6	37	
Uterus	M.	—	—	—	—	—	—	—	—	21
	F.	—	—	—	4	7	8	2	21	
Others	M.	—	—	—	3	26	27	24	80	186
	F.	—	1	—	4	36	40	25	106	
TOTALS	M.	—	—	—	8	67	63	39	177	375
	F.	—	1	—	13	71	68	45	198	

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, Llanelli 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 Llanelli 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 Committee for Glantawe and the Carmarthenshire Executive Council. In addition the County Medical Officer of Health is a member of the Maternity Liaison Committees, Mental Health Liaison Committees of both Hospitals Management Committees and the Group Medical Advisory Committee of the South West Wales Hospital Management Committee.

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

There are still 15 District Nursing Associations in the County but their duties and responsibilities are now very limited.

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 Llanelli 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.

2232 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—The special post natal session held at the Ammanford Ante-Natal Clinic was discontinued at the beginning of the year. At the end of the year, nine Ante-Natal Clinics were maintained by the Authority and twelve sessions were held weekly. A list of the clinics and information as to the 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 ..	142	17	2.94
Llanelli ..	Two	C. I. Morgan ..	519	6	5.15
Llangennech ..	One	A. A. Jones ..	118	2	2.35
Kidwelly ..	One	Davies-Humphreys ..	349	95	8.54
Burry Port ..	Two	Davies-Humphreys ..	582	130	7.42
Cross Hands ..	Two	A. A. Jones ..	557	23	5.58
Pontyates ..	One	E. L. Davies ..	297	42	6.52
Llwynhendy ..	One	E. L. Davies ..	284	6	5.69
Amman Valley Hospital ..	One	John Davies ..	1416	1	29.52

1,227 cases made 4,586 attendances at the Clinics during the year, viz:—

Ante-Natal .. 1,028 cases, 4,264 attendances.
 Post-Natal .. 199 cases, 322 attendances.

Cases for specialist opinion are referred to clinics at the West Wales General Hospital, Carmarthen, the Llanelli 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.

Mothercraft and Relaxation Classes—As part of the care of expectant mothers, Mothercraft and Relaxation sessions commenced at the Llanelli Ante-Natal Clinic in April. The sessions have proved very popular and during the year, 83 patients (69 booked for hospital confinement and 14 for home confinement) made 607 attendances.

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

Cwmdonkin Shelter, Swansea, which was administered by a Voluntary Committee, closed on the 31st July. The Hostels to which unmarried mothers can be admitted are:—

Northlands Salvation Army Home, Cardiff.

56, Stanwell Road, Penarth.

Mount Hope Salvation Army Home, Bristol.

The Shelter, 43, York Place, Newport.

Particulars of admissions and discharges during 1965 are given in the following table :—

Hostel.	Admissions.	Discharges.	In Residence on the 31st December.
Northlands, Cardiff	6	8	—
Cwmdonkin Shelter, Swansea ..	3	3	—
56, Stanwell Road, Penarth ..	1	1	—
Mount Hope, Bristol	—	—	—
The Shelter, Newport	5	4	2

The sharp rise in illegitimate births in 1964 was reversed in 1965 when the number dropped from 123 in 1964 to 101 in 1965. The number of unmarried mothers who were admitted to a Hostel under the Committee's arrangements remained at 15 as for the previous year. This means that 14.85% of the unmarried mothers took advantage of the facilities offered under the Authority's arrangements. The majority of unmarried mothers were confined at home or at a local hospital.

Child Welfare.

A new Centre was opened at Cwmann in April. 39 Centres were being maintained by the Authority at the end of the year.

A list of the centres, and other information for 1965, is as follows:—

Centre	Where held	Day held	Attendances	Avg. attendances
Ammanford ..	Child Welfare Clinic, High Street, Ammanford.	Tuesday	1673	32.80
Brechfa ..	Church Hall, Brechfa	Thursday	105	4.04
Brynamman ..	The Clinic, Brynamman	Tuesday	740	29.60
Burry Port ..	Memorial Hall, Burry Port	Tuesday	1137	47.38
Carmarthen Borough.	The Clinic, Pond Street, Carmarthen.	Monday	1134	23.63
Carmarthen Rural.	The Clinic, Pond Street, Carmarthen.	Wednesday	342	13.15
Cwmamman ..	Bethesda Chapel Vestry, Glanamman.	Wednesday	752	28.92
Cwmann ..	Church Hall, Cwmann	Thursday	150	7.89
Felinfoel ..	Ysgol-y-Babanod, Felinfoel	Thursday	1092	42.00
Ferryside ..	Ex-R.A.F. Camp, Ferryside	Tuesday	287	11.48
Furnace ..	Saron Vestry, Furnace	Wednesday	269	10.35
Gorslas ..	Public Hall, Cross Hands	Tuesday	593	22.81
Kidwelly ..	Capel Sul Chapel Vestry Kidwelly.	Tuesday	712	28.48
Laugharne ..	The Clinic, Laugharne	Tuesday	432	17.28
Llandeilo ..	Salem Chapel Vestry, Llandeilo	Wednesday	260	10.00
Llandovery ..	The Clinic, Llandovery.	Tuesday	300	12.00
Llandybie ..	Assembly Rooms, Memorial Hall, Llandybie.	Thursday	472	18.15
Llanelli Borough.	Brynmair, Llanelli	Mon. and Fri.	4294	28.63
Llangadog ..	Y.M.C.A. Hall, Llangadog	Friday	296	22.77
Llangennech ..	Salem Chapel Vestry, Llangennech	Tuesday	806	31.00
Llanstephan ..	Memorial Hall, Llanstephan	Wednesday	361	13.88
Llanybyther	The Clinic, Llanybyther	Monday	369	15.38
Llwynhendy ..	The Clinic, Llwynhendy.	Tuesday	1055	42.20
Meidrim ..	Church Hall, Meidrim	Thursday	190	14.62

Centre	Where held	Day held	Attend- ances	Avg. attend- ances
Newcastle Emlyn.	The Court House, Newcastle Emlyn.	Friday	437	18.21
Pencader	Tabernacle Vestry, Pencader	Thursday	538	20.69
Pendine	The Institute, Llanmiloe, Pendine.	Wednesday	404	16.16
Penygroes	Congregational Chapel Vestry, Penygroes.	Tuesday	827	31.81
Ponthenry	Welfare Hall, Ponthenry	Wednesday	388	14.92
Pontyates	Welfare Hall, Pontyates	Wednesday	503	19.35
Pontyberem	Public Hall, Pontyberem	Wednesday	761	29.27
Pumpsaint	Coronation Hall, Pumpsaint	Thursday	46	5.75
Pwll	Salem Chapel Vestry, Pwll	Wednesday	500	19.23
St. Clears	The Clinic, St. Clears	Tuesday	581	22.35
Trimsaran	Tabernacle Vestry, Trimsaran	Tuesday	495	19.04
Tumble	Welfare Hall, Tumble	Tuesday	544	21.76
Velindre	Red Dragon Hall, Velindre, Llandyssul.	Thursday	605	25.21
Whitland	Memorial Hall, Whitland	Friday	665	25.58
Ystradowen	The County Primary School, Ystradowen.	Wednesday	344	13.76

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 1965	..	..	..	1535
Born 1964	..	..	..	1566
Born 1963-60	..	..	..	1348
				<u>4449</u>

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

Under 1 year of age	..	..	1506
Between 1 and 5 years of age	..	..	2815
			<u>4321</u>

No. of children referred for special treatment or advice: 194

During the year a series of talks on diet and food values were given to groups of mothers attending Infant Welfare Centres. The talks were greatly appreciated by the mothers and served a very useful educational purpose.

Clinic Nurses

During the year, one whole-time, two part-time and two part-time relief clinic nurses were appointed for work at the Llanelli, Carmarthen and Ammanford Clinics.

