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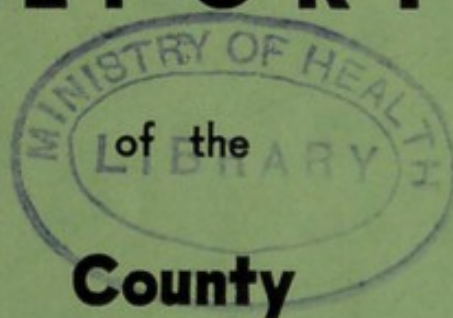
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PEMBROKESHIRE COUNTY COUNCIL

ANNUAL REPORT



**Medical Officer of Health
for Pembrokeshire**

1953

H. G. Walters (Publishers) Ltd., Narberth, Tenby and Whitland.

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PEMBROKESHIRE COUNTY COUNCIL

A N N U A L R E P O R T

of the

County

Medical Officer of Health

for Pembrokeshire

1953

INDEX

BLIND PERSONS	...	...	...	...	...	24
CANCER MORTALITY	...	...	...	...	...	7
CHILDREN'S DEPARTMENT	...	...	...	...	...	23
FOOD AND DRUGS	...	...	...	...	...	22
HEALTH COMMITTEE	...	...	...	...	...	4
INFECTIOUS DISEASES	...	...	...	...	...	20
INTRODUCTION	...	...	...	...	...	3
MEDICAL EXAMINATION OF STAFF	...	...	...	...	...	24
MENTAL DEFICIENCY	...	...	...	...	...	18
MILK	...	...	...	...	...	22
NATIONAL HEALTH SERVICES ACT :						
Care of Mothers and Young Children	...	...	...	...	...	10
Care of Unmarried Mothers and their Children	...	...	...	...	...	11
Domiciliary Midwifery	...	...	...	...	...	11
Health Visiting	...	...	...	...	...	12
Home Nursing	...	...	...	...	...	13
Vaccination and Immunisation	...	...	...	...	...	14
Ambulance Service	...	...	...	...	...	14
Prevention, Care and After-Care of Illness	...	...	...	...	...	16
Home Nursing Equipment	...	...	...	...	...	17
Home Help Service	...	...	...	...	...	17
Mental Health	...	...	...	...	...	18
POLIOMYELITIS	...	...	...	...	...	19
STAFF OF HEALTH DEPARTMENT	...	...	...	...	...	4
TUBERCULOSIS	...	...	...	...	...	21
VITAL STATISTICS	...	...	...	...	...	5
WELFARE DEPARTMENT	...	...	...	...	...	23

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH COMMITTEE OF THE

Pembrokeshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my first annual report as your County Medical Officer of Health. On the 30th June, 1953, Dr. H. Middleton retired, after nearly thirty-two years tenure of the post, and I am indebted to him and to Alderman L. J. Meyler, the Chairman of the Health Committee, for their helpful introduction to the duties.

The report gives an indication of the many responsibilities of the County Health Department. The National Health Service has increased considerably their scope and the continuous increase shows no sign of abatement.

The provision of adequate health services in a predominantly rural county, such as Pembrokeshire, presents many difficulties. The National Health Service has resulted in many local improvements but much careful organisation and planning is necessary before it can be fully implemented locally. The developing co-operation between the West Wales Hospital Management Committee, the Executive Council and the County Council will undoubtedly lead to further improvements in the County health services.

During the year, the recruitment of district nurses improved but the position is still difficult. The heavy and increasing demand for ambulance transport caused concern. The demand was a reflection of the additional attendances at hospitals, both for in and out-patient treatment. As certain forms of treatment, such as orthopaedic, plastic surgery and radio-therapeutic, are only available outside the County, a heavy additional mileage resulted. It is pleasing to report that, during the year, institutional vacancies were found for many of the urgent cases of mental deficiency. The remaining full-time clinic dental officer resigned in July, 1953, and, despite repeated advertisements, there were no suitable applicants for the post.

I am grateful to the Chairman and members of the Health Committee for their support and interest. My thanks are also due to the medical, nursing and clerical staffs of this department and to the staffs of other departments of the County Council. Mr. Austin, the Chief Clerk, has been of great assistance in the compilation of this report.

I am,

Ladies and Gentlemen,

Your obedient Servant,

D. J. DAVIES,

County Medical Officer.

County Health Department,
Haverfordwest, Pembs.
August, 1954.

COUNTY OF PEMBROKE HEALTH COMMITTEE

(as on the 31st December, 1953)

Chairman : County Alderman L. J. Meyler, O.B.E.

Vice-Chairman : Clr. D. W. Evans.

County Aldermen :

B. G. Howells	J. O. Vaughan
T. R. Joseph	C. Hayden Williams
H. E. G. Sackville Owen	

County Councillors :

Evan Anthony, M.B.E.	C. G. Lewis
E. B. Davies	D. Hughes Lewis
M. Davies	W. J. Llewellyn
T. R. Davies	Mrs. A. Norman
D. H. Hughes	F. Phillips
J. M. James	Rev. John Thomas
J. John	John Walters
W. C. John	W. L. Williams
J. W. Jones	

Co-opted Members :

Miss Nancy Thomas, Mrs. Picton Thomas

Local Medical Committee Representatives :

Dr. J. A. K. Douglas, Dr. P. R. E. Williams

Pembrokeshire Federation of Women's Institutes Representatives :
Mrs. Bland, Mrs. B. Ramsden

West Wales Hospital Management Committee Representatives :
Mrs. E. Bickerton Edwards, Rev. W. H. Williams, R. S. Wade, Esq.

