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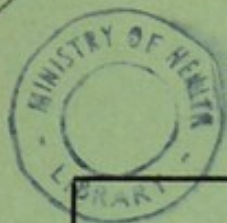
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Carmarthenshire County Council

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# Annual Report

OF THE

County Medical Officer  
of Health

For the Year 1967

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LLANELLI :

Printed by the Llanelly Mercury Printing Co., Ltd.



Carmarthenshire County Council

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# CONTENTS

	<i>Page</i>
Introduction	4
Committee	5
Public Health Officers	6
Statistics :	
Population	13
Births	13
Infant Mortality	14
Neo-natal Deaths	14
Perinatal Mortality	15
Maternal Mortality	16
Deaths	16
Causes of Death for Age Groups	17
Chief Causes of Death	19
Infant Deaths from Infectious Diseases	19
Cancer Mortality	19
Administration	20
Joint Use of Staff	21
Voluntary Organisations	22
Domiciliary Health Services :	
Elderly Sick and Infirm	23
Health Centres	23
Care of Mothers and Young Children :	
Expectant and Nursing Mothers	24
Mothercraft and Relaxation Clinics	25
Personal Record Cards	26
Haemoglobin Tests	26
Unmarried Mothers and their Children	26
Child Welfare	26
Clinic Accommodation	29
Medical Treatment of Infants	29
Premature Infants	31
Infants at Risk of Handicapping Conditions	32
Congenital Malformations	34
Ruth Griffiths Test	34
Phenylketonuria	35
Ophthalmia Neonatorum	35
Welfare Foods	36
Dental Treatment	37
Family Planning Clinic	38
In-Service Training	38
Nurseries and Child Minders	38
Nursing Homes	38
Domiciliary Midwifery	38
Maternity Flying Squads	40
Resuscitation of the New Born	40
Medical Aid	40
Hospital Provision for Maternity Cases	41
Nitrous Oxide and Air Analgesia	41
Pethidine/Pethilorfan	42
Trichloroethylene	42
Refresher Courses for Midwives	43

	<i>Page</i>
Pupil Midwives .....	43
Puerperal Pyrexia .....	43
Supervision of Midwives .....	43
Health Visiting .....	43
Co-operation with Family Doctors .....	44
Student Health Visitors .....	44
Refresher Courses .....	44
Home Nursing .....	44
District Training .....	45
Refresher Courses .....	45
Prevention of Break-up of Families .....	49
Vaccination and Immunisation .....	49
Smallpox Vaccination .....	49
Diphtheria, Whooping Cough, Tetanus and Poliomyelitis Immunisation .....	50
BCG Vaccination .....	51
County Ambulance Service .....	52
Service on Repayment .....	54
Radio Control .....	56
Prevention of Illness, Care and After-Care .....	56
Tuberculosis .....	56
Malignant Disease .....	57
Nursing Requisites .....	57
Incontinence Pads .....	57
Chiropody .....	57
Exfoliative Cytology .....	58
Travelling Expenses of Relatives .....	58
Fluoridation of Water Supplies .....	59
Home Help Service .....	59
Health Education .....	60
Mental Health Service .....	61
Staffing .....	61
Training Centres .....	61
Residential Homes .....	61
Mental Illness .....	62
Mental Subnormality .....	62
Community Care .....	62
Communicable Diseases .....	64
Laboratory Services .....	64
Venereal Diseases .....	64
Tuberculosis .....	65
County Welfare Services .....	67
Blind Persons .....	67
Partially Sighted .....	69
Milk Control .....	70
Food and Drugs .....	70
Table—Vital Statistics, 1967 .....	80



## INTRODUCTION

Mr. Chairman, Aldermen and Councillors,

I have pleasure in presenting my Annual Report on the health of Carmarthenshire for the year 1967.

There was one vacancy in the medical staff which was filled by the appointment of Dr. Ann Harrison Rees.

It is of relevance to make brief remarks on the statistical returns. The live birth rate dropped from 13.85 to 12.9 with a fall in total live births from 2,294 to 2,138, a fall of 156. The number of still births remained practically the same as last year. Infant mortality is slightly above the average for the country and the neonatal deaths rose from 27 to 34. There was also an increase in the perinatal mortality from 65 to 70. A pleasing note is the fact that there were no maternal deaths during the year. Malignant neoplasm of the lung and bronchus continued its upward trend; in 1960 the figure was 53 and in 1967 it was 85.

This year again I have been asked to be stringent in spending in spite of the Minister of Health stating that there should be no interference with Health expenditure. This is a personal service and it is an embarrassment not to give adequate service to a needy case.

It is with regret that I have to report so little progress in establishing Health Centres. Certain groups of General Practitioners have asked for Health Centres to practise from and so move into the Twentieth Century. I feel that Health Centres are an important factor, together with attachment of nursing staff, for a comprehensive and integrated domiciliary service.

The Mothercraft and Relaxation Classes developed satisfactorily during the year, three additional classes being established.

As seen in the report, in-service training was continued and I am grateful to the lecturers for the time and effort they have given to improving the service. Each lecture is pertinent to the service—and I feel that the nursing staff's knowall will improve to the advantage of the patients.

Although only one Nursery and one Child Minder are registered under the Nurseries and Child Minders Regulation Act, 1948, many tentative enquiries were made by private individuals and voluntary bodies. I feel sure that more requests will be forthcoming.

With the installation of a computer, work is progressing with regard to programming our vaccination and immunisation scheme. It is based on a package scheme so it will be limited in some ways. However, it is hoped that as well as making it easier for the General Practitioner and County Health Clinics to arrange sessions it will eventually result in a higher percentage of immunisation and vaccination for the County.

The demand for Cervical Cytology examinations increased to such an extent that it was necessary to hold weekly sessions at the three clinics.

The Home Help Service continues to give sterling support to the halt, the lame, and the blind. Without this service I feel there would be a much greater demand for chronic sick beds and admissions to Welfare Homes. The service showed a slight increase, but it continued to be a service mainly for the elderly.

The 23rd May was a red letter day—this was the day that the new Training Centre—Canolfan Hyfforddi'r Ifanc, Heol Goffa, Llanelli—was opened. The Opening Ceremony was performed by Professor W. Linford Rees, Professor of Psychiatry, St. Bartholomew's Hospital, an old Llanelli boy who showed his continued interest in the service in the County by sparing of his valuable time to travel from London for this event. He



was kind enough to congratulate the Authority on building what he considered to be one of the best Training Centres he had ever seen. In this connection, tribute must be paid to the County Architect, Mr. J. G. Dunton, and Mr. John Lewis, the Architect in charge of the project.

Everyone who has visited the Centre will agree that the staff and children have at last been provided with facilities which measure up to the highest standards, and full advantage of this is being taken to the benefit of the children. It is gratifying to see how happy the children are in their new surroundings.

The Residential Home which was built at the same time is also of the same standard. Unfortunately, staffing problems prevented the use of the home during the year.

I am indebted to Mr. Douglas Evans, Visual Aids Officer, for the photographs of the Training Centre and Residential Home which appear in the body of the Report.

I would like to express my thanks and appreciation to the Members for their kind consideration and encouragement at all times. I also appreciate the co-operation I have received from the Chief Officers of the Authority. I also wish to pay tribute to the professional, administrative and clerical staff of the Health Department for their continued efficiency and loyalty. I wish also to thank Mr. Owen, my Chief Administrative Officer, whose advice and assistance has been most helpful in the administration and the future planning of the service.

D. G. G. JONES,

August, 1968.

County Medical Officer of Health.

#### HEALTH AND PUBLIC HEALTH COMMITTEE, 1967

Chairman : Alderman S. O. Thomas.

Vice-Chairman : Alderman G. V. Davies.

Aldermen :

Evan Bevan, O.B.E.

J. H. Davies.

W. J. Davies (Llandovery).

W. J. Davies (Llanelli).

Labor Dennis.

Josiah Jones, M.B.E.

J. D. Phelps.

W. J. Phillips (Abergwili).

D. J. Stone.

Frank Thomas.

T. J. Williams, M.B.E.

Councillors :

Emrys Aubrey.

W. I. Daniel.

D. Idris Davies.

T. W. Davies.

E. T. Davies.

D. H. Edwards.

T. Evans.

T. E. Evans.

Austin Griffiths.

Rev. H. D. Griffiths.

J. A. J. Harries.

William Harry.

H. W. T. Howell.

S. T. Hughes.

H. G. James.

James James.

Haydn Lewis.

Dr. H. D. Llewellyn, O.B.E.

D. L. W. Morris.

William Morris.

B. Owen.

D. T. Price.

D. J. Richards.

C. H. Robertson.

D. C. Thomas (Burry Port).

D. C. Thomas (Llandissilio).

D. M. Thomas (Carmarthen).

D. M. Thomas (Rhydar-gaeau).

S. I. Thomas.

A. T. Wilkins.

D. T. 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.

Chief Administrative Officer :

W. G. Owen.

Principal Dental Officer :

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

Chief Nursing Officer :

Miss E. Evans, S.R.N., S.C.M., H.V. Cert., Cert. of Nursing Admin. (Public Health).

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.

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.

Ann H. Rees, M.B., B.Ch. (commenced 6th February).

\*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).

A. Nest M. Crane, B.Sc., M.B., B.S., D.C.H. (part-time).

Mair Walker, M.B., ChB. (part-time).

Margaret Evans, M.B., B.Ch. (part-time).

Mary Ll. Morgan, J.P., B.Sc., M.B., B.Ch.

\*Divisional Medical Officer of Health.

Assistant Dental Officers :

D. L. Walters, L.D.S., R.C.S.

T. J. Thomas, L.D.S., R.C.S.

S. C. R. Evans, B.D.S. (University of London), L.D.S., R.C.S.

P. M. Llewelyn, B.D.S. (part-time).

Dental Auxiliary :

Miss J. D. Evans.

Deputy Chief Nursing Officer :

Miss N. I. Davies, S.R.N., S.C.M., H.V.Cert., Q.N. (Certificate of Nursing Admin. (Public Health)).

Assistant Nursing Officer :

Miss B. C. Cummins, S.R.N., S.C.M., H.V.Cert., Q.N. (commenced 1st June).

Senior Orthopædic Sister :

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

Assistant Orthopædic Sister :

Vacant.

Speech Therapist :

Mrs. J. V. W. Jones, L.C.S.T. (part-time)

Mrs. R. M. Stewart, L.C.S.T. (part-time).

Assistant Organisers of Home Helps :

Mrs. E. J. Griffiths.

Miss M. M. Y. Hughes.

Chiropodist :

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

Head Social Worker, Mental Health :

H. Lewis, A.A.P.S.W., Dip. Soc. Sci.

Mental Welfare Officers :

W. O. Williams, Dip. Soc. Sci.

A. J. Bennett.

Assistant Mental Welfare Officers :

Miss M. M. James.

Miss M. Williams.

Mental Welfare Assistants :

D. P. Jones.

Mrs. A. L. Jones.

Miss H. Jones.

Acting Mental Welfare Officers :

\*J. A. D. Hopkins.

\*D. G. Jones.

\*Esmor Evans.

\*D. J. Lewis.

\*J. I. Stephens.

\*D. A. David.

\*Also County Welfare Officers.

Supervisor, Llanelli Junior Training Centre and Home Teacher for Mentally Subnormal :

Mrs. M. A. Lewis.

Senior Assistant Supervisor and Home Teacher for Mentally Sub-normal :

Mrs. J. M. Jones.



## Assistant Supervisors :

Miss P. A. Davies.  
 Mrs. M. Y. Russ.  
 Mrs. J. M. Woodliffe.  
 Mrs. H. Thomas ((Nursery).  
 Mrs. G. Chenery (Special Care Unit).

## Trainees :

Miss E. M. Davies.  
 Miss B. E. Griffiths.

## Manager/Supervisor Adult Training Centre :

D. E. Ambrose.

## Male Instructor :

G. Daniels.

## Assistant Supervisor :

Mrs. E. Ambrose (Temporary).

## Matron—Residential Home :

Miss L. Rees.

## Assistant Matron :

Miss K. Noot.

## Home Teachers and Visitors for the Blind :

S. Davies.  
 Miss S. M. Tidmarsh.  
 Mrs. F. Davies.  
 Mrs. A. Harries.

## Welfare Officer for the Handicapped :

Miss Myra Thomas.

## Welfare Officer for the Deaf :

J. M. Roberts.

## Occupational Therapist :

Mrs. R. Jones.

## County Analyst :

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

## Inspectors under Food and Drugs Act :

Chief Inspector E. G. Nicholls, M.I.S.A.A., M.I.W.M.A.  
 Deputy Chief Inspector G. W. Beynon, M.I.W.M.A.

## Educational Psychologist :

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

## Consultants available for County Health Services

### Pathologists :

D. F. Davies, M.D., M.R.C.P., M.C.Path.  
A. L. Wells, M.D., M.R.C.P., D.C.P., F.C.Path.

### Public Health Laboratory Service :

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 Physician :

J. Williams, 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.  
J. D. Llewelyn Jones, M.B., B.Chir., F.R.C.S., M.R.C.O.G.

### Orthopædic 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.  
R. E. Packer, B.Sc., M.B., B.Ch., D.O.M.S.  
A. H. Haley, B.Sc., M.B., Ch.B., D.O.

### Audiologist :

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

### Ear, Nose and Throat Surgeons :

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

### Plastic Surgeon :

Emlyn Lewis, M.B., F.R.C.S., Chepstow.

### Pædiatricians :

R. T. Jenkins, B.Sc., M.B., B.Ch., M.R.C.P., D.C.H.  
K. R. Keay, M.D., M.R.C.P., D.C.H.  
W. R. Forbes, M.B., B.Ch., B.A.O., M.R.C.P., D.C.H., D.Obst.,  
R.C.O.G.

### Geriatricians :

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



## Dermatologist :

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

## Orthodontist :

W. A. B. Brown, L.D.S., D.Orth., R.C.S., Cardiff.

## Dental Surgeon :

E. J. R. Morgan, M.B., Ch.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 Psychiatrists :

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

Evan W. Davies, M.B., B.Ch., M.R.C.P., D.P.M.