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 1965 :—

Ear, Nose and Throat Defects.—Under arrangements made with the Llanelli 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) LLANELLI.—At Llanelli General Hospital. 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.—Three cases of cleft palate are known to have been treated during the year and one case of miscellaneous defects was 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, 1965. 2,765 cases were being attended to for all Authorities, viz.:—

County Education Committee	1533
County Health Committee	1206
South West Wales Hospital Management Committee	11
Glantawe Hospital Management Committee ..	15

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	—	12	12
Spastic	2	1	3
Obstetrical	—	—	—
Other	—	—	—
Congenital Deformities	78	7	85
Infective Conditions of Bones and Joints	—	1	1
Non-infective conditions of Bones and Joints :			
Rickets	—	—	—
Other	—	1	1
Static or Postural Defects	1095	3	1098
Traumatic Deformities	—	1	1
Multiple Defects	—	—	—
Miscellaneous	31	—	31
Totals	1206	26	1232

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, 1965	1389	29	1418
Number of new cases during the year ..	476	2	478
Transfer to	—	2	—
Number of individual cases dealt with during the year	1867	31	1898
Transfer from	424	—	—
Number of cases withdrawn from Scheme	237	5	242
Number of cases under the Scheme on the 31st December, 1965	1206	26	1232
Total number of attendances made at the clinics	4700	48	4748
Number of individual cases received remedial exercises by Sisters	—	—	—
Number of individual cases massaged by Sisters	—	—	—
Number of home visits by Sisters	264	62	326
Number of cases examined by visiting Orthopaedic Surgeons	116	4	120
Number of cases recommended in-patient hospital treatment by Surgeons ..	6	—	6

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

Premature Infants

Premature infants are those notified as having a birth weight of 5½ lbs. or less, irrespective of the period of gestation. 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 at the Carmarthen Ambulance Station.

152 premature infants were notified during 1965 and further information is as follows :—

(a) Number born at home or in a Nursing Home	..	17
(i) Nursed entirely at home or in Nursing Home	..	7
*(ii) Transferred to Hospital	.. ..	10
(iii) Died within first twenty-four hours	.. ..	—
(iv) Died in one to seven days	.. ..	—
(v) Others who died within first twenty-eight days	.. ..	—
(vi) Survived at end of twenty-eight days	.. ..	7
(b) Born in Hospital	.. ..	135
(i) Died within first twenty-four hours	.. ..	17
(ii) Died in one to seven days	.. ..	9
(iii) Others who died within first twenty-eight days	.. ..	1
(iv) Survived at end of twenty-eight days	.. ..	108
* of the 10 transferred to Hospital :—		
Died within first twenty-four hours	.. ..	1
Died in one to seven days	.. ..	—
Others who died within first twenty-eight days	.. ..	1
Survived at end of twenty-eight days	.. ..	8

It will be seen that in all, 29 premature infants (or 19.08%) died within the first twenty-eight days. Of that number, death was due to prematurity or directly associated causes in respect of 26 infants. 25 of these infants were born at Hospitals and 1 at home. The infant born at home was transferred to and died at Hospital. Malformation and definite pathological conditions were responsible for the death of the other 3 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 three years infant mortality in Carmarthenshire has declined from 81.6 per thousand births in 1933 to 22.49 per thousand births in 1965. The corresponding rates for England and Wales were 64 in 1933 and 19.0 in 1965. 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	..	..	..	..	..	1
2.	Visual Handicap	..	..	..	..	..	—
3.	Cerebral Palsy	..	..	..	..	..	—
4.	Epilepsy	..	..	..	..	..	6
5.	Congenital Malformations	..	..	..	..	..	—
6.	Mental Disorder	..	..	..	..	..	9
7.	Repeated dead conceptions	..	..	..	..	..	1
8.	Other conditions	..	..	..	..	..	6
PRENATAL :							
9.	Toxaemias of Late Pregnancy	..	..	..	..	..	172
10.	Hyperemesis	..	..	..	..	..	2
11.	Rubella or other Virus Infection	..	..	..	..	..	2
12.	Toxoplasmosis	..	..	..	..	..	—
13.	Primary Hypertension or Hypertension secondary to Nephritis	..	..	..	..	..	18
14.	Uterine Haemorrhage	..	..	..	..	..	31
15.	Diabetes	..	..	..	..	..	3
16.	Multiple pregnancy	..	..	..	..	..	56
17.	Hydramnios	..	..	..	..	..	13
18.	Threatened Abortion	..	..	..	..	..	12
19.	Blood Group Incompatibilities	..	..	..	..	..	14
20.	Major Surgery	..	..	..	..	..	—
21.	Drug Therapy	..	..	..	..	..	—
22.	X-rays early in pregnancy	..	..	..	..	..	—
23.	Positive W.R.	..	..	..	..	..	—
24.	Other Conditions	..	..	..	..	..	4
PERINATAL							
25.		..	..	..	..	..
26.	Birth asphyxia	..	..	..	..	..	32
27.	Prolonged or difficult labour	..	..	..	..	..	37
28.	Premature Birth	..	..	..	..	..	80
29.	Precipitated Labour	..	..	..	..	..	3
30.	Foetal Distress	..	..	..	..	..	41
31.		..	..	..	..	..
32.	Postmaturity	..	..	..	..	..	81
33.	Neonatal Jaundice	..	..	..	..	..	2
34.	Congenital Malformation	..	..	..	..	..	15
35.		..	..	..	..	..
36.		..	..	..	..	..
37.	Other Conditions	..	..	..	..	..	1
POST NATAL :							
38.	Convulsions	..	..	..	..	..	3
39.	Cyanotic attacks	..	..	..	..	..	—
40.		..	..	..	..	..
41.	Acute specific infections	..	..	..	..	..	1
42.	Cerebral palsy	..	..	..	..	..	—
43.		..	..	..	..	..
44.		..	..	..	..	..
45.	Difficulties in sucking or swallowing	..	..	..	..	..	—
46.	Other Conditions	..	..	..	..	..	73
SYMPTOMATIC GROUP :							
47.	Inattention to sound or visual stimulus	..	..	..	..	..	—
48.	Delay in motor development	..	..	..	..	..	—
49.	Delay in vocalisation or speech	..	..	..	..	..	—
50.	Lack of interest in people or playthings	..	..	..	..	..	—
51.	Abnormal behaviour	..	..	..	..	..	—

The total number of children covered by the above conditions was 601 and 75 of them had been withdrawn during the year as making normal progress, 21 had left the area and 25 had died.

In 54 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 Assistant Medical Officers 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—49%	50—74%	75—100%	100+ %
Prematurity	38	34	4	—	—	—	3	26	8
Haemolytic Disease of the new-born	8	7	1	—	—	—	—	6	2
Delayed milestones	9	5	2	1	2	—	3	3	—
Other Conditions	20	16	4	—	—	1	3	11	4
Totals	75	62	11	1	2	1	9	46	14

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.

No case giving a positive reaction was found during the year.

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
1961	—	—	—
1962	—	—	—
1963	1	1	—
1964	1	1	—
1965	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. An additional distribution centre was set up at a newly established Infant Welfare Centre. At the end of the year, distribution was being undertaken at forty six Centres as follows:—

- 2 Centres staffed by whole-time employees
- 5 At the Offices of County District Authorities
- 22 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 Llanelli, receive their supplies by van from the Central Stores. Llanelli 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 1964, — 25th December, 1965, Welfare Foods as follows were issued to parents at Centres:—

National Dried Milk	..	49,817 Tins.
Cod Liver Oil	..	3,022 Bottles.
Orange Juice	..	26,329 Bottles.
“ A ” and “ D ” Tablets	..	1,699 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 1965 :—

Period	29/12/64 to 27/3/65	28/3/65 to 26/6/65	27/6/65 to 25/9/65	26/9/65 to 25/12/65
National Dried Milk (Tins)	1015	1029	933	853
Cod Liver Oil (Bottles) ..	62	50	46	73
Orange Juice (Bottles) ..	429	542	546	507
Vitamin "A" and "D" Tablets (Packets) ..	34	35	29	31

The distribution of all National Welfare Foods again showed a slight decrease.

