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Contributors

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MONTGOMERY COUNTY COUNCIL



REPORT
of
THE COUNTY MEDICAL OFFICER
OF HEALTH
for
1966

COUNTY HEALTH OFFICES,
NEWTOWN,
MONTGOMERYSHIRE.
AUGUST, 1967.

D. FELIX RICHARDS
M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.,
D.P.H., D.T.M. & H., D.O.M.S., J.R.C.O.G.



Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health of the county in 1966.

During the year there were no unusual events that affected the existing general state of health of the county adversely.

Vital Statistics

The Registrar-General's estimate of the population in mid 1966 indicated that there has been little fluctuation in the population of the county over the last five years. The population of the Rural Districts fell by 50, and the population of the Urban Districts rose by 60 since the estimate for mid 1965. The live birth-rate (page 8) was lower than that for 1965, and lower than the rate for England & Wales. There were no maternal deaths in the county in 1966.

The deaths of infants under one year of age numbered 10 (page 9) and the infant mortality rate of only 6.1 was significantly lower than the rate for England & Wales. The number of deaths of infants under 4 weeks of age (page 9 & 10) was 4, giving a neonatal mortality rate per 1,000 live births of 6.3 compared to 12.9 for England & Wales.

There were 11 still births in the county in 1966, as opposed to 6 in 1965. At the moment of writing there is a proposal that each still birth occurring in one Hospital Management Committee's catchment area in Montgomeryshire should be thoroughly investigated. If this proposal comes to fruition much valuable information should be gained.

However, as the deaths of infants under 1 year of age numbered only 4, that significant index of the efficiency of obstetric and social care, the perinatal mortality rate (see page 10) remained at 23.8, lower than the figure for England & Wales (26.3).

The number of deaths from cancer rose from 95 to 107 and this represented a higher percentage of the whole deaths from all causes than in the previous year (but see table on page 11). Generally speaking there were no significant increases or decreases in the percentages of chief causes of death.

Again, the relatively large number of deaths from a largely preventable condition, cancer of the lung (18 in 1965, 19 in 1966 - page 13), should be noted. During the year efforts were continued to publicise the danger of the smoking habit.

While there were only two deaths from cancer of the uterus, this condition is undoubtedly, to a degree, preventable. Although facilities for the early detection of this condition became more readily available in 1966, and although efforts were made by the Health Department to encourage women at risk to attend their family doctors and hospital clinics for examination, the results could not be regarded as satisfactory and at the time of writing (June 1967) the whole question of a Cervical Cytology Service is being reviewed.

Infectious Diseases

No cases of poliomyelitis, diphtheria, smallpox, typhoid fever, paratyphoid or puerperal pyrexia were notified during the year. Figures for the common infectious diseases of childhood were low (page 31). One case of food poisoning was reported.

Tuberculosis

The number of cases notified came to a total of 15 compared to 11 in 1965. Each case was thoroughly investigated and no cause could be found for this small increase in notified cases. Four cases were notified, over a period of some three months from an area of some 50 square miles, but no link could be established between these cases. It is necessary to maintain vigilance as far as this is concerned.

Immunisation

Statistics referring to the routine immunisation schedule adopted by this county are given on pages 21 & 22. In general they compare favourably with those published by other Authorities (see page 23). The increase shown in the number of children vaccinated against smallpox is encouraging, and efforts will be continued to raise this figure to a satisfactory level. For the present, vaccination remains the best available method of protecting the individual and the community against smallpox, and there is little doubt that this country will continue to experience epidemics of smallpox from time to time, particularly as a result of the increased numbers of people travelling overseas or visiting this country from other lands. The speed of air travel is such that more persons carrying the disease can now reach this country and mix with its population before the disease is manifest than was previously the case.

Tetanus Immunisation

In late 1965 this Department started offering immunisation against tetanus to all children of school age who had not been previously immunised. Parental response was excellent. At the time of writing 3,599 children have been successfully immunised. A considerable amount of time was devoted to this pioneer programme but it is thought that the results amply justify the amount of effort put into the campaign. I am not aware of any other county that now has such a high proportion of its youthful population successfully immunised. In an agricultural community such as Montgomeryshire, minor lacerations and penetrating wounds of the skin are relatively common. The knowledge that a person has been immunised against tetanus is reassuring to him or her and a great help to any doctor who may have to deal with such cases. Doctors dealing with injuries often have to make a choice between giving an injured patient a "booster" anti-tetanus toxoid, which is effective and remarkably free of side-effects which can be given to patients who are already immunised, and giving an injection of anti-tetanus serum which gives temporary protection but can have after-effects which are, to say the least, unpleasant and can be severe. Parents of the children immunised were given cards which gave details of the immunisation, to show to any doctor who might treat these immunised persons if they were injured. I should like to thank parents, the Montgomeryshire Local Education Authority's staff and family doctors for the great help they gave with this campaign.

Mental Health

This most important service continued to develop in 1966 (see pages 26-29). The Mental Health Service does a very great deal to relieve patients and their families of worry, anxiety and distress, and, in a more positive fashion, actively assists many mentally ill and mentally handicapped persons to lead an active useful life in the community.

The preliminary work necessary to establish an Adult Training Centre was continued in 1966, and at the time of writing it is anticipated that the Centre, catering for some 20 persons, will be opened in Newtown in the summer of 1967.

If this experimental venture, which is regarded as a pilot scheme, is the success it promises to be, the Montgomeryshire Local Health Authority will have given great help and encouragement to the trainees and their families.

Chiropody

It is sad to write that there was no Local Health Authority Chiropody Service of any kind available to those in need in the county during the whole of 1966. It is not generally realised what an important service this is. An efficient chiropody service not only helps to keep elderly persons mobile and active and free of discomfort or pain in their own and welfare homes, but it can also give great assistance to physically-handicapped persons of all ages, pregnant women and nursing mothers, and school children. In 1967, the services of a qualified Chiropodist have become available for one day a fortnight to treat domiciliary cases in the North of the county, but this is only touching the extreme fringe of the need. Local Health Authorities are now permitted and obliged to employ only those chiropodists who are State Registered. Suitably qualified chiropodists are in short supply and great demand. At the time of writing (June 1967) it has not proved possible to attract anyone suitable for the vacant position in the establishment for a Senior Chiropodist. It is to be hoped earnestly that an effective Chiropody Service will be established in the county at the earliest possible date.

"At Risk" & "Observation" Registers of Babies & Pre-School Children

I have, as Principal School Medical Officer, written at some length on this important subject in my School Health Report for 1966. Briefly, during 1966 these registers were improved and brought to what is thought to be an efficient and satisfactory state.

Ambulance Service

In May 1966 the Ambulance Service in the county was reviewed by the Ambulance Advisor to the Ministry of Health and a doctor from the Welsh Board of Health at the request of the County Council. The Ambulance Advisor submitted a report to the Welsh Board of Health and this report was considered by the Montgomery County Council. The Health Department staff prepared a plan for a whole-time service, but the County Council resolved that the existing voluntary agency service should continue, with Annual Reviews of the relationship between the County Council and the six St. John Ambulance Divisions in the county that operate the voluntary service. In view of the uncertain future of the Ambulance Service at a local and national level, and taking regard of the continuing good service given by the Divisions, I consider that the County Council's decision to continue with the present arrangement and to review it annually was justifiable, understandable and rational.

During 1966, Officers of this Department held several meetings with representatives of the St. John Ambulance Brigade. As a result of these meetings a more satisfactory degree of liaison and co-operation has been developed between the Health Department and the Brigade. Financial arrangements were reviewed and altered for, it is thought, the better. It was agreed that from 1967 the Montgomery County Council should purchase and own all ambulances bought to replace existing stock. It was resolved that the Ambulances should be fitted with radio-telephones, which should improve the efficiency of the service. (The provision of radio telephony for the ambulances has not, at the time of writing, been achieved, but it is hoped that by the end of 1967 all vehicles will be suitably equipped.)

The representatives of the St. John Brigade were most helpful and co-operative at all the meetings that were held. The population of the county has great cause to be grateful for the efforts of the St. John Divisions. These dedicated efforts not only ensure the transport of stretcher cases in the county but as a result of the money saved also enable the Health Department to administer a very flexible Sitting-Case Car Service on more liberal lines than is the case in some other Authorities.

In general, the services given by this Authority's Health Department in 1966 continued to develop. Some fields of service are perhaps better than those existing in other Authorities; most are at least equal, but there are a small number of services in which Montgomeryshire, as a Local Health Authority, is not entirely fulfilling its obligations. The reasons for these inadequacies are various, but usually the major factor is that, for financial reasons, the present establishment situation of the Authority is not strong enough to employ certain specialist officers. For example, a strong case could be made out for a County Public Health Inspectorate, but it would probably be difficult at present to entirely justify the establishment of a County Public Health Inspectorate Department, bearing in mind the socio-economic nature of the county.

1966 was, for the Medical Services in general, and for the Public Health Service in Wales in particular, a somewhat unsatisfactory year. The continued deferment and delay of the publication of the expected White Paper on Local Government in Wales led to a mood of frustration and irritation. It was difficult to contemplate forward planning of any kind. Apart from this, the family doctor service went through a critical phase, and for a time it appeared to be quite possible that this service, in the form it has adopted since the advent of the National Health Service in 1948, would wither away or collapse. One heartening result of this crisis was the renewal of interest at Government level in the concept of Health Centres. The Ministry of Health once again came out strongly in favour of the idea, and many family doctor Practices, nationally and locally, expressed great interest in the concept. In 1966 negotiations proceeded with the interested parties for a family Practice to operate from the modern and previously under-used Infant Welfare Clinic in Llanfair Caereinion. At the moment of writing the family doctor Practice is operating from the clinic, which was inexpensively adapted for the use of the Practice. Also in 1966, complicated negotiations were started with a view to building onto this Authority's purpose-built Infant Welfare Clinic at Welshpool to provide a Health Centre from which both the Welshpool Group Practice and this Authority's staff would work in close co-operation. At the moment of writing these negotiations are still proceeding and it is to be hoped that the efforts that everyone concerned has put into this project will soon be realised in a material form in the shape of a well-designed building.

Other Practices in Montgomeryshire have shown great interest in working together with this Authority's staff from Health Centres. I think it true to say that the populace of Montgomeryshire does not fully realise how fortunate it is in the availability, distribution and calibre of the service given by family doctors, inside and outside the county, to Montgomeryshire patients. The situation is very different in some other areas. I consider that Local Health Authorities should do everything they possibly can to support family doctors, and the provision of Health Centres (at which General Practitioners, Local Authority staffs, and others concerned with the health of the community, can work together, not in any authoritarian, hierarchical system, but in friendly co-operation) is an obvious way in which the Local Health Authorities can assist hard-pressed family doctors to serve the public. In a largely rural area like Montgomeryshire the planning of the provision of health centres in the principal towns should be dealt with on an individual basis. Each town and each Group Practice will present problems that cannot be solved in a rigid and standardised way. It is to be hoped that Montgomery County Council will give every form of active support and help to those family doctors in the county who wish to work in Health Centres, or in any way more closely with Health Authority staff.

I think that the establishment of a network of Health Centres in the county, together with even closer liaison with the Hospital Service, will lead to an improved Health Service, preventive and curative, to the community for some few years. Expenditure on health and welfare is, of course, an open-ended commitment, but I personally feel that the tax-payer and rate-payer will not receive commensurate value for the money allocated, nationally and locally to Health and Welfare Services, (and that the personnel of all kinds, manning services will continue to suffer from frustration and a degree of resentment), until the emergence of some kind of radical national reform of the role and functions of all Local Authority Health and Welfare Services and the National Health Service itself.

