[Report 1947] / Medical Officer of Health, Anglesey County Council.

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COUNTY OF ANGLESEY.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1947.

G. J. ROBERTS,
M.D., B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.P.A.,
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To the Chairman and Members
of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the ANNUAL REPORT on the health of the County for the year 1947.

The drafting of administrative details in connection with the Local Health Authority's proposals for discharging their functions under Sections 22,23,24,25,26,27,28,29, and 51 of the National Health Service Act 1946 has involved considerable labour and consequently less time has been available to prepare the text of this annual health report as completely as I would have wished.

The foregoing schemes entail modification, extension and reorganisation of the County Council's Health Services and also include steps to control services hitherto provided by voluntary organisations e.g. nursing and ambulance services. It cannot be too strongly stressed that these changes in no way lessen the need for voluntary effort and it is earnestly hoped that the valuable assistance previously given will continue so that these social services may meet with full success.

During 1947 plans were made for the establishment of the Gors Maternity Home and its recent opening constituted a landmark in the history of the Island; undoubtedly this institution will prove of the greatest value to Anglesey mothers and its full use should be encouraged.

The progress of the Anglesey Water Scheme will be watched with the greatest interest. The provision of a pure and adequate water supply has for more than a century been recognised as one of the essentials for the health of the community, quite apart from the convenience of a piped supply in sparing the inhabitants the burden of carrying water for long distances. Water is a prime necessity of life but it should not be overlooked that the introduction of piped supplies creates problems of sanitation (connected with sullage and sewage) which only adequate plans for drainage and sewage disposal can overcome.

Reference to the statistical tables shows an increase in the birth rate and in the general death rate; the tuberculosis death rate is lower than in 1946. It is particularly gratifying to note that the infant mortality rate (43 per 1,000 live births) is the lowest on record, the previous lowest being 44 in 1946. A special report on stillbirths and infant mortality was made in April to the Health Committee and is included in the body of this report (page 11); it suggests that with the implementation of the recommendations made further improvement in the figures is possible in the future.

A report made to the Health Committee on the housing position at an Anglesey village (and which could equally well have been true of other hamlets) indicates the unsatisfactory homes in which many families have been and are being reared in the County and no effort should be spared by the Authorities and interested individuals to remedy these shocking conditions (page 31).

In general the collection and disposal of domestic refuse and night soil leaves room for improvement ; accumulations of rubbish and filth are common in the rural parts and are as unsightly as they are insanitary.

I wish to express my thanks to the Chairman and Members of the Committee for their sympathetic interest and help, to my colleagues (and particularly the Clerk) for their loyal assistance and to the members of the staff of the Department, especially my chief clerk whose help in the preparation of this report has again been invaluable.

I am,

Your obedient Servant,

G. J. ROBERTS,

County Medical Officer.

ANNUAL REPORT

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COUNTY MEDICAL OFFICER

1947

I—General Statistics.

Area (acres)	176,694
Population—Estimated mid-year 1947—For Birth Rate and for Death Rate	47,320
Number of Inhabited Houses, 1934	13,110
Number of Families or Separated Occupiers	13,186
Rateable Value as at 1st April, 1948	£186,931
Sum produced by a Penny Rate 1947-48 (estimated)	£735 10*s.* 7*d.*

II—Extracts from Vital Statistics of the Year.

		Total	*Males*	*Females*
Births—Legitimate		858	413	445
Illegitimate		85	42	43
Total		943	455	488
Rate per 1,000 population :	Anglesey			19.92
	England & Wales			20.5
Stillbirths		31	21	10
Rate per 1,000 Births :	Anglesey			32.87
Rate per 1,000 population :	Anglesey			0.66
	England & Wales			0.50
Deaths		769	384	385
Rate per 1,000 population :	Anglesey			16.25
	England & Wales			12.0
Number of women dying in, or in consequence of Childbirth :				—
Rate per 1,000 Live Births :	Anglesey			—

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Number of women dying in, or in consequence of Childbirth : —

Rate per 1,000 Live Births : Anglesey ..... —

Deaths of Infants under one year of age :	Anglesey	England and Wales
Rate per 1,000 Births—Legitimate	41.84	
Illegitimate	58.82	
Total	43.48	41
Deaths from Measles (all ages)—Rate per 1,000 population	—	0.01
Deaths from Whooping Cough—Rate per 1,000 population	0.02	0.02
Deaths from Diarrhoea and Enteritis (under 2 years) —Rate per 1,000 population	0.11	—
Deaths from Diarrhoea and Enteritis (under 2 years) —Rate per 1,000 births	5.33	5.8

Causes of Infant Deaths, 1947

		Urban		Rural		
		M.	*F.*	*M.*	*F.*	*Total*
2	Cerebro-spinal Fever	—	1	—	1	2
3	Scarlet Fever	—	—	—	—	—
4	Whooping Cough	—	—	—	—	—
5	Diphtheria	—	—	—	—	—
8	Syphilitic Diseases	1	1	1	—	3
21	Bronchitis	2	—	—	—	2
22	Pneumonia	1	2	3	—	6
25	Diarrhoea	3	1	—	1	5
27	Other digestive diseases	—	—	1	—	1
31	Premature Birth	3	1	3	1	8
32	Cong.mal.,birth inj. infant dis.	1	2	4	3	10
35	Other violent causes	1	—	2	—	3
36	All other causes	—	1	—	—	1
	Total	12	9	14	6	41
	No of Births	167	208	288	280	943

Midwives

Total number of inspection visit to Midwives 80

Number of Midwives :—

	North Wales Nurses	Private
S.R.N., S.C.M., Q.N., H.V.,	1	—
S.R.N., S.C.M. Q.N.,	4	—
S.R.N., S.C.M.	7	3
S.C.M.	20	5
Total	32	8

Institutional Provision for Mothers and Children

Ten mothers were admitted to the Home, Valley, for their confinement.

Two hundred and eighty-eight mothers were admitted to the County Hospital, Bangor, under the Midwifery Scheme.

CARE OF PREMATURE INFANTS (CIRCULAR 20/44).

The number of Premature Babies notified during 1947, whose mothers are normally resident in the County—41.

County Hospital Maternity Department.

REPORT ON ANGLESEY CASES FOR 1947

by

O Vaughan Jones, M.D., F.R.C.S., M.R.C.O.G.

COUNTY HOSPITAL ADMISSIONS.