STAFF OF COUNTY HEALTH DEPARTMENT, 1953

County Medical Officer of Health and Principal School Medical Officer :

H. Middleton, M.C., M.B., Ch.B., D.P.H. (retired on the 30th June, 1953).

D. J. Davies, M.B.E., B.Sc., M.D., B.S., D.P.H. (commenced 1st July, 1953).

Assistant County Medical Officers and School Medical Officers :

F. J. Harrison, M.B., B.Ch., B.A.O. (Full-time).

D. M. Griffiths, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (also M.O.H. Eastern District).

W. J. Y. Speedy, M.B., B.Ch., L.R.C.P. & S., D.P.H. (also M.O.H. Western Districts).

(The latter two officers are employed up to 25 per cent. of their time on County Council duties, mainly school health service work).

School Dental Officers :

H. L. Bevan, L.D.S., R.C.S. (resigned August, 1953).

D. W. Harding (Part-time—two half-day sessions per week).

County Nursing Officer :

Miss C. Evans, S.R.N., S.C.M., Q.N. Cert., H.V. Cert.
(She also undertakes the duties of Superintendent Health Visitor,
Chief School Nurse and Non-Medical Supervisor of Midwives).

County Orthopaedic Sister :

Miss E. J. James, S.R.N., S.C.M., H.V. Cert.

County Home Help Organiser :

Miss M. R. F. Collins.

Chief Clerk :

W. J. Austin.

Other Nursing Staff (as on 31st December, 1953) :

3 Health Visitors and School Nurses.
38 District Nurse/Midwife/Health Visitor/School Nurses.
13 District Nurse/Midwives.
3 District Nurses.

Home Helps (as on 31st December, 1953) :

21 occasional home helps.

County Council Committees (concerned with matters of Health) :**1. Health Committee**

- (a) Nursing Sub-Committee.
- (b) General Purposes Sub-Committee.
- (c) Ambulance Sub-Committee.

2. Public Health and Housing Committee.**3. Education Committee (responsible for School Health Service).****SECTION I****VITAL STATISTICS FOR 1953****1. AREA :**

The area of the County, including inland water, is 393,003 acres.

2. POPULATION :

1911—By Census	...	...	...	90014
1921—By Census	...	...	...	91580
1931—By Census	...	...	...	86020
1938—By Census	...	...	...	83200
1945—Estimated Mid-year	...	...	...	82690
1951—By Census	...	...	...	90740
1952—Estimated Mid-year	...	...	...	91040
1953—Estimated Mid-year	...	...	...	92090

3. FINANCIAL :

The product of a penny rate in the County for the year 1952/53 was £1,294.

Rateable value of the County as at 1st April, 1953, was £327,153.

4. GENERAL OBSERVATIONS :

The 1953 vital statistics show no unusual features. With the exception of notifiable infectious diseases, it is impossible to present definite statistics of the incidence of non-fatal illness among the population. The Ministry of Pensions and National Insurance is now issuing information on the incidence and nature of illness in the working population in various parts of the County but so far the latest figures received are for 1950. The heavy demand on the hospital and general practitioner services is an unhappy reminder of the amount of ill-health. It is hoped that, with further research into the causes of illness and the increasing application of preventive and curative medicine, this incidence of ill-health will be reduced.

The steady post war rise in the population of the County has continued. Since 1945 there has been an increase of 8,350. The birth rate remains, as in previous years, slightly higher than the rate for England and Wales. The still birth rate also continued to be higher than the national figure. It is impossible to give definite reasons for this consistently higher rate.

The causes and age distribution of deaths follow the general pattern in recent years. 65.7 per cent. of the deaths were of persons over 65 years of age. The major causes of death were diseases of the heart and arteries and cancer. With our present knowledge, it is impossible to prevent effectively these conditions though, in recent years, evidence has appeared of an increased incidence of lung cancer among heavy cigarette smokers as compared with mild or non-smokers.

As in other parts of the County, accidents take a yearly toll of life. In 1953 there were 35 deaths in the County due to accidents; motor vehicle accidents caused eight of these deaths.

The number of births and deaths in an area depends partly on the sex and age distribution of the population. To correct for these factors, the relevant birth and death rates in the table of the district council vital statistics have been adjusted by using the appropriate area comparability factors as calculated by the Registrar General. The high death rate in the Haverfordwest Municipal Borough is due to the inclusion, by order of the latter official, in the 1953 statistics of all deaths in the Priory Hospital even when the patients came from Cardiganshire.

5. DETAILED STATISTICS :

(i) Births.

Live births		Male	Female	Totals
Legitimate	...	809	669	1,478
Illegitimate	...	35	28	63
Totals		844	697	1,541
Still births.				
Legitimate	...	23	16	39
Illegitimate	...	2	1	3
Totals		25	17	42

The crude birth rate was 16.7 per thousand population. For comparison with other areas in England and Wales and the national figure of 15.5, the adjusted County birth rate was 17.57.

The still birth rate was 26.5 per thousand still and live births as compared with a figure of 22.4 for England and Wales.

Details of the premature births are given in Section 2 of the report.

(i) **Deaths.**

Infant Mortality : There were 39 deaths among infants under one year of age in the County. 23 were males ; 16 were females.

The infant mortality rate, expressed as the number of infant deaths per thousand live births, was 25.31. The rate in 1952 was 25.05 and the 1953 rate for England and Wales was 26.8.

The number of deaths in the first month of life, the neo-natal period, was 29, giving a neo-natal mortality rate of 19.4 per thousand live births.

Maternal Mortality : The number of deaths of mothers due to complications of pregnancy, child birth and abortion, were two in 1953. One mother died in early pregnancy from an infected ectopic pregnancy ; the other from antepartum haemorrhage due to a placenta praevia.

The maternal mortality rate per thousand live and still births was 1.28 compared with a national figure of 0.76 and a County rate of 1.28 in 1952. Each maternal death was investigated. When a maternal death occurs, then with the co-operation of the Consultant Obstetrician, complete details are compiled and sent to the Regional Assessor—Professor G. I. Strachan of Cardiff. He forwards the report, with his comments, to the Welsh Board of Health.