I should like to thank the Health Committee for the help and encouragement they gave me in 1966, and all those colleagues, in the medical and Local Government fields who, as usual, gave my Department ready and friendly support during the year.

I should also like to express my thanks to all members of my staff, medical ancillary, and especially clerical, for the continued zeal, loyalty and tolerance they showed to me in 1966.

In future years it is proposed that the Annual Report on the health of the county and the Annual Report of the Principal School Medical Officer should be published in one volume. There is, nowadays, considerable overlap in the functions exercised in the two fields and it is thought that a more coherent and comprehensive picture of the general health of the community would be gained if the available facts and comments on them were presented in a unified form.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

D. FELIX RICHARDS
County Medical Officer of Health

County Health Offices,
Newtown, Montgomeryshire

June 1967.

COUNTY HEALTH STAFF

County Medical Officer of Health and Principal School Medical Officer:	D. Felix Richards, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & V., D.(Obst.). R.C.O.G.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:	Brian E. Deere, M.B., B.Ch., D.P.H.
Medical Officers:	Amelia Evans, B.Sc., M.B., B.Ch., D.P.H. Elinor M. Greville, M.R.C.S., L.R.C.P., D.P.H.
Principal Dental Officer:	J.A. Reece, L.D.S., (V.U. Manc.)
Assistant Dental Officer:	A.C.D. Swift, L.D.S.
Assistant Dental Officers (part-time):	E. Davies-Thomas, T.D., M.R.C.S., L.R.C.P., L.D.S., R.C.S. Mrs. S.J. Robertson, L.D.S.
Superintendent Nursing Officer:	Miss S.D. Wilson, S.R.N., S.C.M., H.V.
Health Visitors:	Miss H.C. Baker, S.R.N., S.C.M., H.V. Miss G.E. Bryan, S.R.N., S.C.M., H.V. Mrs. E.F. Humphreys, S.R.N., S.C.M., H.V. Miss M.E. Jones, S.R.N., H.V. (Part I Midwifery) Miss N.L. Jones, S.R.N., S.C.M., H.V. Mrs. B.R. Kaktins, S.R.N., S.C.M., H.V. Miss M.E. Lewis, S.R.N., S.C.M., H.V. Mrs. M.E. Ryder, S.R.N., S.C.M., H.V.
Home Help Supervisor:	Mrs. R.M. Goodwin, Cert. I.H.H.O.
Food & Drugs Inspector:	E. Walter Evans
Senior Mental Welfare Officer:	Idris E. Evans, M.S.M.W.O., R.M.N., R.M.P.A.
Mental Welfare Officers:	Gordon Pryce, M.S.M.W.O., R.M.N. Erys E. Hughes, M.S.M.W.O.
Dental Attendants	Miss P.M. Lewis Mrs. J.M.D. Stephens (Part-time) Mrs. G. Wilson (Part-time) Miss H. Gregory
Junior Training Centre - Supervisor:	Mrs. D. James
- Assistant:	Mrs. G. Gittins
<u>Office Staff:</u>	
D.W. Rees, F.I.A.O., (Chief Clerk)	
W.B. Davies	Mrs. G.G. Morris (to 28.2.66)
B. Owen, A.I.A.O., A.F.I.C.D.	Mrs. H.E. Morgan
Miss E. Davies	Mrs. P.A.F. Owen
Mrs. B.M. Knight (from 14.2.66)	Miss M.J. Evans

DISTRICT NURSE-MIDWIVES

- a ... State Certified Midwife
- b ... State Registered Nurse
- c ... State Enrolled Nurse
- d ... Queen's Nurse
- e ... Gas and Air Certificate

<u>DISTRICT</u>	<u>NURSE-MIDWIFE</u>	<u>QUALIFICATION</u>
BERRIEW	Miss M.E.Lewis	abde
CARNO/LLANBRYNMAIR	Mrs. A.S.Pate	ace
CAERSWS	Mrs. O. Hamer	abe
CHURCHSTOKE/MONTGOMERY	Mrs. B.A.Evans	abe
LLANDINAM	Mrs. J.A.Griffiths	ace
LLANDYSILIO	Mrs. P. Davies	abe
LLANFYLLIN	Mrs. E.E.Fryer	ace
LLANRHAeadr	-	-
LLANWDDYN	Miss S.J.Watkins	ace
LLANIDLOES	Mrs. R.E.Jones	abe
LLANFAIR CAEREINION	Mrs. M.A.James	abe
LLANSANTFFRAID	Mrs. M.L.Jones	ace
MACHYNLLETH	Mrs. J. Jones	abe
MEIFOD	Mrs. M.L.Lewis	ace
NEWTOWN	Miss C. Lloyd Jones	abde
TREGYNON	Miss E.M.Savage (from 24.1.66)	abde
WELSHPOOL	Mrs. M.C.Harding	abe
<u>Reliefs:</u>	Mrs. P. Edwards	b
	Mrs. J.E.Glascodine	abe
	Mrs. G. Jones	abe
	Mrs. D.M. Mills	abe
	Mrs. P.M.Owen (from 1.4.66)	b
	Mrs. M. Price	c
	Miss E. Roberts	c

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area of Administrative County		510,110 acres
Rateable Value	1966-7	£979,682
Product of ld rate	1966-7	£3,355

Population

<u>Census</u>	<u>Urban Districts</u>	<u>Rural Districts</u>	<u>Whole County</u>
1901	20,095	34,806	54,901
1951	18,008	27,982	45,990
1961	18,343	25,885	44,228

Registrar-General's Estimate

1962	18,230	25,460	43,690
1963	18,260	25,400	43,660
1964	18,310	25,410	43,720
1965	18,380	25,310	43,690
1966	18,440	25,260	43,700

Decrease

1901 - 1966	1,658 (8.24%)	9,546 (27.43%)	11,201 (20.40%)
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Births

Live Births	1965			1966		
	M	F	T	M	F	T
Legitimate	292	315	607	311	266	577
Illegitimate	18	28	46	23	20	43
Total	310	343	653	334	286	620

Live-birth Rate per 1,000 of estimated population:	(crude)	= 14.95	1965	14.19	1966
	(adjusted)	= 16.89		16.03	

<u>Year</u>	<u>Live Births</u>			<u>Rate per 1,000 population</u>		<u>Rate for England & Wales</u>
	M	F	T	<u>Crude</u>	<u>Adjusted</u>	
1960	360	345	705	15.76	17.18	17.1
1961	344	330	674	15.30	16.67	17.4
1962	331	308	639	14.63	15.95	18.0
1963	363	352	715	16.38	18.51	18.2
1964	375	325	700	16.01	18.09	18.4
1965	310	343	653	14.95	16.89	18.1
1966	334	286	620	14.19	16.03	17.7

Stillbirths

	<u>1965</u>	<u>1966</u>
Males	3	6
Females	3	5
Total	6	11

Rate per 1,000 births (live and still)	9.1	17.4
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<u>Year</u>	<u>Number of Stillbirths</u>	<u>Rate per 1,000 total live and stillbirths</u>	<u>Rate for England & Wales</u>
1960	18	24.9	19.8
1961	12	17.5	19.0
1962	16	24.4	18.1
1963	12	16.5	17.2
1964	13	18.2	16.3
1965	6	9.1	15.8
1966	11	17.4	15.4

There were no illegitimate stillbirths in 1964 and 1965, but 3 in 1966. Of the 46 illegitimate live births in 1965 one died before reaching one year of age. Of the 43 illegitimate live births in 1966 all survived to one year of age.

Infantile Mortality (deaths of infants under one year of age)

<u>Year</u>	<u>Number of Deaths</u>	<u>Rate per 1,000 live births</u>	<u>Rate for England & Wales</u>
1960	9	12.8	21.8
1961	9	13.4	21.4
1962	15	23.5	21.7
1963	14	19.6	21.1
1964	11	15.7	19.9
1965	11	16.8	19.0
1966	10	16.1	19.0

It is interesting to note that the Infantile Mortality Rate has been decreasing steadily since the beginning of the century.

<u>Year</u>	<u>Rates For</u>	
	<u>Montgomeryshire</u>	<u>England and Wales</u>
1902	107	133
1911	96	113
1921	82	83
1931	69	66
1941	49	50
1951	30	30
1961	13	21

<u>Infant Mortality</u>	<u>1965</u>			<u>1966</u>		
	<u>M</u>	<u>F</u>	<u>T</u>	<u>M</u>	<u>F</u>	<u>T</u>
Deaths of infants under 1 week	2	4	6	2	2	4
Deaths of infants 1 - 4 weeks	-	-	-	-	-	-
Deaths of infants 4 weeks to 1 year	2	3	5	3	3	6
Total deaths of infants under 1 year.	4	7	11	5	5	10

Sanitary Districts	DEATHS OF INFANTS					
	1965			1966		
	Under 4 weeks	4 weeks to 1 year	Total under 1 year	Under 4 weeks	4 weeks to 1 year	Total under 1 year
Llanfyllin M.B.	-	-	-	-	1	1
Llanidloes M.B.	1	-	1	-	1	1
Machynlleth U.D.	-	-	-	-	-	-
Montgomery M.B.	-	-	-	-	-	-
Newtown & Llanllwchaearn U.D.	1	2	3	1	-	1
Welshpool M.B.	2	-	2	-	1	1
Urban Areas	4	2	6	1	3	4
Forden R.D.	1	-	1	-	-	-
Llanfyllin R.D.	1	-	1	-	3	3
Machynlleth R.D.	-	-	-	1	-	1
Newtown & Llanidloes R.D.	-	3	3	2	-	2
Rural Areas	2	3	5	3	3	6
WHOLE COUNTY	6	5	11	4	6	10

Neo-natal mortality rate (deaths of infants under 4 weeks of age)

Year	No. of live births	No. of deaths under 4 weeks	Rate per 1,000 live births	Rate for England & Wales
1960	705	7	9.9	15.5
1961	674	5	7.4	15.3
1962	639	11	17.2	15.1
1963	715	8	11.2	14.3
1964	700	4	5.7	13.8
1965	653	6	9.2	13.0
1966	620	4	6.5	12.9

Peri-natal mortality (stillbirths and deaths of infants under one week of age)

Year	Montgomeryshire		England & Wales	
	Stillbirths	No. of deaths under 1 week	Peri-natal mortality rate	Peri-natal mortality rate
1960	18	6	33.2	32.8
1961	12	5	24.3	32.0
1962	16	11	41.2	30.3
1963	12	8	27.5	29.3
1964	13	3	22.4	28.2
1965	6	6	18.2	26.9
1966	11	4	23.8	26.3

Illegitimate births (live and still) - Percentage of Total Births.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	4.9	6.98	7.3

Maternal mortality (deaths from pregnancy or childbirth)

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	1	-	-

DEATHS

	<u>1965</u>	<u>1966</u>
Males	311	292
Females	254	277
Total	565	569

Death Rate per 1,000 of estimated population:

	<u>1965</u>	<u>1966</u>
Crude	12.93	13.02
Adjusted	11.38	11.59

CHIEF CAUSES OF DEATH 1965 AND 1966

CAUSES OF DEATH	1965		1966	
	No. of Deaths	Percentage of Total Deaths	No. of Deaths	Percentage of Total Deaths
Cancer - All forms	95	16.8	107	18.8
Heart disease and circulatory disease	237	41.9	226	39.7
Vascular lesions of nervous system	98	17.3	97	17.0
Pneumonia	25	4.4	21	3.7
Bronchitis	14	2.5	17	3.0
Other defined and ill-defined diseases	50	9.0	45	7.9
Motor vehicle and other accidents	17	3.0	20	3.5
Suicide	5	0.9	2	0.4

While the expectation of life is increasing, it will be appreciated that the proportion of old people in the community is increasing. This factor alone will result in a larger proportion of deaths due to diseases to which the elderly are prone, and must be borne in mind when considering the apparent increase in the incidence of cancer and deaths therefrom.