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 Llanelli 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 8 expectant and nursing mothers were referred for dental treatment as compared with 24 in 1964. 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 1964	11
New cases requiring treatment	8
Actually treated	13
Treatment completed	13
Discontinued before full treatment completed	—
Refused treatment	3
Not completed at end of year	—
Awaiting treatment at end of year	3

10 children under the age of 5 were also referred and treated under the arrangements of the Committee and 10 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	8	—
Teeth extracted	47	12
Teeth filled	2	8
Scalings and gum treatment ..	2	—
Other treatment	—	2
Treatment under a general anaes- thetic	4	5
Attendances for treatment ..	35	—

Gynaecological Clinic

In view of the very poor attendances, the Llanelli Gynaecological Clinic was discontinued in February.

Up to the date of its closure, 9 patients had been seen at the Clinic (1 new case and 8 old cases) and they made 9 attendances.

Family Planning Clinic

The Family Planning Association established a new Clinic at Llanelli and at the end of the year, sessions were held in the County as follows:—

Ammanford—The Clinic, High Street—bi-monthly.

Carmarthen—Pond Street Clinic—weekly.

Llanelli—The General Hospital—bi-monthly.

The County Council make an annual grant to the Carmarthenshire Branch of the Association.

NURSERIES AND CHILD MINDERS

No applications for registration under the Nurseries and Child Minders Regulation Act 1948 were received during the year. During the year two Child Minders withdrew their registration and at the end of the year one Nursery only was registered under the Regulations.

Regular visits of inspection are made by the County Medical Officer of Health or the Deputy County Medical Officer of Health.

NURSING HOMES

There are no registered nursing homes in the County.

MIDWIFERY SERVICE

Following the re-organisation of the home nursing and midwifery districts in the north eastern part of the County, one post of District Nurse/Midwife was discontinued and two other posts were re-designated as District Nurse but if the nurses holding these posts have CMB Certificates, they are allowed to take midwifery cases. Also during the year a full-time midwifery post was re-classified to that of District Nurse/Midwife and the establishment of whole-time County Council midwives at the end of the year was 9, viz:—

Llanelli Borough—4

Carmarthen District—4

Burry Port and Pembrey—1

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

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. 1635 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 324 domiciliary deliveries during the year, 1782 patients booked domiciliary midwives for ante-natal care and 14,289 ante-natal home visits were made.

119 Midwives notified their intention to practise in the County during 1965, viz.:—

		As Midwives
Domiciliary Midwives	.. ..	75
Institution Midwives	.. ..	44

13 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	9	34	241	285	—
District nurse / midwives (under Nursing Associations) ..	—	1	11	27	39	—
Midwives employed by Hospital Management Committees ..	—	—	—	—	—	1920
Private midwives* ..	—	—	—	—	—	—
Totals ..	1	10	45	268	324	1920
* Cases taken while relieving for : County Council and included in table above.	—	—	2	2	4	—

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 324 patients delivered at home, three patients were delivered of twins and 25 sets of twins were delivered in hospital where 1920 patients were confined.

There was a drop in the total number of patients delivered in the County from 2411 in 1964 to 2244 in 1965. However, the percentage of patients who were delivered in hospital increased from 82.41% in 1964 to 85.56% in 1965. 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
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%)
1965	2244	1920 (or 85.56%)	324 (or 14.44%)

2,367 maternity patients who normally resided within the County were notified as having been attended by midwives during 1965, either within or without the County. Of that number 2044 (or 86.35%) were delivered at hospital and 323 (or 13.65%) were delivered at home.

It is disappointing to have to state that even after seventeen years of free medical services under the National Health Service Act, many expectant mothers are still not consulting their family doctors early 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 526 cases, 274 by Institutional midwives and 252 by domiciliary midwives.

Exfoliative Cytology

Pilot schemes for the cytological examination of cervical smears have been in operation at the West Wales General Hospital, Carmarthen, and the Llanelli General Hospital for some years. Owing to staffing difficulties which limited the number of smears that could be examined, it was not possible to extend the service to the Authority's Clinics. Many general practitioners have indicated that they intend providing the service for their patients and it is hoped that in 1966 facilities will be available for the examination of smears taken at the Local Health Authority clinics.

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. Thirteen 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)	127	16	143
District nurse midwives under Nursing Associations	6	8	14
*Private midwives	—	—	—
Totals	133	24	157

*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)	134	22	156
District nurse/midwives under Nursing Associations	7	4	11
*Private midwives	—	—	—
Totals	141	26	167

*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)	57	9	66
District nurse/midwives under Nursing Associations	12	2	14
*Private midwives	—	—	—
Totals	69	11	80

* 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. Eleven 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 seven cases of Puerperal Pyrexia notified during the year. Six cases were confined and treated at hospital, and the seventh 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.

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

District Nurse/Midwives	.. ..	103 visits
County Council Midwives	.. ..	23 „
Independent Midwives	.. ..	13 „
Hospital Midwives	.. ..	— „

Special visits of investigation were as follows :—

Puerperal Pyrexia	.. ..	7 visits
Infant eye conditions	.. ..	73 „
Maternal Deaths	.. ..	— „
Others	.. ..	10 „

HEALTH VISITING

The health visiting establishment is 24 whole-time health visitor/school nurses.

A scheme to improve co-operation between family doctors and health visitors was put into operation in January. Where it was found possible, health visitors were attached to general practitioners. For the majority of the remainder, arrangements were made for health visitors to be associated with the practices. In some of the very rural areas, it was only possible to arrange for the health visitor to be available on request. The Scheme is to be reviewed after two years working experience.

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
	1965	1964	1963	1962	1961	1960	
No. of infants	2211	2354	2243	2230	1727	648	27,184

3468 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	15	9
Over 65 years of age	519	882
Discharged from Hospital (Excluding Mental Hospital)	189	166
Ante-Natal	155	108
Tuberculous Households	546	363
Other Infectious Diseases	3	1
Not already included above	182	330

In addition to the visits to infants and adults shown above, health visitors made 5955 "no access" visits i.e. visits to homes but found the patients or mothers and infants not at home.

1661 sessions were attended by health visitors at Local Health Authority Clinics.

Student Health Visitors

Two student health visitors were appointed during the year.

Refresher Courses

A limited number of health visitors are authorised to attend Refresher Courses each year; four attended during 1965.

HOME NURSING

During the year, one post of District Nurse/Midwife was discontinued, two others were re-designated District Nurses, and one post of District Midwife was re-classified as District Nurse/Midwife.

The establishment for home nursing at the end of the year was as follows:—

Whole-time District Nurses..	..	11
District Nurse/Midwives ..	..	43
Relief District Nurse/Midwives ..	..	10

In addition, the relief district midwife in the Carmarthen area undertakes 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 1964.

4,384 home nursing cases were attended during 1965 and 111,593 home visits were made by district nurses. A classification of the cases is as follows :—

	No.	Percentage of Total
Medical	3355	76.53
Surgical	936	21.35
Infectious Diseases	1	0.02
Tuberculosis	32	0.73
Maternal Complications	3	0.07
Others	57	1.30

1022 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	182	4.15
5 years and up to 65 years	1970	44.94
65 years and over	2232	50.91

There was a slight increase in the number of cases attended from 4,339 in 1964 to 4,384 in 1965 and a corresponding increase in the number of visits from 105,758 to 111,593. There was a slight increase in the number of patients 65 years and over from 2,162 for 1964 to 2,232 for 1965 and the percentage of these patients to the total number of cases increased from 49.83 (1964) to 50.91 for 1965.