Mortality from Cancer : There has been little change in the incidence of Cancer in the County in recent years. In 1953 there were 177 deaths giving a rate of 1.92 per thousand population.

General Death Statistics : There were 1,082 deaths in 1953 ; comprising 573 males and 509 females. The crude death rate was 11.74 per thousand population ; the adjusted death rate was 11.28 compared with a national figure of 11.4.

Causes of Death at Different Periods of Life.

Causes of Death	All Ages									
	0—	1—	5—	15—	25—	45—	65—	75—		
1. Tuberculosis—Respiratory	22	—	—	1	2	13	6	—		
2. Tuberculosis—Other	6	—	—	1	—	2	2	—		
3. Syphilitic diseases, Diphtheria, to Whooping Cough, Meningococcal	—	—	—	—	—	—	—	—		
6. Infection	—	—	—	—	—	—	—	—		
7. Acute Poliomyelitis	2	—	1	1	—	—	—	—		
8. Measles	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases	8	1	—	1	1	2	2	—		
10. Malignant neoplasm—stomach	45	—	—	—	2	12	20	11		
11. Malignant neoplasm—bronchus	20	—	—	—	2	8	6	4		
12. Malignant neoplasm—breast	16	—	—	—	3	5	3	5		
13. Malignant neoplasm—uterus	9	—	—	—	—	6	2	1		
14. Other malignant and lymphatic neoplasm	87	—	—	4	5	31	27	20		
15. Leukaemia, aleukaemia	3	—	—	1	1	1	—	—		
16. Diabetes	13	—	—	1	—	2	4	6		
17. Vascular Lesions of nervous system	161	—	—	—	1	20	54	86		
18. Coronary disease, angina	133	—	—	—	1	47	45	42		
19. Hypertension with heart disease	21	—	—	—	—	4	6	11		
20. Other heart disease	186	—	—	2	2	23	45	114		
21. Other circulatory disease	51	—	—	—	1	15	15	20		
22. Influenza	14	—	—	—	—	3	4	6		
23. Pneumonia	38	3	1	—	1	6	8	11		
24. Bronchitis	35	—	—	—	—	12	7	16		
25. Other diseases of the respiratory system	13	—	—	—	—	5	2	6		
26. Ulcer of stomach and duodenum	5	—	—	—	—	2	2	1		
27. Gastritis, enteritis and diarrhoea	1	—	—	—	1	—	—	—		
28. Nephritis and nephrosis	15	—	—	—	1	4	6	4		
29. Hyperplasia of prostate	9	—	—	—	—	2	3	—		
30. Pregnancy, childbirth, abortion	2	—	—	—	2	—	—	—		
31. Congenital malformations	7	—	—	—	—	—	—	—		
32. Other defined and ill-defined diseases	117	2	—	1	6	21	13	49		
33. Motor Vehicle accidents	8	1	2	1	2	—	1	1		
34. All other accidents	27	1	2	1	5	6	6	4		
35. Suicide	7	—	—	—	3	2	2	—		
36. Homicide and operations of war	—	—	—	—	—	—	—	—		
All Causes	1,082	11	7	16	44	254	291	420		

(iii) District Council, Pembroke County, and National Comparative Vital Statistics (Using Appropriate Area Comparability Factor)

	Area in Acres	Estimated Mid-year Population for 1953	Live Births		Deaths		Infant Mortality		No. of Maternal Deaths and (Rate per 1000 live and still births)
			No.	Adjusted Rate per 1000 popn.	No.	Adjusted Rate per 1000 popn.	No.	Rate per 1000 Live Births	
URBAN									
Fishguard & Goodwick U.D.C.	1841	4826	67	14.72	47	8.87	2	29.8	—
Haverfordwest M.B.	1404	7500	140	17.86	153	20.40	2	14.3	—
Narberth U.D.C.	122	1065	15	15.9	9	7.01	—	—	—
Neyland U.D.C.	484	2217	33	16.08	23	10.79	1	30.3	—
Milford Haven U.D.C.	1060	11860	205	18.15	101	11.07	5	24.34	—
Pembroke M.B.	4679	12720	268	22.54	158	11.80	8	29.83	—
Tenby M.B.	1090	4382	61	12.94	65	11.72	4	65.57	—
Total	10680	44570	789	18.23	556	12.47	22	27.88	—
RURAL									
Cemaes R.D.C.	79576	9047	139	17.82	124	10.96	4	28.77	—
Haverfordwest R.D.C.	173650	22240	379	17.38	230	10.45	8	28.11	1 (2.58)
Narberth R.D.C.	80237	9924	128	14.29	113	9.91	2	15.63	—
Pembroke R.D.C.	48860	6309	106	18.98	59	9.16	3	28.30	1 (8.93)
Total	382323	47520	752	17.09	526	10.29	17	22.61	2
Whole County									
England and Wales	393003	92090	1541	17.57	1082	11.28	39	25.31	2 (1.28)
				15.5		11.4		26.8	(0.76)

SECTION 2

LOCAL HEALTH SERVICES PROVIDED BY THE COUNTY COUNCIL UNDER THE NATIONAL HEALTH SERVICE ACT

1. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers.

The standard local health authority ante-natal and post-natal clinics, staffed by a medical officer, are not provided in this County. The major proportion of the medical ante-natal and post-natal care is undertaken by general practitioners either in their own surgeries or at the homes of the patients. Ante-natal clinics are provided at the maternity sections of Riverside and Priory Hospitals for mothers awaiting hospital confinement.

Much ante-natal supervision is, however, undertaken by district nurse/midwives. This work is usually done at the homes of the patients or at the house of the nurse. In the more urban areas, such as Haverfordwest, Pembroke Dock and Milford Haven, the nurses hold regular ante-natal clinics for expectant mothers awaiting home confinement. These clinics are not attended by a medical officer and the nurses refer the expectant mothers to their general practitioners for the usual medical examinations.