Deaths from motor vehicle and other accidents and suicide:

	1960	1961	1962	1963	1964	1965	1966
Motor vehicle accidents	12	5	3	9	8	4	12
All other accidents	8	17	10	11	15	13	8
Suicide	1	5	8	9	5	5	2

Comparability Factor

It will be appreciated that the Birth and Death Rates of a community depend to some extent on the age constitution of that community, e.g. a community with a larger proportion of old people should have a lower Birth Rate and a higher Death Rate, everything else being equal, than another community with a smaller proportion of old people.

In order to use these Rates as an indication of health conditions in a community it is necessary to take into account the proportion of people in all age groups in a community. The Registrar-General provides "Comparability Factors" for this purpose and their effect on the Crude Rates applicable to this county is as follows:

Year	Crude Birth Rate	Corrected Birth Rate	Crude Death Rate	Corrected Death Rate
1961	15.30	16.67	11.85	11.02
1962	14.63	15.95	13.09	12.04
1963	16.38	18.51	13.24	12.31
1964	16.01	18.09	12.63	11.49
1965	14.95	16.89	12.93	11.39
1966	14.19	16.03	13.02	11.59

Comparative Rates				
	Montgomeryshire		England & Wales	
	1965	1966	1965	1966
Birth Rate (adjusted)	16.89	16.03	18.1	17.7
Death Rate (adjusted)	11.38	11.59	11.0	11.7
Maternal Mortality Rate	0.0	0.0	0.2	0.0
Infant Mortality Rate	16.8	16.1	19.0	19.0
Neo-natal Mortality Rate	9.2	6.5	13.0	12.9
Stillbirth Rate	9.1	17.4	15.8	15.4

Trend of birth rate and death rate in the county during the last twenty-five years:

Years	Average Birth Rate	Average Death Rate
1942-46	16.8	14.1
1947-51	17.3	13.2
1952-56	15.6	12.4
1957-61	15.6	12.2
1962-66	15.2	13.0

DEATHS FROM VEHICULAR AND OTHER ACCIDENTS

	Vehicular Accidents						Other Accidents					
	1965			1966			1965			1966		
	M	F	T	M	F	T	M	F	T	M	F	T
0 - 1 years	-	-	-	-	-	-	-	1	1	-	-	-
1 - 4 years	-	-	-	-	-	-	1	-	1	-	-	-
5 - 14 years	-	-	-	-	1	1	-	-	-	1	-	1
15 - 24 years	-	-	-	4	-	4	1	-	1	-	-	-
25 - 44 years	-	1	1	1	-	1	1	-	1	2	-	2
45 - 64 years	1	-	1	2	1	3	3	-	3	-	-	-
65 - 74 years	-	-	-	-	2	2	1	1	2	-	1	1
75 and over	-	2	2	1	-	1	1	3	4	1	3	4
TOTALS	1	3	4	8	4	12	8	5	13	4	4	8

DEATHS FROM CANCER, ACCORDING TO AGE, SEX AND LOCALISATION OF DISEASE - 1966

LOCALISATION	Sex	0 - 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75+	TOTAL
Stomach	M	-	-	-	-	-	3	1	4	8
	F	-	-	-	-	-	-	3	3	6
Lung and Bronchus	M	-	-	-	-	-	8	6	2	16
	F	-	-	-	-	-	1	2	-	3
Breast	F	-	-	-	-	-	1	4	2	7
Uterus	F	-	-	-	-	-	2	-	-	2
Other	M	-	-	1	-	1	10	13	11	36
	F	-	-	-	-	1	10	7	10	28
TOTALS	M	-	-	1	-	1	21	20	17	60
	F	-	-	-	-	1	14	16	15	46

DEATHS FROM CANCER 1961 TO 1966

LOCALISATION OF DISEASE	Number of Deaths (Montgomeryshire)					
	1961	1962	1963	1964	1965	1966
Stomach	22	20	17	20	13	14
Lung, bronchus	11	11	21	16	18	19
Breast	3	8	10	6	4	7
Uterus	3	2	1	2	6	2
Other forms	38	44	47	40	52	64
ALL FORMS	77	85	96	90	93	106

CANCER DEATH RATE (ALL FORMS) PER 100,000 POPULATION

<u>Year</u>	<u>Montgomeryshire</u>	<u>England & Wales</u>
1960	181	216
1961	175	216
1962	195	218
1963	210	218
1964	206	221
1965	213	223
1966	243	not available

DEATHS FROM LEUKAEMIA

Year	All ages	0 - 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 - 74 years	75 yrs & over
1950	3	-	-	-	-	-	-	2	1
1951	4	-	-	1	-	-	2	1	-
1952	-	-	-	-	-	-	-	-	-
1953	4	-	-	-	-	1	3	-	-
1954	9	-	-	1	-	1	6	-	1
1955	3	-	-	1	-	1	-	1	-
1956	3	-	-	1	-	1	1	-	-
1957	3	-	-	-	-	-	2	1	-
1958	2	-	-	1	-	-	1	-	-
1959	4	-	-	-	-	1	-	2	1
1960	3	-	2	-	-	-	1	-	-
1961	3	-	-	-	-	-	1	1	1
1962	1	-	-	-	-	-	1	-	-
1963	1	-	-	-	-	-	-	-	1
1964	3	-	-	-	1	-	1	-	1
1965	2	-	-	-	-	1	-	-	1
1966	1	-	-	-	-	-	-	-	1
TOTALS	49	-	2	5	1	6	19	8	8

DEATHS FROM CANCER OF THE LUNG AND BRONCHUS

Year	Sex	All Ages	15 - 24 years	25 - 44 years	45 - 64 years	65 - 74 years	75 years & over
1950	M	3	-	-	1	2	-
	F	1	-	-	-	1	-
1951	M	3	-	-	1	2	-
	F	2	-	-	-	2	-
1952	M	5	-	-	1	1	-
	F	2	-	-	1	-	1
1953	M	2	-	-	1	1	-
	F	1	-	-	-	-	1
1954	M	11	-	-	6	4	1
	F	1	-	-	1	-	-
1955	M	10	-	2	3	5	-
	F	2	-	-	2	-	-
1956	M	4	-	-	3	1	-
	F	1	-	-	1	-	-
1957	M	8	-	2	2	4	-
	F	3	-	-	1	2	-
1958	M	8	-	-	6	1	1
	F	3	-	-	2	1	-
1959	M	13	-	1	8	3	1
	F	1	-	-	1	-	-
1960	M	9	-	-	4	5	-
	F	1	-	-	1	-	-
1961	M	11	-	-	7	2	2
	F	-	-	-	-	-	-
1962	M	11	-	-	2	7	2
	F	-	-	-	-	-	-
1963	M	18	-	1	7	9	1
	F	3	-	-	1	2	-
1964	M	12	-	6	5	5	2
	F	4	-	-	4	-	-
1965	M	15	-	-	7	6	2
	F	3	-	1	2	-	-
1966	M	16	-	-	8	6	2
	F	3	-	-	1	2	2
TOTALS	M	159	-	6	75	64	14
	F	31	-	1	18	10	2

SECTION 22 -- CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres. There are fourteen Child Welfare Centres in the county, held as follows:

CAERSWS	Methodist Schoolroom	2.30pm last Friday in each month.
CREWE GREEN	Brynhafren School	3.30pm third Tuesday in each month.
LLANBRYNMAIR	The Institute	2.30pm second Thursday in each month.
LLANDRINIO	Village Hall	2.00pm third Tuesday in each month.
LLANFAIR CAEREINIOW	Health Clinic	2.30pm second & fourth Tuesday in each month.
LLANFYLLIN	Health Clinic	2.30pm second and last Thursday in each month.
LLANIDLOES	Health Clinic	2.30pm second and last Wednesday in each month.
LLANSANTFFRAID	Village Hall	2.30pm first Tuesday in each month.
LLANWDDYN	The Oaks	2.30pm second Friday in each month.
MACHYNLLETH	Health Clinic	2.30pm second and fourth Tuesday in each month.
MEIFOD	Church Room	2.30pm last Friday in each month.
NEWTOWN	Health Clinic	2.30pm every Wednesday in each month.
TREWERN	Community Centre	2.30pm first Thursday in each month.
WELSHPOOL	Health Clinic	2.30pm every Friday in each month.

Number of children who attended during the year:

Born in 1966	303
Born in 1965	328
Born in 1961-64	357
TOTAL Individual children	988
TOTAL attendances	4,992

Dental Services

In 1966, the Principal School Dental Officer kindly arranged for the dental inspection and treatment of children attending the Junior Training Centre, Newtown. This worthwhile Service is greatly appreciated by the parents of the children and undoubtedly confers considerable benefit to the general health of the children, and plays an important part in maintaining their morale and also has a cosmetic benefit.

Tests for Phenylketonuria

Phenylketonuria is an inherited metabolic disease in which the body is unable to use one of the amino-acids contained in the normal diet. The result of this abnormality, unless it is treated, is mental subnormality.

The simple diagnostic test is carried out by the Health Visitors and all babies are tested for this disorder during the first few weeks of life.

Care of Unmarried Mothers

Unmarried mothers from this county are admitted to Bersham Hall which is maintained for this purpose by the six North Wales Counties.

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Number of admissions	7	9	7	12	8
Average length of stay:					
Ante-natal	39 days	46 days	27 days	32 days	38 days
Post-natal	15 days	13 days	21 days	19 days	28 days

Illegitimate Children

The following table gives details of the number of illegitimate children born in the county during the last decade:

Year	Live Births		Stillbirths		Total Births		Illegitimate % of total births
	Legitimate	Illegitimate	Legitimate	Illegitimate	Legitimate	Illegitimate	
1957	661	23	26	-	687	23	3.3
1958	692	27	14	1	706	28	3.8
1959	662	37	20	-	682	37	5.1
1960	673	32	18	-	691	32	4.4
1961	646	28	11	1	657	29	4.2
1962	604	35	15	1	619	36	5.5
1963	683	32	11	1	694	33	4.5
1964	665	35	13	-	678	35	4.9
1965	607	46	6	-	613	46	6.9 ^a
1966	577	43	8	3	585	46	7.3
TOTALS	6,470	338	142	7	6,612	345	4.96

N.B. The above figures are those given by the Registrar-General, i.e. they have been corrected for inward and outward transfers.

SECTION 23 - MIDWIFERY

Ante-natal and Post-natal Clinics

These were conducted by general medical practitioners at the local hospitals and at their own surgeries. Close liaison was maintained between the various authorities concerned with the welfare of the expectant mother. District Nurse-Midwives also, in some districts, attend and assist at ante-natal sessions held at the general medical practitioner's surgery.

Ante-natal Visits to Homes

668 ante-natal visits were made by District Nurse-Midwives to patients in their own homes in 1966.

Confinements

The number of home confinements still continues to fall year by year. The number of institutional confinements in 1966 was 591 as compared with 41 home confinements. Comparative figures for 1965 were 587 and 60 respectively.

District Nurse-Midwives in this county still continue to visit patients discharged from hospital at the earliest opportunity because it is felt that this is the period when the mother is most in need of advice and re-assurance. In 1966, 352 of the mothers delivered in hospital were discharged before the tenth day and visited by District Nurse-Midwives. More patients are now being admitted to hospitals for confinement only and mother and baby are discharged home after 48 hours. These cases are nursed by domiciliary Midwives. Good co-operation exists between the hospital Authorities and this Department and each discharge is notified.