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.

Two nurses attended a district training course at Bristol during 1965.

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 29%. Prior to the change over approximately 50% of all children under the age of one year were vaccinated annually.

The 29% for Carmarthenshire compares with a percentage of 22% for Wales.

Records in respect of 883 successful vaccinations undertaken during 1965 were received during the year, the ages of the cases being as follows:—

Under 1 year old	..	..	..	162
Age 1 year	..	..	..	554
Age 2—4 years	..	..	..	142
Age 5—14 years	..	..	..	7
Age 15 years and over	..	..	..	18
Total	..	..	..	883

Records in respect of 253 re-vaccinations were also received.

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis 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) Immunisation against poliomyelitis is by Sabin (Oral) vaccine.

Supplies of antigens are provided free of charge to infant welfare centres and general medical practitioners. The quadruple vaccine is not available under the arrangements of the Authority but is obtainable by general medical practitioners from commercial sources.

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

Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	'58-61		
Quadruple-Diphtheria/Tetanus/Whooping Cough/Poliomyelitis	1	11	10	—	—	—	22
Triple-Diphtheria/Tetanus/Whooping Cough	514	796	85	46	50	5	1496
Diphtheria/Whooping Cough ..	—	—	—	—	—	—	—
Diphtheria/Tetanus	1	4	1	3	19	4	32
Diphtheria	1	2	—	—	—	—	3
Whooping Cough	—	5	3	—	6	—	14
Tetanus	—	5	3	—	35	12	55
Poliomyelitis:—							
Salk	—	—	—	—	—	—	—
Sabin (oral)	161	1006	234	137	325	97	1960

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

Type of vaccine or dose	Year of birth					others under age 16	Total
	1965	1964	1963	1962	'58-61		
Diphtheria	517	813	96	49	69	9	1553
Whooping Cough	515	812	98	46	56	5	1532
Tetanus	516	816	99	49	104	21	1605
Poliomyelitis	162	1017	244	137	325	97	1982

The following is a summary of reinforcing doses given during the year:—

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	'58-61		
Quadruple-Diphtheria/Tetanus/ Whooping Cough/Poliomyelitis	—	—	—	—	—	—	—
Triple-Diphtheria/Tetanus/Whoop- ing Cough	3	56	183	52	110	3	407
Diphtheria/Whooping Cough ..	—	—	—	—	—	—	—
Diphtheria/Tetanus	—	1	9	12	87	3	112
Diphtheria	—	—	1	—	10	—	11
Whooping Cough	—	—	—	—	1	—	1
Tetanus	—	—	—	—	1	—	1
Poliomyelitis:—							
Salk	—	—	—	—	—	—	—
Sabin (oral)	—	—	8	6	19	11	44

The total number of children who received “booster” doses against each disease is as follows:—

Type of vaccine or dose	Year of birth					others under age 16	Total
	1965	1964	1963	1962	'58-61		
Diphtheria	3	57	193	64	207	6	530
Whooping Cough	3	56	183	52	111	3	408
Tetanus	3	57	192	64	198	6	520
Poliomyelitis	—	—	8	6	19	11	44

The following table shows the percentage of children under 3 years of age vaccinated at 31/12/65. The percentages for Wales are shown for comparison.

	Carmarthenshire	Wales
Born 1962		
Whooping Cough ..	63	66
Diphtheria	64	70
Poliomyelitis ..	59	68
Born 1963		
Whooping Cough ..	67	69
Diphtheria	68	70
Poliomyelitis ..	62	71
Born 1964		
Whooping Cough ..	60	66
Diphtheria	60	67
Poliomyelitis ..	52	63

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 education establishments.

The following is a summary of the work carried out during 1965:—

	School Children	Pupils attending independent schools	Students
(1). No. eligible	1148	139	108
(2). No. of (1) skin tested ..	900 (78.40%)	136 (97.84%)	91 (84.26%)
(3). No. of (2) who were:—			
(a) found to be negative ..	797 (88.55%)	95 (69.85%)	33 (36.26%)
(b) found to be positive ..	79 (8.78%)	41 (30.15%)	45 (49.45%)
(c) Failed to attend for reading of skin test.	24 (2.67%)	—	13 (14.29%)
(d) Had BCG vaccination ..	797 (88.55%)	95 (69.85%)	33 (36.26%)
(e) No. refused vaccination after having skin test or were medically unfit for vaccination .. .	—	—	—

Child Contacts of Tuberculosis.—The BCG vaccination of child contacts of tuberculous patients is the responsibility of the Chest Physicians. 239 children were skin tested by them during the year of whom 90 (37.66%) proved positive. Of the 149 who proved negative 137 were successfully vaccinated.

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 Llanelli, 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
Llanelli ..	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.

Following a review in 1964 of the vehicle servicing arrangements, the authority decided to establish a workshop at the Carmarthen Ambulance Station. The necessary adaptations were completed in July, 1965 and a mechanic and apprentice commenced duties in August and September respectively.

As from then, all the routine servicing and maintenance of ambulances were carried out at the workshop.

The ambulance fleet now consists of:—

15 petrol driven dual purpose ambulances.

2 diesel driven dual purpose ambulances.

Reserves: 2 petrol driven and three diesel driven ambulances.

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

Petrol driven ambulances, 14.30 miles per gallon.

Diesel driven ambulances, 22.47 miles per gallon.

There was an increase in the demand for transport during the year, the average number of patients conveyed per month being 6,392 as compared with 6,022 during 1964 (an increase of 6.14%).

The total mileage for all vehicles increased, being 663,925 miles as compared with 645,940 miles in 1964 (an increase of 2.78%).

Arrangements were made for 55 patients to travel by train and the estimated mileage involved was 15,691.

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
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
1965	663,925	+2.78	76,709	+6.15

The average number of trips per month for 1965 was 1526 as compared with 1473 for 1964, an increase of 3.60%.

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. Four cases were conveyed during the year.

The following table summarises monthly the work of the Ambulance Service for the year 1965, 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 ..	1067	323	291	65	1746	3521	1134	1790	557	7002	30909	20174	11556	3115	65754
February ..	895	274	255	66	1490	3054	1029	1669	492	6244	23869	17174	9122	3563	53728
March ..	884	256	210	101	1451	3011	914	1495	649	6069	21791	15343	8961	4072	50167
April ..	845	222	203	53	1323	3040	874	1431	513	5858	22753	11940	8091	2438	45222
May ..	1066	276	263	113	1718	4003	1081	1944	944	7972	30147	18251	11531	5015	64944
June ..	855	219	227	82	1383	2951	785	1504	711	5951	23014	13604	8726	3403	48747
July ..	1071	327	287	90	1775	3738	1116	1860	811	7525	29958	20089	10887	3929	64863
August ..	880	209	237	20	1346	2644	713	1405	139	4901	24299	11032	7194	1722	44247
September ..	856	243	211	115	1425	2791	850	1350	963	5954	25095	16618	8252	5119	55084
October ..	1070	351	295	87	1803	3632	1108	1846	765	7351	29932	20132	10441	3742	64247
November ..	852	261	228	108	1449	2760	947	1603	872	6182	23217	19119	8837	4578	55751
December ..	855	250	230	79	1414	2638	826	1619	617	5700	23587	15440	8370	3774	51171
Total ..	11196	3211	2937	979	18323	37783	11377	19516	8033	76709	308571	198916	111968	44470	663925
Average per month for 1965 ..	933	267	244	81	1526	3148	948	1626	669	6392	25714	16576	9330	3705	55327
Average per month for 1964 ..	937	251	230	53	1473	3177	857	1506	481	6022	25676	16462	9176	2512	53828

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
1961	..	..	..	9.19
1962	..	..	..	7.71
1963	..	..	..	7.47
1964	..	..	..	8.94
1965	..	..	..	8.66

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 1965.
- (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 1965.