## NURSING

		Name	Qualifications
<b>Whole-time Health Visitors :</b>			
Amman Valley	.....	M. G. Evans	S.R.N., S.C.M., H.V.Cert.
Ammanford (No. 1)	.....	A. Howells	S.R.N., S.C.M., H.V.Cert.
Ammanford (No. 2)	.....	G. Pearce	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. Demery	S.R.N., S.C.M., H.V.Cert.
		D. Evans Murray	S.R.N., S.C.M., H.V.Cert.
Felinfoel	.....	E. M. Jones	S.R.N., S.C.M., H.V.Cert.
Gwendraeth	.....	M. E. Morris	S.R.N., S.C.M., H.V.Cert.
Kidwelly	.....	G. M. Williams	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.
Llanybyther	.....	Vacancy	
Nantgaredig	.....	R. M. Walters	S.R.N., S.C.M., H.V.Cert.
Newcastle Emlyn	.....	Vacancy	
St. Clears	.....	M. E. E. Davies	S.R.N., S.C.M., H.V.Cert.
Tumble	.....	E. J. M. Jones	S.R.N., S.C.M., Q.N., H.V.Cert.
Whitland	.....	P. A. Davies	S.R.N., S.C.M., Q.N., H.V.Cert.
Relief	.....	M. M. Cummins	S.R.N., S.C.M., Q.N., H.V.Cert.
<b>District Nurse/Midwives :</b>			
Ammanford	.....	M. E. E. Davies	S.R.N., S.C.M.
		M. A. Thomas	S.R.N., S.C.M.
		G. Edwards	S.R.N., S.C.M., Q.N.
		E. J. Davies	S.R.N., S.C.M., Q.N.
Brynamman	.....	A. James	S.R.N., S.C.M.
Burry Port	.....	M. J. Davies	S.R.N., S.C.M.
		E. E. Varney	S.R.N., S.C.M.
Caeo	.....	M. M. Jones	S.C.M., S.E.N.
Carmarthen	.....	Vacancy	
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., Q.N.
Dafen	.....	S. Walters	S.R.N., S.C.M.,
Drefach	.....	E. A. Jones	S.R.N., S.C.M.
Felinfoel	.....	H. M. Jones	S.R.N., S.C.M.
Ferryside	.....	Vacancy	
Gorslas	.....	M. P. Jones	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	.....	H. Harry	S.R.N., S.C.M., Q.N.
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.
Llanelli	.....	M. Evans	S.R.N., S.C.M.
Llanfihangel-Aberbythich	.....	A. M. Pugh	S.R.N., S.C.M.
*Llangadog	.....	R. M. F. Carter	S.R.N., S.C.M.
Llangennech	.....	G. M. Tinnuche	S.R.N., S.C.M., Q.N.
		M. Lloyd	S.R.N., S.C.M.
Llansadwrn and Llanwrda	.....	D. E. Davies	S.C.M., S.E.N.



	Name	Qualifications
*Llansawel	M. M. M. John	S.R.N., S.C.M.
Llanybyther	D. Thomas	S.R.N., S.C.M.
Llwynhendy	M. A. Rees	S.R.N., S.C.M.
Nantgaredig/Llanfynydd/ Llangathen	S. A. Sheppard	S.R.N., S.C.M.
Newcastle Emlyn	S. E. V. Jones	S.R.N., S.C.M., Q.N.
Pencader	S. J. Jones	S.R.N., S.C.M.
Penygroes	L. M. Davies	S.R.N., S.C.M., Q.N.
	K. J. Pryce	S.R.N., S.C.M., Q.N.
Pontyates	A. M. Hughes	S.R.N., S.C.M.
Pontyberem	Vacancy	
St. Clears	S. H. Griffiths	S.R.N., S.C.M.
Tumble	H. E. A. Ratford	S.R.N., S.C.M., S.R.F.N.
Trimsaran	H. R. Morgan	S.R.N., S.C.M.
Velindre	G. R. Luke	S.R.N., S.C.M.
Whitland	R. E. Hopkins	S.R.N., S.C.M., Q.N.

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

#### 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., Q.N.
Llanboidy	E. M. Adams	S.R.N., Q.N.
Llanelli	H. Bushell	S.R.N., Q.N.
	G. Honour	S.R.N.
	E. J. Somers	S.R.N., S.C.M.
	J. B. Tasker	S.R.N., Q.N.

#### Whole-time Midwives :

Carmarthen	E. M. James	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.
	K. Y. Perrott	S.C.M.
	A. H. Williams	S.R.N., S.C.M.

#### Relief District Nurse/Midwives :

Ammanford	M. Branch	S.R.N., S.C.M., Q.N.
Gwendraeth	S. E. Rees (Temporary)	S.R.N., S.C.M.
Llandeilo	S. A. N. Price	S.R.N., S.C.M.
Llwynhendy/Burry Port	M. E. Thomas	S.R.N., S.C.M.
St. Clears	Vacancy	

#### Relief District Nurses :

Carmarthen/Ferryside/Kid- welly	M. J. Wiltshire	S.R.N.
Llandeilo	H. A. Jenkins	S.R.N.
Llanelli	L. Jones	S.R.N.
Pencader	E. M. Davies	S.R.N.

#### Clinic Nurses :

Llanelli	E. M. Thomas	S.R.N., Tb.Cert.
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#### Part-time :

Carmarthen	B. M. Collins	S.R.N.
Ammanford	N. I. Stockwell	S.R.N., S.C.M.

#### Part-time Relief :

Llanelli	N. Jones	S.R.N.
Ammanford	R. N. Llewellyn	S.R.N.



## STATISTICS

Area : 588,472 acres.

Population—Census 1961 : 168,008.

Estimated by Registrar General for 1967 : 165,110.

Product of a penny rate for general purposes : £17,931.

Rateable Value for general purposes : £4,555,225.

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 south eastern part of the county is industrial in character. In the past coal mining, iron and steel rolling, sheet and tinsplate, and hollow ware manufacture were the major industries. In more recent times and particularly since the last war the industrial structure has been diversified by newer industries manufacturing such items as motor car components and pressings, optical lenses, piano actions, needle bearings, leather goods, plastics, chemicals, light and precision engineering products.

## Live Births :

			Male.		Female.		Total.
Legitimate	...	...	1049	...	971	...	2020
Illegitimate	...	...	66	...	52	...	118
			—		—		—
Totals	...	...	1115		1023		2138
			—		—		—

Rate per 1,000 of estimated population : 12.9.

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

Year	Urban		Rural		Admin. County		England and Wales	
	No. Reg.	Rate	No. Reg.	Rate	No. Reg.	Rate	Rate	
1963	931	14.10	1495	14.87	2426	14.57	18.2	
1964	963	14.60	1505	14.96	2468	14.81	18.4	
1965	840	12.78	1517	15.08	2357	14.17	18.1	
1966	806	12.34	1488	14.83	2294	13.85	17.7	
1967	767	11.8	1371	13.7	2138	12.9	17.2	

## Illegitimate Live Births :

Illegitimate live births per cent. of total live births : 5.5.

## Still Births :

	Male.	Female.	Total.
	25	16	41

Rate per 1,000 (Live and Still) Births : 19.0.

Total Live and Still Births : 2,179.



**Infant Mortality :**

There were 40 deaths of infants under one year old during the year ; an infant mortality rate of 18.71 per 1,000 live births. This compares with a rate of 15.69 for 1966. The rate for England and Wales and that for Wales only for 1967 was 18.0.

A classification of 1967 deaths in the County is as follows:—

	M.	F.	Total	Rate
Legitimate	29	11	40	19.80
Illegitimate	—	—	—	—
Totals	29	11	40	18.71

The causes of death were :—

	Male	Female	Total
Pneumonia	3	—	3
Congenital malformations	6	2	8
Other defined and ill-defined diseases	20	7	27
Other diseases of respiratory system	—	1	1
Other infective and parasitic diseases	—	1	1
Totals	29	11	40

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

Year	Legitimate		Illegitimate		Total		England and Wales	Wales only
	No.	Rate	No.	Rate	No.	Rate	Rate	Rate
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
1966	35	16.00	1	9.43	36	15.69	19.0	20.0
1967	40	19.8	—	—	40	18.71	18.0	18.0

**Neo-Natal Deaths**

34 infants under four weeks old died (neo-natal deaths) during the year, a mortality rate of 15.9 per 1,000 live births. This figure was 27 for the previous year, a mortality rate of 11.77.

An analysis of the neo-natal deaths in the County during 1967 is as follows:—

	M	F	Total	Rate
Legitimate	23	11	34	16.80
Illegitimate	—	—	—	—
Totals	23	11	34	15.90

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
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
1966	26	11.88	1	9.43	27	11.77	12.9
1967	34	16.8	—	—	34	15.9	12.5

#### Early Neo-natal Mortality (Deaths under one week)

	M	F	Total	Rate
Legitimate	20	9	29	14.4
Illegitimate	—	—	—	—
Totals	20	9	29	13.60

#### Perinatal Mortality (Still Births and deaths under one week)

	M	F	Total	Rate per 1,000 total live and still births
Legitimate	44	24	68	33.00
Illegitimate	1	1	2	16.70
Totals	45	25	70	32.70



### 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 1967. 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
1962	1	2509	0.4	0.35
1963	2	2491	0.8	0.28
1964	1	2512	0.4	0.25
1965	—	2398	—	0.25
1966	—	2337	—	0.20
1967	—	2138	—	0.20

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
1962	—	—
1963	2	0.8
1964	1	0.4
1965	—	—
1966	—	—
1967	—	—

It is pleasing to note that for the third year running there have been no cases of maternal mortality.

### Total Deaths

Male.	Female.	Total.
1252	1043	2295

Death Rate per 1,000 of estimated population : 13.9.

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 England and Wales
	Deaths	Crude D.R.	Deaths	Crude D.R.	Deaths	Crude D.R.	
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
1966	1063	16.27	1317	13.13	2380	14.37	11.7
1967	998	15.4	1297	12.9	2295	13.9	11.2







Cause of Death	All Ages			Under 4 weeks			4 weeks and under 1 year			1 to 5			5 to 15			15 to 45			45 to 65			65 to 75			75 and over		
	Male			Female			Total			M			F			M			F			M			F		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
19 Hypertension with heart disease .....	24	22	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 Other heart disease .....	104	138	242	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21 Other circulatory disease .....	50	78	128	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22 Influenza .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23 Pneumonia .....	41	28	69	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24 Bronchitis .....	51	14	65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 Other diseases of respiratory system .....	59	10	69	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26 Ulcer of stomach and duodenum .....	8	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27 Gastritis, enteritis and diarrhoea .....	3	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28 Nephritis and nephrosis .....	4	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29 Hyperplasia of prostate .....	10	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30 Pregnancy, childbirth, abortion .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31 Congenital malformation .....	9	7	16	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
32 Other defined and ill-defined cases .....	75	68	143	18	7	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
33 Motor vehicle accidents .....	20	2	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
34 All other accidents .....	37	29	66	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35 Suicide .....	10	3	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36 Homicide and operations of war .....	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .....	1252	1043	2295	23	11	34	6	—	6	10	1	11	5	2	7	57	25	82	358	179	537	401	284	685	392	541	933



### Chief Causes of Death

The chief causes of death during 1967 and the rates per 1,000 population compared with previous years were:—

Cause of Death	1963		1964		1965		1966		1967	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Heart and other Circulatory Disease	988	5.93	909	5.46	996	5.99	978	5.90	966	5.85
Cancer .....	356	2.14	357	2.14	375	2.25	378	2.28	396	2.40
Vascular Lesions of Brain .....	365	2.19	305	1.83	315	1.98	368	2.22	381	2.31
Pneumonia .....	63	0.38	93	0.56	55	0.33	62	0.37	69	0.42
Bronchitis .....	114	0.68	84	0.50	73	0.44	103	0.62	65	0.39
Other diseases of respiratory system	72	0.43	90	0.54	74	0.44	89	0.54	69	0.42
Motor Vehicle Accidents .....	16	0.10	27	0.16	28	0.17	28	0.17	22	0.13
All Other Accidents .....	70	0.42	51	0.31	60	0.36	62	0.37	66	0.40

Deaths from the above causes for 1967 constitute 88.63 per cent. of the total deaths.

The number of deaths of persons 65 years of age and over was 1,618 or 70.50 per cent. of the total deaths in 1967.

933 or 40.65 per cent. of the total deaths were over 75 years of age.

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

Pneumonia ...	...	...	...	4
Other infective and Parasitic Diseases	...	...	...	1

#### 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.
1963	... 356	... 2.1	... 2.2
1964	... 357	... 2.1	... 2.2
1965	... 375	... 2.25	... 2.2
1966	... 378	... 2.28	... 2.25
1967	... 396	... 2.40	... 2.3



A classification of the causes of death from Cancer during 1967 is as follows:—

Site of Cancer		Age Periods							Total	Grand Total
		0—	1—	5—	15—	45—	65—	75—		
Stomach .....	M	—	—	—	—	14	13	8	35	69
	F	—	—	—	—	7	12	15	34	
Lung, Bronchus	M	—	—	—	1	29	38	6	74	85
	F	—	—	—	1	3	5	2	11	
Breast	M	—	—	—	—	—	—	—	—	31
	F	—	—	—	2	16	4	9	31	
Uterus	M	—	—	—	—	—	—	—	—	20
	F	—	—	—	3	11	3	3	20	
Others	M	—	—	—	4	36	37	27	104	191
	F	—	—	—	2	26	32	27	87	
Totals	M	—	—	—	5	79	88	41	213	396
	F	—	—	—	8	63	56	56	183	

### 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 nine 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 members 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.
- (vi) **Nursing Attachment Sub-Committee**, to deal with problems arising from the attachment of district nurses and midwives to general medical practitioners.
- (vii) **Health Centres Sub-Committee**, to undertake preliminary discussions with the Executive Council and general medical practitioners.

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 Child Health Clinic has a general medical practitioner as medical officer in charge; the other Clinics 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 Pædiatric Outpatients Clinic at Glangwili Hospital one session a week.

In addition to the routine work of the department, Assistant Medical Officers undertake numerous medical examinations on behalf of other departments. The following is a summary:—

Blind persons	...	...	117
Applications for admission to Welfare Homes	...	...	39
Staff appointments	...	...	277
New teaching appointments	...	...	71
Persons on continuous sick leave	...	...	106
N.N.E.B. Students	...	...	14
Training college candidates	...	...	311



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 Orthopædic Sisters of the Authority treat hospital orthopædic 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 Orthopædic Surgeons under the Hospital Board also attend the County Orthopædic Clinics.

The Head Social Worker assists the Consultant Child Psychiatrist at the Carmarthen Child Guidance Clinic.

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 and Geriatric 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.

Members of the professional staff give lectures to students attending the National Nursery Examination Board Course at the Ammanford Technical College.

## VOLUNTARY ORGANISATIONS

The Voluntary Ladies Committees at some of the Child Health Clinics continue to be very active, and are to be complimented.

The County Branch of the Women's Royal Voluntary Services undertake a tremendous amount of work in connection with maintaining the Hospital Car Service. The British Red Cross Society occasionally arrange for escorts for patients travelling by ambulances.

Members of the Women's Royal Voluntary Services, the Voluntary Ladies Committees of Child Health Clinics and private individuals give very valuable service by distributing National Welfare Foods. The Women's Royal Voluntary Services kindly allow the use of their Llanelli Office as a Home Help Information Bureau one afternoon a week.