In certain areas of Pembrokeshire, group practice has been developed. Doctors in such practices hold regular ante-natal clinics at their surgeries and it is hoped to arrange in the near future for the district nurses/midwives to attend, when practicable, such clinics.

Dr. W. F. George of Haverfordwest holds specialist ante-natal sessions at the County Hospital, Haverfordwest. He deals with the majority of abnormal pregnancies. He is fostering a helpful relationship with the local authority health service.

Routine blood tests during pregnancy are now being increasingly performed in the County.

There does not appear to be, at present, any definite indication for opening the standard local health authority ante-natal and post-natal clinics but the position is being kept under review. The likely future policy will be to encourage the ante-natal and post-natal work of the general practitioner by offering the assistance of the local authority nursing staff. It is hoped that this staff will develop the necessary mothercraft teaching. There are no "relaxation and exercises" training facilities for expectant mothers in the County.

A maternity outfit is available for all home confinements. The County Council provided 607 outfits during 1953.

Child Welfare.

In the County there are eight child welfare and twelve weighing centres. The former are attended by a medical officer; at the latter, children requiring medical advice are referred to the family doctor by the nurse.

At these centres, infants and children are weighed and individual health advice is given to the mothers. At the child welfare centres, routine medical examination of infants and children is undertaken. The undressing of infants for weighing and medical examination is being encouraged but is difficult to enforce especially in inadequately heated premises.

In 1953 there were 4,859 attendances of infants and children at the child welfare centres. There are no complete records of the attendances at the various weighing centres.

Care of Premature Infants.

The County Council has provided special draught proof cots, with bedding, hot water bottles and necessary equipment, which can be transported to the homes of premature babies. There are no special hospital facilities for such babies in the County.

Eighty-one premature live births were notified during the year: twenty at home and the remainder in hospital. Thirteen of these infants died; six during the first twenty-four hours of life.

Supply of Dried Milks.

Dried Milk, of a variety of brands, is sold at a reduced price at the various welfare and weighing centres. In some of these centres the Ministry of Food cod liver oil, orange juice and vitamin tablets are distributed.

Dental Care.

Repeated advertisements have failed to attract suitable applicants. It has thus been impossible for the local authority to provide dental care for expectant and nursing mothers and children under school age. The nurses and medical officers encourage mothers and children to obtain dental treatment from private dental surgeons.

Family Planning.

The County Council allows the Pembrokeshire Branch of the Family Planning Association to hold family planning clinics at the County Health Department Clinic at Haverfordwest.

Care of Unmarried Mothers and their children.

The County Council pays an annual grant to the St. David's Diocesan Moral Welfare Committee. This Committee employs moral welfare workers who undertake the care and training of unmarried mothers. In 1953, 58 unmarried mothers were helped by such workers in the County.

Three beds are reserved for Pembrokeshire cases at the Carmarthen-shire County Council Hostel for Unmarried Mothers at Plasnewydd, Burry Port. During the year eleven girls were admitted to this hostel from the County. In co-operation with the Children's Department, the moral welfare workers assist in adoption arrangements when an unmarried mother wishes her child to be adopted.

2. DOMICILIARY MIDWIFERY.

The County Council employs 51 midwives. This is estimated to be an equivalent of 13 full-time midwives. Forty-five of the nurses have been trained to administer gas and air analgesia and are equipped with the necessary apparatus. Co-operation between the midwives and general practitioners is being encouraged. Two of the midwives attended a refresher course at Oxford in 1953. It is hoped to provide further facilities for midwives to attend refresher courses. There are no local arrangements for the training of pupil midwives.

As in other parts of the Country, the demand for hospital confinements has increased appreciably in recent years. All non-emergency maternity beds at Priory Hospital are booked through the County Health Department. The provision of such beds appears to be reasonably adequate.

The local Health Authority is responsible for the supervision of all midwives who have notified their intention to practice in the County, either in domiciliary or hospital practice. The County Nursing Officer acts as the non-medical supervisor of midwives; the County Medical Officer is the medical supervisor. Most of the routine supervisory work is done by the former officer; the latter officer deals with special medical problems.

The following statistics for 1953 are of interest:—

Number of live and still births	...	...	...	1583
Number of such births in hospital	...	...	...	930
Number of such births at home	...	...	...	653
Number of home births attended by County Council nurses acting as midwives	...	...	...	345
Number of home births attended by County Council nurses acting as maternity nurses	...	...	...	246
Number of home births attended by private midwives	...	...	...	62
Number of still births at hospitals	...	...	...	27
Number of still births at home	...	...	...	15
Number of midwives employed by the County Council	...	...	...	51
Number of hospital midwives in practice on 31st Dec., 1953	...	...	...	21
Number of midwives in private practice on 31st Dec., 1953	...	...	...	7
Number of maternal deaths in hospital	...	...	...	2
Number of maternal deaths at home	...	...	...	Nil
Number of mothers who received gas and air analgesia at home	...	...	...	389
Number of mothers who received pethidine from nurses during confinements at home	...	...	...	326

Number of inspections of midwives by County Nursing Officer.

	Routine	Special
Hospitals	5	3
County district nurse/midwives	123	98
Private Midwives	2	1
Private Nursing homes	1	1

3. HEALTH VISITING.

The policy of the County Council is to provide full time health visitors in the more urban areas and to arrange for district nurse/midwives to undertake health visiting in the rural areas. All the health visitors act as school nurses. Scholarships are available to district nurse/midwives to attend the necessary courses for the Health Visitor's Certificate. In 1953 one such scholarship was granted.

The health visiting staff at the end of 1953 was the County Nursing Officer, who also acts as Superintendent Health Visitor, three full-time

health visitors and thirty-eight district nurse/midwives/health visitors. There were two vacancies for full-time health visitors. Repeated advertisements failed to obtain applicants.