Incontinence Pads

The care and after-care arrangements include the provision of incontinence pads for which there is an increasing demand. Over 8,000 were issued during the year. 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. A female part-time chiropodist is employed 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 weekly clinics at Pwll, fortnightly clinics at Drefach and Felinfoel and monthly clinics at Ystradowen, Llanybyther and Pencader.

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

<i>Organisation</i>	<i>Number of Clinics</i>			
Old Age Pensioners' Associations	23
Old People's Welfare Committees	1
British Red Cross Society	12
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	3,899	13,010	6,083
Handicapped	106	235	252
Expectant and nursing mothers	12	53	—
Totals	4,017	13,298	6,335

The following is a summary of the conditions treated:—

Bunions	654	Callosities	9,276
Corns	15411	Ingrowing Nails ..	982
Nail trimming ..	14,759	Miscellaneous Conditions	5,287

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. 37 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 following-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 1965 :—

Weekly Assistance	No. of Cases
6 hours and under	434
Over 6 hours and up to 9 hours ..	106
Over 9 hours and up to 12 hours ..	113
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.

1022 cases received home help assistance during 1965, as compared with 931 cases during 1964. The 1022 cases include 56 patients for whom a second period of assistance was provided during the year. The number of individual families who received assistance during 1965 was therefore 966.

The 1022 cases for 1965 were:—

Over 65 years of age	756
Under 65:	
Chronic Sick and Tuberculous ..	186
Mentally Disordered	3
Maternity	32
Others	45
Total	1022

The number of cases assisted during the year showed an increase of 91 from 931 for 1964 to 1022 for 1965; 86 of these were accounted for by patients over 65 years of age.

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.

670 cases were being assisted on the 31st December, 1965, as compared with 661 at the end of 1964. Of the 670 cases, 595 (or 88.81%) 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	28
One to two months	28
Two months to three months ..	19
Three months to four months ..	22
Four months to five months ..	23
Five months to six months ..	17
Six months to twelve months ..	83
Over twelve months	450
Total	670

The age distribution of the 670 cases was as follows :—

	No. of Cases
30 years of age and under	5
Over 30 years of age and up to 40 ..	13
Over 40 years of age and up to 50 ..	22
Over 50 years of age and up to 60 ..	63
Over 60 years of age and up to 65 ..	52
Over 65 years of age and up to 70 ..	114
Over 70 years of age and up to 75 ..	130
Over 75 years of age and up to 80 ..	145
Over 80 years of age and up to 85 ..	90
Over 85 years of age and up to 90 ..	29
Over 90 years of age	7
Total	670

401 of the cases (or 59.85%) were over 70 years of age, and 567 of the cases (or 84.63%) were over 60 years of age.

On the 1st January, 1965, 334 home helps were available for duty. 115 new home helps were enrolled during the year and 132 resigned. On the 31st December, 317 were available for duty. Service given in the last normal week of the year was equivalent in terms of whole-time employment to 105.02 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.

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

At the end of the year the staff was comprised of three full-time male mental welfare officers and two female assistant mental welfare officers. The two female officers were new appointments during the year.

One of the male officers was undergoing a twelve-month course for the Diploma in Mental Health at the London School of Economics with a view to appointment as Senior Psychiatric Social Worker.

Training Centres

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

The new Junior Training Centre inclusive of a special care unit and residential home was under construction at the end of the year and it is hoped that it will be occupied early in 1967.

Part of the site is also earmarked for the Adult Training Centre to be erected at a later date.

When the children at Ann Street are transferred to Heol Goffa, the former premises will be utilised as an adult training centre on a temporary basis.

Residential Homes

The establishment of residential homes for adults 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	..	..	3
Compulsory admission for treatment	..	..	24
Emergency Cases	..	..	156
Informal	..	..	49
Section 60 (court cases)	..	..	3

Mental Subnormality

11 mentally subnormal patients (6 males and 5 females) were brought to the notice of the Health Authority during the year; 8 of them (3 boys and 5 girls) were reported by the Education Committee. These 11 cases were dealt with as follows:—

	M.	F.	Total
Admitted to Hospitals	—	1	1
Placed on Waiting List for admission to suitable Hospitals	1	—	1
Placed under guardianship	—	—	—
Placed in Community Care	5	4	9
Action Pending	—	—	—
Found not to be Subnormal	—	—	—
Died	—	—	—
Totals	6	5	11

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

One female patient, transferred in April from hospital care to the guardianship of the local health authority, was placed in the care of her parents. While at home she attended the training Centre regularly and made fair progress. However, she failed to settle down satisfactorily at home and, in December, was transferred back to hospital.

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	6	16	22
16 years of age and over	46	58	104
Total	52	74	126

There were nine 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 seven 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:—

	MENTALLY ILL				PSYCHOPATH				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS			
	Under Age 16 M	Under Age 16 F	16 and over M	16 and over F	Under Age 16 M	Under Age 16 F	16 and over M	16 and over F	Under Age 16 M	Under Age 16 F	16 and over M	16 and over F	Under Age 16 M	Under Age 16 F	16 and over M	16 and over F	Under Age 16 M	Under Age 16 F	16 and over M	16 and over F
(a) Receiving training in day centre	—	—	—	—	—	—	—	—	12*	10*	15	18	2	2	2	—	14	12	17	18
Awaiting training in day centre	—	—	—	—	—	—	—	—	3	4	4	7	1	1	3	3	4	5	7	10
(b) Receiving training in residential centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting training in residential centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	2	—	—	—	5
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident at L.A. expense in private residential home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Resident at L.A. expense by boarding out in private home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(g) Receiving home visits and not included under (a) to (f)	—	—	82	97	—	—	—	—	5	1	18	24	2	5	16	11	7	6	116	132
(h) Others (including not yet visited)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(i) NUMBER OF PATIENTS INVOLVED AT (a) to (h)	—	—	82	97	—	—	—	—	20	15	37	52	5	8	21	16	25	23	140	165
Number of Patients in L.H.A. area on waiting list for admission to hospital at 31/12/65:																				
(i) In urgent need of hospital care	—	—	—	—	—	—	—	—	1	1	—	1	3	1	1	1	4	2	1	2
(ii) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—
Number of Patients admitted temporarily for residential care during 1965:																				
(i) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	2	—	4	—	3
(ii) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* 1 Male and 1 Female attending Felinfach Training Centre, Cardiganshire

LLANELLI 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 59, 5 children under 9, 4 between 9 and 11 years, 15 between 11 and 16 years, 18 adult females and 17 adult males.

Attendance continued to be very good. The system of grouping the pupils proved successful.

Classes were kept as small as possible and the age groups flexible. Some children were found to be better placed in a class above or a class below their particular age group.

The Transition Groups were found to be particularly beneficial and the change over of classes and teachers for one day a week at Biddulph Street was a great success. The younger boys looked forward to their day in the workshop and worked well, getting used to handling real tools, while the older boys enjoyed the opportunity of trying out various arts and crafts as well as seriously getting down to writing and number work. In the latter activity the cuisenaire apparatus proved to be very useful.

The daily routine of the children between 14 and 16 was partly changed and they were made responsible individually or in groups for such tasks as could be allotted to them. This transitional stage will, it is hoped, help to prepare them for life in the Adult Centre in due course, enlarging their horizons, as it were. All their special abilities were fostered.

In the Reception Group basic needs were made the subject of a strict routine from the outset. Basic subjects were personal cleanliness, toilet routine, table manners, social manners, tidiness and personal appearance, care of clothes and posture. The children were encouraged to help others, to share with them and to think beyond themselves.