Maternity Admissions	335
Maternity Cases	288
Gynaecological Admissions	47
Post-Natal Admissions	4
Neo-Natal Admissions	1
Total cases admitted	340

44 Emergency Cases were sent in by Practitioners.

251 Normal deliveries.

6 Twins.

147 Complicated cases were treated and these included the following :—

Forceps deliveries	35
Breech deliveries	14
Caesarean Section	25
Extra-peritoneal Caesarean Section	1
Brow presentation	1
Ante-partum haemorrhage	15
Post-partum haemorrhage	4
Uterine inertia	4
Secondary rupture of uterus	1
Placenta praevia	10

Obstetric shock	1
Toxaemia	27
Internal podalic version	1
Hydramnios	2
Eclampsia	1
Manual removal of placenta	4
Prolapsed cord	1

31 Cases with concurrent disease :

Parenchymatous goitre	1
Adenomatous thyroid	1
Asthma	1
Anaemia	3
Varicose dermatitis	1
Septic finger	1
Diabetes mellitus	1
Septic cervical adenitis	1
Pulmonary tuberculosis	2
Appendicitis and peritonitis	1
Ante-natal thrombophlebitis	2
Mitral stenosis	3
Pemphigus	1
Epilepsy	1
Chronic nephritis	1
Vesical fistula	1
Ante-Natal pyelitis	4
Rh. negative blood	5

47 Ante-Natal Cases :

Blood transfusions	16
Renal investigation	1
Chest investigation	1
Puerperal thrombophlebitis	5
Cerebral thrombosis	1
Coronary thrombosis	1
Evacuation of retained products	2
Mastitis	6
Abscess of left thigh	1
Acute intestinal obstruction	1
Laparotomy for division of adhesions	1
Therapeutic abortion	1
Spontaneous abortion	1
Puerperal pyelitis	5
Positive Kahn and W.R.	7
Perineal repair	1
Sub-total hysterectomy	1
Haematoma of vagina	1
Third degree tear	1

Infants.

Stillbirths : 16

Acrania	1
Ante-partum haemorrhage	1
Spinabifida and hydrocephalic	1
Post-maturity	1
Prematurity	3
Asphyxia	1
Toxaemia	2
? Cause	1
Accidental Haemorrhage	2
Erythroblastosis foetalis	1
Syphilis	1
Prolapsed cord	1

Neo-Natal Deaths : 7

Atelectasis	1
Erythroblastosis foetalis	1
Premature	2
Spinabifida and talipes	1
Syphilis	1
Intra-cranial haemorrhage	1

(Neo-Natal Admission death (included above)—1 Premature.

Neo-Natal Conditions : 68

Atelectasis	1
Erythroblastosis foetalis	2
Premature	22
Spinabifida and talipes	1
Syphilis	1
Intra-cranial haemorrhage	1
Circumcision	1
Talipes	1
Gastro-enteritis	13
Slight mastitis	1
Abscess on face	1
Cephalhaematoma	1
Pneumonia	3
Septic spots	1
Sticky eye	14
Supernumery thumb	1
Pylorospasm	1
Hare-lip, cleft palate and syndactylism	1
Dolicocephalic	1

1 Death from Associated Conditions :

a. Appendicitis and peritonitis.
b. Laparotomy and drainage.
c. Paralytic ileus.

Gynaecological.

Gynaecological Cases : 47

28 Emergencies.
5 Blood Transfusions.

Incomplete abortion	15
Complete abortion	2
Threatened abortion	1
Retained products	2
Subinvolution	2
Breast abscess	1
Lung abscess complicating abortion	1
Haematoma rectus sheath with pregnancy	1
Hyperemesis	1
Dysmenorrhoea	1
Pyelitis	1
Erosion of cervix	1
Menorrhagia	1
Prolapse	6
Fibroids	2
Sub-total hysterectomy	1
Total hysterectomy	1
Vaginal hysterectomy	1
Carcinoma of cervix	1
Inoperable carcinoma of ovaries	3
Pelvic infection	2
Cervical polyp	2
Investigations	2

No Gynaecological Deaths.

District Work.

Six Emergency district calls from practitioners, and these included the following :

P.P.H., Retained placenta, Blood Transfusion.

Manual removal of placenta	2
P.P.H. Blood Transfusion	1
Consultation. Laceration	1
Failed forceps—forceps delivery	1
Consultation—evacuation of uterus	1

Pre-Natal and Post-Natal Clinics.

	Number of Cases			
Clinic Centre	*Pre-Natal*	*Post-Natal*	*Gynaecol-ogical*	*Total Attendances*
Llangefni	100	34	32	240
Holyhead	138	34	31	378
Amlwch	108	33	27	307
Menai Bridge.....	64	20	6	175
Totals	410	121	96	1,100

Comments.

There were no deaths amongst the mothers due to direct obstetric cause—one died of paralytic ileus due probably to acute appendix :

R.A.W., Anglesey :

Admitted 17.6.47.

Died 7.7.47.

(i) Primigravida aged 20. 32 weeks pregnant.
(ii) Attended Clinic.
(iii) Admitted into the Hospital as an emergency with abdominal pain and pneumonia. Premature confinement followed by laparotomy and drainage. Died of paralytic ileus.
(iv) Circumstances—poor.
(v) Death due to paralytic ileus due to peritonitis probably caused by a perforated appendix.

Stillbirths :

There were 16 stillbirths, two of these being abnormal infants, whilst the remainder were within the field of obstetric risk. Sixteen per cent of the mothers of these did not attend the Ante-Natal Clinic.

Neo-Natal Deaths :

There were six deaths amongst the babies born in Hospital and one premature infant admitted succumbed. One only of these was an abnormal infant. The percentage of total neo-natal deaths at the Hospital was 2.5 for all live births.

GYNAECOLOGICAL :

The number of these cases remains low, and, therefore, owing to the large waiting list of these cases at both Hospitals, many more beds should be available.

DISTRICT WORK :

All cases were very necessary calls and owing to a good ambulance service many cases are admitted, who otherwise would necessitiate district attention.

PRE-NATAL CLINICS :

These are still well attended but it is hoped that arrangements can be made to at least double the number of these clinics.

Conclusions.

The Maternity Service continues to expand, though slightly fewer patients were admitted into Hospital, as admissions of known normal cases had to be limited. With the opening of the Gors, normal cases can receive readier Hospital treatment. It is hoped, however, that a firm rule shall be made to assure that no complicated cases are to be dealt with at this Hospital, only such cases that would normally be dealt with at home. I trust that the adaption and equipment acquired will prove satisfactory.

In presenting this report, my thanks are due to Dr. G. Roberts and the Committee for their continued help and support. I should also like to extend my thanks to the Nurses and voluntary workers who help in the pre-natal Clinics.

O. VAUGHAN JONES.

Stillbirths and Infant Mortality.

A stillbirth is the birth of a child without sign of life after the 28th week of pregnancy. Infant mortality relates to the death of a child under one year of age and neo-natal mortality to the death of a child under one month old. The birth rate is expressed in terms of births per 1,000 of the population, the infant mortality rate as infant deaths per 1,000 live births and the stillbirth rate as stillbirths per 1,000 total births (live and still).

Anglesey Vital Statistics.

Year	Births Live	Births Still	Still Birth Rate	No. of Infant Deaths	I.M.R.	I.M.R. E.W.	Infant Deaths in Anglesey had rate been that of E.W.	Neo-Natal Deaths	Neo-Natal Rate
1926 ...	872	38	41.76	75	86	70	61	21	24.01
1927 ...	816	42	48.83	76	93	69	56	31	38.00
1928 ...	776	36	44.33	54	70	65	50	19	24.48
1929 ...	773	32	39.75	68	88	74	57	29	37.54
1930 ...	752	46	57.64	51	67	60	45	20	26.59
1931 ...	757	98	114.62	59	77	66	50	28	36.98
1932 ...	744	44	55.84	41	55	65	48	20	26.88
1933 ...	688	42	57.53	58	77	64	44	18	26.16
1934 ...	746	41	52.09	57	76	59	44	33	44.24
1935 ...	698	38	51.63	59	84	57	40	29	41.54
Ten Years	7622	457	56.56	598	77	65	495	248	32.64
1936 ...	731	38	49.40	38	52	59	43	22	30.10
1937 ...	637	43	63.24	43	67	59	38	17	26.69
1938 ...	728	39	50.85	47	65	53	39	26	35.71
1939 ...	640	38	56.05	47	73	50	32	26	40.63
1940 ...	733	35	45.57	65	89	55	40	31	42.29
1941 ...	782	39	47.50	70	82	59	46	33	42.20
1942 ...	871	41	44.95	69	79	49	43	33	37.89
1943 ...	818	34	40.00	48	59	49	40	23	28.12
1944 ...	837	34	39.03	50	59	46	39	23	27.48
1945 ...	815	25	29.76	60	74	46	37	26	31.90
Ten Years	7592	366	46.00	537	70	52	397	260	34.30
20Years	15214	823	51.32	1135	73	58	892	508	33.47

Comparative Stillbirth Rates.