The marked decline in the number of cases delivered in their own homes continued in 1966, and figures so far available for 1967 show a further significant drop in domiciliary cases.

Problems arising from the necessity of maintaining a relatively large Local Authority Midwifery staff to deal with a small number of domiciliary cases have been mentioned several times in Health Committee meetings and the subject has been discussed with the Welsh Board of Health, and at Hospital Management Committee and

Local Medical Committee level. Until such time as the matter is satisfactorily resolved, the present policy adopted in this county is to employ fewer qualified Midwives in the District Nursing Service when replacing existing staff, and arranging for effective cover for domiciliary cases and early hospital discharge cases by qualified Midwives remaining in the Local Authority Service.

Congenital Malformations

During 1966 19 notifications were received of babies born with congenital malformations; 13 live births and 6 stillbirths.

Type of Abnormality:

Central Nervous System		Anencephalus	1
		Hydrocephalus & Spina Bifida	4
Limbs	-	Talipes	4
		Dislocation of hip	1
		Defects of upper limb	1
		Syndactyly	1
Alimentary System	-	Hare lip	1
		Oesophageal atresia	1
Heart	-	Congenital heart disease	1
Other Systems	-	Defects of skin	1

Number of Domiciliary Cases attended by Midwives

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Doctor not booked	8	9	3	3	2
Doctor booked	<u>107</u>	<u>109</u>	<u>66</u>	<u>55</u>	<u>41</u>
TOTALS	<u>115</u>	<u>118</u>	<u>69</u>	<u>58</u>	<u>43</u>

Medical Aid was summoned under Section 14 (1) of the Midwives Act, 1951, on 12 occasions in 1966 where a medical practitioner had arranged to provide maternity medical services.

Inhalation Analgesia (Gas & Air, Trilene)

Gas and air was administered to 38 patients in 1966 and 32 patients in 1965 in their own homes.

Pethidine

Pethidine or Pethilorfan was administered to 31 patients in 1966.

Maternity Outfits

Maternity outfits were available free of charge to all women confined at home. The outfits contain dressings needed at the confinement and during the lying-in period. A modified pack is issued to mothers who are discharged early from hospital. Packs are also available on the ambulances.

Supervision of Midwives

The Superintendent Nursing Officer continues to act as non-medical Supervisor of Midwives and carried out inspections of all midwives who have notified their intention to practice in this county.

Domiciliary & Institutional Confinements

Year	Total Births (Live & Still)	Domiciliary Confinements		Hospital Confinements	
		Number	Percentage of Total Births	Number	Percentage of Total Births
1939	709	504	71.1	205	28.9
1949	793	307	38.7	486	61.3
1959	716	160	22.3	556	77.7
1962	701	115	16.4	586	83.6
1963	764	118	15.4	646	84.6
1964	714	69	9.7	645	90.3
1965	647	60	9.3	587	90.7
1966	632	41	6.5	591	93.5

Care of Premature Infants

Total number of premature live births notified during the years:

	1963	1964	1965	1966
(a) Born at home	4	3	3	-
(b) Born in hospital	31	41	35	41
TOTALS	35	44	38	41
<u>Number born at home:</u>				
(a) Nursed entirely at home	4	3	3	-
(b) Died in first 24 hours	-	-	-	-
(c) Died 2nd to 28th day	-	-	-	-
(d) Survived at 28 days	4	3	3	-
<u>Number born in hospital:</u>				
(a) Died within 24 hours	1	2	1	1
(b) Died in 1 & under 7 days	-	-	1	1
(c) Died in 7 & under 28 days	-	1	-	-

SECTION 24 - HEALTH VISITING

Cases Visited by Health Visitors - 1966

	No. of Cases	Visits
(a) Children born in 1966	608	2,858
(b) Children born in 1965	520	2,128
(c) Children born in 1961-64	1,144	2,690
(d) Total number of children visited	2,272	7,666
(e) Persons aged 65 and over	223	574
(f) Persons included under (e) who were visited at the special request of a general practitioner or hospital	4	
(g) Mentally disordered persons	33	172
(h) Persons included under (g) who were visited at the special request of a general practitioner or hospital	2	

	<u>No. of Cases</u>	<u>Visits</u>
(i) Persons excluding maternity cases, discharged from hospital (other than mental hospitals)	1 ⁰	5 ⁴
(j) Persons included under (i) who were visited at the special request of a general practitioner or hospital	1	
(k) Number of tuberculous households visited	116	279
(l) Number of households visited on account of other infectious diseases	15	15
(m) Problem families	15	175

SECTION 25 - HOME NURSING

The routine care of the aged still continues to form a large part of the nurses' work and often visits are paid to elderly people who only require routine daily care of washing, dressing, and help in getting-up, but because some of these patients live alone or live with the wife or husband of the same age group help for these simple routine procedures is essential if the aged are to be kept in their own homes. Constant efforts are being made to increase the facilities available to this section of the community. During 1966 hydraulic hoists were issued to twelve households. Incontinence pads were issued to all patients in need and this service is much appreciated by the relatives.

The British Red Cross Society and The St. John Ambulance Brigade still act as agents for the distribution of certain articles on loan and I should like to pay tribute to the excellent way in which these organisations administer this service.

No special arrangements are made for the nursing of sick children at home, but children discharged from hospital are referred to this Department by the Almoner for Special Supervision.

Nursing Statistics

	<u>1965</u>	<u>1966</u>
Number of persons nursed	1,659	1,667
Number of visits	31,363	34,905

	<u>No. of Persons</u>		<u>No. of Visits</u>	
	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>
Persons who were 65 or over at the time of the first visit	700	771	22,073	26,368
Children who were under 5 at the time of the first visit	180	207	693	723

Summary of Nursing Statistics for the Last Five Years

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Cases per annum	2,139	2,093	1,866	1,659	1,667
Visits per annum	27,961	29,566	31,256	31,363	34,905

Patients over 65

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Cases per annum	625	667	627	700	771
Visits per annum	12,346	17,128	21,107	22,073	26,368

SECTION 26 - VACCINATION & IMMUNISATION

Smallpox Vaccination

The number of persons under 16 years of age vaccinated in 1966 was as follows:

<u>Age at date of vaccination</u>	<u>Number vaccinated</u>	<u>Number re-vaccinated</u>
0 - 3 months	-	-
3 - 6 months	3	-
6 - 9 months	4	-
9 - 12 months	1	-
1 - 2 years	251	-
2 - 4 years	4	4
5 - 15 years	17	34
TOTALS	280	38

The number of children under 16 years of age who have been vaccinated against smallpox at any time is as follows:

<u>Year of Birth</u>	<u>Number vaccinated</u>	<u>Number re-vaccinated</u>
1951	361	63
1952	363	77
1953	377	77
1954	334	47
1955	358	37
1956	385	48
1957	358	31
1958	373	18
1959	366	14
1960	412	7
1961	372	3
1962	258	1
1963	214	-
1964	202	-
1965	113	-
1966	5	-

Diphtheria Immunisation

The following numbers of children were immunised against Diphtheria in 1966:

<u>Year of Birth</u>	
1966	163
1965	287
1964	22
1963	4
1959-1962	14
Others under 16	-
TOTAL	490

In addition, booster doses to children commencing school were given as under:

<u>Year of Birth</u>	
1959-1962	216
Others under 16	534
TOTAL	750

Diphtheria - Incidence and Mortality

<u>Period</u>	<u>Cases</u>	<u>Deaths</u>
1926-1947	422	36
1948-1966	-	-

Whooping Cough Immunisation

Number of children who have completed a primary course (normally three injections) of pertussis vaccine (singly or in combination) during 1966:-

<u>Year of Birth</u>	<u>Number Immunised in 1966</u>	<u>Total No. Immunised at any time to 31.12.66</u>
1966	162	162
1965	283	472
1964	18	529
1963	2	552
1959-1962	6	2,222
Others under 13	-	2,430
TOTALS	471	6,367

Poliomyelitis Vaccination

Number of children who completed the primary course of vaccination in 1966:

<u>Year of Birth</u>	<u>Number Vaccinated</u>
1966	94
1965	381
1964	85
1963	51
1959-1962	40
Others under 16	25
TOTAL	666

The following numbers of booster doses were also given:

<u>Year of Birth</u>	<u>Number of Booster Doses</u>
1964	2
1963	1
1959-1962	434
Others under 16	5
TOTAL	442

Total number of children born since 1st January, 1961, immunised against poliomyelitis at 31st December, 1966:

<u>Year of Birth</u>	<u>Number of Live Births</u>	<u>Number Immunised</u>	<u>Percentage of Children Immunised</u>
1961	674	596	88.5%
1962	639	540	84.5%
1963	715	602	84.2%
1964	700	545	77.9%
1965	653	444	68.0%
1966	620	83	13.4%

The following information provided by the Welsh Board of Health is of interest:

"The following table shows the percentages vaccinated for your authority together with the equivalent national figures:

	Children born in 1965			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
England & Wales	72	73	68	38
Wales	69	70	61	28
Montgomeryshire	73	74	68	40

The figures in columns (1) - (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Tetanus Immunisation Campaign: See introductory letter.

SECTION 27 - AMBULANCE SERVICE: See Appendix.

SECTION 28 - PREVENTION OF ILLNESS, CARE & AFTER-CARE

Tuberculosis

As mentioned in the introduction to this Report, all cases of tuberculosis notified to this Department were investigated in co-operation with the Chest Physicians, who give such valuable service to this county, and with the family doctors where this was indicated.

In 1966 there were three deaths arising from pulmonary tuberculosis in the county; one male in the 45-55 years age group and two females in the 65 - 75 years age group.

Many factors have contributed to the remarkable fall in the incidence of and mortality from this disease but it is my firm opinion that our defences should not be lowered and that vigilance should be maintained.

Where necessary, all possible support was given to patients, and their families, suffering from this disease.

Whenever a new case of tuberculosis is notified, a visit to the home is made by the Health Visitor who endeavours to trace the source of infection and to persuade every member of the household to visit the Chest Physician's Clinic with a view to discovering any source of infection in the household or any secondary cases of infection from the notified patient.

The Chest Physician's Clinics are attended by the Health Visitors concerned who can advise the Chest Physician on the home environment, sanitary conditions, etc., and who can be instructed by the Chest Physician with a view to advising members of the household on the prevention of spread of infection.