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

The care and rehabilitation of unmarried mothers and their children is undertaken by the Welfare Officers of the St. David's Diocesan Moral Welfare Committee and the Authority make a financial grant to the Committee in respect of this assistance.



A great deal of work in connection with problem families and neglected children is undertaken by the Inspectors of the National Society for the Prevention of Cruelty to Children, but assistance in this field is made 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 Medical Social Workers 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 per cent. 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.

2,597 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.

### **HEALTH CENTRES**

A great deal of time was spent on preparatory work in connection with Health Centres but, apart from the Llwynhendy Centre, the results of our efforts were not rewarding. Tribute must be paid to the County Architect and his staff for their work, in particular in preparing sketch plans and also revising them to cater for the wishes of general practitioners and the requirements of Local Authority clinics. The amount of work and time involved will be appreciated when it is pointed out that nine revised plans have already been prepared for one Centre.



### **Llwynhendy Centre**

The general practitioners commenced using the Centre on the 2nd October. The arrangements at the Centre have worked exceedingly well since that date. A full-time receptionist/secretary is employed at the Centre and her duties are shared between the general practitioners and the Local Authority. There is no clinic nurse, but the district nurse/midwife attached to the medical practice attends the Centre at specific times. A health visitor attends Local Authority clinic sessions and she is also available for consultation with the general practitioners.

### **Llanelli Centre**

After prolonged discussions and much correspondence covering a period of three years, the Llanelli doctors decided to withdraw their request for a Health Centre at Llanelli.

### **Kidwelly Centre**

It had been hoped to be in a position to commence the actual building early in the year, but this did not materialise due to difficulties which arose—firstly in regard to the suitability of the site and secondly in reaching an agreement with the general practitioners in regard to the accommodation to be provided for the general medical services. At the end of the year it still had not even been possible to submit a formal application to the Welsh Board of Health for approval to build the Centre.

### **Burry Port Centre**

Up to the end of the year, it had not been possible to find a suitable site.

### **Cross Hands Centre**

A suitable site presented a problem. The site originally suggested to the Authority was afterwards found to be the property of the Rural District Council and had been earmarked as part of their housing programme. Efforts were continued to find a suitable alternative site.

## **USE OF LOCAL AUTHORITY CLINICS BY GENERAL PRACTITIONERS**

The Authority agreed to the use of rooms at Llandovery Clinic by two local general practitioners as surgeries. The partnership, which has since been increased to three doctors, commenced using the clinic in April. They employ their own receptionist/secretary. These arrangements are working very satisfactorily.

This is the second clinic in the County at which general practitioner surgeries are held—the other one being Laugharne Clinic.

## **CARE OF MOTHERS AND YOUNG CHILDREN**

### **Expectant and Nursing Mothers**

**Ante Natal Clinics.**—The Ante Natal Clinics held at Ammanford and Llwynhendy were discontinued on the 14th and 26th September, respectively, and sessions at the Llanelli Clinic were reduced from two to one a week from 19th April. At the end of the year, six Ante Natal



Clinics were being maintained by the Authority and eight sessions were being held weekly. A list of 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	77	14	2.60
Llanelli	One	C. I. Morgan	411	11	6.29
Kidwelly	One	Davies-Humphreys	341	67	8.00
Burry Port	Two	Davies-Humphreys	567	173	7.87
Cross Hands	Two	M. Ll. Morgan	601	36	6.13
Pontyates	One	E. L. Davies	238	28	5.12
†Llwynhendy	One	A. Harrison Rees	35	—	0.97
Amman Valley Hospital	One	John Davies	1211	—	25.23

\*Closed 14th September. †Closed 26th September.

1,061 cases made 3,810 attendances at the Clinics during the year, viz.:—

Ante Natal	... 854 cases	3,481 attendances
Post Natal	... 207 cases	329 attendances

Cases for specialist opinion are referred to Consultants' 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 Rhesus Agglutinins are made known to midwives and general medical practitioners.

Many general medical practitioners hold their own ante-natal clinics and with the attachment of domiciliary nursing staff to the medical practices the midwives are available to assist at these sessions.

**Mothercraft and Relaxation Classes.**—As part of the care of expectant mothers, Mothercraft and Relaxation Classes are held in the County. Three Classes were established during 1967—at Carmarthen on 12th January, Llwynhendy on 20th March and at Llandeilo on 16th November. At the end of the year four classes were being maintained and the following table indicates the classes held and the attendances made during the year:—

Class	Sessions weekly	Attending for first time		Total Attendance	Average attendance per session
		Booked for Hospital Confinement	Booked for Home Confinement		
Llanelli	One	101	8	786	16.04
Carmarthen	One	92	3	647	12.94
Llwynhendy	One	33	3	202	5.46
Llandeilo	One	4	—	22	3.14



**Maternity Outfits.**—Maternity outfits are supplied by the Authority free of charge through the domiciliary midwives to all patients confined at home. Outfits are also supplied free of charge to patients confined in hospital and who are discharged within 48 hours of delivery.

**Personal Record Cards.**—Personal Record Cards are available and serve as a means of ensuring continuity of ante-natal care.

**Haemoglobin.**—Tallquist Hæmoglobin charts have been issued to all midwives to enable them to estimate the hæmoglobin of every maternity patient booked, and to refer as soon as possible to the general practitioners all cases of anæmia.

### Care of Unmarried Mothers and their Children

During the year the Llandaff Diocesan Association for Moral Welfare Work closed their Home for Unmarried Mothers at 56, Stanwell Road, Penarth, and opened a new Home at 65, Cowbridge Road West, Ely, Cardiff.

The Hostels to which unmarried mothers can be admitted are:—

Northlands Salvation Army Home, Cardiff.  
65, Cowbridge Road West, Ely, Cardiff.  
Mount Hope Salvation Army Home, Bristol.  
The Shelter, 43, York Place, Newport.  
Cwmdonkin House, Swansea.

Particulars of admissions and discharges during 1967 are given in the following table:—

Hostel	Admissions	Discharges	In Residence on the 31st December
Northlands, Cardiff .....	7	10	—
Cwmdonkin House, Swansea .....	8	8	1
65, Cowbridge Road West .....	—	—	—
Mount Hope, Bristol .....	—	—	—
The Shelter, Newport .....	6	6	—

There was a further rise in the number of illegitimate births from 106 in 1966 to 118 in 1967. There was also an increase in the number of unmarried mothers who were admitted to Hostels under the Committee's arrangements, from 12 in 1966 to 21 in 1967. The majority of the unmarried mothers were confined at home or local hospital.

### Child Welfare

At the end of the year, 37 clinics were being maintained by the Authority.



A list of the Child Health Clinics and other information for 1967 is as follows:—

Clinic	Where Held	Day Held	Attendances	Average Attendances
Ammanford	Child Health Clinic, High Street, Ammanford.	Tuesday	1492	30.45
Brechfa	Church Hall, Brechfa	Thursday	102	3.92
Brynamman	The Clinic, Brynamman	Thursday	1084	43.36
Burry Port	Memorial Hall, Burry Port	Tuesday	1451	58.04
*Carmarthen Borough.	The Clinic, Pond Street, Carmarthen.	Monday	121	9.31
*Carmarthen Rural.	The Clinic, Pond Street, Carmarthen.	Wednesday	57	8.14
Carmarthen	The Clinic, Pond Street, Carmarthen	Wednesday	567	14.54
Cross Hands	Public Hall, Cross Hands	Tuesday	743	29.72
Cwmamman	Bethesda Chapel Vestry, Glanamman.	Wednesday	495	19.04
Cwmann	Church Hall, Cwmann	Thursday	282	10.85
Felinfoel	Ysgol-y-Babanod, Felinfoel	Thursday	756	29.08
Ferryside	Ex-R.A.F. Camp, Ferryside	Tuesday	343	14.29
Kidwelly	Capel Sul Vestry, Kidwelly	Tuesday	605	24.20
Laugharne	The Clinic, Laugharne	Tuesday	520	21.67
Llandeilo	The Clinic, 16, Crescent Road, Llandeilo.	Wednesday	261	10.04
Llandovery	The Clinic, Llandovery	Tuesday	253	10.54
Llandybie	Assembly Rooms, Memorial Hall, Llandybie.	Thursday	601	23.12
Llanelli Borough	Brynmair, Llanelli	Mon. and Fri.	4113	27.60
Llangadog	Y.M.C.A. Hall, Llangadog	Friday	241	18.54
Llangennech	Salem Chapel Vestry, Llangennech.	Tuesday	705	28.20
Llanstephan	Memorial Hall, Llanstephan	Wednesday	410	15.77
Llanybyther	The Clinic, Llanybyther	Monday	302	13.13
Llwynhendy	The Health Centre, Llwynhendy.	Tuesday	1157	48.21
Meidrim	Church Hall, Meidrim	Thursday	180	13.85
Newcastle Emlyn	The Court House, Newcastle Emlyn.	Friday	234	9.00

\*Amalgamated with effect from 5th April to form the Carmarthen Child Health Clinic.



Clinic	Where Held	Day Held	Attendances	Average Attendances
Pencader	Tabernacle Vestry, Pencader	Thursday	421	16.19
Pendine	The Institute, Llanmiloe, Pendine.	Thursday	489	18.81
Penygroes	Congregational Chapel Vestry, Penygroes.	Tuesday	637	26.54
Ponthenry	Welfare Hall, Ponthenry	Wednesday	402	15.46
Pontyates	Welfare Hall, Pontyates	Wednesday	601	23.12
Pontyberem	Public Hall, Pontyberem	Wednesday	692	26.62
Pumpsaint	Coronation Hall, Pumpsaint	Thursday	57	6.33
Pwll	Community Centre, Pwll	Monday	167	7.26
St. Clears	The Clinic, St. Clears	Tuesday	415	16.60
Trimsaran	Tabernacle Vestry, Trimsaran	Tuesday	433	18.04
Tumble	Welfare Hall, Tumble	Tuesday	537	21.48
Velindre	Red Dragon Hall, Velindre, Llandyssul.	Thursday	428	17.83
Whitland	Memorial Hall, Whitland	Friday	442	17.68
Ystradowen	The County Primary School, Ystradowen.	Wednesday	244	10.17

All clinics are held fortnightly except as follows:—

Llanelli—Three sessions weekly.  
 Carmarthen—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 Clinics:—

Born 1967	...	...	...	1306
Born 1966	...	...	...	1425
Born 1965-1962	...	...	...	1330
				<u>4061</u>

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

Under 1 year of age	...	...	...	1276
Between 1 and 5 years of age	...	...	...	2427
				<u>3703</u>

No. of children referred for special treatment or advice : 201.



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

### **Clinic Accommodation**

The premises at Llandeilo which had been adapted for clinic purposes were used for sessions as from July.

### **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 Child Health Clinics directly to the family doctors for treatment. The following is a summary of the treatment facilities available for infants under the Authority during 1967:—

**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.
- (ii) Llanelli.—At Llanelli General Hospital.
- (iii) Glanamman.—At the Amman Valley Hospital.

Arrangements for the attendance of cases were made by the Hospital Authorities.

**Plastic Surgery.**—One case of cleft lip and palate and one case of multiple scarring of face are known to have been treated during the year 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, 1967. 3,019 cases were being attended to for all Authorities, viz.:—

County Education Committee	...	...	1773
County Health Committee	...	...	1214
South West Wales Hospital Management Committee			14
Glantawe Hospital Management Committee	...		18



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

	Health Committee	Hospital Management Committees	Total
Paralysis :			
Infantile .....	—	13	13
Spastic .....	3	1	4
Obstetrical .....	—	—	—
Other .....	—	—	—
Congenital Deformities .....	77	9	86
Infective Conditions of Bones and Joints .....	—	1	1
Non-infective conditions of Bones and Joints :			
Rickets .....	—	—	—
Other .....	—	1	1
Static or Postural Defects .....	1106	6	1112
Traumatic Deformities .....	—	1	1
Multiple Defects .....	—	—	—
Miscellaneous .....	28	—	28
<b>Totals .....</b>	<b>1214</b>	<b>32</b>	<b>1246</b>



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, 1967 .....	1188	29	1217
Number of new cases during the year .....	386	—	386
Transfer to .....	—	3	3
Number of individual cases dealt with during the year .....	799	32	831
Transfer from .....	109	—	109
Number of cases withdrawn from Scheme .....	251	—	251
Number of cases under the Scheme on the 31st December, 1967 .....	1214	32	1246
Total number of attendances made at the clinics .....	4769	59	4828
Number of individual cases received remedial exercises by Sisters .....	—	—	—
Number of individual cases massaged by Sisters .....	—	—	—
Number of home visits by Sisters .....	347	42	389
Number of cases examined by visiting Orthopaedic Surgeons .....	107	6	113
Number of cases recommended in-patient hospital treatment by Surgeons .....	3	—	3

Two 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  $5\frac{1}{2}$  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 Llanelli Ambulance Station.

146 premature infants were notified during 1967 and further information is as follows:—

(a) Number born at home or in a Nursing Home	...	12
(i) Nursed entirely at home or in Nursing Home	...	9
*(ii) Transferred to Hospital	...	3
(iii) Died within first twenty-four hours	...	1
(iv) Died in one to seven days	...	1
(v) Others who died within first twenty-eight days	...	—
(vi) Survived at end of twenty-eight days	...	10



(b) Born in Hospital	...	...	...	134
(i) Died within first twenty-four hours	...	...	...	9
(ii) Died in one to seven days	...	...	...	11
(iii) Others who died within first twenty-eight days	...	...	...	—
(iv) Survived at end of twenty-eight days	...	...	...	114

\* of the 3 transferred to Hospital.

Died within first twenty-four hours	...	...	1
Died in one to seven days	...	...	1
Others who died within first twenty-eight days	...	...	—
Survived at end of twenty-eight days	...	...	1

It will be seen that in all, 22 premature infants (15.01 per cent.) died within the first twenty-eight days. Of that number, death was due to prematurity or directly associated causes in respect of 18 infants. 17 of these infants were born at hospitals and 1 at home. Malformation and definite pathological conditions were responsible for the death of the other 4 infants.

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

### Infant at Risk of Handicapping Conditions

Over the last thirty-five years infant mortality in Carmarthenshire has declined from 81.6 per thousand births in 1933 to 18.71 per thousand births in 1967. The corresponding rates for England and Wales were 64 in 1933 and 18.0 in 1967. 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 subnormal.