Personal cleanliness is more difficult to inculcate in subnormal children. Washing before meals, after going to the toilet and when they are dirty has to be insisted on with such absolute rigidity that they accept it as a routine. We found this to be the most successful method of teaching. Everything has to be taught and taught again until it becomes the child's normal response to the particular situation. Routine persistence and endless patience eventually brings results.

Table manners and social manners may be developed without too much difficulty in normal children. Our children are at a great disadvantage in this respect, a disadvantage on which attention is inevitably focussed. Perseverance in training overcomes this disadvantage and brings much pleasure into family life where there was once embarrassment and apology. This gives confidence to the child himself that he is acceptable in the outside world.

The most important achievement of all is the ability to speak and communicate and this has been encouraged in all activities at the Centre. The average child comes to the Centre with speech in its very early stages or often totally undeveloped. This is a subject which gives parents particular distress and is a central problem from the child's point of view. We have grappled with this problem to the best of our ability. While it is realised that formal therapy may be of help in a few cases, there are no short cuts to the development of intelligible speech. This requires patient training rather than formal therapy. However, if a Speech Therapist could see children on admission and advise the supervisor and staff of any special recommendations for speech training in each case, it would be very helpful.

Probably half the activities at the Centre are concerned with teaching the control of muscles. The children are by nature clumsy, inco-ordinate and awkward, lacking the grace of movement of the normal child. A progressive scheme of activity in all spheres has been developed e.g. marching to music, ball games, action songs, outdoor games, dancing, country-dancing, percussion band, proceeding to more elaborate games and the beginning of team games. All these were enjoyed at the Centre and helped the children towards self discipline and muscle control. The competitive spirit—to do as well as his friend—was thus instilled in the often lazy subnormal.

Tasks were given and simple crafts taught which would lead not only to self-expression but also to the control of the hands and the co-ordination of movement of two hands. Handwork, threading of beads, cross-stitch and simple embroidery, rug making and stringing stools formed part of a progression which it is hoped will lead in adult life to the capacity for steady and accurate work at the Adult Centre and perhaps eventually to suitable employment in open industry.

We have found from experience that there is little to be gained by attempting to teach formal writing and reading in the early years at the Centre but the foundations can be laid by recognition of letters, counting by rote and telling the time. Teaching begins on a "look and learn" basis continuing to the phonic method when more serious tuition starts.

Domestic training is important for both boys and girls as they grow older. Helping to lay the table, clearing away, assisting in the kitchen and so on were treated as a privilege and were carried out with neatness, accuracy and increasing speed.

During the year, many students from Swansea University, Trinity College, Carmarthen, and several other Training Colleges, as well as student nurses from Llanelli Hospital paid visits of observation to the Centre.

We again received several valuable gifts such as a Climbing Frame and set of Community Playthings from the Llanelli Wanderer's Club, a Perdio Record Player from the Llanelli Ladies Circle. A Necchi Electric Sewing Machine was purchased with the money given by the British Railways Staff Association at the previous year's Christmas Party. A very happy Christmas Party was again given by them this year when their Chairman presented another cheque of £110. The Mayor of Llanelli also gave £10 towards the Christmas festivities.

The Sisterhood of the Presbyterian Chapel gave their annual party in May and in the Autumn the staff and children of the Centre were invited to see the Billy Smart Circus which proved to be a most enjoyable outing.

Mrs. J. M. Jones, who has been a valued member of the staff since the opening of the Centre, was promoted on the 1st October to Senior Assistant Supervisor.

In July, Miss L. A. Jones left the staff to take up an appointment at Bush House, Bristol and in September Mrs. A. Jones-Davies was appointed to fill the vacancy of Assistant Supervisor. She started attending the Cardiff and Monmouthshire course for Assistant Supervisors in October.

Miss B. Griffiths was appointed as trainee assistant and also commenced duties in September in preparation for proceeding on the full-time two year course at Cardiff.

The Supervisor and Miss P. Davies attended a very useful refresher course run by the Mental Health Association in Sheffield during the summer holidays.

M. A. LEWIS,

Home Teaching

Five 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 1965:—

Disease	No. of cases notified
Scarlet Fever	11
Whooping Cough	43
Diphtheria	—
Measles	623
Pneumonia	51
Meningococcal Infection	1
Acute Poliomyelitis :	
Paralytic	—
Non-Paralytic	—
Acute Encephalitis :	
Infective	—
Post-infectious	—
Dysentery	108
Ophthalmia Neonatorum	1
Puerperal Pyrexia	7
Typhoid Fever	—
Para-typhoid	—
Food Poisoning	6
Erysipelas	5

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

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 West Wales Hospital, Carmarthen, Mount Pleasant Hospital, Swansea, and Bryntirion Hospital. The West Wales Hospital Clinic was opened in October. 94 new patients from the County attended during the year as follows:—

	Syphilis	Gonorrhoea	Non-V.D. and other conditions	Total
Swansea Clinic	3	7	44	54
Llanelli Clinic	3	8	23	34
Carmarthen Clinic	1	1	4	6
Toal	7	16	71	94

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.
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
1965 ..	5	2	7	15	1	16	71

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
1961 ..	96	..	0.58	19	..	.11
1962 ..	90	..	0.54	12	..	.07
1963 ..	69	..	0.41	25	..	.15
1964 ..	77	..	0.46	10	..	.06
1965 ..	44	..	0.26	12	..	.07

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
1961 ..	9	..	.05	—	..	—
1962 ..	10	..	.06	1	..	.006
1963 ..	8	..	.05	2	..	.01
1964 ..	18	..	.11	—	..	—
1965 ..	8	..	.05	3	..	.02

The following table shows the age distribution of all new cases notified during 1965 :—

Age Periods	Respiratory		Non-Respiratory		Total
	M.	F.	M.	F.	
0—1 ..	—	—	—	—	—
1—5 ..	—	—	—	—	—
5—15 ..	3	2	—	—	5
15—25 ..	1	1	—	—	2
25—35 ..	3	4	—	2	9
35—45 ..	3	1	4	1	9
45—55 ..	7	1	—	3	11
55—65 ..	8	1	—	—	9
65+ ..	7	2	—	2	11
Total ..	32	12	4	8	
Grand Totals	44		12		56

The following table shows the deaths from Tuberculosis classified into the various age groups for the year 1965 :—

Age Periods	Deaths from Tuberculosis			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0—1 ..	—	—	—	—
1—5 ..	—	—	—	—
5—15 ..	—	—	—	—
15—45 ..	—	—	1	—
45—65 ..	1	1	—	—
65+ ..	5	1	2	—
Totals ..	6	2	3	—
Grand Totals ..	8		3	

Examinations at Chest Clinics

During the year, 3,138 new cases, including 531 contacts, were examined. Of these 40 were diagnosed as definitely tuberculous and 2,724 as non-tuberculous. 374 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 1/1/65	418	237	22	94	440	331	771	4.63
Notified Cases, 1965 ..	27	11	4	6	31	17	48	0.29
Inward Transfers	5	1	—	2	5	3	8	0.05
Total New cases	32	12	4	8	36	20	56	0.34
Withdrawn:—								
Recovered ..	43	44	4	14	47	58	105	—
Left Area ..	6	4	1	2	7	6	13	—
Change of Diagnosis ..	—	—	—	—	—	—	—	—
Deaths:—								
Tuberculosis ..	6	2	3	—	9	2	11	—
Other causes ..	15	5	1	—	16	5	21	—
On Register, 1/1/66 ..	380	194	17	86	397	280	677	4.07

COUNTY WELFARE SERVICES

The County Council welfare services under the National Assistance Act 1948 are carried out under the aegis of the County Welfare Committee.

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 Llanelli. If a patient is unable to travel, a domiciliary visit is made by the Ophthalmologist.