County of	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Anglesey ...	49.40	63.24	50.85	56.05	45.57	47.50	44.95	40.00	39.03	29.76
Brecon	59.93	69.71	62.03	49.81	31.14	46.14	40.08	50.29	29.07	30.89
Caernarvon	49.46	50.55	53.23	44.41	49.07	36.40	47.11	36.64	30.00	27.53
Carmarthen	50.91	62.38	52.47	42.96	50.67	47.67	36.41	44.49	26.63	32.41
Denbigh.....	49.11	43.68	44.38	50.57	46.19	37.15	39.52	32.22	34.74	33.37
Flint	61.83	46.95	52.18	49.14	42.05	37.49	31.14	40.24	26.33	35.00
Glamorgan	58.00	53.13	51.80	52.30	50.80	44.60	38.86	34.53	38.54	33.35
Merioneth ...	41.80	86.10	63.41	38.70	41.60	28.40	38.10	28.80	17.96	26.31
Montgomery	40.02	50.73	45.21	44.67	59.25	43.53	41.67	35.35	30.98	40.27

Comparative Infant Mortality Rates.

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Anglesey	52	67	65	73	89	82	79	59	59	74
Brecon	57	52	62	51	66	66	56	42	43	58
Caernarvon	65	66	58	60	67	78	57	52	53	58
Carmarthen	65	55	52	69	66	70	54	48	48	47
Denbigh.....	66	59	63	57	80	69	56	49	44	61
Flint	61	61	55	55	64	64	51	51	44	47
Glamorgan	63	65	60	60	65	67	55	56	48	58
Merioneth	70	67	60	62	66	75	59	40	38	64
Montgomery	49	46	34	74	58	42	54	33	35	41
England and Wales	59	59	53	50	55	59	49	49	46	46

Comparative Neo-Natal Rates.

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1946
Anglesey ...	30.10	26.69	35.71	40.63	42.29	42.20	37.89	28.12	27.48	31.90
Caernarvon	42.01	43.34	41.56	39.83	35.24	44.64	35.02	35.75	36.48	36.00
Denbigh.....	31.07	38.71	24.92	26.85	31.31	31.71	26.36	22.80	14.92	32.63
Merioneth ...	53.13	38.38	36.75	33.09	32.13	51.99	38.00	18.15	16.76	N.A.

All Welsh Counties were circularised but no statistics were received from the Counties of Cardigan, Pembroke and Radnor, and no neo-natal rates were available in the case of Brecon, Carmarthen, Flint, Glamorgan and Montgomery.

Comments.

It will be seen that Anglesey occupies the unenviable position of having an infant mortality rate substantially greater than that of any other Welsh county although local conditions are often closely comparable. The fact that the statistics are *consistently* unfavourable in this respect tends to show that there are unfavourable *local* factors in operation which result in serious loss of infant life,

It has recently been shown that the stillbirth rate is higher in every region in Wales than the average for England and Wales ; in 1939 the rate in England was 37 and in Wales 49, as compared with 26.5 in Denmark. Whereas the rate in Wales as a whole declined by 34 per cent between 1938 and 1944 (as compared with a decrease in England of 27 per cent) that in Anglesey was only 22 per cent less.

Reverting to the Anglesey infant mortality figures it is estimated that 255 infant lives could have been saved in the 20-year period 1926–45 had the county rate been the same as that for England and Wales as a whole. It should not be overlooked that this loss of infant life might have been still further reduced had the more favourable statistics of the most progressive European communities been effective, e.g. those of Oslo and Amsterdam where, for instance, in 1936 the infant mortality rates were 30 and 31 respectively as compared with that of 59 for England and Wales.

In Scotland where the supposed cause of stillbirths has to be stated on the certificate, it has been found that in a fifth of the cases the causes are unknown or vague (and therefore difficult to prevent) whilst one-third of all stillbirths are due to obstetrical causes which greater skill could be expected to prevent. In general, stillbirths are more common amongst first babies and in older mothers.

The causes of neo-natal deaths are often obscure but are closely allied to those producing stillbirth, survival of the child after birth being often curtailed by the same factor which might equally have yielded a stillbirth. Neo-natal deaths form a considerable proportion of infant deaths and in the last ten years 48 per cent of Anglesey infant deaths occurred in the first month of life. That neo-natal figures are not in many instances being calculated seems to show that the problem is not generally regarded with sufficient concern.

Broadly a decline in the stillbirth rate can be effected by improved ante-natal care and obstetrics and especially by a more favourable social environment and better nutrition. Stillbirths and neo-natal deaths constitute a wastage of vital potential since a child at birth has an expectation of life of about 60 years.

The infant mortality rate is recognised as an accurate index of the general health of the community and is always highest in the lowest social or economic groups.

Briefly the method of approach in endeavouring to effect a reduction in infant mortality is to investigate the circumstances of individual deaths and thereby to disclose the causative or dominating factors at work with particular reference to their removal or modification. It should be explained that as medical knowledge is in-

complete it is often difficult, just as it was accurately to discuss the cause of stillbirths, to determine the true cause of death and particularly so in infants. Post-mortem examination is seldom carried out in this country and therefore the real condition producing death must often remain obscure, the death being then regarded as unpreventable in the existing state of knowledge ; where, however, the cause of death is known with reasonable certainty steps can be taken to combat the cause, the death being then considered as preventable in theory. It does not of course follow that a preventable death is always prevented but no effort should be spared to strive towards its attainment.

Having ascertained from investigation the cause and circumstances attending the death of an infant it has then, if possible, to be decided whether or not it could have been prevented. Obviously if inquiry reveals that an unpreventable death was inevitable or unavoidable little can be done to improve the position but in the case of a preventable death it is often possible to form some judgment of how in more favourable circumstances or with more efficient services the fate of the infant might have been different.

Thus in considering infant deaths it should be asked whether the result would have been otherwise with improved pre-natal care or obstetrical facilities at delivery, better routine care of the premature baby and medical treatment of the infant, more efficient mothercraft by the mother, a higher standard of health visiting, closer co-operation between hospital (or maternity home) and public health staff and by the mother herself, or amelioration of social and economic conditions.

ACTION RECOMMENDED.

In future therefore it is intended to arrange for a more detailed enquiry in the case of every infant death so that if the investigation reveals a shortcoming in any of the several factors affecting infant welfare (enumerated in the last paragraph) as a possible contributory cause, remedial steps may be taken accordingly.