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 numbers entered on the "at risk" register during the year:—

Code No. No. of Notifications

#### FAMILY HISTORY :

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

#### PRENATAL :

9.	Toxaemias of Late Pregnancy	.....	.....	.....	.....	.....	144
10.	Hyperemesis	.....	.....	.....	.....	.....	2
11.	Rubella or other Virus Infection	.....	.....	.....	.....	.....	1
12.	Toxoplasmosis	.....	.....	.....	.....	.....	—
13.	Primary Hypertension or Hypertension secondary to Nephritis.....	.....	.....	.....	.....	.....	20
14.	Uterine Haemorrhage	.....	.....	.....	.....	.....	29
15.	Diabetes	.....	.....	.....	.....	.....	2
16.	Multiple pregnancy	.....	.....	.....	.....	.....	26
17.	Hydramnios	.....	.....	.....	.....	.....	7
18.	Threatened Abortion	.....	.....	.....	.....	.....	10
19.	Blood Group Incompatibilities	.....	.....	.....	.....	.....	12
20.	Major Surgery	.....	.....	.....	.....	.....	—
21.	Drug Therapy	.....	.....	.....	.....	.....	—
22.	X-Rays early in pregnancy	.....	.....	.....	.....	.....	—
23.	Positive W.R.	.....	.....	.....	.....	.....	—
24.	Other conditions	.....	.....	.....	.....	.....	8

#### PERINATAL :

25.		.....	.....	.....	.....	.....	
26.	Birth asphyxia	.....	.....	.....	.....	.....	21
27.	Prolonged or difficult labour	.....	.....	.....	.....	.....	170
28.	Premature Birth	.....	.....	.....	.....	.....	93
29.	Precipitated Labour	.....	.....	.....	.....	.....	—
30.	Foetal Distress.....	.....	.....	.....	.....	.....	35
31.		.....	.....	.....	.....	.....	
32.	Postmaturity	.....	.....	.....	.....	.....	82
33.	Neonatal Jaundice	.....	.....	.....	.....	.....	52
34.	Congenital Malformation	.....	.....	.....	.....	.....	34
35.		.....	.....	.....	.....	.....	
36.		.....	.....	.....	.....	.....	
37.	Other Conditions	.....	.....	.....	.....	.....	51

#### POST NATAL :

38.	Convulsions	.....	.....	.....	.....	.....	—
39.	Cyanotic attacks	.....	.....	.....	.....	.....	9
40.		.....	.....	.....	.....	.....	
41.	Acute specific infections	.....	.....	.....	.....	.....	—
42.	Cerebral palsy	.....	.....	.....	.....	.....	—
43.		.....	.....	.....	.....	.....	
44.		.....	.....	.....	.....	.....	
45.	Difficulties in sucking or swallowing	.....	.....	.....	.....	.....	—
46.	Other Conditions	.....	.....	.....	.....	.....	26



## SYMPTOMATIC GROUP :

Code No.					No. of Notifications
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 579, and 21 of them had been withdrawn during the year as making normal progress, 8 had left the area and 6 had died.

In 37 cases a defect was detected and the necessary specialist investigations were initiated.

**Congenital Malformations**

Since 1964, records have been maintained of all children born (live and still births) in whom there was a malformation observable at the time of birth. Such records, associated with the "at risk" register referred to earlier, enable appropriate steps to be taken to ensure that suitable treatment is instituted for the children at the appropriate time.

During 1967 47 children (38 live and 9 still births) were reported under these arrangements. The main classification into which the malformations are divided and the numbers of malformations reported in each are as follows:—

	Number of	
	Live Births	Still Births
Central Nervous System	9	9
Eye, Ear	—	—
Alimentary System	3	—
Heart and Great Vessels	—	—
Respiratory System	1	—
Uro-Genital System	—	—
Limbs	20	2
Other skeletal	3	—
Other systems	2	—
Other Malformations	3	2

Some children had more than one malformation.

The total of 47 children reported in 1967 compares with 28 in 1966, 48 in 1965 and 51 in 1964.

**Ruth Griffiths Tests.**—Premature infants and those suffering from hæmolytic disease of the newborn generally receive pædiatric supervision immediately following birth in addition to which specialised tests, known at 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 Pædiatricians 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	21	4	—	—	—	7	25	5
Haemolytic Disease of the new-born .....	2	2	—	—	—	—	—	1	1
Delayed milestones .....	1	1	—	—	—	—	1	—	—
Other Conditions .....	14	12	—	—	—	—	1	8	5
Totals .....	55	36	4	—	—	—	9	34	11

**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 Pædiatrician for further tests.

No cases were found in 1967.

One case detected in 1966 was still under the care of the Consultant Pædiatrician at the end of 1967. He was making good progress on a low phenylalanine diet and there were no abnormal physical signs. His intelligence was within normal limits.

### Ophthalmia Neonatorum

Two cases were notified during the year. The notifications for the last five years were as follows:—

Year	Cases		
	Notified	Treated	
		At Home	In Hospital
1963	1	1	—
1964	1	1	—
1965	1	1	—
1966	—	—	—
1967	2	2	—



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. At the end of the year, distribution was being undertaken at 43 Centres as follows:—

- 2 Centres staffed by whole-time employees.
- 5 at the Offices of County District Authorities.
- 22 at Child Health Clinics.
- 14 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 1st January, 1967—30th December, 1967, Welfare Foods as follows were issued to parents at Centres:—

National Dried Milk	...	33,722 tins.
Cod Liver Oil	...	2,747 Bottles.
Orange Juice	...	27,714 Bottles.
"A" and "D" Tablets	...	1,438 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 1967:—

Period	1/1/67 to 1/4/67	2/4/67 to 1/7/67	2/7/67 to 30/9/67	1/10/67 to 31/12/67
National Dried Milk (Tins) .....	728	658	620	589
Cod Liver Oil (Bottles).....	59	44	47	61
Orange Juice (Bottles) .....	455	597	584	496
Vitamin "A" and "D" Tablets (Packets) .....	29	29	26	27

Whilst there was a slight increase in the distribution of Orange Juice as compared to 1966, the distribution of National Dried Milk, Cod Liver Oil, and Vitamins A and D tablets continued to fall. The fall in the sale of National Dried Milk was considerable—approximately 15 per cent.—and this, once more, emphasises the doubts that are felt in the continuing need for this service.



Special Brand Baby Foods are available at the majority of the Child Health Clinics, the distribution being carried out by Voluntary Workers or by health visitors on a voluntary basis. At the Llanelli Child Health Clinic proprietary baby foods are sold by the staff of the National Welfare Foods Distribution Centre. At the Clinics 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 foods 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 21 expectant and nursing mothers were referred for dental treatment as compared with 11 in 1966. All the patients referred required treatment.

The majority of 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 dealt with during the year is as follows:—

	Children	Expectant and Nursing Mothers
Number inspected .....	63	21
Number requiring treatment .....	53	21
Number of first visits for treatment .....	27	25
Total Number of visits .....	81	95
Number of :		
Fillings .....	58	51
Teeth Filled .....	54	40
Teeth extracted .....	8	84
General Anaesthetics given .....	5	2
Received prophylactic treatment .....	3	5
Courses completed .....	18	13

6 patients were supplied with full upper or lower dentures and 5 with partial dentures.



## Family Planning Clinics

Welsh Board of Health Circular 15/67 (Wales) gives the Authority permissive power to undertake responsibility for family planning advice and treatment for patients on social grounds as well as on medical grounds. A scheme has been prepared for the Authority to take over this responsibility through the agency of the Family Planning Association and these proposals will be submitted to the Committee for consideration in the early part of 1968.

In the meantime, the arrangements whereby the Authority are only responsible for family planning advice and treatment (including supplies of drugs and appliances) for patients likely to suffer detriment to their health as a result of pregnancy will continue. Grants are made to the Carmarthenshire Branch of the Family Planning Association in respect of these patients, and Clinics are held in the County as follows:—

Ammanford.

The Clinic, High Street—second and fourth Thursdays of the month.

Carmarthen.

West Wales General Hospital, Glangwili—first four Mondays of the month.

Llanelli.

The General Hospital—second, third and fourth Tuesdays of the month.

## IN-SERVICE TRAINING

Regular in-service training sessions are arranged by the Chief Nursing Officer for the health visiting, midwifery and nursing staff. The benefits and advantages derived from these courses cannot be overstressed especially in this era of daily development in the methods of treatment. Appreciation must be expressed to the Hospital Consultants, medical and lay consultants in other fields, and members of the Authority's staff who so readily give of their time to lecture and demonstrate at these sessions.

## NURSERIES AND CHILD MINDERS

At the end of the year there was one Nursery and one Child Minder registered under the Nursery and Child Minders Regulation Act, 1948.

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

An amendment to the arrangements for a midwifery service under the Health Service resulted in all district nurse midwives coming under the direct control of the Authority as from the 1st July. Tribute is paid to the Nursing Associations for their good work in the part of the report dealing with home nursing.

The scheme of attachment of midwives and district nurses to general medical practices was in operation during the whole year and did much to alleviate to a certain extent the staffing difficulties encountered during the previous year.



During the year one post of district midwife was re-designated to that of district nurse/midwife and the posts of two district nurse/midwives to relief district nurses. At the end of the year the establishment of midwives was as follows:—

Full-time midwives	...	...	6
District nurse/midwives	...	...	44
Relief district nurse/midwives	...	...	5

In addition to the domiciliary confinements recorded in the following table, the midwives also attended 1,640 patients confined in hospital and discharged before the tenth day of puerperium. The domiciliary midwives also undertook the ante-natal care of 1,550 patients who were booked for hospital confinement. A total of 10,157 ante-natal home visits were paid to patients booked for home and hospital confinement.

108 Midwives notified their intention to practise in the County during 1967, viz.:—

		As
		Midwives.
Domiciliary Midwives	...	71
Institutional Midwives	...	37

7 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				Totals	Cases in Institutions
	Doctor not booked		Doctor booked			
	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)	2	4	37	132	175	—
District nurse/midwives (under Nursing Associations)	—	—	2	8	10	—
Midwives employed by Hospital Management Committees	—	—	—	—	—	1817
Private midwives*	—	—	—	—	—	—
Totals	2	4	39	140	185	1817
*Cases taken while relieving for : County Council and included in table above	—	—	—	5	5	—



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.

Nine sets of twins were born in hospital.

The number of hospital and home deliveries by Midwives during the past five years are given below:—

	Total No. of patients delivered by Midwives	No. delivered at Hospital	No. delivered at Home
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%)
1966	2116	1890 (or 89.32%)	226 (or 10.68%)
1967	2002	1817 (or 90.76%)	185 (or 9.24%)

2,162 maternity patients who normally resided within the County were notified as having been attended by midwives during 1967, either within or without the County. Of that number 1,979 (or 91.54 per cent.) were delivered at hospital and 183 (or 8.46 per cent.) were delivered at home.

The number of domiciliary confinements is now so small that very few midwives have regular practical experience which is so necessary to maintain their high standard of service. With this problem in mind, agreement was reached with the South West Wales and Gwent Hospital Management Committees for the secondment of domiciliary midwives to Consultant Obstetric Units for a period of four weeks. All midwives who have delivered fewer than ten patients during the year will be seconded under these arrangements. The ultimate should of course be the secondment of these midwives annually, but the staffing position does not allow this.

The co-operation of the Hospital Management Committees and the Consultant Obstetricians in this matter is greatly appreciated.

### 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 object of the flying squad is to give emergency consultant maternity treatment in the patient's home and then transfer the patient to a consultant unit.

### Resuscitation of the newborn

Particular attention was paid to the problem of resuscitation of the newborn. A Consultant Anaesthetist gave lectures and demonstrations to the health visitors, midwives and nurses. All domiciliary midwives employed by the Committee have been issued with Blease Sampson Neonatal Resuscitators.

### Medical Aid

Medical aid was sought in respect of 354 cases, 207 by institutional midwives and 147 by domiciliary midwives.



### Hospital Provision for Maternity Cases

Over 90 per cent. of the deliveries within the County take place in hospital and this high number necessitates the early discharge of selected cases.

In the Glantawe Hospital Management Committee area, midwives report on the home conditions on forms provided by the Committee, in respect of all cases requiring admission on social grounds and those provisionally selected for early discharge.

The South West Wales Hospital Management Committee give early notification to the Health Department of all patients provisionally booked for confinement in hospital and where necessary, the domiciliary midwives visit the homes to determine whether there is any reason why they should not be discharged early. In cases where early discharge is inadvisable, the Hospital Management Committee are informed.

Hospital Management Committees hold the prerogative for the selection of cases for admission to hospital whether on medical or social grounds.

### Nitrous Oxide/Air Analgesia

Minnitt Apparatus are available for use by all district midwives, district nurse/midwives and relief district nurse/midwives and also for the private midwives who undertake casual relief work.

Ten Nitrous Oxide/oxygen (Entonox) apparatus were issued during 1967. As in the case of Trilene apparatus the Entonox machines have been made available for groups of midwives with one midwife in the group being responsible for the apparatus.

Nitrous oxide/oxygen 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) .....	49	19	68
District Nurse/Midwives under Nursing Associations .....	4	1	5
*Private Midwives .....	—	—	—
<b>Total</b> .....	<b>53</b>	<b>20</b>	<b>73</b>

\* Administered by private midwives while relieving County Council midwives and district nurse/midwives have been included in the appropriate column.



**Pethidine/Pethilorfan**

Pethidine or Pethilorfan 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) .....	67	31	98
District nurse/midwives under Nursing Associations .....	3	—	3
*Private midwives .....	—	—	—
<b>Totals</b> .....	<b>70</b>	<b>31</b>	<b>101</b>

\*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) .....	19	—	19
District nurse/midwives under Nursing Associations .....	2	—	2
*Private midwives .....	—	—	—
<b>Totals</b> .....	<b>21</b>	<b>—</b>	<b>21</b>

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



### Refresher Courses

Eight midwives attended courses approved for the purpose of Rule G.I. of the Central Midwives Board Rules.

Two midwives also attended a special course in Methods of Preparation for Childbirth.

### Pupil Midwives

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

### Puerperal Pyrexia

There were three cases of Puerperal Pyrexia notified during the year. Two cases were confined in Hospital and one at home. All three cases were treated at home. The causes of the pyrexia were given as Enteritis, Mastitis and Urinary infection respectively.

### 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 and an Assistant Nursing Officer assist her with these duties.

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

District Nurse/Midwives	...	...	96 visits.
County Council Midwives	...	...	12 "
Independent Midwives	...	...	— "
Hospital Midwives	...	...	3 "

Special visits of investigation were as follows:—

Puerperal Pyrexia	...	...	3 visits.
Infant eye conditions	...	...	— "
Maternal Deaths	...	...	— "
Others	...	...	1 "

### HEALTH VISITING

The health visiting establishment was increased to 27 by the appointment of a relief health visitor. At the end of the year there were 25 health visitors in post.

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
	1967	1966	1965	1964	1963	1962	
No. of Infants	2023	2137	2053	2034	1911	696	29,538



3,824 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	23	24
Over 65 years of age	557	1408
Discharged from Hospital (Excluding Mental Hospital).....	97	130
Ante-Natal	90	104
Tuberculous Households	391	302
Other Infectious Diseases	9	2
Not already included above	374	313

In addition to the visits to infants and adults shown above, health visitors made 5,800 "no access" visits, i.e., visits to homes, but found the patients or mothers and infants not at home.