During 1965, 105 new cases (41 males and 64 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	—	—	—	—	—	—	—	—	—	—
5—15	—	—	—	—	—	—	—	—	—	—
16—20	—	—	—	—	—	—	—	1	1	1
21—29	—	—	—	—	—	—	—	—	—	—
30—39	—	—	—	—	—	—	1	1	1	2
40—49	—	—	—	—	—	—	1	—	1	1
50—59	2	1	—	—	—	—	1	3	3	7
60—69	1	1	2	1	—	—	3	3	6	11
70—79	2	8	4	4	—	—	9	8	15	35
80 and over	8	18	3	4	—	—	4	11	15	48
Totals	13	28	9	9	—	—	19	27	41	105

At the end of the year there were 531 blind persons on the register and their age distribution was as follows:—

Age Group	M.	F.	Total
0—4 ..	—	—	—
5—15 ..	1	3	4
16—20 ..	3	2	5
21—29 ..	3	1	4
30—39 ..	11	4	15
40—49 ..	13	12	25
50—59 ..	25	22	47
60—69 ..	32	57	89
70—79 ..	50	91	141
80 and over ..	70	131	201
Totals ..	208	323	531

263 persons (93 males and 170 females) became blind when over 65 years of age. 35 (12 males and 23 females) became blind under the age of 12 months

Partially Sighted

36 persons (11 males and 25 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	3	1	4	5
65 and over	5	14	3	3	—	—	2	4	10	21	31
Totals	5	14	3	4	—	—	3	7	11	25	36

There were 104 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 ..	—	—	—
16—20 ..	1	3	4
21—49 ..	11	6	17
50—64 ..	3	10	13
65 and over ..	27	43	70
Totals	42	62	104

Employment of blind persons

At the end of the year, 20 males and 1 female were in employment, 10 of them in workshops for the blind, 1 as a homemaker and 10 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 2 males and 1 female in open employment. One male 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	23	21	—	29
(b) Treatment (medical surgical or optical) ..	37	4	—	27
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	13	1	—	12

Ophthalmia Neonatorum :

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

(ii) Number of cases in which :—

(a) Vision lost —

(b) Vision impaired —

(c) Treatment continued at end of year 1

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 ..	957
Informal samples of Milk tested for compositional quality by officers of the Food and Drugs department	561
Alcoholic spirits tested by officers of the department	27
Milk samples sent for bacteriological or biological examination to the Public Health Laboratory	826
Total number	2371

MILK SAMPLES SUBMITTED TO THE PUBLIC ANALYST

Number of samples submitted	.. .. .	608
Certified to be genuine in Fat and Non-fatty-solids	.. .. .	458
Genuine in Fat and Non-fatty-solids but contained traces of blood		1
Deficient in Non-fatty-solids due to natural causes	.. .. .	88
Contained Added Water	.. .. .	14
Deficient in Fat	.. .. .	21
Deficient in both Fat and Non-fatty-solids	.. .. .	26

(Three of these also contained traces of blood).

Included in the above total are twelve "Appeal to Cow" samples of milk. Four of these samples were genuine, whereas two were deficient in fat and six were deficient in non-fatty-solids.

Milk samples certified to contain Added Water

Of the 14 samples certified to contain added water, 8 were samples of milk sold retail in the county and 6 were samples of milk supplied wholesale to creameries.

Legal proceedings under Section 2, Food and Drugs act, 1955 were taken in respect of seven 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. 7.7% } 21.3% } 9.6% } 2.8% }	£21/8/0	3. 8.4%	£23
		4. 16%	£11/14/6
2. 3.2%	£33/9/0		

In the case of one milk sample certified to contain 4.7% added water it was found that the adulteration was due to a leakage in the milk-treating plant of which the operator was obviously unaware. A large number of samples was taken at this dairy during the year and, except for the above sample, all the samples were reported to be free from adulteration. In the circumstances it was decided to issue a warning to the operator of the dairy.

The amounts of added water in the remaining 6 milk samples were small and it was decided not to take legal action against the suppliers but to issue warnings.

Milk samples containing traces of blood

The four samples of milk found to contain small quantities of blood were taken following complaints by a purchaser. The discolouration of the milk due to the blood was not very pronounced and, in the circumstances, it was considered inadvisable to take legal action against the producer-retailer concerned. The matter was reported to the Divisional Medical Officer of Health and to the Divisional Veterinary Officer,

Milk samples deficient in Fat and/or Non-fatty-solids

One milk sample was reported to be 66% deficient in fat and the "Appeal to Cow" sample taken at this farm after the cows had been milked under the supervision of the sampling officer, was also 40% deficient in fat. It was apparent that the deficiency was not due to any abstraction of fat but was due to the unsatisfactory milking procedure adopted at this farm where the milking cows were kept mainly for calf rearing. Appropriate instructions were given to the farmer concerned.

Investigations were also carried out in respect of several other milk samples reported to be deficient in fat and/or Non-fatty-solids and warnings were issued to the suppliers.

Milk samples tested for antibiotics

The Public Analyst also tested for the presence of antibiotics, 372 of the milk samples submitted to him for analysis. Traces of penicillin were found in 19 of the samples examined.

Reports in the press show that convictions have been obtained in some parts of the country against milk-producers for selling milk containing antibiotics but in this county, in view of the fact that, up to the present, each sample reported to contain traces of antibiotics has been the first sample showing such an irregularity procured from the milk-producers concerned, it has been the practice to issue warnings.

Milk containing glass

A bottle of milk was brought to the department by the purchaser who had noticed that there were pieces of broken glass in the milk. Legal proceedings under Section 2, Food and Drugs Act were taken against the suppliers and a fine of £40 was imposed.

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	561
Genuine in Fat and Non-fatty-solids	526
Contained Added Water	1
Deficient in Fat	4
Deficient in both Fat and Non-fatty-solids	1
Deficient in Non-fatty-solids	29

The informal sample of milk found to contain added water was taken from the same source as four formal samples of milk certified by the Public Analyst to contain added water.

MISCELLANEOUS ARTICLES OF FOOD AND DRUGS :—

Number of samples submitted to the Public Analyst	349
Certified to be Genuine	324
Certified to be Unsatisfactory	25

The samples comprised the following:—Forty-five of Ice Cream; Forty-four of Fruit Preserves; Thirty-nine of Meat Sausages; Thirty-six of Butter; Thirty-three of Soft Drinks; Twenty-three of Canned Meat Products; Thirteen of Sugar Confectionery; Eleven of Condensed Milk; Ten each of Malt Vinegar and Cream; Nine of Non-brewed Condiment; Seven each of Canned Milk (18% Butter-fat); Rice Milk Pudding and Butter Cakes; Four each of Almond Marzipan and Margarine; Three each of Faggots; Vegetable Salad; Honey; Bread and Pickled Vegetables; Two each of Ground Almonds; Vitamin Tablets; Cough Linctus; Almond Oil; Ice Lollies; Cheese and Sunny Spread (Containing Honey); One each of Tomato Juice; Cherries in Syrup; Potted Fish; Liqueur Chocolates; Tea; Instant Coffee; Olive Oil; Rose Hip Syrup; Chilblain Tablets; Zinc and Castor Oil Cream; Camphorated Oil; Tincture of Iodine; Ascorbic Acid Tablets; Aspirin Tablets; Calamine Cream; Milk of Magnesia Tablets; Ferrous Sulphate Tablets and Zinc Ointment.