The following table shows the actual number of new cases notified and deaths registered from pulmonary and non-pulmonary tuberculosis since 1947:

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1947	68	8	19	7
1948	49	11	22	5
1949	52 46.8	8 12.2	23 17.2	- 2.8
1950	30	19	6	-
1951	35	15	16	2
1952	42	11	6	2
1953	37	10	8	1
1954	37 33.6	6 8.2	8 6.8	1 0.8
1955	27	5	8	-
1956	25	9	4	-
1957	22	9	4	-
1958	16	10	3	-
1959	17 16.6	7 7.0	4 2.8	- 0.0
1960	13	4	2	-
1961	15	5	1	-
1962	14	7	-	-
1963	9	4	3	1
1964	6 10.0	5 4.2	4 2.0	- 0.4
1965	8	3	2	1
1966	13	2	3	-

New Cases & Mortality from Tuberculosis

	1965						1966					
	Pulmonary		Non-Pulmonary		Total		Pulmonary		Non-Pulmonary		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
0 - 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 5 years	-	-	-	-	-	-	-	-	-	-	-	-
5 - 15 years	-	-	-	-	-	-	-	-	-	-	-	-
15 - 45 years	1	3	1	-	2	3	4	2	-	-	4	2
45 - 65 years	2	2	1	-	3	2	1	2	1	1	2	3
65 yrs. and over	-	-	-	1	-	1	3	1	-	-	3	1
TOTALS	3	5	2	1	5	6	8	5	1	1	9	6

Deaths 1966

	Pulmonary		Non-Pulmonary	
	M	F	M	F
45 - 55 years	1	-	-	-
55 - 65 years	-	-	NIL	NIL
65 - 75 years	-	2	-	-
TOTALS	1	2	NIL	NIL

B.C.G. Vaccination 1965

The following table shows the number of children who received B.C.G. vaccination during 1965:

School	Skin tested	Positive initially after tuberculin test	Positive After BCG previous year	Negative	Vaccinated
Welshpool High	180	24	3	139	130
Llanfyllin High	33	4	2	17	17
Llanfair High	74	7	-	63	62
College of Further Education	1	-	-	1	1
Newtown High	162	5	24	129	128
Brynllwarch	9	-	-	7	5
Machynlleth High	45	5	2	37	36
Llanidloes High	55	2	3	49	46
Cyfronydd	8	-	-	8	7
TOTALS	567	47	34	450	432

Non-Tuberculosis Cases

Although the number of cases of tuberculosis requiring investigation has declined, this Department becomes aware every year of a relatively small number of cases of chronic or long-term diseases of various kinds which affect the economic status of patients and their families. Where possible, and where indicated, this Department gives what support it can in collaboration with other social agencies. These measures often help in preventing families sliding inexorably beyond the poverty line and also help in maintaining the morale of the families concerned.

After-Care of Cancer Cases - The Marie Curie Memorial Foundation

The "Area Welfare Grant Scheme" continues to operate in the county to meet the urgent needs of necessitous cancer patients who are nursed at home. The principal aid of the Scheme is to give help "in kind" to a necessitous cancer patient immediately the need is apparent and without administrative delay. All district nurse/midwives are aware of the Scheme and are requested to make recommendations as and when necessary.

CHIROPODY SERVICE

There is little to add under this heading to what has already been written in the introduction to this Report. Despite intensive advertisement, as previously mentioned, at the moment of writing it has proved impossible to attract anyone to fill the vacant post of Senior Chiropodist which exists on the Council's establishment. Apparently the salary scale at which Montgomeryshire is obliged to advertise has not proved to be sufficient incentive to attract a suitably qualified person and this Authority can offer little in the way of fringe benefits that some other Authorities are able to do.

I should like to emphasise the opinion I expressed in the introduction to this Report to the effect that I consider that an efficient Chiropody Service brings most valuable benefit to the community, and that every effort should be made to provide an efficient and well organised Service. The rewards to be derived are not only those arising from the great relief and help given to often quite severely incapacitated persons but also, in my opinion, have beneficial economic side effects.

SECTION 29 - HOME HELP SERVICE

The Home Help Service continues to care for the sick and aged, the Home Helps giving an invaluable service which is very much appreciated by the recipients. The Home Help is more than a domestic worker; she frequently takes the place of the family of the old person she is helping, where this family is non-existent or far away.

The average age of the people helped gets higher every year. Over a three-monthly period in 1966, when a check was made, out of a total of 209 people aged over 65, there were 139 aged between 76 and 96; of these 23 were over 85. The fact that these old people, usually living alone, are able to stay in their own homes is largely due to the services of the Home Help.

Maternity cases become fewer every year; in some cases of those helped in 1966 the actual delivery took place in a hospital, the Home Help being required to care for the children at home. On the other hand, help given to the mentally disordered has increased. These cases include mothers of young children who have had temporary breakdowns.

During 1966 the total number of visits made by the Home Help Supervisor was 2,073. This included all first investigations and subsequent supervisory visits to households having Home Help, and to Home Helps in their own homes.

Home Help to Households for the Following Persons:

	Aged 65 or over on first visit in 1966	Aged under 65 on first visit in 1966				Total
		Chronic Sick and tuberculous	Mentally Disordered	Maternity	Others	
No. of cases	216	19	12	15	21	283

MENTAL HEALTH SERVICE

Throughout the year the Mental Health staff has continued to receive full support and encouragement from the two Psychiatric Hospitals that accept Montgomeryshire patients - Talgarth Hospital, Brecon, and Shelton Hospital, Shrewsbury.

The Mental Welfare Officers continue to attend the Psychiatric Out-Patients clinics held in the county, also those out county clinics where Montgomeryshire patients attend. This working arrangement is of great benefit to Montgomeryshire patients and affords them an excellent opportunity of forming a good relationship with the Mental Welfare Officer who may be concerned, under the guidance of the Consultant, in giving further advice and support during treatment either on a pre-care or after-care basis.

The attendance of the Mental Welfare Officers at the out-patients clinics continues to prove invaluable to both Consultant Psychiatrists, who have indicated how much they appreciate the work of the Officers, and the Officers provide special reports and social case-histories that contain valuable information (e.g. home circumstances and environmental factors, marital difficulties) that may assist in the diagnosis and treatment of the illness.

The Mental Welfare Officers also continue to visit the hospitals and are encouraged to attend ward rounds with the Consultant interviewing Montgomeryshire patients, discussing their treatment and any problems that may have arisen since their admission to hospital. This is time-consuming work but is most beneficial to the patients concerned. It means that the patient has regular contact with someone in the community who can assist them in various ways. Experience has shown that the Mental Welfare Officer is a most important member of the team of responsible persons in the treatment of Psychiatric illness.

Liaison and co-operation with the family doctors in the county has been maintained to the full, and the number of requests from them to the Department for Mental Welfare Officers to investigate probable cases of mental illness continues to increase. Investigations alone total 154 in 1966 compared to 97 in 1965. This again has proved an invaluable service, not only to the patient, but to the overworked family doctor who can hardly be expected to spend the time involved in the thorough investigation of a patient who may be depressed, retarded and withdrawn and whose relatives who could probably assist scattered throughout the county. This small part of a Mental Welfare Officer's work is greatly appreciated by the Montgomeryshire family doctors and has now become an almost everyday occurrence.

Case conferences are still attended regularly by the Mental Welfare Officers at both Talgarth and Shelton where an opportunity is given them to discuss the treatment of Montgomeryshire patients with the Consultant Psychiatrist concerned.

Clinical presentations of individual patients still continue at Shelton Hospital and are attended regularly by the Mental Welfare Officers. The theme for the first two terms in 1966 was "The Neurotic Predicament" and the second "Schizophrenia and the Allied States". These were addressed by various speakers; Psychiatrists, Physicians, family doctors, etc., in addition to Professor Trethowan, Professor in Psychiatry, Birmingham University. These clinical meetings have been most interesting and educative besides bringing together the specialists and persons concerned in dealing with Psychiatric illnesses in their day-to-day work.

Sub-Normality & Severe Sub-Normality

Throughout the year the Mental Welfare Officers carried out friendly supervision of 161 sub-normal persons in the community (see figures below). Good relationship has been maintained with the Psychiatric Hospitals that accept these patients for long or short-term care for treatment and holiday relief for families.

Dr. Michael Craft, Consultant Psychiatrist in Sub-Normality for North & Mid-Wales, continues to hold his out-patients clinics in the county at regular intervals, providing an excellent service to the Montgomeryshire patients and giving advice to the Mental Health Department and parents on the future care and training of individual patients. Dr. Craft's co-operation and understanding with very difficult problems is greatly appreciated by all.

1966 saw the first year of National Mental Health Week which will be repeated again in 1967, culminating in an International Mental Health Week in 1968. Montgomeryshire can be justly proud of the events arranged for this Week in the county. The Mental Welfare Officers played their part, in conjunction with the voluntary societies, in this attempt to educate the community at large in problems of mental illness and mental handicap and to demonstrate the help the community can provide to persons who are unfortunately suffering a mental illness or handicap. Thanks must go to the local press for the publicity given for this important week, and to the kindness, generosity and support given by the Montgomeryshire population in making it such a success. I have every confidence that with similar support we can show further success in 1967. It is heartening to report that the co-operation given the Mental Health Department from all concerned could not have been bettered.

Training Centres

The number of pupils attending the Junior Training Centre has increased to 18 over the year; this includes five children attending from Llys Maldwyn Hospital daily. (In return, the Hospital is prepared to admit Montgomeryshire patients on a "weekly boarder" basis, and to admit cases for short-term care, thus saving the County Council considerable expense.) All the children have shown remarkable progress and have benefited to a marked degree from the benefits, socialisation, and from the teaching and training efforts of kind understanding staff in a pleasant bright environment.

Informal visits to the Centre by various people throughout 1966 proves in itself that the community is becoming more and more aware that the problem of mental handicap can be solved in many ways by the community alone, when accepting the handicapped as individuals into its midst. Visits of this nature are looked forward to by staff and pupils alike and are greatly appreciated.

Plans for the Adult Training Centre at Pool Road, Newtown, are going along reasonably well despite unavoidable delays. It is hoped that early 1967 will see the first trainees embark on what is hoped will prove to be a viable venture.

The noticeable changes in the Mental Health statistics in 1966, shown below, are:

1. The increase of informal admissions to hospitals from 37 in 1965 to 57 in 1966; this is indicative of the valuable case-work performed by Mental Welfare Officers. When a patient is so disturbed as to require hospital admission, the Officers discuss the benefits of in-patient treatment at the patient's home with the patient and relatives, and this results almost invariably to the patient agreeing to enter hospital informally.
2. A reduction in patients admitted to hospital under Section 29 (which covers immediate emergency admission) from 11 in 1965 to 6 in 1966; a heartening decrease of almost 50%. Here again, this is an indication of good social case-work on the part of the Mental Welfare Officer, together with the co-operation and team-work of the Consultant and family doctor.
3. Another marked change in the figures for 1966 is the patients discharged from hospital requiring after-care; in 1965 the figure was 44 against 81 for 1966. This proves the value of work done by Mental Welfare Officers and the demand from the psychiatric hospitals for their services in community care.
4. Another noticeable change this year is the number of cases referred to the Department by "OTHERS" from 23 in 1965 to 36 in 1966, proving that the community at large are becoming more aware of the service provided by the Mental Health Department and the benefit of early referral of patients for advice and treatment.

The only other marked changes from 1965 are in the total figures - mentally ill 90 and sub-normal 149 in 1965 to 137 and 161 respectively in 1966, resulting in an increase of more than 900 visits in 1966, from 1,648 in 1965 to 2,580 in 1966.

Mentally ill patients admitted to hospitals during 1966 dealt with by Mental Welfare Officers

	Male	Female	Total
Under Section 5 of the Mental Health Act 1959 (Informal)	20	37	57
Under Section 29 (Emergency Observation)	2	4	6
Under Section 25 (Observation)	4	6	10
Under Section 26 (Treatment)	3	1	4
Under Section 60 (Court Order)	0	0	0
Patients discharged from Hospital (requiring After-Care)	33	48	81
Patients receiving After-Care up to December 1966	53	84	137
New patients referred to the Health Dept. during 1966:			
By General Practitioners	35	63	98
From Out-Patient clinics	6	6	12
By Police	5	4	9
By Others	17	19	36

Visits made to Patients, to Relatives and Other Agencies on their behalf by Mental Welfare Officers during 1966.