1,667 sessions were attended by health visitors at Local Health Authority Clinics.

### Co-operation with Family Doctors

The arrangements for the co-operation of health visitors with general medical practitioners continued during the year without any real difficulty, apart from that which arose from staff vacancies.

### Student Health Visitors

Four student health visitors were appointed during the year and commenced training in September—two at the North Gloucestershire Technical College, Cheltenham, and two at the Welsh National School of Medicine, Cardiff. One of the students at Cheltenham withdrew from the Course for domestic reasons.

### Refresher Courses

Two health visitors attended refresher courses during 1967.

## HOME NURSING

The Scheme for Home Nursing in the County was amended and as from the 1st July all nurses came under the direct control of the Authority. This opportunity must be taken to express great appreciation of the grand work undertaken over the years by the District Nursing Associations. Some Nursing Associations had provided a home nursing service in their area for very many years before the responsibility was taken over by the Local Health Authority in 1948. There is no doubt that the pioneering work of the Nursing Associations—often under great difficulties, laid the foundation for the present efficient home nursing service.

The arrangements for attachment of district nurses to general medical practices which was introduced in 1966, continued during 1967. These arrangements were put into operation subject to review after 12 months working experience. Towards the end of the year, all the general



practitioners and nurses were asked for their views on the arrangements in order that a fully comprehensive report could be submitted for consideration by the Committee in early 1968.

It would not be right to anticipate the report but it can however, be said that with good liaison between the doctors and nurses, and with adequate facilities available at the Surgeries, attachments should benefit doctors, nurses, and most important of all, the patients.

4,875 home nursing cases were attended during 1967, and 120,676 home visits were made by district nurses. A classification of the cases is as follows:—

	No.	Percentage of Total.
Medical ...	3746	76.84
Surgical ...	1068	21.91
Infectious Diseases ...	—	—
Tuberculosis ...	42	.86
Maternal Complications ...	2	.04
Others ...	17	.35

1,142 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 ...	167	3.43
5 years and up to 65 years ...	2111	43.30
65 years and over ...	2597	53.27

There was again an increase in the number of cases attended from 4,601 in 1966 to 4,875 in 1967, and a corresponding increase in the number of visits from 118,430 to 120,676. There was also an increase in the number of patients 65 years and over from 2,432 for 1966 to 2,597 for 1967, and the percentage of these patients to the total number of cases increased from 52.86 (1966) to 53.27 for 1967.

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.

It was not found possible to second any nurses for district training during 1967.

### Refresher Courses

Two district nurses attended refresher courses during the year.

*The Chief Nursing Officer has submitted the following report :—*

I am pleased to be given the opportunity to comment on the Public Health Nursing Service of the County for 1967.

As Chief Nursing Officer, I am answerable to the County Medical Officer of Health for the running of the Nursing Services of the County



and am assisted by Miss N. I. Davies, Deputy Nursing Officer. In June, 1967, we were joined by Miss B. C. Cummins as Assistant Nursing Officer and her help and keen interest have been very welcome.

Changes in the pattern of the work in the domiciliary field in recent years have necessitated considerable reorganisation of work loads, have demanded new loyalties and interests, and brought in a new emphasis on old established interests as well as new. Opportunities have been given at staff meetings to discuss pending changes and new ideas. In-Service training sessions and refresher courses are of great help in keeping up with present day knowledge and mode of practice.

Our own programme of In-Service Training continued successfully during the year. Many of the topics of discussion were selected on suggestions made by the nurses themselves. It is very much appreciated that Consultants and Workers in other fields and in the Local Authority Service had been so willing to give of their valuable time in contributing to these sessions. Particulars of the year's programme are given below:—

Date	Lecturer	Subject	Staff attending
19th January	Dr. H. Hill, Family Planning Association.	" Family Planning "	Health Visitors, Midwives and District Nurses.
10th February	Dr. G. R. Davies, Consultant Physician, South West Wales H.M.C.	" Diabetes "	Health Visitors, Midwives and Dis- trict Nurses.
15th March	Dr. K. R. Keay, Consultant Paediatrician, South West Wales H.M.C.	" Examination of the New-Born "	Health Visitors, Midwives and Dis- trict Nurses.
28th April	Dr. D. S. Jones Consultant Anaesthetist, Glantawe H.M.C.	" Resuscitation of Adults "	Health Visitors, Midwives and Dis- trict Nurses.
16th May	Dr. M. G. Danaher, Deputy County Medical Officer of Health.	" Testing the very Young "	Health Visitors only.
13th and 15 June	Miss E. S. Oakley, Dairy Produce Advisor, Milk Marketing Board.  Mr. D. G. Davies, Liaison Chemist, Milk Marketing Board. This Course included a tour of the Whitland Creamery on each day.	" The Educating Services offered by the Milk Marketing Board "  " Food and Nutrition " " Nutrition in Preg- nancy."	Health Vistiors, Midwives and Dis- trict Nurses.
27th October	Dr. H. B. Maliphant, Consultant Anaesthetist, South West Wales H.M.C.	" Infant Resuscita- tion "	Health Visitors, Midwives and Dis- trict Nurses.



Date	Lecturer	Subject	Staff attending
9th November	Dr. J. Clough Davies Consultant Geriatrician South West Wales and Mid Wales H.M.Cs.  Mrs. E. Lewis, Medical Social Worker, South West Wales H.M.C.	"Geriatrics"	Health Visitors, Midwives and Dis- trict Nurses.
8th December	Mr. D. Harries, County Welfare Officer.		
		"The County Wel- fare Services and their relationship to the nursing and health visiting ser- vices."	Health Visitors, Midwives and Dis- trict Nurses.

A number of these lectures were supported by instructional films and visual aids.

The scheme for co-operation between health visitors and family doctors was reviewed at the beginning of the year. It provides a good framework within which improved working relationships can be established. There are probably still one or two urban areas in the County suitable for re-organisation to coincide with group practices for health visiting purposes. Not until the general practitioners and health visitors are working together from the same premises is a true understanding of each other's work likely to be achieved.

There was an increase in the establishment of health visitors during 1967, but as there were two vacancies, one health visitor on leave of absence and another on sick leave, the burden of work remained heavy on the remainder. The position was somewhat relieved by the appointment of a relief health visitor in June.

There were no student health visitors completing training during 1967, but four were appointed and commenced training at the beginning of the academic year. Unfortunately, one had to give up due to family reasons. We are looking forward to the return of these students to the health visiting staff of the County thus bringing up their numbers to the accepted establishment. This will enable health visiting to be undertaken in greater depth and widen the opportunities for health education. It was hoped during the year that there would be more purpose built premises where Health Visitors could organise group discussions on health matters, but unfortunately some of these have had to be deferred.

Emphasis was given to the duties of the health visitor in the early detection of deviation from normal development in the infant. With this in mind, screening tests of hearing and vision were reviewed. The scheme for follow-up of children "At risk" of handicapping conditions was revised in such a way that the field workers could take action and seek advice at the appropriate time. In this way early action can prevent deterioration and other ill effects of these conditions and make it possible to plan ahead for the future needs of the child. As advances in modern medicine and surgery save more lives it is foreseen that the number of families with a handicapped member will increase, calling for more advice and support from the public health nurse.



Attachment of district nurses and midwives to general medical practitioners was in its infancy at the beginning of the year and was under review at the end of the year. It involved considerable reorganisation and I feel that I must express my appreciation for the co-operation received from the staff during this changeover.

The future pattern of the midwifery service is being reviewed nationally. The local pattern at present is one of increased hospital deliveries with emphasis on the admission of primipara and all Gravida IV. and over, who are discharged home early to the care of the domiciliary midwife.

The best service possible is given to both mothers delivered in hospital and those delivered at home. The role of the domiciliary midwife includes the provision of good ante natal care and preparation for parenthood, assessment of the home for early discharge, nursing the mother and baby during the puerperum and ensuring that a postnatal examination is carried out. This work is undertaken in co-operation with the family doctor—maintaining a good link with the hospital and handing over to the health visitor at the appropriate time.

To keep the midwives up to a high standard of practice, those with less than 10 deliveries a year are seconded to a Consultant Obstetric Unit for one month.

During the year groups of midwives were provided with an Entonox apparatus for analgesia and every midwife was provided with a Blease Sampson resuscitator. Lignocaine and Vandid were added to the list of drugs which they may carry. Improved methods of resuscitation of the newborn infant are constantly kept under review.

The primary role of the district nurse is to give the best nursing care possible for the patients within their homes. With attachment to family doctors, her work has extended into the Surgery and offers opportunity to participate with the doctor in minor surgery and early diagnostic procedures.

Future consideration will be given to the use of ancillary help in the Local Authority Nursing Service. Ancillary help cannot be employed as an alternative to the trained nursing personnel but only as a help to enable expansion of the work, thus releasing the nurses to concentrate on aspects of the work demanding their particular skill.

The Queens Institute of District Nursing announced during the year that they were discontinuing training state registered nurses for the Queens Institute Certificate of District Nursing. In December a circular was received from the Ministry urging Local Authorities to give consideration to the training of district nurses and this matter will be dealt with during 1968.

A further link was severed during the year with the District Nursing Associations, in that they are no longer involved in providing nursing requisites and covering nurses' expenses.

In conclusion my thanks are due to all the nursing staff for their willing co-operation, to the Deputy and Assistant Nursing Officers and the administrative staff of the Health Department for their help, and particularly to Dr. Jones and Dr. Danaher, for their guidance and encouragement at all times.

E. EVANS.



## 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 Child Health Clinics 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 Child Health Clinics and by the health visitors at their home visits.

### Smallpox Vaccination

The optimum age for vaccination against smallpox is now between one and two years. Since this policy was adopted the response to vaccination has not been as good as when children were vaccinated at the age of six months. However there seems to be a gradual improvement in this respect as indicated in the following table:—

Year	Estimated percentage vaccinated	
	Carmarthenshire	Wales
1965	29%	22%
1966	31%	28%
1967	36%	25%

Details of the vaccinations undertaken during the year are as follows:—

Under 1 year old	...	127
Age 1 year	...	698
Age 2—4 years	...	264
Age 5—15 years	...	91
Total	...	1180

... of 228 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 child health clinics 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 16.

Type of vaccine or dose	Year of Birth					Others Under age 16	Total
	1967	1966	1965	1964	1960-63		
Quadruple DTPP .....	—	5	1	—	—	—	6
Triple DTP .....	644	1003	254	55	141	15	2112
Diphtheria/Pertussis .....	—	—	1	—	—	—	1
Diphtheria/Tetanus .....	3	5	10	10	67	19	114
Diphtheria .....	—	—	—	—	—	—	—
Pertussis .....	—	4	5	1	1	—	11
Tetanus .....	—	4	6	7	59	164	240
Poliomyelitis Salk .....	—	—	—	—	—	—	—
Poliomyelitis Sabin (Oral) .....	315	1185	324	102	237	65	2228

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

Disease	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
Diphtheria .....	647	1013	266	65	208	34	2233
Whooping Cough .....	644	1012	261	56	142	15	2130
Tetanus .....	647	1017	271	72	267	198	2472
Poliomyelitis .....	315	1190	325	102	237	65	2234



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
	1967	1966	1965	1964	1960-63		
Quadruple DTPP .....	—	—	—	—	—	—	—
Triple DTP .....	—	—	338	132	191	62	723
Diphtheria/Pertussis .....	—	—	—	—	—	—	—
Diphtheria/Tetanus .....	—	—	35	12	195	15	257
Diphtheria .....	—	—	—	—	1	—	1
Pertussis .....	—	—	—	—	—	—	—
Tetanus .....	—	—	2	5	10	7	24
Poliomyelitis Salk .....	—	—	—	—	—	—	—
Poliomyelitis Sabin (Oral) .....	—	—	20	8	51	12	91

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

Disease	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
Diphtheria .....	—	—	373	144	387	77	981
Whooping Cough .....	—	—	338	132	191	62	723
Tetanus .....	—	—	375	149	396	84	1004
Poliomyelitis .....	—	—	20	8	51	12	91

The following table shows the percentage of children under 3 years of age vaccinated at 31/12/67. The percentages for Wales are shown for comparison:—

	Carmarthenshire	Wales
Born 1964		
Whooping Cough .....	60	66
Diphtheria .....	60	67
Poliomyelitis .....	52	63
Born 1965		
Whooping Cough .....	64	69
Diphtheria .....	64	70
Poliomyelitis .....	52	61
Born 1966		
Whooping Cough .....	68	70
Diphtheria .....	68	71
Poliomyelitis .....	62	67

### 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 1967:—

	School Children	Pupils attending independent schools	Students
(1) No. eligible .....	2062	—	—
(2) No. of (1) skin tested .....	1686 (81.76%)	—	—
(3) No. of (2) who were :—			
(a) found to be negative .....	†1476 (87.55%)	—	—
(b) Found to be positive .....	*57 (3.38%)	—	—
(c) Failed to attend for reading of skin test .....	153 (9.07%)	—	—
(d) Had BCG vaccination .....	1325 (78.59%)	—	—
(e) No. refused vaccination after having skin test or were medically unfit for vaccination.....	—	—	—

†130 children were skin tested but not offered vaccination.

\*32 of these had previously had BCG vaccination.

Of the children who were negative to skin tests, approximately 90 per cent. were successfully vaccinated.

**Child Contacts of Tuberculosis.**—The BCG vaccination of child contacts of tuberculous patients is the responsibility of the Chest Physicians. 172 children were skin tested by them during the year, of whom 27 (15.7 per cent.) proved positive. 121 children were successfully vaccinated.

### COUNTY AMBULANCE SERVICE

The arrangements of the Authority provide for:—

- A 24 hours service at nine ambulance stations.
- Five "sitting case" ambulances, all dual purpose vehicles stationed at Llanelli, Carmarthen, Ammanford, Llandeilo and Tumble, respectively.
- A Hospital Car Service for the conveyance of "sitting cases" arranged by the Women's Royal Voluntary Services.
- 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 .....	3†	7	Three whole-time and Volunteers
Carmarthen .....	3*	6	Three whole-time and Volunteers
Glanamman .....	1	2	Volunteers
Ammanford .....	2*	3	Volunteers
Trimsaran .....	1	2	Volunteers
Tumble .....	3*	4	Volunteers
Llandeilo .....	2*	3	Volunteers
Llandovery .....	1	2	Volunteers
Whitland .....	1	2	Volunteers

\* 1 Ambulance only on 24 hour service.

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

All the routine servicing and maintenance of ambulances were carried out at the workshop.

The ambulance fleet now consists of 17 petrol driven dual purpose ambulances and five reserves.

There was a decrease in the demand for transport during the year, the average number of patients conveyed per month being 5,568, as compared with 5,746 during 1966 (a decrease of 3.10 per cent.).