It is realised that more maternity accommodation is an urgent local need both on account of the unsuitability for confinement of many homes owing to lack of amenities and because of the difficulty in securing domestic help. Moreover it must be faced that injudicious midwifery is more prone to be practised in district than in institutional confinements.

Equally is it apparent that existing maternity accommodation is so limited that not only has stay in hospital during the lying-in period to be much curtailed but patients are subjected to a degree

of overcrowding (and the staff to over-work) which is inconsistent with efficiency or safety. It is not intended to allocate blame for this state of affairs but it is important to recognise how matters stand.

From a perusal of the causes of infant deaths in Anglesey in 1945 there is reason to believe that here, as indeed in most areas, facilities for the medical treatment of babies have hardly been commenced and, further, the care of premature infants needs considerable improvement. There is no doubt that co-operation between hospital and public health staff could be bettered so as to ensure continuity of supervision of newly-born infants on discharge from hospital.

Perhaps there is a greater need for development in the health visiting service than in almost any other direction since a specially qualified nurse is both more competent to supervise the welfare of children in the critical first year of life and better equipped to teach the essentials of mothercraft. Unquestionably talks by health visitors to girls shortly before leaving school and to members of Girls' Youth Organisations would constitute an important advance.

It is significant that the infant mortality rate in Anglesey over the past 20 years is consistently higher in the rural than in the urban districts, due probably to poorer housing conditions and remoteness from or reluctance to seek medical or nursing aid.

Infant Welfare Centres

Number of Centres provided and maintained by the Council: 14

Total number of children who first attended the Centres during the year and who on the date of their first attendance were :

(1) Under 1 year of age : 534 ;

(2) Between the age of 1 and 5 years : 83.

Total number of children under 5 years of age who attended at the Centres during the year and who, at the end of the year, were :

(1) Under 1 year of age : 443 ;

(2) Over 1 year of age : 590.

	ANTE-NATAL VISITS				HEALTH VISITING				
	Cases	*First Visits*	*Total Visits*	*Births Notified*	*First Visits*	*Extra Visits*	*Visits to Previous Cases*	*Visits to cases 1-2yrs*	*Visits to cases over 2*
Aberffraw	21	21	108	38	38	8	96	120	254
Amlwch	57	57	352	65	65	10	160	206	259
Beaumaris	9	9	53	40	40	27	135	92	114
Bodedern	20	20	77	37	37	6	85	93	56
Bodorgan	15	15	124	27	27	11	114	106	147
Gwalchmai	31	31	217	53	53	27	154	143	379
Holyhead N. A.	73	73	616	122	122	33	364	344	515
Holyhead L.M.S.	81	81	302	113	113	4	255	234	334
Llanddona	8	8	50	14	14	16	41	38	29
Llanerchymedd	20	20	212	32	32	3	92	102	116
Llanfaethlu	12	12	70	30	30	9	79	91	74
Llanfairpwll	12	12	72	23	23	3	76	72	196
Llanfechell	28	28	161	49	49	16	103	101	114
Llangefni	56	56	288	83	83	28	287	246	341
Llangoed	—	—	—	18	18	3	46	59	65
Llanidan	15	15	94	36	36	27	163	98	190
Newborough	21	21	100	35	35	3	70	97	129
Marianglas	16	16	131	32	32	28	93	93	204
Menai Bridge	18	18	118	39	39	16	134	136	226
Pentraeth	1	1	1	35	35	17	156	98	111
Rhoscolyn	2	2	10	25	25	4	67	33	64
Rhosybol	17	17	96	19	19	11	89	74	110
Total	533	533	3252	965	965	310	2859	2676	4027
Total 1946	525	525	3152	788	788	237	2439	2517	4322

Inspection and Supervision of Food.

Food and Drugs Inspector's Report.

January 1st—December 31st, 1947.

(*a*) Food and Drugs Act, 1938.

One hundred and thirty-three samples of food were submitted under the Act to the Public Analyst for analysis. Unsatisfactory reports were received in respect of 39 samples.

Type of Food Samples	*No. submitted*	*Genuine*	*Not Genuine*
Milk	96	61	35
Malted Food	1	1	—
Pepper	6	6	—
Marmalade	1	1	—
Paste	2	2	—
Tonic Beverage	1	1	—
National Butter	1	1	—
Patent Medicines	4	4	—
Ice-Cream	2	2	—
Ice-Cream Powder	1	1	—
Ale	1	1	—
Chemical Food	1	1	—
Iodine	1	1	—
Synthetic Honey	1	—	1
Sausage	4	1	3
Confections	3	3	—
Browning	2	2	—
Miscellaneous	5	5	—
	133	94	39

Details of "Not Genuine" Samples.

Milk :

Two samples were reported as containing at least 2 per cent and 3 per cent of added water respectively. Both samples were above the presumptive standards of the Milk Regulations. Caution issued.

Nineteen samples were reported as being "Not Genuine" by reason of the non-fatty solids being below the statutory standard of 8.5 per cent. In each case the freezing point was normal indicating that there had not been any addition of water.

Eight samples were reported as being below the presumptive standard of 3 per cent of the fat. Appeal to Cow samples indicated that the cows were giving milk which was deficient in fat.

Two samples of heat-treated milk did not comply with the Heat-treatment Regulations. Further samples were genuine.

One sample, based on the presumptive standard of 3 per cent for fat, was deficient to the extent of 17 per cent of the fat. Appeal to Cow samples were genuine. In view of the recent High Court Decision, Davies v. Morris, it was felt that no further action was possible.

One sample of Tuberculin Tested milk was certified as being heat-treated milk. The vendor was buying wholesale, in addition to the milk from his own T.T. herd, T.T. milk from two other farms and ordinary milk which had been heat-treated. But for the fact that this milk vendor had sold his round, proceedings would have been instituted.

Two samples of Tuberculin Tested milk were reported as being heat-treated, contrary to the Milk (Special Designations) Regulations 1936. Investigations revealed that the milk was in fact T.T. (Pasteurised) and not ordinary T.T. milk as advertised. The vendor, whose place of business was outside the County, had not received licences from the District Councils authorising the use of the Special Designation T.T. or T.T. (Pasteurised). Details were reported to the District Councils concerned.

Sausages :

Three samples were reported as being " Not Genuine ". Proceedings were instituted in respect of two samples and the vendors convicted and each fined £4 and £1 1*s*. costs (total £10 2*s*.).

Synthetic Honey :

Stated to contain 80 per cent glucose. Public Analyst reports that only 43 per cent glucose was present. Followed up by formal sample for which the Certificate has not yet been received.

In addition to the samples submitted to the Public Analyst, 74 samples of milk were tested by the staff of the Department. It was not necessary to refer any to the Public Analyst. This arrangement, whereby a preliminary analysis is carried out locally and only those samples which are considered doubtful submitted to the Public Analyst, will mean that, in addition to the considerable saving in cost, we shall be able to keep a much more efficient check upon the chemical quality of the milk sold in the County.

Tuberculous Milk.

Two hundred and thirteen samples of milk were submitted for Biological Examination for Tuberculosis. Reports were received regarding 4 Positive reactions.

Heat-treated Milk.

One hundred and seventeen samples were taken from the heat-treatment plants in the County. One unsatisfactory report was received.

Supply of Milk to Schools.