Particulars relating to the Unsatisfactory Samples

<i>Description of article</i>	<i>Nature of deficiency or irregularity</i>
Non-brewed Condiment	6.2% deficient in Acetic Acid.
Honey	Contained mould spores and hyphae.
Minced Beef Loaf	Contained an excessive amount of tin.
Beef Sausages	Contained 25 parts per million of the preservative Sulphur Dioxide in excess of the permitted maximum of 450 parts/million.
Beef Sausages	16% deficient in meat content.
Beef Sausages	7% deficient in meat content.
Pork Sausages	36.9% deficient in meat content.
Pork Sausages	17.5% deficient in meat content.
Pork Sausages	Discoloured—with mould hyphae.
Sterilised Cream	Butter-fat content slightly less than percentage declared on container.
Strawberry Preserve	Contained a small piece of plywood.
Butter	Water content 16.54% maximum allowed 16%
Butter	Water Content 16.1 %—maximum allowed 16%
Butter	Water content 16.25 %—maximum allowed 16%
Butter	Water content 16.45 %—maximum allowed 16%
Butter	Had an 'off-flavour' and contained excess water (Water content 16.3%).
Sliced Bread	It had a disagreeable taste and odour.
Rice Milk Pudding	Milk used was 6% deficient in fat.
Rice Milk Pudding	Milk used was 3% deficient in fat.
Evaporated Milk	3% deficient in fat.
Butter-drops	57% deficient in Butter-fat.
Butter-drops	31.2% deficient in Butter-fat.
Bread Roll	Contained some extraneous substance.
Bread	Dark patch due to contamination with oil.
Vegetable Salad	Excess tin due to reaction on metal container.

Legal proceedings, under Section 2 of the Food and Drugs Act, were taken in respect of the following samples which are listed above as being unsatisfactory:—

Pork Sausages (36.9% deficient in Meat)	Fine of £20 imposed, together with £3/18/0 Costs.
Pork Sausages (Discoloured & mouldy)	Fine of £25 imposed.

In the case of the two samples of Butter-drops which were reported to be considerably deficient in butter-fat, it was found that the manufacturing confectioners had been taken over by another company after the date of delivery of the confectionery to the wholesalers and, in the circumstances, it was considered inadvisable to take legal action.

It was found that the deficiency in the Non-brewed Condiment had arisen on account of wrong directions given to the manufacturers by the suppliers of the concentrated essence. The irregularity was brought to the notice of the suppliers of the essence who expressed great concern and gave an assurance that the matter would be rectified without delay.

Thorough investigations were carried out in respect of all the other samples reported to be unsatisfactory and, after careful consideration of all the circumstances, it was decided to caution the suppliers or manufacturers concerned.

Investigations were also carried out in respect of articles of food brought in by private purchasers and examined by the Food and Drugs Officers. On account of the fact that the complainants were reluctant to appear in court and for various other reasons, the suppliers of the offending foodstuffs were let off with cautions. The complaints related to (1) mouldy meat pies, (2) mouldy cakes; (3) chocolate with a maggot in it and (4) cornish pasty with a piece of animal hide in the corned beef in the filling.

Alcoholic Spirits

Tests were carried out by the Food and Drugs Officers on 27 samples of alcoholic spirits purchased at licensed premises and all the samples were found to be genuine.

The Milk (Special Designation) Regulations, 1963 and 1965

The licences issued under the above Regulations to milk-dealers in the county authorising the use of the designations "Untreated," "Pasteurised" or "Sterilised" in relation to milk, expired at the end of the year and, where the conditions were satisfactory, new licences were issued from the Clerk of the County Council's department.

Conditions at some dairies in the county were not considered to be up to the required standards and the operators of these dairies were instructed to make the necessary improvements before the licences could be renewed.

The 1965 Regulations prescribe a new special designation, "Ultra Heat Treated", in relation to milk heat-treated to a temperature of not less than 270°F. for not less than one second. This milk is not yet available in this county.

One hundred and seventy-nine samples of milk were taken for examination from milk-dealers to whom licences had been issued by the County Council and 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	101
Failed Phosphatase test but satisfied Methylene Blue test ..	6
Failed Methylene Blue test but satisfied Phosphatase test ..	10
Total ..	117

Untreated Milk

Satisfied Methylene Blue test	26
Failed Methylene Blue test	19
Test void as atmospheric shade temperature exceeded 70°F. ..	1
Total ..	46

Sterilised Milk

Number of samples taken	16
---------------------------------	----

All were reported satisfactory under the prescribed test.

The milk-dealers concerned were warned in respect of the milk samples reported to have failed to satisfy the tests.

MILK IN SCHOOLS SCHEME

Details of the results of the bacteriological tests carried out on 590 samples of milk supplied to schools in the county are as follows:—

Pasteurised Milk

Satisfied both Phosphatase and Methylene Blue tests	269
Failed Phosphatase test but satisfied Methylene Blue test ..	3
Failed Methylene Blue test but satisfied Phosphatase test ..	22
Satisfied Phosphatase test but Methylene Blue test void ..	8
Total ..	302

Untreated Milk

Satisfied Methylene Blue test	223
Failed Methylene Blue test	57
Test void	6
Total ..	286

Sterilised Milk

Number of samples taken	2
---------------------------------	---

both were satisfactory under the prescribed test.

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 . .	30	—	30
Untreated Milk . .	13	1	14
	—	—	—
	43	1	44
	—	—	—

Milk samples sent for Guinea-pig inoculation

Thirteen 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.

Five samples were reported to be free from infection. The other eight guinea-pigs inoculated died of intercurrent infection and the biological examinations could not be carried out.

E. G. NICHOLLS.

Chief Inspector

SANITARY CIRCUMSTANCES

At the time of the completion of this report only the District Medical Officers of Health for Burry Port Urban District and Kidwelly Borough had submitted reports on the sanitary circumstances of county districts.

The following is a summary.

Water Supply

Burry Port Urban District—schemes to supply two housing estates were completed and, at the end of the year, a main extension scheme was under construction.

Kidwelly Borough—Three schemes were in varying stages of preparation but no constructional works were undertaken.

Food Poisoning

Burry Port Urban District. One family suffered from food poisoning, the infecting organism being *salmonella liverpool*. An elderly member of the family failed to respond to treatment and was still under observation at the end of the year.

VITAL STATISTICS, 1965

Name of District	Estimated Population for 1965	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 Popula- tion	No.	Rate per 1,000 Popula- tion	Outward	Inward	No.	Rate per 1,000 Live Births		
URBAN :											
Llanelli	29120	363	12.47	432	14.84	194	57	12	330.6	2069	29979
Carmarthen	12830	168	13.09	228	17.77	391	17	2	11.90	5160	13247
Llandeilo	1930	27	13.99	26	13.47	1	19	—	—	311	1904
Llandovery	1990	28	14.07	31	15.58	11	8	—	—	1266	1911
Kidwelly	2900	35	12.07	45	15.52	—	16	1	28.57	2854	2879
Newcastle Emlyn	650	5	7.69	13	20.00	1	5	—	—	208	648
Ammanford	6200	75	12.10	110	17.74	3	38	—	—	951	6267
Burry Port	5920	87	14.70	83	14.02	—	28	1	11.49	1374	5865
Cwmaman	4200	52	12.38	56	13.33	5	22	—	—	756	4263
Total	65740	840	12.78	1024	15.59	606	210	16	19.05	14949	66963
RURAL :											
Llanelli	40460	690	17.05	478	11.81	41	175	16	23.19	51367	40301
Carmarthen	28050	394	14.05	339	12.09	14	136	10	25.38	202733	28027
Llandeilo Fawr	23970	317	13.22	313	13.06	10	96	7	22.08	236581	24480
Newcastle Emlyn	8100	116	14.32	118	14.57	15	41	4	34.48	82842	8237
Total	100580	1517	15.08	1248	12.41	80	448	37	24.39	573523	101045
Whole County	166320	2357	14.17	2272	13.66	686	658	53	22.49	588472	168008
England and Wales	—	—	18.1	—	11.5	—	—	—	19.0	—	—