The total mileage for all vehicles decreased, being 646,771 miles as compared with 655,529 during 1966 (a decrease of 1.33 per cent.).

Arrangements were made for 67 patients to travel by train and the estimated mileage involved was 19,332.

One case was transferred by helicopter from the West Wales General Hospital, Carmarthen, to Rhydlafer Hospital, Cardiff.



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
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
1966	655,529	— 1.27	68,959	— 10.11
1967	646,771	— 1.33	66,820	— 3.10

The average number of trips per month for 1967 was 1,488, as compared with 1,537 for 1966, a decrease of 3.19 per cent.

#### 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.

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

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

The following table summarises monthly the work of the Ambulance Service for the year 1967, with comparable average monthly figures for the previous year:—







### 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.
1963	...	...	...	7.47
1964	...	...	...	8.94
1965	...	...	...	8.66
1966	...	...	...	9.51
1967	...	...	...	7.68

### 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.
- (d) A Chiropody Service for the elderly, the physically handicapped and expectant and nursing mothers.
- (e) Exfoliative Cytology Service for women at risk.
- (f) Travelling expenses of relatives, in necessitous cases for visiting long-stay patients in distant hospitals.

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 defects 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 have been made for the last seven years.
- (b) The loan of sleeping-out shelters in those cases where adequate segregation cannot otherwise be arranged. None have been issued for ten years.
- (c) Assistance to obtain suitable housing accommodation in co-operation with Local Housing Authorities.
- (d) Home help assistance.
- (e) Nursing requisites.



- (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 1967.

### **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. 10 sets of equipment were on loan at the end of the year.

### **Incontinence Pads**

The care and after-care arrangements include the provision of incontinence pads for which there is an increasing demand. Over 48,000 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 and nursing 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. She attended regular clinics at Drefach, Felinfoel, Llanybyther, Pencader, Pwll and Ystradowen.

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

<i>Organisation</i>	<i>Number of Clinics</i>
Old Age Pensioners' Associations	24
Old People's Welfare Committees	2
British Red Cross Society	13
St. John's Ambulance Service	2

Three 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 .....	4573	15262	8373
Handicapped .....	145	324	462
Expectant and nursing mothers .....	11	45	—
Totals .....	4729	15631	8835

The following is a summary of the conditions treated:—

Bunions .....	1232	Callosities .....	12528
Corns .....	16575	Ingrowing Nails .....	992
Nail trimming .....	15524	Miscellaneous Conditions .....	6274

### Exfoliative Cytology

The establishment of the three exfoliative cytology clinics at Llanelli, Carmarthen and Ammanford, respectively, at the end of 1966 was fully justified during 1967. Initially the sessions were held at monthly intervals, but the demand was such that during the course of the year weekly sessions had to be introduced at all clinics.

A total of 530 women were investigated during the year. The following table summarises the work:—

Clinic	No. of Sessions	Number Investigated	Results	
			Satisfactory	Unsatisfactory
Llanelli .....	44	241	206	35
Carmarthen .....	32	134	125	9
Ammanford .....	29	155	137	18
Total .....	105	530	468	62

Close co-operation was maintained with the general medical practitioners who received a copy of all laboratory reports and instituted any necessary action.

### 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 applicants, 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.

### Fluoridation of Water Supplies

The Authority decided that no steps be taken regarding the fluoridation of water supplies in the County.

### 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

The home help service continued to function as in previous years, assistance being limited to the amount needed for the essential duties of the household. The absence of arrangements to cover adequately the needs of the chronic sick other than for essential domestic duties in the home is still a source of concern and remains unsolved. The following Table showing the authorised assistance during the last normal week in 1967 also indicates the extent to which assistance was necessarily limited:—

Weekly Assistance.	No. of Cases.
6 hours and under ... ..	508
Over 6 hours and up to 9 hours ... ..	98
Over 9 hours and up to 12 hours ... ..	110
Over 12 hours and up to 15 hours ... ..	9
Over 15 hours and up to 18 hours ... ..	4
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.

1,083 cases received home help assistance during 1967, as compared with 1,031 cases during 1966. The 1,083 cases include 72 patients for whom a second period of assistance and 3 cases where a third period of assistance was provided during the year. The number of individual families who received assistance during 1967 was therefore 1,008.

The 1,083 cases for 1967 were:—

Over 65 years of age ... ..	839
Under 65 :	
Chronic Sick and Tuberculous ... ..	200
Mentally Disordered ... ..	1
Maternity ... ..	19
Others ... ..	24
<b>Total ... ..</b>	<b>1083</b>

The number of cases assisted during the year again showed a slight increase from 1,031 in 1966 to 1,083 in 1967.



730 cases were being assisted on the 31st December, 1967, as compared with 700 at the end of 1966. Of the 730 cases, 654 (or 89.59 per cent.) 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 ...	17
One to two months ...	23
Two months to three months ...	36
Three months to four months ...	27
Four months to five months ...	17
Five months to six months ...	20
Six months to twelve months ...	109
Over twelve months ...	481
<b>Total ...</b>	<b>730</b>

The age distribution of the 730 cases was as follows:—

	No. of Cases.
30 years of age and under ...	5
Over 30 years of age and up to 40 ...	11
Over 40 years of age and up to 50 ...	18
Over 50 years of age and up to 60 ...	63
Over 60 years of age and up to 65 ...	59
Over 65 years of age and up to 70 ...	112
Over 70 years of age and up to 75 ...	162
Over 75 years of age and up to 80 ...	160
Over 80 years of age and up to 85 ...	92
Over 85 years of age and up to 90 ...	38
Over 90 years of age ...	10
<b>Total ...</b>	<b>730</b>

462 of the cases (or 63.29 per cent.) were over 70 years of age, and 633 of the cases (or 86.71 per cent.) were over 60 years of age.

On the 1st January, 1967, 310 home helps were available for duty. 94 new home helps were enrolled during the year and 91 resigned. On the 31st December, 313 were available for duty. Service given in the last normal week of the year was equivalent in terms of whole-time employment to 104.32 home helps.

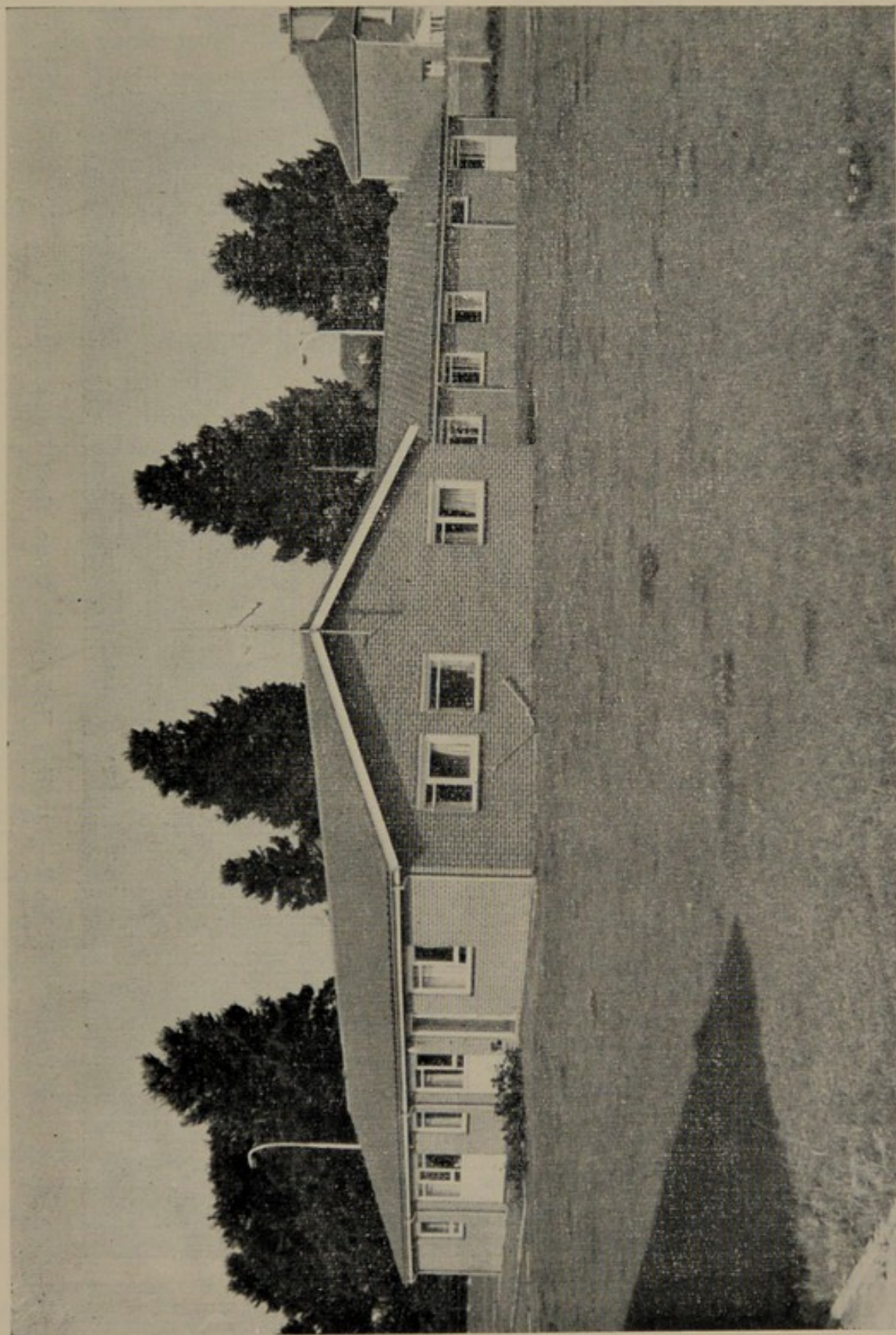
### In-Service Training

In-service training, which was instituted for regular part-time home helps in 1966, was extended during the year to selected casual home helps, 79 of whom attended the courses arranged. The courses were held at Carmarthen, Llanelli and Ammanford, and were organised in one-afternoon sessions.

### HEALTH EDUCATION

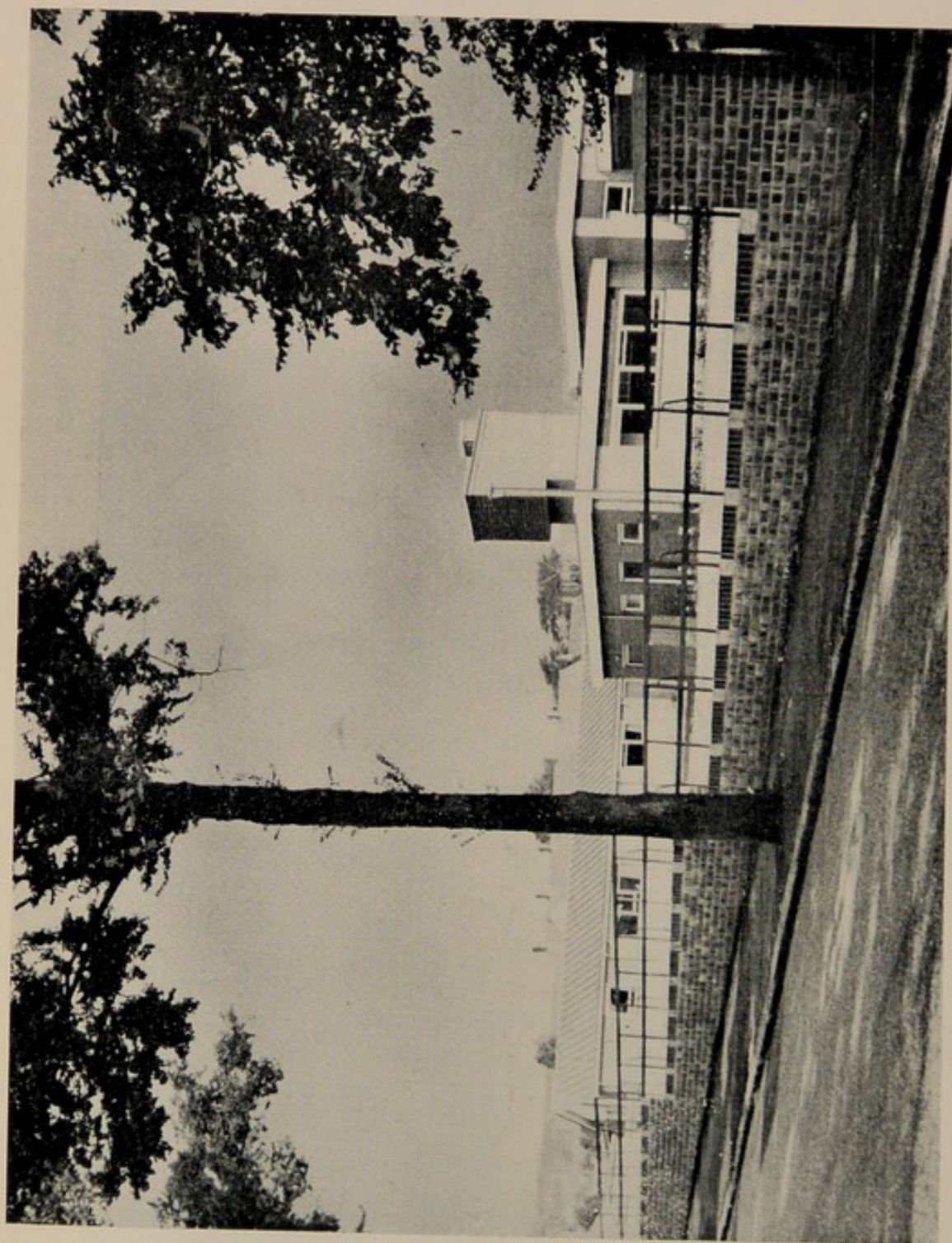
Health Education is mainly undertaken through personal contact with parents and others, by Medical Officers, health visitors, district nurses and midwives. As an aid to the staff in this work, pamphlets on relevant topics including the prevention of accidents in the home, are distributed from time to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





Photograph No. 1—Residential Home, Hecl Goffa, Llanelli





Photograph No. 2—Canolfan Hyfforddi'r Ifanc, Heol Goffa, Llanelli



## 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 comprised a Head Social Worker, two full-time male mental welfare officers, three mental welfare assistants—one male and two females, and two female assistant mental welfare officers who were following full-time diploma courses.

### Training Centres

The long awaited purpose built Junior Training Centre was completed early in the year and was brought into use as from the beginning of the summer term. The official opening ceremony was performed on the 23rd May by Professor W. Linford Rees, M.D., F.R.C.P., D.P.M., Professor of Psychiatry, St. Bartholomew's Hospital.

At the same time the Biddulph Street premises were vacated by male adult pupils who transferred to the Ann Street Centre.

### Residential Homes

The Residential Home associated with the Junior Training Centre at Heol Goffa was officially opened at the same time as the Centre, and it had been intended to admit residents in September.