One hundred and fourteen samples of milk supplied to schools were taken and submitted for Bacteriological Examination. One was reported as unsatisfactory.

Pharmacy and Poisons Act, 1933.

At 31st December, 1947, there were 119 premises registered for the sale of Part II poisons. This is an increase of 32 on the previous year.

Pharmacy and Medicines Act, 1941.

One alleged infringement of the labelling requirements of the Pharmacy and Medicines Act, 1941, was detected and was referred to the Pharmaceutical Society of Great Britain who are taking the necessary action.

Ice Cream.

During the summer months particular attention was paid to the bacteriological quality of the ice cream sold in the County. Fifty-six samples were submitted to the Public Health Laboratories at Conway. It is regretted that, of this number, only 16 received satisfactory reports. Details of the results were submitted to the Sanitary Inspectors of the District Councils who are the Licensing Authorities. On 8th July, 1947, a meeting of the District Medical Officers of Health and Sanitary Inspectors was held at the Shire Hall, when the enforcement of the legislation affecting ice cream was discussed at some length. I sincerely hope that the effect of this conference will be shown in the bacteriological quality of the samples of ice cream which will be submitted during the forthcoming summer.

Infant Life Protection

All " Nurse Children " or Children taken for reward are visited quarterly by the Health Visitors.

Four children are at present under supervision.

Prevalence of and Control over Infectious and other Diseases

The Druid Isolation Hospital is available for the treatment of the following Infectious Diseases :

Disease.	Admissions 1947	Final Diagnosis	Patients in Hospital 1.1.47	Died	Discharged	Patients in Hospital 31.12.47
Encephalitis Lethargica	1	2	—	—	2	—
Diphtheria	14	11	—	—	11	—
Scarlet Fever	40	38	6	—	43	1
Varicella	—	—	1	—	1	—
Acute Anterior Poliomyelitis	7	2	—	—	2	—
Rubella	6	6	—	—	6	—
Rubella and Pneumonia.....	5	4	—	—	4	—
Erysipelas	2	2	—	—	2	—
Cerebro-spinal Fever	1	1	—	—	1	—
Pertussis and Pneumonia ...	3	3	—	—	2	1
Glandular Fever	1	1	—	—	1	—
Dysentry	2	2	—	—	2	—
Pneumonia.....	—	1	—	—	1	—
Purpura and pneumonia ...	—	1	—	—	1	—
Non-notifiable conditions ...	—	8	—	—	7	1
TOTAL	82	82	7	—	86	3

Notifications of Infectious Diseases 1947.

	URBAN					RURAL			*Total*
	Amlwch	*Beaumaris*	*Holyhead*	*Llangefni*	*Menai Bridge*	*Twr-Aethwy*	*Twrcelyn*	*Valley*	*Anglesey*
Scarlet Fever	—	1	1	2	1	6	6	10	27
Whooping Cough ...	3	—	15	5	11	34	11	11	90
Acute Poliomyelitis	—	—	—	—	—	—	1	1	2
Measles	2	34	172	28	—	21	19	15	291
Diptheria	—	—	4	—	—	4	1	—	9
Acute Pneumonia	7	1	2	—	1	2	12	17	42
Dysentry	—	—	1	—	—	—	—	—	1
Erysipelas	—	—	—	1	—	—	1	—	2
Cerebro-spinal Fever	—	—	—	—	1	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	1	—	—	1
Total	12	36	195	36	14	68	51	54	466
Total last year	196	3	55	12	4	61	292	71	694

Tuberculosis Notifications 1947.

Pulmonary	5	—	15	2	3	19	10	9	63
Non-pulmonary	—	1	2	1	—	2	—	1	7

Anglesey Tuberculosis Statistics.

The following table gives the notifications and deaths during the past 28 years :

	Notifications			Deaths.		
Year	Pulmonary.	Non-pul	Total	Pulmonary	Non-pul	Total
1920	58	8	66	58	12	70
1921	55	7	62	54	17	71
1922	63	14	77	49	13	62
1923	43	13	56	65	18	83
1924	61	29	90	52	25	77
1925	63	20	83	52	12	64
1926	74	16	90	57	19	76
1927	73	14	87	53	15	68
1928	78	17	95	46	10	56
1929	67	16	83	54	12	66
1930	50	14	64	55	9	64
1931	60	15	75	48	10	58
1932	89	14	103	51	12	63
1933	75	16	91	44	11	55
1934	62	27	89	58	6	64
1935	56	20	76	34	10	44
1936	75	21	96	40	2	42
1937	60	15	75	46	8	54
1938	61	9	70	31	5	36
1939	46	9	55	35	6	41
1940	46	3	49	32	6	38
1941	63	6	69	47	8	55
1942	66	10	76	37	10	47
1943	50	16	66	35	9	44
1944	86	9	95	19	4	23
1945	55	8	63	24	4	28
1946	54	11	65	37	6	43
1947	63	7	70	32	6	38

When these figures are expressed in the form of a graph it is apparent from a study of the curves that there has been no substantial decline in the incidence of pulmonary tuberculosis, which figures predominate and therefore largely determine the form of the curve of total notifications. There has been a very gradual downward trend in non-pulmonary tuberculosis ; mortality, particularly from pulmonary disease, has declined appreciably.

I have consulted Dr. J. Glyn Jones, Area Tuberculosis Physician, inviting his comments on the graph and he has been kind enough to allow me to quote his observations which are of the greatest interest and value and which are so concise and complete that I do not feel I can usefully add to them.

'Anglesey, of course, is a small community and a small actual increase or decrease from one year to the next is therefore more markedly illustrated than would be the case in a bigger population.

This accounts for the sharp peaks and recesses. On the whole, however, the general trend of deaths both pulmonary and non-pulmonary is downwards, while the level of notifications has not markedly altered. In these respects the Anglesey pattern, though on a somewhat higher level than the country as a whole, shows the same general trend as elsewhere, and I do not think local factors are of significance.

In my opinion the following factors are responsible for the decrease in deaths :

(1) The general improvement in the standard of living of the poorer classes, especially the rise in wages, making possible a bigger expenditure on food.

(2) Earlier diagnosis, due to the increasing realisation of the value of radiography by doctors and patients.

(3) A gradual breaking down of the reluctance on the part of patients to enter hospital or sanatorium.

(4) The institution of monetary grants to help patients to accept treatment.

(5) Improvement in the milk supply which is particularly reflected in the non-pulmonary rate.

(6) Milk in schools and school meals.

(7) Recent advances in treatment, particularly collapse therapy.

(8) Some improvement in housing conditions.

As regards the increase in notifications, I think this is apparent rather than real and is due to earlier and more accurate diagnosis. The increase seems to be confined to sputum-negative cases, and therefore is a matter for satisfaction rather than alarm. Nevertheless there is no ground for complacency as regards the future and the following danger signals are already in evidence :

(1) The risk of a serious food crisis in the near future. This may well wipe out all the gains of the last twenty years.

(2) The continued failure to cope with the waiting lists for hospitals and sanatoria. The position in this respect is steadily worsening and the effects may be cumulative.

(3) The risk of a breakdown in the housing programme.

I hope that our apprehensions regarding the first and third points will prove ill-founded and that sufficient beds with staff to man them will become available in due course. In that case I see no reason why the progress made in recent years should not be maintained or even accelerated.'