Number of Visits						Number of Patients			TOTAL VISITS
Mentally Ill			Sub-Normal & Sev. Sub-Normal			Mentally Ill	Sub-Normal & Severely Sub-Normal	Total Patients	
Investigations	Home Visits	Other Visits	Investigations	Home Visits	Other Visits				
122	994	811	32	402	219	137	161	298	2,580

FOOD AND DRUGS ACT 1955

Report of Food and Drugs Inspector for the year ended
31st December 1966

191 samples were purchased during the year; 168 were samples of milk and 23 were samples of miscellaneous articles of food. Of the 168 samples of milk, 155 were certified to be genuine; 13 being not genuine for the following reasons:

2 samples were deficient in solids not fat.)
1 sample was slightly deficient in fat.) No further action advisable.

10 samples were from two producers, one of whom was prosecuted for having milk containing extraneous water. He was E.E. Thomas, Panty-cornins, Meifod, who was fined £8.0.0. and ordered to pay £7.5s.0d. costs. The other producer was warned.

Of the 23 samples of food, 19 were certified to be genuine, 4 being not genuine for the following reasons:

1 sliced pineapple in syrup was certified by the Public Analyst to have a higher iron content than normal for canned pineapple.

1 Farm Butter (Informal) contained 22% water whereas the maximum water content for genuine butter is 16%. The maker has since ceased manufacturing butter.

2 Home Made Jams were slightly deficient in soluble solids and advice was given on the requirements of the relative Food Standard Order.

School Milk

10 samples of milk supplied to schools were tested for quality and were all found to be satisfactory.

Milk (Special Designation) Regulations

120 samples of milk were taken from licenced dealers during the year. Of this number 107 samples were satisfactory. Follow up samples relating to the 13 not satisfactory proved to be up to standard, thus not necessitating any further action. The keeping quality of milk supplied by licenced dealers can be said to be highly satisfactory.

Brucella Ring Test

13 samples of milk were submitted to the Health Laboratory at Shrewsbury on behalf of the County Medical Officer of Health, to whom the results (all but one being satisfactory) were forwarded.

Milk Antibiotic Tests

Of 27 samples of milk tested for Antibiotics 26 were satisfactory. One contained Penicillin in excess of the maximum toleration amount - the County Medical Officer of Health was informed.

E. WALTER EVANS
Chief Inspector of Food & Drugs

Weights & Measures Office,
Community House, Newtown

9.2.67

INFECTIOUS DISEASES
Notified During the Year 1966

Sanitary District	Scarlet Fever	Measles	Tuberculosis Respiratory	Tuberculosis Other	Acute Pneumonia	Food Poisoning	Dysentery	Erysipelas
Llanfyllin M.B.	1	-	-	-	-	-	-	-
Llanidloes M.B.	-	-	1	1	-	-	-	-
Newtown & Llanllwchaearn U.D.	-	-	1	-	-	-	-	-
Welshpool M.B.	-	9	2	-	12	1	-	-
Forden R.D.	-	12	-	-	-	-	-	-
Llanfyllin R.D.	2	1	2	1	-	-	1	1
Machynlleth R.D.	-	1	1	-	-	-	-	-
Newtown & Llanidloes R.D.	-	2	6	-	-	-	-	-
TOTALS	3	25	13	2	12	1	1	1

Population Trends in the Ten Sanitary Areas of Montgomeryshire 1901-1966

DISTRICTS	Population 1901	Population 1946	1901-1966 Percentage Increase or Decrease	Population 1966	1946-1966 Percentage Increase or Decrease	1901-1966 Percentage Increase or Decrease
Llanfyllin M.B.	1632	1379	-15.5	1230	-10.8	-24.6
Llanidloes M.B.	2770	2148	-22.5	2360	+ 9.9	-14.9
Machynlleth U.D.	2038	1827	-10.4	1810	- 0.9	-11.2
Montgomery M.B.	1034	841	-18.7	1000	+18.9	- 3.3
Newtown & Llanilwchaearn U.D.	6500	4901	-24.6	5500	+12.2	-15.4
Welshpool M.B.	6121	5474	-10.6	6540	+19.5	+ 6.8
URBAN DISTRICTS	20095	16570	-17.5	18440	+11.3	- 8.2
Forden R.D.	5784	4788	-17.2	5160	+ 7.8	-10.8
Llanfyllin R.D.	12817	10420	-18.7	8950	-14.1	-30.2
Machynlleth R.D.	4357	3224	-26.1	2670	-17.2	-38.7
Newtown & Llanidloes R.D.	11848	9678	-18.3	8480	-12.4	-28.4
RURAL DISTRICTS	34806	28110	-19.2	25260	-10.1	-27.4
COUNTY	54901	44680	-18.6	43700	- 2.2	-20.4

ANALYSIS OF VITAL STATISTICS FOR THE TEN LOCAL SANITARY AUTHORITIES : 1966

Sanitary District	Population	Live Births	Rate per 1,000 population	Still births	Percentage of live births	Illegitimate births	Percentage of total births	Infant deaths under 1 year	Rate per 1,000 live births	Deaths (all causes)	Rate per 1,000 population	Deaths from tuberculosis	Rate per million population
Llanfyllin M.B.	1,230	11	8.94	-	-	-	-	1	90.9	23	18.70	-	-
Llanidloes N.B.	2,360	31	13.14	1	3.2	3	9.4	1	32.3	44	18.64	-	-
Machynlleth U.D.	1,810	23	12.71	1	4.3	1	4.2	-	-	16	8.84	1	552
Montgomery M.B.	1,000	15	15.00	-	-	1	6.7	-	-	19	19.00	-	-
Newtown & Llanllwchaearn U.D.	5,500	87	15.82	2	2.3	5	5.6	1	11.5	69	12.55	-	-
Welshpool M.B.	6,540	117	17.89	3	2.6	11	9.2	1	8.6	87	11.77	-	-
Urban Districts	18,440	284	15.40	7	2.5	21	7.4	4	14.1	258	13.99	1	54
Torden R.D.	5,160	84	16.28	1	1.2	6	7.1	-	-	70	13.57	1	194
Llanfyllin R.D.	8,950	114	12.74	2	1.8	6	5.2	3	26.3	107	11.96	-	-
Machynlleth R.D.	2,670	30	11.26	1	3.3	5	16.1	1	33.3	43	16.10	1	375
Newtown & Llanidloes R.D.	8,480	108	12.74	-	-	8	7.4	2	18.5	91	10.73	-	-
Rural Districts	25,260	336	13.22	4	1.2	25	7.4	6	17.8	311	12.31	2	79
WHOLE COUNTY	43,700	620	14.19	11	1.8	46	7.4	10	16.1	569	13.02	3	69
1965 Comparative Figures	43,690	653	14.95	6	0.9	46	6.98	11	16.8	565	12.93	3	69

CAUSE OF DEATH

	Llanfyllin M.B.	Llanidloes M.B.	Machynlleth U.D.	Montgomery M.B.	Newtown & Llanillwch-siarn U.D.	Welshpool M.B.	URBAN DISTRICTS	Forden R.D.	Llanfyllin R.D.	Machynlleth R.D.	Newtown & Llanidloes R.D.	RURAL DISTRICTS	WHOLE COUNTY
1. Tuberculosis, respiratory	-	-	1	-	-	-	1	1	-	1	-	2	3
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective & parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm stomach	1	1	-	1	1	1	5	3	3	2	1	9	14
11. Malignant neoplasm, lung, bronchus	-	-	2	1	5	3	11	4	2	-	2	8	19
12. Malignant neoplasm, breast	-	-	1	-	1	2	4	-	1	-	2	3	7
13. Malignant neoplasm, uterus	-	1	-	-	-	-	1	-	1	-	-	1	2
14. Other Malignant & lymphatic neoplasms	3	3	1	3	6	10	26	8	16	3	11	38	64
15. Leukaemia, aleukaemia	-	-	-	-	-	1	1	-	-	-	-	-	1
16. Diabetes	-	-	-	-	-	1	1	-	-	-	3	3	4

17. Vascular lesions of nervous system	5	7	2	6	12	9	41	10	21	13	12	56	97
18. Coronary disease, angina	3	9	2	2	14	22	52	13	16	6	13	48	100
19. Hypertension with heart disease	2	-	-	1	3	-	6	-	4	-	3	7	13
20. Other heart diseases	2	7	4	3	8	11	35	11	13	11	10	45	80
21. Other circulatory disease	-	7	-	1	-	2	10	3	2	1	7	13	23
22. Influenza	-	-	2	-	2	1	5	3	2	-	2	7	12
23. Pneumonia	2	1	-	-	2	5	10	3	4	1	3	11	21
24. Bronchitis	-	1	-	-	2	2	5	3	5	1	3	12	17
25. Other diseases of respiratory system	-	-	-	1	1	4	6	-	1	-	1	2	8
26. Ulcer of stomach and duodenum	-	-	-	-	1	-	1	-	-	-	1	1	2
27. Gastritis, enteritis and diarrhoea	1	1	-	-	-	2	4	-	-	-	1	1	5
28. Nephritis and nephrosis	-	-	-	-	1	1	2	-	1	1	-	2	4
29. Hyperplasia of prostate	-	1	-	-	-	-	1	-	-	-	-	-	1
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	1	-	1	-	-	-	2	-	2	-	1	3	5
32. Other defined and ill-defined diseases	3	5	-	-	7	5	20	4	11	3	7	25	45
33. Motor vehicle accidents	-	-	-	-	1	2	3	4	1	-	4	9	12
34. All other accidents	-	-	-	-	2	3	5	-	-	-	3	3	8
35. Suicide	-	-	-	-	-	-	-	-	1	-	1	2	2
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	23	44	16	19	69	87	258	70	107	43	91	311	569

CAUSES OF DEATH : AGE AND SEX DISTRIBUTION 1966

	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1 - 5 years	5 - 15 years	15 - 25 years	25 - 35 years	35 - 45 years	45 - 55 years	55 - 65 years	65 - 75 years	75 years and over
1. Tuberculosis, respiratory	M F	1 2	-	-	-	-	-	-	-	-	1	-	1
2. Tuberculosis, other	M F	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	M F	8 6	-	-	-	-	-	-	-	-	3	1	4
11. Malignant neoplasm, lung, bronchus	M F	16 3	-	-	-	-	-	-	-	2	6	3	3
12. Malignant neoplasm, breast	F	7	-	-	-	-	-	-	-	-	1	4	2
13. Malignant neoplasm, uterus	F	2	-	-	-	-	-	-	-	2	-	-	-
14. Other malignant and lymphatic neoplasms	M F	36 28	-	-	-	1	-	1	-	4	6	13	11
15. Leukemia, aleukemia	M F	1	-	-	-	-	-	-	-	3	7	7	10
16. Diabetes	M F	2	-	-	-	-	-	-	-	-	-	1	1
17. Vascular lesions of nervous system	M F	43 54	-	-	-	-	-	-	-	1	10	16	16
18. Coronary disease, engine	M F	64 36	-	-	-	-	-	-	2	2	4	12	36
19. Hypertension with heart disease	M F	6	-	-	-	-	-	-	-	2	3	11	21
20. Other Heart Disease	M F	7 32	-	-	-	-	-	-	-	-	2	1	2
21. Other circulatory diseases	M F	48 10	-	-	-	-	-	-	-	1	3	5	21
	M F	13	-	-	-	-	-	-	-	1	-	3	7

22. Influenza	M	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5
	F	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
23. Pneumonia	M	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	5
	F	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	10
24. Bronchitis	M	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	5
	F	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3
25. Other diseases of respiratory system	M	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-
	F	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
26. Ulcer of stomach and duodenum	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
27. Gastritis, enteritis and diarrhoea	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
28. Nephritis and nephrosis	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
	F	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29. Hyperplasia of prostate	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
30. Pregnancy, childbirth, abortion	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32. Other defined and ill-defined diseases	M	20	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	10
	F	25	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	14
33. Motor vehicle accidents	M	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1
	F	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-
34. All other accidents	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
35. Suicide	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL - ALL CAUSES	M	292	2	3	2	2	1	4	2	5	13	57	83	119						
	F	277	2	3	3	3	3	3	2	1	11	25	64	162						

TABLE OF RESULTS FOR THE 1954-55 SEASON

STATION - VILL CITIES		NO.	SMA	S	1	2	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	1222	1223	122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REPORT OF COUNTY MEDICAL OFFICER OF HEALTH ON THE AMBULANCE
& SITTING-CASE CAR SERVICE FOR THE YEAR 1965

Under Section 27 of the National Health Service Act, 1946, Local Health Authorities are responsible for ensuring that "ambulance and other means of transport" are made available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places within their area and to places in or outside their area.