Accommodation is available for thirteen children, a Matron, Assistant Matron and a General Assistant. Non-resident staff comprise a Cook and Domestic Assistant.

Unfortunately, considerable difficulty was experienced in securing the services of a Matron and this was not effected until November. It was possible to make arrangements for the first children to be admitted to the Home in January, 1968.



### Mental Illness—Admissions to Hospitals

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

Compulsory admission for observation	...	6
Compulsory admission for treatment	...	29
Emergency Cases	...	154
Informal	...	38
Section 60 (court cases)	...	—

### Mental Subnormality

17 mentally subnormal patients (10 males and 7 females) were brought to the notice of the Health Authority during the year; 9 of them (4 boys and 5 girls) were reported by the Education Committee.

These 17 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	9	6	15
Action Pending	—	—	—
Found not to be Subnormal	—	—	—
Died	—	—	—
Totals	10	7	17

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

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

	Males.	Females.	Total.
Under 16 years of age	6	13	19
16 years of age and over	47	69	116
Total	53	82	135

There were nine patients on the urgent list and four on the non-urgent list for admission to hospital.

Short-term care was arranged at psychiatric hospitals for nine 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:—

Number of persons under Local Health Authority care at 31st December, 1967:—



	Mentally Ill		Elderly mentally Infirm	Psychopathic		Subnormal		Severely subnormal		Total										
	Under age 16	16 and over		Under age 16	16 and over	Under age 16	16 and over													
								M	F		M	F	M	F	M	F				
1	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
2	—	—	74	93	—	—	—	—	—	—	18	19	46	45	8	8	24	18	353	
3	—	—	—	—	—	—	—	—	—	—	12*	14*	24	17	5	2	3	3	80	
4	—	—	—	—	—	—	—	—	—	—	2	5	4	5	1	1	3	3	24	
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	2	—	—	5	
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11	(a) suitable to attend a training centre																			
2-10	(b) others																			
	—	—	74	93	—	—	—	—	—	—	1	—	13	18	2	2	18	10	231	

\* 1 male and 1 female attending Felinfach Training Centre, Cardiganshire.



### Communicable Diseases

The following table summarises the notifications of infectious diseases received during 1967:—

Disease	No. of Cases Notified	Disease	No. of Cases Notified
Scarlet Fever .....	41	Meningococcal infection .....	—
Whooping Cough .....	83	Anthrax .....	—
Measles (excluding rubella)....	1031	Acute encephalitis :	
Acute poliomyelitis :		Infective .....	—
Paralytic .....	—	Post-infectious .....	—
Non-paralytic .....	—	Typhus fever .....	—
Tuberculosis :		Relapsing fever .....	—
Respiratory .....	49	Dysentery .....	17
Meninges and CNS .....	—	Ophthalmia neonatorum .....	2
Other forms .....	7	Puerperal pyrexia .....	3
Diphtheria .....	—	Acute pneumonia (primary or influenzal) .....	33
Smallpox .....	—	Paratyphoid fever .....	—
Cholera .....	—	Typhoid .....	—
Plague .....	—	Food Poisoning .....	2

### 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 Special Treatment Centres at West Wales Hospital, Carmarthen; Bryntirion Hospital, Llanelli, and Mount Pleasant Hospital, Swansea. The centre at Bryntirion Hospital was closed in September. 108 new patients from the County attended during the year as follows:—

	Syphilis	Gonorrhoea	Non-V.D. and other conditions	Total
Swansea Centre .....	2	8	45	55
Llanelli Centre .....	—	2	23	25
Carmarthen Centre .....	1	5	22	28
Total .....	3	15	90	108



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
1963	5	1	6	10	—	10	43
1964	3	4	7	7	1	8	53
1965	5	2	7	15	1	16	71
1966	3	—	3	21	7	28	90
1967	2	1	3	15	—	15	90

### 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
1963	69	0.41	25	.15
1964	77	0.46	10	.06
1965	44	0.26	12	.07
1966	59	0.36	13	.08
1967	49	0.30	7	.04

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
1963	8	.05	2	.01
1964	18	.11	—	—
1965	8	0.5	3	.02
1966	5	.05	2	.01
1967	6	.04	1	.006



The following table shows the age distribution of all new cases notified during 1967:—

Age Periods	Respiratory		Non-Respiratory		Total
	M	F	M	F	
0—1	—	—	—	—	—
1—5	—	—	—	—	—
5—15	—	—	—	—	—
15—25	4	—	—	—	4
25—35	1	3	—	—	4
35—45	3	3	1	1	8
45—55	5	2	1	1	9
55—65	15	3	1	1	20
65+	8	3	—	—	11
Total	36	14	3	3	56
Grand Totals	50		6		

The following table shows the deaths from Tuberculosis classified into the various age groups for the year 1967:—

Age Periods	Deaths from Tuberculosis			
	Respiratory		Non-Respiratory	
	M	F	M	F
0—1	—	—	—	—
1—5	—	—	—	—
5—15	—	—	—	—
15—45	1	1	—	—
45—65	—	1	—	—
65+	1	2	—	1
Totals	2	4	—	1
Grand Totals	6		1	



### Examinations at Chest Clinics

During the year, 3,063 new cases, including 552 contacts, were examined. Of these 42 were diagnosed as definitely tuberculous and 2,867 as non-tuberculous. 154 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 1/1/67 .....	353	170	16	85	369	255	624	3.77
Notified cases, 1967 .....	31	11	2	4	33	15	48	0.29
Inward Transfers .....	5	2	1	—	6	2	8	0.05
Total New cases .....	36	13	3	4	39	17	56	0.34
Withdrawn :—								
Recovered .....	29	36	2	12	31	48	79	—
Left Area .....	7	3	—	1	7	4	11	—
Change of Diagnosis .....	—	2	—	—	—	2	2	—
Deaths :—								
Tuberculosis .....	4	3	—	1	4	4	8	—
Other causes .....	21	1	—	3	21	4	25	—
On Register, 1/1/68 .....	328	138	17	72	345	210	555	3.36

### COUNTY WELFARE SERVICES

The County Council welfare services under the National Assistance Act, 1948, are carried out under the ægis 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 1967, 67 new cases (23 males and 44 females) were certified blind. The following table shows their age distribution and the principal causes of blindness:—

Age at Registration	Primary Ocular Disease								Total	Grand Total
	Cataract		Glaucoma		Retrolental Fibroplasia		Other			
	M	F	M	F	M	F	M	F		
0—4	—	—	—	—	—	—	—	—	—	—
5—15	—	—	—	—	—	—	—	—	—	—
16—20	—	—	—	—	—	—	—	—	—	—
21—29	—	—	—	—	—	—	—	2	2	2
30—39	—	—	—	—	—	—	I	—	I	I
40—49	—	—	—	—	—	—	I	—	I	I
50—59	—	—	I	—	—	—	I	—	2	2
60—69	—	I	I	2	—	—	I	2	2	5
70—79	2	7	7	3	—	—	3	5	12	15
80 and over	2	10	2	5	—	—	I	7	5	22
Totals	4	18	11	10	—	—	8	16	23	44

At the end of the year there were 507 blind persons on the register and their age distribution was as follows:—

Age Group	M	F	Total
0—4	—	1	1
5—15	—	2	2
16—20	3	2	5
21—29	4	2	6
30—39	9	3	12
40—49	13	13	26
50—59	27	19	46
60—69	25	50	75
70—79	57	91	148
80 and over	55	131	186
Totals	193	314	507

241 persons (78 males and 163 females) became blind when over 65 years of age. 33 (13 males and 20 females) became blind under the age of 12 months.



### Partially Sighted

25 persons (9 males and 16 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 Registration	Primary Ocular Disease								Total	Grand Total
	Cataract		Glaucoma		Retrolental Fibroplasia		Other			
	M	F	M	F	M	F	M	F		
0—4	—	—	—	—	—	—	—	—	—	—
5—15	—	—	—	—	—	—	—	—	—	—
16—20	—	—	—	—	—	—	—	—	—	—
21—49	—	—	—	—	—	—	—	1	1	1
50—64	—	—	—	—	—	—	1	1	1	2
65 and over	5	7	3	4	—	—	—	3	8	22
Totals	5	7	3	4	—	—	1	5	9	25

There were 130 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	9	6	15
50—64	7	13	20
65 and over	36	55	91
Totals	53	77	130

### Employment of blind persons

At the end of the year, 20 males and 3 females were in employment, 7 of them in workshops for the blind, and 16 variously engaged in open employment.

No blind person was 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, 3 males were capable of work in sheltered employment and 4 males and 1 female in open employment. One female 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 .....	15	22	—	21
(b) Treatment (medical surgical or optical) .....	19	6	—	12
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	11	3	—	11

**Ophthalmia Neonatorum :**

- (i) Total number of cases notified during the year—2.
- (ii) Number of cases in which:—
  - (a) Vision lost ... .. —
  - (b) Vision impaired ... .. —
  - (c) Treatment continued at end of year —

**MILK CONTROL**

No animals have been slaughtered under the Tuberculosis Orders during the past six 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:—

Report on the work done in the County of Carmarthenshire during the year 1967 under the provisions of the Food and Drugs Act, 1955, and the various Regulations and Orders made thereunder.

Total number of samples submitted to the Public Analyst	... 849
Informal supplies of milk tested for compositional quality by Officers of the Food and Drugs Department	... 311



Alcoholic spirits tested by Officers of the Food and Drugs Department	...	...	...	...	10
Milk samples sent for bacteriological or biological examination to the Public Health Laboratory	...	...	...	...	504
Total number	...	...	...	...	1674

#### Milk Samples submitted to the Public Analyst

Number of samples submitted	...	...	...	477
Certified to be genuine in Fat and Non-fatty solids	...	...	...	337
Deficient in Non-fatty solids due to natural causes	...	...	...	77
Contained added water	...	...	...	28
Contained added water and were also deficient in Fat	...	...	...	2
Deficient in Fat	...	...	...	12
Deficient in both Fat and Non-fatty solids	...	...	...	19
Containing Mould (Sterilised Milk)	...	...	...	1
Containing traces of blood	...	...	...	1

Included in the above total are 20 "Appeal to Cow" samples of milk. 12 of these samples were Genuine, whereas 1 was deficient in Fat, 6 were deficient in Non-fatty solids, and 1 was deficient in both Fat and Non-fatty solids.

#### Milk Samples certified to contain Added Water

Of the 30 samples certified to contain added water, 24 were of milk supplied wholesale to Creameries and 6 were from Producer-Retailers.

Legal proceedings under Section 2, Food and Drugs Act, 1955, were taken in respect of 24 of the milk samples certified to contain added water. In the case of the remaining 6 samples, the amounts of added water were small and it was decided to warn the Producer-Retailers concerned rather than institute legal proceedings in view of all the circumstances.

Fines and Costs imposed were as follows:—

Percentage Added Water	Fines and Costs imposed £ s. d.	Percentage Added Water	Fines and Costs imposed £ s. d.
27.3	} 13 9 0	6.9	} 27 5 0
10.3		8.3	
		6.7	
		7.9	
4.3	} 16 18 0	6.7	} 20 7 6
16.7			
		17.1	
18.8	} 25 0 0	21.3	} 22 7 6
20.3		19.2	
20.3			
14.5			
18.3		6.9	} 22 7 6
18.8		6.7	
17.1		7.1	
		6.0	
		6.0	



### **Milk Samples deficient in Fat and/or Non-fatty Solids**

Thorough investigations were carried out in respect of all milk samples reported to be deficient in Fat and/or Non-fatty solids. In some cases it was found that fat deficiencies were due to inadequate care in bulking the milk of the herd before bottling. In other cases, deficiencies were found to be due to natural causes and legal proceedings were not considered to be warranted. Warnings were given in appropriate cases and instructions given to take all possible steps to improve the quality of the milk.

### **Milk Samples tested for Antibiotics**

The Public Analyst carried out tests for the presence of Antibiotics on 404 milk samples submitted to him for analysis. Traces of Antibiotics, mainly Penicillin, were found in 7 of the samples examined which were all Untreated Milk. In view of the fact that all these cases were first offences, warnings were given.

### **Extraneous Matter in Milk**

1. A complaint was received in respect of a bottle of milk having particles of extraneous matter at the bottom. A few other bottles examined subsequently on the delivery vehicle concerned were also found to contain slight sediment. The contamination was not sufficient to warrant legal action.

2. A third-pint bottle containing a small quantity of milk with a hair-grip lodged in the bottom was submitted to the Public Analyst who reported that there was no appreciable contamination of the milk. The hair-grip was spread open in such a way that it would not come out of the bottle with the milk. The child was the only available witness and apart from the undesirability of subjecting a small child to the atmosphere of a Court, the evidence of a child of tender years usually requires corroboration.

3. A milk bottle with pieces of glass in it was the subject of a complaint by a purchaser. The bottle was empty when the complaint was made and found to be undamaged.

4. A complaint was received that an insect resembling a spider had been found in a bottle after the milk had been consumed. No pathogenic organisms were isolated.

5. A bottle of milk was brought to the office by a customer who complained about discolouration. This was due to the presence of blood and was not very pronounced.

In view of all the circumstances, it was deemed inadvisable to institute legal proceedings in each of the above cases.

6. A bottle of Sterilised Milk was brought to the Department by a purchaser, who complained about dark patches on the surface of the milk and on the inside of the bottle. The Public Analyst reported these patches to consist of Mould Hyphae and Spores. Legal proceedings under Section 2, Food and Drugs Act, 1955, were instituted against the Dairy concerned and Fines and Costs amounting to £10 1s. 6d. were 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	...	...	...	311
Genuine in Fat and Non-fatty solids	...	...	...	285
Contained added water	...	...	...	Nil
Deficient in Fat	...	...	...	3
Deficient in both Fat and Non-fatty solids	...	...	...	Nil
Deficient in Non-fatty solids	...	...	...	23

Where it was considered necessary, all samples found to be below standard were followed up by taking formal samples for analysis by the Public Analyst.