Venereal Diseases

The Venereal Disease Centre for Anglesey is at the Caernarvonshire and Anglesey Infirmary Bangor, under the supervision of Dr. H. Vernon Williams, assisted by Dr. Dorothy Lancaster.

At the Bangor C. & A. Hospital, V.D. Clinic, for the year ending 31st December, 1947, there where 4,075 attendances by Anglesey patients. The old cases numbered 79. The new cases which numbered 101, included 20 male and 30 female syphilitics ; 21 male and 7 female gonorrhoeas ; 1 male who had both gonorrhoea and syphilis. In addition, 13 males and 5 females who attended were found to be non-venereal.

All together 1,205 intravenous injections were given and 549 intramuscular injections.

Serologic tests for syphilis numbered 245, for gonorrhoea 172.

Attempts were made in all cases to get particulars of the consort, and where obtained, notification was made to the County Medical Officer of Health, who arranged for the person concerned to be visited and persuaded to attend the Clinic. This has been successful in getting the notified consort to attend in quite a good proportion of cases.

The great problem in Anglesey, as in any other County, is the question of patients who default treatment. They are written to, and visited by Health Visitors, etc.

On the whole, the position regarding attendances is improving.

Regulation 33b.

County of Anglesey.

Contacts notified to the Medical Officer of Health during the period 1st January to 31st December, 1947 :

	M.	*F.*
(1) (*a*) TOTAL NUMBER of contacts in respect of whom Form 1 was received	5	11
(*b*) Number in (*a*) transferred from other areas	—	—
(2) Number of cases in (1) in which attempts were made during the current period outside the scope of the Regulations to persuade the contact to be examined before the latter had been named on the Second Form 1		
Contacts found	—	4
Contacts examined or already under treatment	—	4
(3) (*a*) Number of those in (1) in respect of whom two or more Forms 1 were received	—	4
(*b*) Number included in (3) (*a*) in respect of whom the first Form 1 was previously reported under (1)	—	—
(*c*) Number included in (3) (*a*) transferred from other areas	—	—
(4) Number of those in (3) (*a*) who were :		
(*a*) Found	—	3
(*b*) Examined after persuasion or already under treatment	—	3
(*c*) Served with Form 2	—	4
(*d*) Examined after service of Form 2	—	3
(*e*) Prosecuted for failure :		
(*i*) to attend for, and submit to medical examination	—	—
(*ii*) to submit to and continue treatment	—	—
(*f*) transferred to other areas	—	—

Vaccinations.

Year ended 31st December, 1947.

	Successful Vaccinations		Primary	Successful
	Under 1	Over 1	Total	Re-vaccinations.
Amlwch	122	2	124	—
Beaumaris	44	7	51	—
Holyhead	35	—	35	—
Llangefni	30	2	32	—
Llanidan	25	—	25	—
Valley	30	—	30	—
Total	286	11	297	—

Diphtheria Immunisation.

Year ended 31st December, 1947.

District	*Under 1* (1947)	1 (1946)	2 (1945)	3 (1944)	4 (1943)	5–9 (1938–1942)	10–14 (1933–1937)	*Total under 15*
Amlwch	...	22	41	34	53	208	149	457
Beaumaris	1	18	19	31	16	123	90	298
Holyhead	...	46	82	64	63	462	533	1,250
Llangefni	3	23	13	42	16	99	161	357
Menai Bridge	...	20	22	30	25	98	91	286
Aethwy	4	74	96	110	96	593	725	1,698
Twrcelyn	1	47	86	134	83	505	420	1,326
Valley	1	40	60	88	96	651	744	1,680
Anglesey	10	290	419	533	448	2,739	2,913	7,352

Child Population and Percentage of Children Immunised.

District	*Ages 0–4*			*Ages 5–14*			*Total under 15*		
	Population	*No. Immunised*	%	*Population*	*No. Immunised*	%	*Population*	*No. Immunised*	%
Amlwch	210	150	71	350	307	88	560	457	82
Beaumaris	140	85	61	240	213	89	380	298	78
Holyhead	880	255	29	1,430	995	70	2,310	1,250	54
Llangefni	160	97	61	280	260	93	440	357	81
Menai Bridge	130	97	75	210	189	90	340	286	84
Aethwy	840	380	45	1,440	1,318	92	2,280	1,698	74
Twrcelyn	650	351	54	1,190	975	82	1,840	1,326	72
Valley	830	285	34	1,530	1,395	91	2,360	1,680	71
Anglesey	3,840	1,700	44	6,670	5,652	85	10,510	7,352	70

Area, Population, Births, Deaths, for 1947.

District	Area in Acres	Population Census 1921	Population Census 1931	Population mid-year 1947	Births	Deaths
Amlwch	4,494	2,699	2,561	2,448	43	62
Beaumaris	3,135	1,841	1,708	1,813	32	37
Holyhead	730	11,761	10,707	9,876	223	183
Llangefni	2,510	1,690	1,782	1,872	46	26
Menai Bridge	824	1,798	1,675	1,781	31	29
Urban	11,693	19,789	18,433	17,790	375	337
Aethwy	52,352	11,095	10,760	10,310	197	159
Twrcelyn	53,865	9,241	8,640	8,360	175	115
Valley	58,784	11,619	11,192	10,860	196	158
Rural	165,001	31,955	30,592	29,530	568	432
Anglesey	176,694	51,744	49,025	47,320	943	769

Annual Rates per 1,000 of Estimated Population.

District	Birth Rate	Death Rate	Phthisis Death Rate	Respiratory Death Rate	Cancer Death Rate	Heart Disease Death Rate
Amlwch	17.57	25.33	1.23	2.45	4.08	5.31
Beaumaris	17.65	20.41	...	2.76	2.76	8.27
Holyhead	22.58	18.53	0.71	1.92	2.63	6.18
Llangefni	24.57	13.89	0.53	...	1.07	6.41
Menai Bridge	17.41	16.28	0.56	...	2.81	5.05
Urban	21.08	18.94	0.67	1.69	2.70	6.18
Aethwy	19.11	15.42	1.16	1.16	2.42	4.46
Twrcelyn	20.93	13.75	0.36	1.55	2.51	4.54
Valley	18.05	14.55	0.46	1.66	1.84	4.70
Rural	19.23	14.63	0.68	1.46	2.23	4.57
Anglesey	19.92	16.25	0.68	1.54	2.41	5.18

Infant Deaths—Stillbirths—Maternal Deaths.

Rates per 1,000 *Live Births.*

District	Infant Mortality Rate	Stillbirth Rate	Maternal Mortality Rate
Amlwch	93.02	46.51	...
Beaumaris	31.25	...	...
Holyhead	62.78	26.91	...
Llangefni	21.74	43.48	...
Menai Bridge	32.26	96.77	...
Urban	56.00	34.67	...
Aethwy	25.38	20.30	...
Twrcelyn	51.42	17.14	...
Valley	30.61	56.12	...
Rural	35.21	31.69	...
Anglesey	43.48	32.87	...

Deaths classified according to Disease, 1947.