Under Section 24 of the National Health Service (Amendment) Act, 1949, the Local Health Authority from whose area a patient has been admitted to hospital, is required to bear the cost of ambulance facilities for the return journey on the patient's discharge from hospital if this occurs within three months from the date of admission.

AMBULANCE SERVICE

The six St. John Ambulance Brigade Divisions in this county continue to provide a voluntary Ambulance Service as agents of the County Council. From the inception of the Ambulance Service on the 5th July, 1948, to 31st December, 1966, the ambulances operating in this county have carried out 19,045 journeys conveying 23,749 patients, a total mileage of 907,420, a truly remarkable record for a service which is manned entirely by volunteer personnel. It should also be recorded that on practically all journeys carried out, the ambulances are manned by both a driver and an attendant, a service which is not always provided by full-time Ambulance Services operated by other Local Authorities. During 1966 ambulances conveyed 5% of all patients carried in comparison to 7% conveyed in 1965.

SITTING-CASE CAR SERVICE

The Sitting-Case Car Service in this county is operated by volunteer car owners and commercial taxi owners. These vehicles are engaged from the majority of towns and villages throughout the county.

ADMINISTRATION

The daily administration of the whole Service is carried out at the County Health Office to which all requests from General Practitioners and Hospitals within the county, and Hospital and Ambulance Service Headquarters in other counties are forwarded. In cases of emergency, requests from within the county can be passed directly by General Practitioners, Hospitals and District Nurses, to the nearest ambulance, taxi owner, or volunteer sitting-case car driver, but in the majority of cases such requests during office hours are passed to this office.

Journeys are co-ordinated as far as is possible, consistent with the needs and comfort of the patients. Although this tends to increase the mileage of individual journeys, the total number of journeys is reduced considerably with a consequent saving in cost.

An increase in the demand for transport is regarded as being inevitable because of the existing inadequacy of public transport and the closure of intermediate railway stations. Patients who are considered fit enough to travel by public transport are, in general, not eligible for conveyance by ambulance or sitting-case car, even if no suitable public transport services are available. Family doctors in this county are very co-operative in this respect but a degree of elasticity in the interpretation of the regulations must be allowed for if some patients from remote areas are to receive treatment.

Out-Patient clinics in hospitals outside this county are held on a timed appointment basis, and this method has produced a quicker turn-over of patients as far as hospitals are concerned. It has however, added to the difficulties of the sitting-case car service in that a number of cars have to be used daily in conveying patients living in the same area and attending the same hospital, and perhaps the same clinic, but with different appointment times. Whenever possible, hospitals co-operate with this office in avoiding such difficulties but many instances arise when co-ordination of patients' appointments cannot be achieved. It will be apparent that whilst patients are having less time to wait for treatment under this appointment system, such a system tends to increase journeys necessary to convey the patients, thus resulting in higher costs.

The Robophone installed during 1964 in the County Health Office, continued to give valuable assistance for the recording of telephone calls outside normal office hours.

During 1966, the Robophone recorded 580 Ambulance Service non-urgent calls, and with many of these calls my staff were able to economise by co-ordinating with previously arranged transport.

The National Association of Ambulance Officers (Wales) held the 1966 Ambulance Service Competition at Newtown. Unfortunately, the St. John Ambulance Brigade team representing Montgomeryshire had to withdraw on the competition day due to illness of a team member.

The National Association of Ambulance Officers (Wales) held Regional meetings at Shrewsbury during 1966 and Mr. B. Owen of this Department attended these meetings.

Alderman H.R. Humphreys, Vice Chairman, County Health Committee, and Mr. B. Owen attended the National Association of Ambulance Officers Annual Conference which was held at Scarborough in 1966.

CO-ORDINATION OF STRETCHER & SITTING PATIENT JOURNEYS

The co-ordination of transport, by using ambulances on their outward or return journeys for the conveyance of sitting patients, not only minimises the empty mileage run, which is inevitable when ambulances are used solely for the conveyance of stretcher patients, but also gives the Sitting-Case Car Service some respite from its ever increasing demands. The following table shows the number of sitting patients conveyed by each ambulance during 1965 and 1966.

	<u>1965</u>	<u>1966</u>
Caerswa	66	31
Llanfyllin	92	43
Llanidloes	34	28
Machynlleth	81	53
Newtown	33	16
Welshpool	<u>16</u>	<u>5</u>
TOTALS	<u>322</u>	<u>176</u>

LONG DISTANCE SERVICE (RAIL & ROAD JOURNEYS)

The Ministry of Health advise Local Authorities that rail transport should be used, whenever possible, to convey patients attending distant hospitals for treatment. This method of transportation is not only quicker and more convenient but also more economic than sending an Ambulance/Car to such distant centres as London. Patients are conveyed from their homes or hospital by ambulance/car to the nearest or most convenient railway station where usually a compartment is reserved for their use on the train. Escorts for the whole journey are provided

by St. Joyn Ambulance Brigade or British Red Cross Society when necessary, otherwise relatives accompany the patients. Upon arrival at their destination station arrangements are made for them to be met and conveyed to their hospital/home destination by the Ambulance Service of the Authority in whose area the station is situated. This county is fortunate in having a through train service to and from London on weekdays and patients for London and surrounding districts are usually transported on this train. For patients to other parts of the country an excellent train service operates from Shrewsbury, to which station they are usually taken by road depending on their physical condition. Requests for this type of transport are not frequent in this county but when General Practitioners make requests for transport to convey patients over a great distance, they co-operate if my staff suggest moving the patient by rail. Reciprocal arrangements are also made to meet patients at railway stations in this county on behalf of other ambulance services, and convey them to addresses either within this county or in neighbouring counties.

Summary of Patients Conveyed by Rail Transport During 1965 & 1966

<u>Year</u>	<u>No. of Patients</u>	<u>Conveyed From</u>	<u>Conveyed To</u>
1966	One	Pontrobert	Liverpool
	Two	Llanbrynmair	London
	Two	Churchstoke	Birmingham
	One	Welshpool	Birmingham
	Three	Machynlleth	London
	Three	Caersws	London
	Two	Carno	London
	One	Manafon	East Grinstead
	One	Dolfor	Birmingham
	Two	Trefeglwys	East Grinstead
	Four	Llanrhaeadr	London
	One	Llanidloes	Glasgow
	Nine	Llanidloes	London
	One	Llanfechain	Liverpool
	Three	London	Llanidloes
	Two	London	Carno
	One	London	Machynlleth
	One	London	Caersws
	Two	Liverpool	Llanfechain
	One	Birmingham	Welshpool
	One	Birmingham	Newtown
	One	Wrexham	Newtown
	One	East Grinstead	Manafon
	Two	East Grinstead	Trefeglwys
1965	Five	Llanidloes	London
	Four	Carno	London
	One	Manafon	East Grinstead
	Five	Machynlleth	London
	One	Llanidloes	Plymouth
	Four	Llanrhaeadr	London
	One	Trefeglwys	East Grinstead
	Two	Llanbrynmair	London
	One	London	Llanidloes
	Four	London	Carno
	One	East Grinstead	Manafon
		<u>1966</u>	<u>1965</u>
	Total Cost	£125	£88
	Approx. road mileage	13,370	9,608
	Total patients	48	29

It is estimated that by making use of Railway facilities approximately £400 and £300 was saved during 1966 and 1965 respectively.

To nearer hospital centres situated at Birmingham, Cardiff, Liverpool and Manchester, road transport is generally arranged for the whole journey. The following number of patients were conveyed during 1966 and 1965 to and from the distant hospital centres as shown.

	<u>1965</u>	<u>1966</u>
Liverpool	206	241
Birmingham	41	50
Wolverhampton	34	46
Cardiff	47	49
Manchester	7	23
Stourbridge	11	12
Stoke-on-Trent	1	8
Swansea	19	3
Wigan	1	4
Conway	1	10
Carnarthen	16	17
Caernarvon	2	18
Cheshire	19	15
Chepstow	5	3
Sully	27	10

With the exception of Liverpool, Birmingham, Wolverhampton and Cardiff, the number of requests to convey patients to distant hospitals are moderate. The transport of patients to and from Liverpool hospitals is mainly from the Chest Hospital, Machynlleth, which is used not only by this county but also by neighbouring counties for the treatment of chest ailments, and as some of these patients require operative treatment, which is carried out at Liverpool, responsibility for providing transport for these patients to and from Liverpool and Machynlleth rests with this Authority.

On long distance road journeys the Ambulance Services of the Authorities through whose areas our vehicle passes are given details of the journey, whenever possible, so that they can make use of the vehicle either on the outward or return journey. This co-ordination of Local Authority Ambulance Services helps in curbing the ever increasing cost of the Service nationally, but unfortunately this co-operation between Local Authorities is not as extensive as it could be.

ACCIDENT & EMERGENCY SERVICES

All emergency and accident calls received from Churchstoke, Forden, Kerry, Llanfyllin, Llanrhaeadr, Llansantffraid and Montgomery Telephone Exchange areas are received and dealt with by the Montgomeryshire Ambulance Service whether or not such requests originate from Denbighshire, Shropshire or Montgomeryshire. These other Authorities are responsible financially for any such journeys done on their behalf. The Salop Ambulance Service covers the Llanymynech Telephone Exchange area for accident and emergency calls and deal with any such requests originating from this area and we accept financial responsibility for those cases which originate in the Montgomeryshire part of this Telephone Exchange area.

During 1966, patients requiring immediate hospitalization were conveyed under the following categories. Comparative figures for 1965 are also given.

	<u>Stretcher Patients</u>		<u>Sitting Patients</u>		<u>Total Patients</u>	
	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>
Road Accident	133	123	22	29	155	152
Misc. Accident	126	100	359	281	485	381
Medical Emergency	280	442	272	191	552	633
TOTALS	539	665	653	501	1,192	1,166

The incidence of these emergency cases in the areas covered by the six St. John Ambulance Divisions is given below.

	<u>Road</u> <u>Accident</u> <u>Patients</u>		<u>Misc.</u> <u>Accident</u> <u>Patients</u>		<u>Medical</u> <u>Emergency</u> <u>Patients</u>		<u>Total</u> <u>Patients</u>	
	1965	1966	1965	1966	1965	1966	1965	1966
Caersws Area	14	22	36	29	49	29	99	80
Llanfyllin Area	15	14	139	115	148	186	302	315
Llanidloes Area	21	26	45	44	58	64	124	134
Machynlleth Area	38	20	31	31	94	77	163	128
Newtown Area	18	19	72	56	96	120	186	195
Welshpool	49	51	162	106	107	157	318	314
TOTALS	155	152	485	381	552	633	1,192	1,166

As the majority of the patients classified under miscellaneous accidents are limb fracture cases, the cost to the Ambulance Service does not end with the first journey to hospital. This is only the prelude to numerous journeys over a period of months; in the first instance to Fracture Out-Patient Departments held at Aberystwyth, Oswestry or Shrewsbury Hospitals, and subsequently to Physiotherapy Departments at local or out-county hospitals.