**Miscellaneous Articles of Food and Drugs**

Number of samples submitted to the Public Analyst	...	...	359
Certified to be Genuine	...	...	324
Certified to be Unsatisfactory	...	...	35

The samples comprised the following:—Fruit Preserves, 44; Butter, 39; Ice Cream, 31; Soft Drinks, 26; Canned Meat, 22; Milk Pudding, 20; Cream, 20; Sausages, 19; Butter Cakes, 15; Meat Paste, 11; Canned Milk (18 per cent. Butter Fat), 10; Sugar Confectionery, 7; 6 each of Evaporated Milk and Malt Vinegar; 5 each of Honey, Meat Pies, Non-brewed Condiment, and Dried Fruit; 4 of Cheese, 3 of Milk-Chocolate Biscuits; 2 each of Canned Soup, Fruit Sauce, Salmon Spread, Sliced White Bread, Tea, Butter Confectionery, and Bitter Ale; 1 each of Shredded Beef Suet, Shelled Brazil Nuts, Black Currant Health Drink, Rose Hip Syrup, Orange Juice, Horlick's Food Drink, Potted Beef, Fresh Sewin, Tomato Purée, Chicken Soup, Milk Chocolate—Flavour Cake Covering, Cornish Pasty, Mustard, Almond Marzipan and Instant Coffee; 4 of Zinc and Castor Oil Cream; 3 of Analgesic Tablets; 2 each of Olive Oil, Foot Cream, Vitamin C Tablets, Ferrous Sulphate Tablets, Antiseptic Cream, Throat Lozenges; 1 each of Iron Tonic Tablets, Codeine Linctus, Sulphur Ointment, Back and Kidney Pills, Germ Ointment, Ferrous Gluconate Tablets, Camphorated Oil, and Lenium Shampoo.

**Particulars relating to the Unsatisfactory Samples**

<i>Description of Article</i>	<i>Nature of Deficiency or Irregularity</i>
Pork Sausages	..... Meat content 59% whereas recommended minimum standard is 65%.
Pork Sausages	..... Meat content 60% whereas recommended minimum standard is 65%.
Blackcurrant Health Drink.	..... 4% deficient in Vitamin C (Contained 195 mgms. Ascorbic Acid per 100 grams as against 205 mgms. declared on label).
Sliced White Bread	..... Contained greyish substance consisting of dough contaminated with edible mineral oil.
Creamed Rice Milk Pudding.	..... Calculated Fat content of original milk 2.92%, 2.6% deficient.



<i>Description of Article</i>	<i>Nature of Deficiency or Irregularity</i>
Rose Hip Syrup .....	12% deficient in Vitamin C (Contained 70 mgms. Ascorbic Acid per Fl oz., 80 mgms. declared on label).
Fruit Sauce .....	Contaminated with esters—chemical used as solvents in paints, essential oils and varnish, and also for flavouring confectionery.
Raspberry Jam .....	Fruit content 27%, minimum prescribed is 30%.
Pork Sausages .....	Contained 500 p.p.m. Sulphur dioxide, maximum permitted 450 p.p.m. 11% excess S.O <sub>2</sub> .
Bitter Ale .....	Contained a mass of mould myceliae and spores.
Chopped Ham and Pork .....	Total meat content 86.1%. Should be at least 90%.
Steak and Kidney Pie .....	Total meat content 24.7%. Should be at least 25%.
Pork Sausages .....	Total meat content 57.5%. Should at least be 65%.
Codeine Linctus .....	Codeine Phosphate 0.37%, B.P. Codex requires 0.26%—0.34%, therefore contained 8.8% excess.
Rhubard and Ginger Jam	Deficient in fruit content.
Rhubard and Ginger Jam	Deficient in fruit content.
Blackcurrant and Lemon Drink. ....	Vitamin C content 125 mgms./fl. oz., declared 150 mgms./fl oz.
Sliced White Bread .....	Contained dark coloured substance identified as mainly burnt dough.
Cornish Pasty .....	Meat content 11%, should be at least 12.5% meat.
Butter Shortcake Biscuits. ....	Butter-fat 10.7%, all the added Fat content of 21.8% should have been butter-fat.
Milk Chocolate Wheaten Biscuits. Milk Chocolate Wheaten Biscuits. Milk Chocolate Home Wheat Biscuits. }	Public Analyst's opinion is that milk chocolate should contain at least 12.5% Full Cream Milk Solids. Considerably less in these biscuits.



<i>Description of Article</i>	<i>Nature of Deficiency or Irregularity</i>
Milk Chocolate Flavour Cake Covering.	Contained 23% Skimmed Milk Powder. Container bore the word "Milk" which implied Full Cream Milk.
Pork Sausages .....	Total meat (lean and fat) content satisfactory, but proportion of lean meat slightly low.
Canned Sausages in Pork Stock. ....	Contents found to be unfit for human consumption.
Canned Pork Sausages	Total meat content 61.5% should be at least 65%.
Blackcurrant Jam .....	Contained 22% fruit, should be at least 25%.
Creamed Rice Milk Pudding. ....	Had been made with milk containing approximately 5% added water.
Rhubarb Jam .....	25% deficient in fruit content.
Creamed Milk Pudding (Rice). ....	Fat content of original milk was 2.6%.
Rum and Butter Toffee. ....	Description unjustified, alcohol content less than 0.1%.
Ferrous Sulphate Tablets. ....	Quantitative details on label obscured by scouring marks.
Sultanas .....	Contained rodent hairs, mites, cotton fibres and piece of coke.
Dried Fruit (Cake/ Fruit Mix). ....	Contained an insect, insect parts and rodent hair.

The Sliced White Bread was brought to the Department by a householder who did not wish to appear in Court. The bakery firm was warned.

The Fruit Sauce was the subject of a complaint by a purchaser who did not wish to appear in Court. A formal sample subsequently taken from the same consignment proved to be Genuine. No further action could be taken and the manufacturers were warned.

The first two samples of Pork Sausages were procured following adverse reports on a previous sample. The manufacturers were warned.

The Bitter Ale had been obtained from a Club by a member. It could not be established at what stage the contamination had occurred. The Club and the Brewery were warned.

Chopped Ham and Pork, Steak and Kidney Pie, Pork Sausages. Warnings were given in each case to the Manufacturers. Regulations have been made specifying minimum meat content requirements for various meat products. These Regulations do not come into force until 31st May, 1968, in respect of Meat Pies and 31st May, 1969, in respect of Sausages and Canned Meat. Under the new Regulations the minimum meat content for the above products will be Chopped Ham and Pork—90 per cent., Steak and Kidney Pie—25 per cent., and Pork Sausages—65 per cent., which correspond with the minimum standards recommended by Public Analysts generally for many years.



Codeine Linctus. This was an informal sample, further samples will be taken.

Blackcurrant and Lemon Drink, Sliced White Bread, Cornish Pasty. The manufacturers have been warned in each case.

Canned Sausages in Pork Stock. This was an imported product and the contents of the can had become putrid due to improper sealing or subsequent damage. The purchaser could not remember the date of purchase. Further samples were taken formally from cans bearing the same code markings and these proved to be in a sound condition.

Black Currant Jam, Creamed Rice Milk Pudding. Informal samples taken in the first instances were followed up with formal samples and investigations are still proceeding.

Rhubarb and Ginger Jam. This was taken up with the manufacturers who have now discontinued making this type of jam.

Milk Chocolate Biscuits. The manufacturers agreed to take immediate steps to rectify matters and no further action was considered necessary.

Milk Chocolate Flavour Cake Covering. The outcome of correspondence with the manufacturers has been unsatisfactory. The container bore the word "Milk" at both ends and this implies Full Cream Milk, while the Public Analyst reported that the article did not contain any Full Cream Milk. The manufacturers have refused to agree to change the markings to "Milk Flavour," but it is inadvisable to take legal action at this stage. New Regulations are pending and further attention will be given to this product.

The deficiencies or irregularities in the remaining samples listed as unsatisfactory were not unduly serious and cautions were administered to the manufacturers or suppliers after all the circumstances had been thoroughly investigated.

Investigations were also carried out in respect of articles of food brought to the Department by private purchasers. These were not submitted to the Public Analyst but were examined by the Food and Drugs Officers.

The complaints were as follows:—

1. Legal proceedings under Section 2, Food and Drugs Act, 1955, were taken against D. J. Bevan (Bakeries), Ltd., Emma Street, Llanelli, in respect of a loaf of bread in which a piece of a thermometer—about 1½ ins. of the mercury end, with some mercury left in it—was found by the purchaser. A fine of £50 was imposed, together with £1 10s. od. costs.

2. A piece of metal was found in a portion of imported Corned Beef on slicing it at a School Canteen. The London Importers were informed and they undertook to pursue the matter at the factory in Argentina. The report of the Company's Chief Chemist is awaited.

3. Investigations were carried out in respect of a complaint that a small insect had been found in a Bread Roll. The Public Health Inspector for the area reported favourably on conditions at the Bakery concerned and the proprietors were warned.

4. A small insect was found in a Bread Bun, but since conditions at the Bakery were found to be satisfactory, the proprietors were warned.

5. A dead fly was found by a housewife in a piece of imported cheese. It could not be established at what stage the contamination had occurred and warnings were given to the importer and the retailer.



6. Investigations were carried out in respect of a complaint that Bacon, sold as "Lean Bacon," contained an excessive amount of fat and the supplier was warned.

It is inadvisable to institute proceedings in all the cases that come under notice. There are various reasons, such as the complainant's reluctance to appear in Court, some of the articles are imported food-stuffs, there is often undue delay in making the complaint, and it is invariably difficult to establish at what stage such contamination occurs. Magistrates have a duty to dismiss cases where reasonable doubt exists.

### Alcoholic Spirits

Ten informal samples of alcoholic spirits were taken at licensed premises and were tested by the Food and Drugs Officers. All the samples were found to be genuine. The samples consisted of 7 Whisky, 1 of Gin, 1 of Bacardi Rum and 1 of Vodka.

### Pesticide Residues in Foodstuffs

This Authority continues to participate in the National Survey undertaken by the Local Authority Associations in conjunction with the Association of Public Analysts.

The survey is designed to determine whether foodstuffs in common use are being contaminated with toxic metallic or organic residues as a result of the use of horticultural pesticides.

The Public Analyst has suggested a list of samples of foodstuffs to be submitted for examination during the first year of the scheme.

Ten samples of foodstuffs were submitted to the Public Analyst, comprising Potatoes, Spring Cabbage, White Bread, Baby Food, Beer, Apples, Tomatoes, Creamed Rice, Milk and Beef.

The Beer was found to be entirely free from any pesticide residues, but the quantities found in the tomatoes were well above the reporting limits under the scheme.

Traces of Pesticide and Metallic residues were found in the potatoes, but these were below the reporting limits and the sample was considered to be satisfactory.

In all the remaining samples, traces of organo chlorine pesticide residues were found, but the level of contamination was below the reporting limit and the samples were considered to be satisfactory.

To start the second year of operation of the scheme, samples of Wholemeal Bread and Cheese have been submitted to the Public Analyst. Reports on the examination and analysis of these two samples have not yet been received.

### The Milk (Special Designation) Regulations, 1963 and 1965

138 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	...	89
Satisfied Phosphatase Test but failed Methylene Blue Test	...	4
		—
Total	...	93
		—



*Untreated Milk*

Satisfied Methylene Blue Test ...	...	...	...	31
Failed Methylene Blue Test ...	...	...	...	1
Total ...				32

*Sterilised Milk*

Number of samples taken ...	...	...	...	13
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All were reported satisfactory under the Turbidity Test.

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

Extensions and alterations are now being carried out at one dairy where conditions have not been up to standard. The H.T.S.T. system of pasteurisation is being installed to replace the Holder system used hitherto.

**Milk in Schools Scheme**

Details of the results of the bacteriological tests carried out on 334 samples of milk supplied to Schools in the County are as follows:—

*Pasteurised Milk*

Satisfied both Phosphatase Test and Methylene Blue Test	...	139
Failed Phosphatase Test but satisfied Methylene Blue Test	...	Nil
Failed Methylene Blue Test but satisfied Phosphatase Test	...	8
Satisfied Phosphatase Test but Methylene Blue Test Void	...	2
Total		...
	...	149

*Untreated Milk*

Satisfied the Methylene Blue Test	...	...	...	161
Failed the Methylene Blue Test	...	...	...	18
Methylene Blue Test Void (Atmospheric shade temperature exceeded 70°F.)	...	...	...	6
				<hr/>
		Total	...	185

**Milk Samples taken at Children's Homes, Hospitals, etc.**

The results of the bacteriological tests carried out on 17 samples of milk supplied to Children's Homes, Hospitals and Homes for the Aged in the County are as follows:—

*Pasteurised Milk*

Satisfied both Phosphatase Test and Methylene Blue Test	...	14
		<hr/>
Total	...	14

*Untreated Milk*

Satisfied the Methylene Blue Test	...	...	...	3
				<hr/>
	Total	...	...	3



**Milk Samples examined for Tubercle Bacillus, Brucella Abortus, etc.**

16 samples of milk taken at the farms of producers supplying milk to schools were submitted for Guinea Pig inoculation at the Public Health Laboratory for examination for Tubercle Bacilli, Brucella Abortus, etc. 2 Guinea Pigs died of intercurrent infection too soon after the inoculation for a diagnosis to be made.

There was no evidence of Tubercle Bacillus infection in the remaining 14 samples.

Two of the milk samples were reported to be infected with Brucella Abortus.

230 of the samples of Untreated Milk taken at Schools, etc., were also examined for Brucella Abortus under the Brucella Ring and Culture Tests. Brucella Abortus was not isolated in any of these samples.

E. G. NICHOLLS,

Chief Inspector.



## VITAL STATISTICS, 1967

Name of District	Estimated Population for 1967	Live Births		Deaths registered in District		Transferable Deaths		Deaths under 1 year		Area of District in Acres	Census 1961 Total population at all ages
		No.	Rate per 1,000 Population	No.	Rate per 1,000 Population	Outward	Inward	No.	Rate per 1,000 Live Births		
URBAN											
Ammanford	6,090	60	9.9	94	15.4	5	31	2	33	951	6,267
Burry Port	5,920	82	13.9	83	14.0	1	35	1	12	1,374	5,865
Cardiff	12,950	144	11.1	233	18.0	385	16	1	7	5,160	13,247
Cwmaman	4,130	46	11.1	50	12.1	5	13	—	—	756	4,263
Kidwelly	2,840	38	13.4	37	13.0	—	14	1	26	2,854	2,879
Llandeilo	1,900	24	12.6	29	15.3	1	11	—	—	311	1,904
Llandovery	2,050	19	9.3	25	12.2	17	8	1	53	1,266	1,911
Llanelli	28,310	348	12.3	435	15.4	169	45	5	14	2,069	29,979
Newcastle Emlyn	700	6	8.6	12	17.1	—	2	—	—	208	648
Total	64,890	767	11.8	998	15.4	583	175	11	14.34	14,949	66,963
RURAL:											
Cardiff	27,990	369	13.2	358	12.8	10	117	8	22	202,733	28,027
Llandeilo Fawr	23,680	282	11.9	321	13.6	9	130	9	32	236,581	24,480
Llanelli	40,430	611	15.1	501	12.4	48	176	9	15	51,367	40,301
Newcastle Emlyn	8,120	109	13.4	117	14.4	18	34	3	28	82,842	8,237
Total	100,220	1,371	13.7	1,297	12.9	85	457	29	21.15	573,523	101,045
Whole County	165,110	2,138	12.9	2,295	13.9	668	632	40	18.71	588,472	168,008
England and Wales	—	—	17.2	—	11.2	—	—	—	18.3	—	—