Cause	Amlwch	Beaumaris	Holyhead	Llangefni	Menai Bridge	Aethwy	Twrcelyn	Valley	Total
1 Typhoid and para. fevers	...	...	...	...	...	...	...	...	...
2 Cerebro-spinal fever	...	...	...	...	1	1	...	...	2
3 Scarlet fever	...	...	...	...	...	...	...	...	...
4 Whooping cough	...	...	...	...	1	...	...	...	1
5 Diphtheria	...	...	...	...	...	...	...	...	...
6 Tub. of resp. sys.	3	...	7	1	1	12	3	5	32
7 Other forms of tuberculosis	1	3	1	...	...	...	...	1	6
8 Syphilitic diseases	...	...	1	1	...	2	...	3	7
9 Influenza	...	1	3	...	2	1	2	...	9
10 Measles	...	...	...	...	...	...	...	...	...
11 Ac. polio-myel. and polio-enceph.	...	...	...	...	...	...	...	...	...
12 Ac. inf. enceph.	...	...	...	...	...	...	...	1	1
13 Cancer of buc. cav. and oesoph (M); uterus (F)	2	2	1	...	1	1	2	2	11
14 Cancer of stomach and duodenum	5	...	3	1	1	10	7	5	32
15 Cancer of breast	...	...	6	1	2	3	1	1	14
16 Cancer of all other sites	3	3	16	...	1	11	11	12	57
17 Diabetes	...	...	5	...	...	...	1	2	8
18 Intra-cranial vascular lesions	9	3	24	7	4	23	15	26	111
19 Heart diseases	13	15	61	12	9	46	38	51	245
20 Other dis. of circ. system	...	1	3	...	...	4	1	3	12
21 Bronchitis	5	3	11	...	...	9	8	9	45
22 Pneumonia	1	2	5	...	...	3	4	8	23
23 Other resp. dis.	...	...	3	...	...	...	1	1	5
24 Ulcer of stomach or duodenum	...	1	1	...	...	1	1	...	4
25 Diarrhoea under 2 yrs.	1	...	3	...	...	1	...	...	5
26 Appendicitis	1	...	...	...	1	...	1	...	3
27 Other digve. dis.	2	...	4	1	...	4	3	2	16
28 Nephritis	1	1	1	...	2	5	3	9	22
29 Puer. and post-abort. sepsis	...	...	...	...	...	...	...	...	...
30 Other maternal causes	...	...	...	...	...	...	...	...	...
31 Prem. birth	2	...	2	...	...	...	3	1	8
32 Con. mal. birth inj. infant. dis.	1	...	3	...	...	1	2	4	11
33 Suicide	1	...	3	...	...	...	1	...	5
34 Road traffic acc.	...	...	...	...	...	1	1	...	2
35 Other violent causes	2	...	4	...	1	7	2	3	19
36 All other causes	9	2	12	2	2	13	4	9	53
All causes	62	37	183	26	29	159	115	158	769

Causes of Deaths at different Periods of Life, 1947.

	Males						Females						*Total*
	0–	1–	5–	15–	45–	65–	0–	1–	5–	15–	45–	65–	
1 Typhoid and parat. fevers	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-Spinal fever	...	...	...	...	...	...	2	...	...	...	...	...	2
3 Scarlet fever	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping cough	...	1	...	...	...	...	...	...	...	...	...	...	1
5 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Tub. of resp. sys.	...	...	...	11	8	...	...	...	...	11	2	...	32
7 Other forms of tuberculosis	...	...	1	1	1	...	...	...	...	2	...	1	6
8 Syphilitic diseases	2	...	...	...	2	1	1	...	...	...	1	...	7
9 Influenza	...	...	...	1	...	3	...	...	...	...	...	5	9
10 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Ac. polio-myel. and polio-enceph.	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Ac. inf. enceph.	...	...	...	...	...	...	...	...	...	1	...	...	1
13 Cancer of buc. cav. and oesaph (M); uterus (F)	...	...	...	...	1	2	...	...	...	1	5	2	11
14 Cancer of stomach and duodenum	...	...	...	...	3	10	...	...	...	1	7	11	32
15 Cancer of breast	...	...	...	...	...	...	...	...	...	...	6	8	14
16 Cancer of all other sites	...	...	1	3	11	14	...	...	...	...	12	16	57
17 Diabetes	...	...	...	...	1	...	...	...	...	...	1	6	8
18 Intra-cranial vascular lesions	...	...	...	...	12	40	...	...	...	...	15	44	111
19 Heart dis.	...	...	...	2	26	98	...	...	...	2	10	107	245
20 Other dis. of circ. system	...	...	...	1	1	6	...	...	...	...	...	4	12
21 Bronchitis	2	...	...	...	3	15	...	1	...	...	1	23	45
22 Pneumonia	4	...	...	...	...	7	2	...	...	1	3	6	23
23 Other resp. dis.	...	...	...	...	1	1	...	...	...	...	1	2	5
24 Ulcer of stomach or duodenum	...	...	...	1	1	2	...	...	...	...	...	...	4
25 Diarrhoea under 2 years	3	...	...	...	...	...	2	...	...	...	...	...	5
26 Appendicitis	...	...	...	...	...	1	...	...	...	1	...	1	3
27 Other digestive dis.	1	1	1	1	2	2	...	...	...	...	5	3	16
28 Nephritis	...	...	...	3	2	5	...	...	...	1	4	7	22
29 Puer. and post-abort. sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Other maternal causes	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Premature birth	6	...	...	...	...	...	2	...	...	...	...	...	8
32 Con. mal. birth inj. infant. dis.	5	...	...	1	...	...	5	...	...	...	...	...	11
33 Suicide	...	...	...	...	3	2	...	...	...	...	...	...	5
34 Road traffic acc.	...	...	...	...	1	1	...	...	...	...	...	...	2
35 Other violent causes	3	1	...	3	2	1	...	1	...	2	...	6	19
36 All other causes	...	...	1	...	7	24	1	2	1	2	3	12	53
All causes	26	3	4	28	88	235	15	4	1	25	76	264	769

Outbreak of Salmonella Food Poisoning at Holyhead.

"Following the receipt of information on the night of 6th June, from a general practitioner that two children (who had the previous day consumed ice cream) were suffering from gastro-enteritis, contact was established with the Health Dept., Holyhead, suggesting the sampling of ice cream. The next day a second general practitioner reported illness in a number of his patients, mostly children, and steps were taken to establish the source of the suspected food poisoning. The Sampling Officer, after consultation with me, rendered every assistance to the Holyhead Sanitary Inspector in procuring samples of ice cream and of the various ingredients involved in its manufacture.

Finally, samples of ice cream, one of which taken two days earlier had been reported bacteriologically as sound, were found to contain food poisoning organisms (B. Aertrycke) whereupon sales were stopped (16th June). Hence it was clear that the method of ice cream manufacture was faulty and that the temperature reached in its preparation was insufficient to destroy organisms introduced into the mixture.

There was no evidence to show that the various ingredients used in the manufacture of the ice cream were infected and the contamination almost certainly occurred through the medium of an apparently healthy woman, whose stools were later found to contain the organisms thus indicating her to be a " carrier ". Bacteriological examinations of faeces have revealed that 9 children and 4 adults were infected but doubtless considerably more individuals were affected.

Meantime a meeting of the District Medical Officers and Sanitary Inspectors was convened by the Sampling Officer and myself when the importance of ensuring compliance with the Ice Cream (Heat Treatment etc.) Regulations 1947, was stressed ; a full discussion followed on the procedure to be adopted in inspecting premises and the method of manufacture of ice cream.