No specialist health visitors were employed. An effort was made for each health visitor to undertake tuberculosis visiting, some mental health visiting and some hospital after-care work. The work in these fields of activity needs to be expanded. Co-operation with the general practitioners is being encouraged.

The following statistics of health visiting work during the year are of interest :—

Number of visits to children under one year of age	...	8,830
Number of visits to children between one and two years of age	... ..	4,755
Number of visits to children between two and five years of age	... ..	7,665

4. HOME NURSING.

The County Council employed on the 31st December, 1953, the following district nurses on home nursing duties :—

Home nurses/midwives/health visitors	... ..	38
Home nurses/midwives	... ..	13
Home nurses	... ..	3

The major proportion of the work of the nursing staff is home nursing. Since 1948 the demand for this work has increased steadily. The mounting use of injections of antibiotics such as penicillin and streptomycin, and the need to nurse chronic sick patients at home, owing to the shortage of hospital beds, have contributed to this trend.

In some rural parts of the County it has been the practice for many years for patients to call the district nurse before calling the doctor, especially in minor accidents and burns. In rural communities the district nurse is an important and well known inhabitant.

The County Council had arranged to build houses for district nurses in several areas. The programme was, however, curtailed, as with the improvement in the housing situation, district councils have been more willing to let council houses to nurses.

Number of home nursing visits during the year	... ..	73671
Number of patients treated	... ..	6658
Number of medical cases	... ..	3774
Number of surgical cases	... ..	1885
Number of tuberculosis cases	... ..	111

The district nurses have played an important part in the increasing home treatment of tuberculous patients.

The County Nursing Officer is responsible for the supervision of the home nursing work. During the year there was a definite improvement in the recruitment of district nurses. Two candidates were granted scholarships for Queen's Institute District Nursing training.

5. VACCINATION AND IMMUNISATION.

The administrative arrangements for this work are undertaken by the District Medical Officers of Health. The actual vaccinations against small-pox and immunisations against diphtheria are performed by general practitioners in their surgeries, at the homes of the patients, in the clinics and at schools. The medical and nursing staff stress to parents the importance of these forms of protection for children. In the summer and autumn months of the year, many immunisations had to be postponed owing to the incidence of poliomyelitis.

The County Council has not prepared a scheme for immunisation against whooping cough. General practitioners are, however, being encouraged to use the suspended whooping cough vaccine. An increasing number of babies and children are now being immunised with the combined diphtheria and whooping cough prophylactic. The whooping cough vaccine and the combined prophylactic are not supplied by the County Council.

The following statistics are of interest:—

	1953	1952
Number of successful primary vaccinations notified ...	592	491
Number of revaccinations notified ...	88	87
Number of children immunised against diphtheria ...	747	905
Number of children who received booster doses of diphtheria prophylactic ...	268	300
Number of notified cases of diphtheria ...	Nil	Nil
Number of notified cases of smallpox ...	Nil	Nil

6. AMBULANCE SERVICE.

A heavy increase of the demands on the ambulance service was a feature of the year. The resulting financial expenditure caused concern and the Chairman of the Health Committee had to make an appeal to doctors and the public asking for their co-operation in reducing demands. Owing to the limited public transport services in many parts of the County many ambulant patients have to travel to the outpatient departments of hospitals by ambulances or sitting case cars. Since the onset of the National Health Service an increasing number of patients have been referred to hospitals either as out or in-patients. The pressure on hospitals shows no signs of easing and this explains in part the mileage of the ambulances. The special rail transport of long distance patients was encouraged. Many Pembrokeshire patients have to travel to hospitals outside the County for treatment not available locally. Expansion of the local hospital services would thus lead to economy in the ambulance service.

Ambulance Service Proper.

The Welsh Home Ambulance Committee provide and maintain under an agency arrangement the necessary ambulances, drivers and attendants. Some of the personnel are volunteer drivers and attendants, who are members of the St. John's Ambulance Brigade and the British Red Cross Society. During 1953 there were seven ambulances, with five full-time paid drivers and three full-time paid attendants, in the County. An arrangement with the Cardiganshire and Carmarthenshire County Councils enables ambulances from these Counties to be used for the transport of patients living near the borders.

The following 1953 statistics of the Ambulance Service Proper are of interest :—

Station	Patients		Total No. of Patients	No. of Journeys	Miles Travelled	Average miles per case
	Stretcher	Sitting				
Haverfordwest						
No. 1 ...	938	2,500	3,438	2,013	65,400	19.02
Haverfordwest						
No. 2 ...	702	2,537	3,239	1,898	24,789	7.65
Haverfordwest						
No. 3 ...	200	768	968	479	52,821	54.57
(Long Distance Ambulance)						
Milford Haven	319	1,734	2,053	1,085	35,324	17.21
Pembroke Dk. ...	509	1,371	1,880	791	40,747	21.67
Tenby ...	410	1,467	1,877	579	23,744	12.65
Fishguard (Letterston)	258	1,164	1,422	556	27,937	19.65
Cardiganshire Ambulances	29	75	104	103	2,785	26.78
Carmarthenshire Ambulances	5	5	8	8	313	39.12
Totals ...	3,370	11,619	14,989	7,512	273,860	45.86

The increasing use of the Ambulance Service since its inception on 5th July, 1948, is illustrated by the following figures, which do not include the Sitting Case Car Service :—

Year			Patients	Miles	Average miles per case
1948 (Half Year)	...		1,625	37,976	23.37
1949	...	...	7,023	148,261	21.11
1950	...	...	9,516	186,007	19.54
1951	...	...	12,086	230,361	19.06
1952	...	...	12,540	220,296	17.57
1953	...	...	14,877	270,762	18.20

Sitting Case Car Service.