DAILY DEMANDS RECEIVED FOR TRANSPORT

Examination of statistics shows that transport was provided for an average of 131 patients on each day (Monday to Friday) during 1966, compared with 105 in 1965. The co-ordination of journeys to meet this daily demand presents my staff with many problems, and it is only as a result of the co-operation of all concerned that the smooth operation of the service is maintained.

CO-OPERATION BETWEEN AMBULANCE SERVICES

The following table indicates the number of patients conveyed by the Montgomeryshire Ambulance Service on behalf of other Local Authority Ambulance Services, etc. during 1966 and 1965.

<u>Authority</u>	<u>1966</u> <u>(patients)</u>	<u>1965</u> <u>(patients)</u>
Merioneth	24	30
Radnor	8	15
Cardigan	36	59
Salop	46	54
Denbigh	27	51
Liverpool	-	7
Warwick	1	-
Cardiff	-	1
Essex	-	1
Glamorgan	-	2
TOTALS	142	220

Similarly in 1966 and 1965 the following Ambulance Services conveyed the patients on behalf of the Montgomeryshire Ambulance Service as shown below:

<u>Authority</u>	<u>1966</u> <u>(Patients)</u>	<u>1965</u> <u>(Patients)</u>
East Sussex	-	2
Anglesey	-	1
Merioneth	25	38
Denbigh	11	6
Salop	11	10
Plymouth	-	1
Birmingham	3	1
London	15	22
Cardigan	12	19
Brecon	1	1
Radnor	12	1
Middlesex	-	1
Bath	1	-
Birkenhead	2	-
Liverpool	1	-
TOTALS	94	103

STATISTICAL INFORMATION

The Ministry of Health give the following definition of "Patients Carried" conveyed.

"Person carried" means one person carried once in one direction, i.e. a person taken to hospital and later on the same day taken home, counts as two whether or not the ambulance/car waits to take the patient home.

The definition applies to all statistics in this report relating to "Patients carried".

Although the overall demands made upon it continue to increase, the service operated efficiently throughout the year. The total number of Section 27 patients reached 26,833 patients compared with 23,939 patients in 1965. 7,761 journeys were carried out and 390,323 miles were covered as against 7,389 journeys and 374,571 miles in 1965.

The increase in the number of Section 27 patients conveyed mainly resulted from the re-introduction of physiotherapy facilities at Llanidloes and normal increasing demands.

ANALYSIS OF PATIENTS

The following figures give the breakdown of Section 27 patients by categories conveyed during 1966 and 1965.

	<u>Stretcher Patients</u>		<u>Sitting Patients</u>		<u>Total Patients</u>	
	<u>1966</u>	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>	<u>1965</u>
Medical Emergencies	442	280	191	272	633	552
Road Accidents	123	133	29	22	152	155
Misc. Accidents	100	126	281	359	381	485
Admissions	291	377	472	491	763	868
Discharges	42	71	505	583	547	654
Transfers	166	196	263	277	429	473
Maternity	141	120	295	614	436	734
Out Patients	172	202	10,049	9,541	10,221	9,743
Physiotherapy	54	182	13,217	10,093	13,271	10,275
TOTALS	1,531	1,687	25,302	22,252	26,833	23,939

NON SECTION 27 PATIENTS

Journeys carried out by the Montgomeryshire Ambulance Service on behalf of other services of the Montgomery County Council during 1966 and 1965.

<u>1965</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Patients</u>	<u>Mileage Cost</u>
School Health Service	239	9,949	1,206	411
Mental Health Service*	714	14,498	2,105	827
Special Schools Service	43	5,336	72	212
Welfare Service	4	689	8	32
Handicapped Clubs Service	10	498	32	25
Chiropody Service	7	200	14	10
TOTAL Non-Section 27 Patients	1,017	31,170	3,437	1,518

<u>1966</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Patients</u>	<u>Mileage Cost</u>
School Health Service	200	9,202	1,255	331
Mental Health Service*	1,576	44,666	5,821	1,707
Special Schools Service	22	3,149	46	121
Welfare Service	4	650	6	22
Handicapped Clubs Service	11	656	50	32
Chiropody Service	13	491	28	26
TOTAL Non-Section 27 Patients	1,826	58,814	7,214	2,289

*Journeys to Junior Training Centre, Newtown.

SUMMARY - WHOLE SERVICE (SECTION 27 & NON-SECTION 27 PATIENTS)

<u>1965</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Patients</u>	<u>Mileage Cost</u>
Caersws Ambulance	134	8,033	228	799
Llanfyllin Ambulance	334	17,395	574	1,309
Llanidloes Ambulance	175	8,550	264	799
Machynlleth Ambulance	169	8,409	301	796
Newtown Ambulance	225	12,221	317	1,013
Welshpool Ambulance	264	10,120	325	891
Total Ambulance Service	1,303	64,653	2,009	5,577
Car Service	6,062	300,310	21,901	12,730
Rail Service	24	2,608	29	88
Total Section 27 Patients	7,389	374,571	23,939	18,395
Total Non-Section 27 Patients	1,017	31,170	3,437	1,518
GRAND TOTAL Montgomeryshire Ambulance Service	8,406	405,741	27,376	19,913

<u>1966</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Patients</u>	<u>Mileage Cost</u>
Caersws Ambulance	91	5,532	136	624
Llanfyllin Ambulance	255	13,748	370	1,103
Llanidloes Ambulance	195	6,856	277	700
Machynlleth Ambulance	169	8,028	276	772
Newtown Ambulance	218	12,277	276	1,016
Welshpool Ambulance	320	12,689	372	1,040
TOTAL Ambulance Service	1,248	59,130	1,707	5,255
Car Service	6,474	317,823	25,078	13,333
Rail Service	39	13,210	48	125
Total Section 27 Patients	7,761	390,323	26,833	18,713
Total Non-Section 27 Patients	1,826	58,814	7,214	2,289
GRAND TOTAL Montgomeryshire Ambulance Service	9,587	449,137	34,047	21,002

The following table gives details of the extent to which the Ambulance Service has been used since the obligation to provide the Service was placed on Local Authorities in 1948. It is of interest to note that the demands on the Service have increased steadily year by year, and as from 1963 figures have been included for Non-Section 27 Patients who were conveyed by the Montgomeryshire Ambulance Service.

It will be seen that the average mileage run per patient has shown a steady decrease from 27.1 miles in 1955 to 13.1 miles in 1966. This average is very largely dependent upon demands made on the Service, the extent of co-ordination of journeys and avoidance of "empty mileage", whenever possible. It provides an indication as to the administrative efficiency of the Service, which is further emphasised when it is realised that Radio Control of vehicles, used extensively by the majority of Local Authority Ambulance Services, does not operate in this county. The use of Radio Control should now be contemplated, as its adoption would prove to be invaluable in the operational control of the service, especially in a rural area.

SUMMARY OF WHOLE SERVICE AS FROM 5TH JULY, 1948, TO 31ST DECEMBER, 1966

<u>Year</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Mileage Cost £</u>	<u>Total Patients</u>	<u>Miles per Patient</u>
1948 ($\frac{1}{2}$ year)	495	25,132	1,689	1,026	27.5
1949	1,546	80,950	4,117	1,654	49.0
1950	2,183	119,290	5,620	2,342	49.5
1951	2,930	158,442	7,258	3,116	49.4
1952	3,324	171,535	7,947	3,518	48.8
1953	3,330	169,386	7,955	3,685	46.0
1954	3,693	191,263	8,920	4,323	44.5
1955	4,570	218,933	10,041	8,068	27.1
1956	4,917	226,758	10,277	9,201	24.6
1957	4,957	222,246	10,320	10,200	21.8
1958	5,324	260,620	11,430	12,894	20.2
1959	6,225	299,224	12,584	16,345	18.3
1960	6,322	316,060	13,176	17,830	17.7
1961	6,305	320,121	13,707	18,094	17.6
1962	6,787	327,082	16,291	20,573	15.8
1963	6,947	345,033	17,204	22,611	15.2
1964	7,888	390,790	19,044	25,533	15.3
1965	8,406	405,741	19,913	27,376	14.8
1966	9,587	449,137	21,002	34,047	13.1

<u>Year</u>	<u>Patients Conveyed Per 100 Journeys</u>	<u>Miles Per Journey</u>	<u>Year</u>	<u>Patients Conveyed Per 100 Journeys</u>	<u>Miles Per Journey</u>
1948 ($\frac{1}{2}$ year)	106	50.7	1957	207	44.2
1949	106	52.3	1958	242	43.9
1950	110	54.6	1959	262	43.0
1951	109	54.0	1960	277	40.9
1952	113	51.6	1961	287	50.7
1953	109	50.8	1962	303	43.2
1954	117	51.6	1963	325	40.6
1955	176	47.9	1964	323	40.5
1956	187	46.1	1965	325	43.2
			1966	355	46.8

Complaints received by this Department about the Ambulance and Sitting-Case Car Service were very few in the years 1966 and 1965. The criticisms made usually refer to delays in the arrival of vehicles at the appointed time. Such delays are, unfortunately, unavoidable on occasions. The adoption by the hospital authorities of a relatively rigid appointments system

confers great benefits on those patients who are able to make their own transport arrangements, but creates great difficulties for the Ambulance and Sitting-Case Car Service provided by Local Health Authorities, particularly in rural areas like Montgomeryshire.

I would like to take this opportunity of expressing my appreciation of the excellent voluntary service given by the Officers and members of the Montgomeryshire St. John Ambulance Brigade and the British Red Cross Society, particularly for the high standard of care and attention they give to patients and for their willingness to carry out journeys at all times. I should also like to thank the drivers who operate the Sitting-Case Car Service for the important role which they play in the transportation of sitting patients.

The following table gives the telephone numbers which are in use at present for the call-out of Ambulances or Sitting-Case Cars in this county.

WHOLE COUNTY

Monday - Friday 9.00 a.m. - 5.30 p.m.	County Health Offices, Newtown.	Newtown	6734
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Outside Office Hours

CAERSWS	Supt. T.R. Feather, M.M., 12 Meesyddon, Caersws.	Caersws	236
	Mrs. A. Smart, Red Lion Hotel, Caersws.	Caersws	236
	Mr. J.R.M. Lewis, Post Office, Caersws.	Caersws	201
LLANFYLLIN	Supt. H.W.G. East, 14 Meesyddon, Llanfyllin.	Llanfyllin	251
	T.R. Morris & Co., The Garage, Llanfyllin.	Llanfyllin	257
LLANIDLOES	Deputy Commissioner, R.H. Evans, S.B.St.J., Angel Hotel, Llanidloes.	Llanidloes	381
	Supt. D. Jenkins, 68 Caegwyn, Llanidloes.	Llanidloes	213
MACHYNLLETH	Sgt. R.L. Edwards, 12 Tregarth, Machynlleth.	Machynlleth	2158
	County Transport Officer, G. Evans, S.B.St.J., Norbury Lodge, Machynlleth.	Machynlleth	2179
NEWTOWN	Mr. R. Morris, 52 New Road, Newtown.	Newtown	6866
	Supt. C. Chislett, 352 Maesyrrhandir, Newtown.	Newtown	273
WELSHPOOL	Supt. H. Cooper, S.B.St.J., 60 Gungrog Road, Welshpool.	Welshpool	3176
	Mr. C. Thacker, 40 Mount Street, Welshpool.	Welshpool	3323