The female responsible for the outbreak is now free from infection and the sale of ice cream from the premises will shortly be resumed."

This outbreak was duly reported to the Senior Medical Officer, Welsh Board of Health.

Liason with Sanitary Authorities.

At the meeting of the Medical Officers of Health and Sanitary Inspectors of the County Districts (referred to above) I suggested, and it was agreed, that regular conferences should be held from time to time in order that the technical aspects of public health and sanitary problems might be discussed.

Penbonc Tip—Holy Island.

Following a visit to the above on 15th July, accompanied by the district sanitary inspectors, I communicated with the Clerks of the Holyhead U.D.C. and Valley R.D.C. as follows :

I understand that this site has been used for tipping since 1930, the Valley R.D.C. arranging through a private contractor to collect domestic refuse, and its disposal being arranged privately by him with a tenant farmer at Penbonc. Apparently this arrangement continued until 1943, although in 1942 the Holyhead U.D.C. had agreed with the above-mentioned farmer to tip on the same site. On the termination of the contract between the tenant farmer and the Valley R.D.C., the latter continued to use the tip by arrangement with the Holyhead U.D.C. instead of with the farmer direct as hitherto.

I learn that approximately four lorry loads of domestic refuse per day are tipped by the Holyhead U.D.C. and about four loads per week by the Valley R.D.C., so that since 1942 at least seven times as much refuse is being deposited there as compared with the material tipped prior to that year. As controlled tipping has never been adopted at the site, the chances of firing by spontaneous combustion were considerably increased with the advent of a second user and in fact since May 1946 the tip has been burning ; naturally the tip may have been wilfully set alight but, whatever the cause, the position now is that the whole tip is in a state of combustion.

Comments.

It seems clear that although originally tipping at Penbonc was indiscriminate, the bulk of material was insufficient to constitute a serious nuisance although for the past five years the great increase of refuse deposited, and particularly the firing of the tip, has now made it so. There can be no doubt that the site is most unsatisfactory on account of its very exposed position and it is an eyesore on what is otherwise a most attractive stretch of coast. The stench is highly unpleasant but not insupportable although the tipping ground is extraordinarily untidy in appearance and obviously the management of the tip is more than one man's work.

The presence of sea-gulls on the tip and the nearness of the latter to the reservoirs is an added objection to the present site and in fact it would never have been selected by anyone conversant with the practical aspects of refuse disposal.

Recommendations.

(1) As the continued use of the present tip is merely to add fuel to the fire, I strongly suggest that the site be abandoned and, when practicable, the tip be evened out by a bull-dozer and the area tidied up.

(2) A new site should be sought on land useless for or of limited value for agricultural purposes, preferably away from public view. It should be accessible so as to reduce transport costs but as distant as possible from residential property and reservoirs, whilst some protection from the wind would be an added advantage. Moreover, there should be available some soil for covering the exposed face of the tip, supplemented by the use of dust and ashes separated from the remainder of the refuse or secured from burnt materials already available at the Penbonc tip. With these criteria in mind a careful inspection of various possible locations indicated that a suitable alternative site might be considered.

(3) In the future a serious attempt at controlled tipping should be made and which would almost certainly warrant the whole-time employment of a second workman. Since tipping of refuse, however well managed, is liable to cause some offence, it is desirable in the interest of public health and for the preservation of amenities that the nuisance should be kept to a minimum.

(4) Unless controlled tipping can be undertaken, serious consideration should be given to incineration as an alternative method of treatment although the disposal of clinker would still remain.

Rural Housing.

I recently visited the village of Aberffraw in order to obtain first-hand knowledge of the local housing conditions. It is likely that the position is no worse there than in many other rural communities but it would seem to be a matter of first importance that the Health Committee should be acquainted with an instance of the unsatisfactory living conditions in certain parts of the County.

Aberffraw, with a population of less than 800, consists of some 150 houses of which probably 90 per cent are old, mean and obsolete. There is an entire absence of planning ; the floors of houses are commonly below ground level and the roofs faulty and without

gutters. Speaking generally, the houses are dilapidated and damp and so low built and closely set together that only exceptionally can one see out higher than the eaves of neighbouring cottages.

Thirty-six houses in four clearance areas have been scheduled for demolition and 64 other houses require extensive repairs to render them tolerably satisfactory for habitation, which almost certainly could not in most instances be effected at a reasonable cost. The remaining 40 houses are not satisfactory but could be improved. The Valley R.D.C. originally applied for permission to build 26 houses as a start but the Welsh Board of Health advised them to reduce this to 20, an allocation of 12 being subsequently allowed. It was stated at a recent Zonal Council meeting that probably only 6 could be completed in the near future.

Some indication of the sordid living conditions to be found in this rural slum area is revealed by the following notes on 9 inspections of some of the worst houses :

(1) The parents and 2 children (one 13 and the other 17) sleep in a bedroom measuring 77 square feet (i.e. sufficient only for one person) ; there is a lean-to pantry erected by the occupier ; rent and rates £4 10*s*. per annum.

(2) The parents and 1 child (15) sleep in a grog-loft ; a lean-to pantry has been added to the kitchen ; rent and rates £3 10*s*. per annum.

(3) The 6 occupants (2 children) sleep three-in-a-bed, and an adolescent daughter with her grandmother in a bedroom shared by an older brother ; rent and rates £5 10*s*. per annum.

(4) The 8 occupants, 7 children, sleep three-in-a-bed in one room and 5 sleep in the other room of 70 square feet (i.e. large enough for one person only) ; rent and rates £5 per annum.

(5) The 5 occupants (3 children) sleep in two beds in one room measuring 112 square feet (i.e. enough for 2 persons only) ; rent and rates £4 15*s*. per annum.

(6) The parents and 6 children sleep in two bedrooms, 5 in two beds in one room and three-in-a-bed in a room only 45 square feet (i.e. not large enough to sleep one person) ; rent and rates £5 per annum.

(7) A widower and 8 children sleep in two rooms, 4 in a grog-loft containing two beds and 5 in a state of sex-overcrowding in two beds in the other room ; rent and rates £5 10*s*. per annum.

(8) A family of 6 sleeps 3 in each of two bedrooms although one of the sons (a disabled ex-serviceman) sleeps in a neighbouring outhouse when his soldier brother comes on leave ; rent and rates, house £5, outhouse £3 5*s*. per annum.

(9) The family of 6 sleeps three-in-a-bed in 2 bedrooms ; rent and rates £5 10*s*. per annum.

Comments.

When it is remembered that, in addition to the inadequacy of housing accommodation, there is an absence of sufficient, satisfactory and convenient water-supply, a lack of electricity or gas, and the most primitive means of disposal of domestic refuse and contents of privy pails, it will be appreciated that the inhabitants have to suffer incredible hardship.

Undoubtedly, long-continued acceptance of or exposure to these adverse living conditions tends ultimately to undermine the will of the inhabitants to better their plight and such circumstances must eventually encourage a drift away from the county to areas where civilised conditions exist.

Quite apart from the mischievous effect of bad housing on health and the influence of overcrowding on the transmission of communicable disease (such as tuberculosis), sex overcrowding and the impossibility of decent home life in these hovels, must inevitably promote immorality and a slum outlook—two consequences more fundamentally deplorable than damage to physical health.