This service is provided by a large number of private car hire proprietors throughout the County. Many patients, who are fit to travel in a car, are transported by ambulance but sometimes an ambulance is not available or it is considered that the use of a private car would be cheaper. The car proprietors are paid according to the mileage and waiting time.

The following statistics of the sitting car service since 1st July, 1948, are of interest :—

Year	Journeys	Patients	Miles
1948 (Half Year) ...	306	333	6,811
1949 ...	785	910	18,720
1950 ...	1,256	1,631	30,016
1951 ...	1,671	2,382	50,799
1952 ...	1,911	2,698	58,925
1953 ...	1,915	2,762	58,975

Rail Transport of Patients.

If the medical condition of patients who have to make long distance journeys is satisfactory then rail transport is arranged. At their destination ambulances meet the trains. Other local health authorities assist in the provision of such ambulances. The British Railways Executive are most co-operative and anxious to promote the comfort of patients and their escorts.

During 1953, 24 patients were transported by train.

Civil Defence Ambulance Section.

Owing to the pressure of other duties, very limited progress in the organisation of this section was possible during the year.

7. PREVENTION, CARE AND AFTER-CARE OF ILLNESS.

This section of the National Health Service Act presents a very wide field of work to a local health authority, but much further research and planning is necessary before it can be widely implemented. Pembrokeshire County Council has restricted, in common with many other local health authorities, their major duties under this section to tuberculosis and the provision of home nursing equipment.

Tuberculosis.

This disease still presents a problem as is evidenced by the statistics in Section 3 of this report.

In the prevention of the disease and the care and after-care of tuberculosis patients, a close liaison exists between the Chest Physician and the Health Department staff. The District Councils and their officials, especially the District Medical Officers and the Sanitary Inspectors, also give useful assistance in this work, notably in the provision of improved housing, the control of spread of infection, disinfection and the preparation of reports for the Chest Physician on the environmental conditions of patients.

The Chest Physician, with the help of general practitioners, health visitors, district nurses and his clinic staff, tries to ensure that close contacts of tuberculosis persons attend for regular examination at the Chest Clinic. The combined efforts meet with a reasonable measure of success though it is impossible, at the time of writing, to give supporting statistics for this opinion.

Tuberculous patients are advised to adopt measures to prevent the spread of infection. This advice is given primarily by the Chest Physician and his staff but is reinforced by the general practitioners, health visitors, district nurses and sanitary inspectors. Difficulty is sometimes experienced in obtaining the co-operation of elderly ambulant infectious cases of tuberculosis.

The County Council provides, on the advice of the Chest Physician, extra nourishment in the form of liquid milk for tuberculous patients. During 1953, 28,667 pints were supplied.

The County Council has available garden chalets for loan to patients but, in recent years, the demand has been very limited.

The home treatment of tuberculous patients has improved greatly. The district nurses make a valuable contribution to this work. They give the majority of injections of streptomycin to such patients. It is gratifying that effective treatment can thus commence whilst patients are awaiting admission to sanatoria.

The B.C.G. vaccination of child contacts against tuberculosis is encouraged. The work is undertaken by the Chest Physician. In 1953, 55 children in the County were vaccinated with the B.C.G. vaccine.

The Education Committee insists that all persons, on appointment as school teachers or school canteen workers, have a Chest X-ray.

The deaths of persons whose tuberculous disease was not notified during life are reported to the Chest Physician, who considers the need for tracing the source of infection and for the examination of contacts. The medical practitioner who signed the death certificate is asked for an explanation. Such cases are, however, uncommon in this County.

In 1953, no special case finding surveys or schemes for the ascertainment and follow up of early cases among children and others were undertaken. The next visit of the Mass Radiography Unit will be in 1954.

Provision of Home Nursing Equipment.

This equipment is provided mainly by arrangement with the British Red Cross Society and the Order of St. John. There are nine distribution depots; they are located at Haverfordwest, Milford Haven, Pembroke Dock, Pembroke, Tenby, Narberth, Letterston, Newport, and Fishguard. The district nurses supply certain items in other parts of the County. The equipment is loaned, free of charge, to patients.

The County Council makes a payment of £10 to each depot and replaces all worn or damaged articles.

8. DOMESTIC HELP : HOME HELP SERVICE.

During the year, the demand for this service increased. The Home Help Organiser is responsible for the day-to-day administration of the service. This is a difficult task owing to the area of the County, the limited availability of women who will undertake the work and the need to keep the expenditure at the level fixed by the County Council.

The service makes a definite contribution to the National Health Service. It helps to reduce the need for hospital beds and for Part III accommodation. The greatest demand is from households with chronic sick patients and from the elderly and infirm.

The Home Help Organiser has to do much social work in addition to the normal administration. A close liaison is maintained with the National Assistance Board. A proportion of applicants are referred to the Board for financial assistance to meet the cost of private domestic assistance.

In February, 1953, the County Council adopted a new scale of assessment, which included for the first time the income of all members of the family residing in the house. This ensured a greater financial contribution from certain benefiting households.

There does appear to be a number of urgent reasons for considering an expansion of this service.

The following statistics for 1953 are of interest :—

1. Number of Occasional Home Helps employed during the year	77
2. Number of Full-time Home Helps employed during the year	Nil
3. Number of Part-time Home Helps employed during the year	Nil
4. Total number of households provided with Home Help	82
5. Number of maternity cases assisted with Home Help	17
6. Number of tuberculosis cases assisted with Home Help	7
7. Number of medical and surgical cases assisted with Home Help	58
8. Number of home visits by Home Help Organiser	658

9. MENTAL HEALTH.

Mental ill-health is very prevalent. It is said that mental disorders of different varieties account for one-third of all sickness. Many minor degrees of mental illness are dealt with by general practitioners without any reference to psychiatrists or mental hospitals. In South West Wales, as in many other parts of Great Britain, the psychiatrists are overwhelmed by the demand for psychiatric treatment. St. David's Hospital, Carmarthen, the local mental hospital, has a full complement of patients. Many of the wards are overcrowded and there is a waiting list for the admission of voluntary patients.

In recent years new forms of mental treatment have been initiated and many mental patients are able to return home either cured or much improved. Out-patient treatment has also been developed at St. David's Hospital.

One of the features of 1953 has been the improved admission rate of mental defectives to mental deficiency institutions of the Welsh Regional Hospital Board. With the co-operation of the Regional Psychiatrist many of the more difficult defectives have been admitted; there are still, however, several urgent cases awaiting admission.

Mental Deficiency Acts.

In 1953, 12 mental defectives were admitted to institutions. The following statistics of the mental defectives in the County on the 31st December, 1953, are of interest :—

	Males	Females	Total
Number of Defectives "subject to be dealt with":			
Under Statutory Supervision	26	15	41
In Institutions or on Licence	28	49	77
In "Places of Safety"	1	—	1
Under Guardianship	1	—	1
Awaiting confirmation	12	11	23
Number of Defectives "not at present subject to be dealt with":			
Placed under voluntary supervision	38	45	83
Number of Defectives awaiting admission to an Institution:			
Urgent Cases	7	2	9
Non-urgent cases	20	6	26

Occupation Centres and home teaching of Mental Defectives have not been developed. Geographical considerations make difficult the provision of occupation centres. Parents are, however, advised concerning the home training of defectives.

Lunacy and Mental Treatment Acts.

The seven district welfare officers act as part-time duly authorised officers. They arrange the admission of certified patients, including the various legal formalities, to mental hospitals. They also assist if required in arranging the admission of voluntary patients.

The admissions of mental patients from the County during the year were as follows:—

	Certified		Temporary		Voluntary		Totals
	Male	Female	Male	Female	Male	Female	
St. David's Hospital, Carmarthen ...	17	30	—	—	31	47	125
Cefn Coed Hospital, Swansea ...	—	—	—	—	—	1	1

After-Care of Mental Illness.

Occasional discharged mental patients are assisted in their many personal problems by duly authorised officers or health visitors but no routine after-care service has as yet been developed. Any demand for after-care work does, however, receive attention.

SECTION 3

EPIDEMIOLOGY : INFECTIOUS AND OTHER COMMUNICABLE DISEASES

The control of infectious diseases in the County is mainly the responsibility of the County District Councils. The District Medical Officers of Health have to send a weekly numerical report of notified infectious disease in each district council area to the County Medical Officer. They have also to forward, if possible within twelve hours but in any case within forty-eight hours, a copy of each notification of infectious disease to the County Medical Officer. By such means, the latter officer has a comprehensive picture of the distribution of infectious diseases within the County.

Acute poliomyelitis, otherwise known as infantile paralysis, caused some concern during 1953. Fourteen confirmed cases, with two deaths, were notified. The majority of these cases occurred during the latter half of the year. They were scattered throughout the southern half of the County and no chain of infection was discovered. It was deemed advisable in the summer and autumn months to postpone immunisations and tonsil operations. An attempt was made to encourage the restricted movement of contacts and, if possible, the home and garden quarantine of child family contacts.

During the year, measles was prevalent in most parts of the County.

The following table gives the incidence of confirmed cases of certain infectious diseases excluding tuberculosis in the various districts in 1953:—

Cases of Infectious Diseases notified to the County Medical Officer were:—

Disease	H'west M.B.	Tenby M.B.	Pembroke M.B.	Fishguard U.D.C.	Millford U.D.C.	Neyland U.D.C.	Narberth U.D.C.	H'west R.D.C.	Narberth R.D.C.	Pembroke R.D.C.	Cemaes R.D.C.	Totals
Scarlet Fever	3	1	1	—	3	2	2	3	4	3	20	42
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	70	7	136	13	49	3	—	89	80	49	35	501
Whooping Cough	2	3	52	2	2	6	—	46	—	8	24	115
Erysipelas	—	—	4	—	1	—	—	4	—	—	3	12
Paratyphoid Fever	—	—	1	—	—	—	—	—	—	—	—	1
Food Poisoning	—	—	1	—	—	—	—	—	—	—	—	1
Dysentery (Sonné)	—	—	1	1	—	—	—	15	—	—	—	17
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	1	1
Meningococcal Infection	—	—	1	—	1	—	—	2	—	—	1	5
Acute Poliomyelitis Paralytic	1	—	6	—	—	—	—	—	4	1	—	12
Acute Poliomyelitis Non Paralytic	—	—	1	—	—	—	—	—	1	—	—	2
Acute Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
	76	11	204	46	56	11	2	129	89	31	84	709

TUBERCULOSIS.

The following tables are of interest:—

Number and Age distribution of new notifications of tuberculosis and deaths from the disease in 1953.

Age Groups in Years	New Notifications				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
0 — 1	—	—	—	—	—	—	—	—
1 — 2	—	—	—	—	—	—	—	1
2 — 5	—	—	—	—	—	—	—	—
5 — 15	—	1	1	1	—	—	—	—
15 — 25	13	8	1	1	—	1	—	1
25 — 35	8	9	—	1	1	1	—	—
35 — 45	5	5	1	—	11	2	—	—
45 — 55	7	2	—	—	—	—	1	1
55 — 65	3	—	—	—	—	—	—	—
65 +	2	—	—	—	6	—	1	1
Totals	38	25	3	3	18	4	2	4

The Number of Cases of Tuberculosis on the Health Department Register:—

	Respiratory		Non-Respiratory		Total
	Male	Female	Male	Female	
On 31st December, 1952	298	204	68	84	654
On 31st December, 1953	301	212	42	47	602

The Number of New Notifications of Tuberculosis and Deaths from 1935—53:—

Year	New Notifications of Tuberculosis		Deaths	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1935	63	16	65	22
1936	101	19	46	14
1937	113	29	59	12
1938	81	37	48	11
1939	88	27	43	12
1940	53	18	38	10
1941	64	22	26	14
1942	88	19	43	8
1943	63	32	22	1
1944	73	21	36	1
1945	73	24	32	5
1946	64	18	25	4
1947	68	14	36	3
1948	62	29	24	1
1949	73	18	41	1
1950	62	16	28	3
1951	66	9	26	9
1952	51	5	24	1
1953	63	6	22	6

SECTION 4

FOOD AND DRUGS ACTS : COUNTY COUNCIL
RESPONSIBILITIES

1. PASTEURISED MILK.

The County Council, in accordance with the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, is the licensing authority for pasteurisers and sterilisers of milk. There are three pasteurisation plants in the County, two at Haverfordwest and one at Tenby; there are no milk sterilisation plants. Batch pasteurisation is undertaken at two of the former plants; the H.T.S.T. process in the other plant. The supervision of the former type of pasteurisation presents difficulties and a proportion of the samples of milk from these plants submitted to the Public Health Laboratory gave evidence of inadequate heat treatment. These results were reported to the pasteurisers and the need for careful time and temperature recording was emphasised.

Owing to other commitments, it is very difficult for the County Medical Officer to undertake the necessary regular inspections of pasteurisation plants. During the year the Weights and Measures Inspectorate were asked to undertake the regular sampling of milk at these plants. These samples are in addition to those taken by district sanitary inspectors during the retail distribution of pasteurised milk.

2. SAMPLING OF FOOD AND DRUGS.

The milk sampling, for chemical quality and added water, is undertaken by the police. The Weights and Measures Inspectorate are responsible for the sampling of other foods and drugs. The following brief summary of the number of samples and the results for the year 1953 is of interest :—

Article	Number of Samples	Genuine	Not genuine
Milk	196	178	18
Dried and Condensed Milk	3	3	—
Ice Cream	29	28	1
Patent Medicines ...	2	2	—
Non-Alcoholic Drinks ...	2	2	—
Butter, Margarine and Cooking Fats ...	35	35	—
Tinned Meat and Fish ...	25	24	1
Spices and Condiments ...	21	21	—
Miscellaneous Groceries ...	110	107	3
	—	—	—
	423	400	23
	—	—	—

SECTION 5

MISCELLANEOUS

Children's Department.

The County Medical Officer acts as medical adviser to the Children's Committee and Department. A close and helpful liaison is maintained with the Children's Officer.

The children taken into care are medically examined initially and, as far as possible, once every quarter. Medical advice is given on the suitability of children for adoption and "boarding out." Maladjusted children, with behaviour disorders, presented many difficulties during the year, as there is a shortage of suitable special schools for such children and diagnosis and treatment facilities are very limited in this County.

The two departments co-operated in dealing with a number of problem families.

Welfare Department.

The County Medical Officer also acts as medical adviser to the County Welfare Committee and the Welfare Department. As with the Children's Officer, a satisfactory liaison is maintained with the County Welfare Officer.

Medical advice is given on the suitability of persons for admission to Part III accommodation. Transfer cases from Chronic Sick hospital accommodation presented special difficulties as many of these cases could be described as borderline.

An effort, with some success, was made during the year to remove mental defectives from Part III accommodation.

At the request of the Welfare Committee, a survey was made of persons who are substantially and permanently handicapped by reason of accident, illness or congenital deformity. The preparation of a scheme for the welfare of such persons is still under consideration.

Epileptics and Spastics.

Reliable information concerning the incidence of epilepsy and cerebral palsy is at present not available in this County. Investigations are, however, proceeding. There are reasonable local health services for epileptics. There is an electroencephalograph department at St. David's Hospital, Carmarthen. The local general hospitals provide in and out-patient treatment facilities for epileptics. Most cases are, however, treated by the general practitioners. Epileptics with behaviour problems present a special difficulty. One epileptic was admitted by arrangement with the County Welfare Department to a special colony for treatment and training.

The local health services for spastics are inadequate. It is very difficult to get the necessary in-patient treatment for such cases from the rural areas. It is impossible to give these cases in their homes the required detailed supervision and training. The County Orthopaedic Sister is, however, assisting a few cases. There appears to be a need for a cerebral palsy investigation, treatment and training centre in South Wales.

Blind Persons.

1. Number of Registered Blind or Partially Sighted Persons in the County on the 31st December, 1953, is as follows:—

	Blind	Partially Sighted
Under 5 years	2	2
5—16 years	4	13
16—21 years	7	6
21—50 years	47	25
50—65 years	53	33
65 years and over	236	109
Total	349	188

2. Follow-up of Registered Blind and Partially Sighted Persons.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during 1953 in respect of which para. 7 (c) of Forms B.D. 8 recommends:—				
(a) No treatment	13	2	—	8
(b) Treatment (medical, surgical and optical)	33	4	—	28
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	22	3	—	24

3. Ophthalmia Neonatorum: no cases were reported during 1953.

4. Hospital Ophthalmic Treatment Facilities: the facilities are inadequate in the County both for in and out-patient ophthalmic treatment. The position is under consideration by the West Wales Hospital Management Committee.

Medical Examination of County Staff.

This work has increased appreciably in recent years. The following examinations were undertaken by the medical staff during 1953:—

1. Medical Examination of Entrants (excluding teachers and police) to County Council Employment	57
2. Medical Examination of Manual Workers for entry into sickness benefit scheme	36
3. Medical Examination of Police candidates	22
4. Medical Examination of Police cadets	1
5. Medical Examination of Entrants to Teacher's Training Colleges	77
6. Medical Examination of Newly Appointed Teachers	19
7. Number of Chest X-ray Examinations of Staff	83



