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County of Anglesey



Annual Report

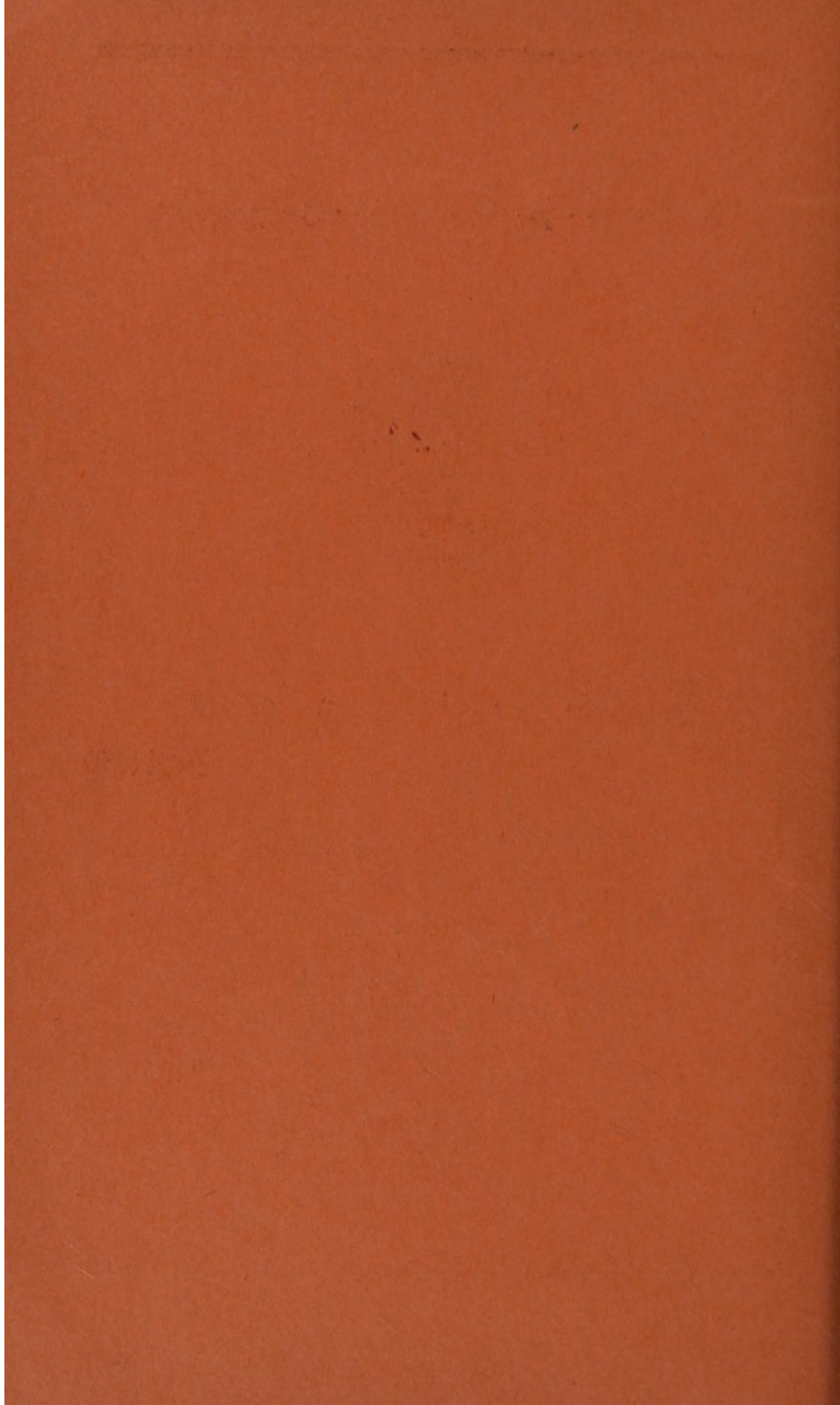
of the

Medical Officer of Health

and the

Principal School Medical Officer

1967



County of Anglesey



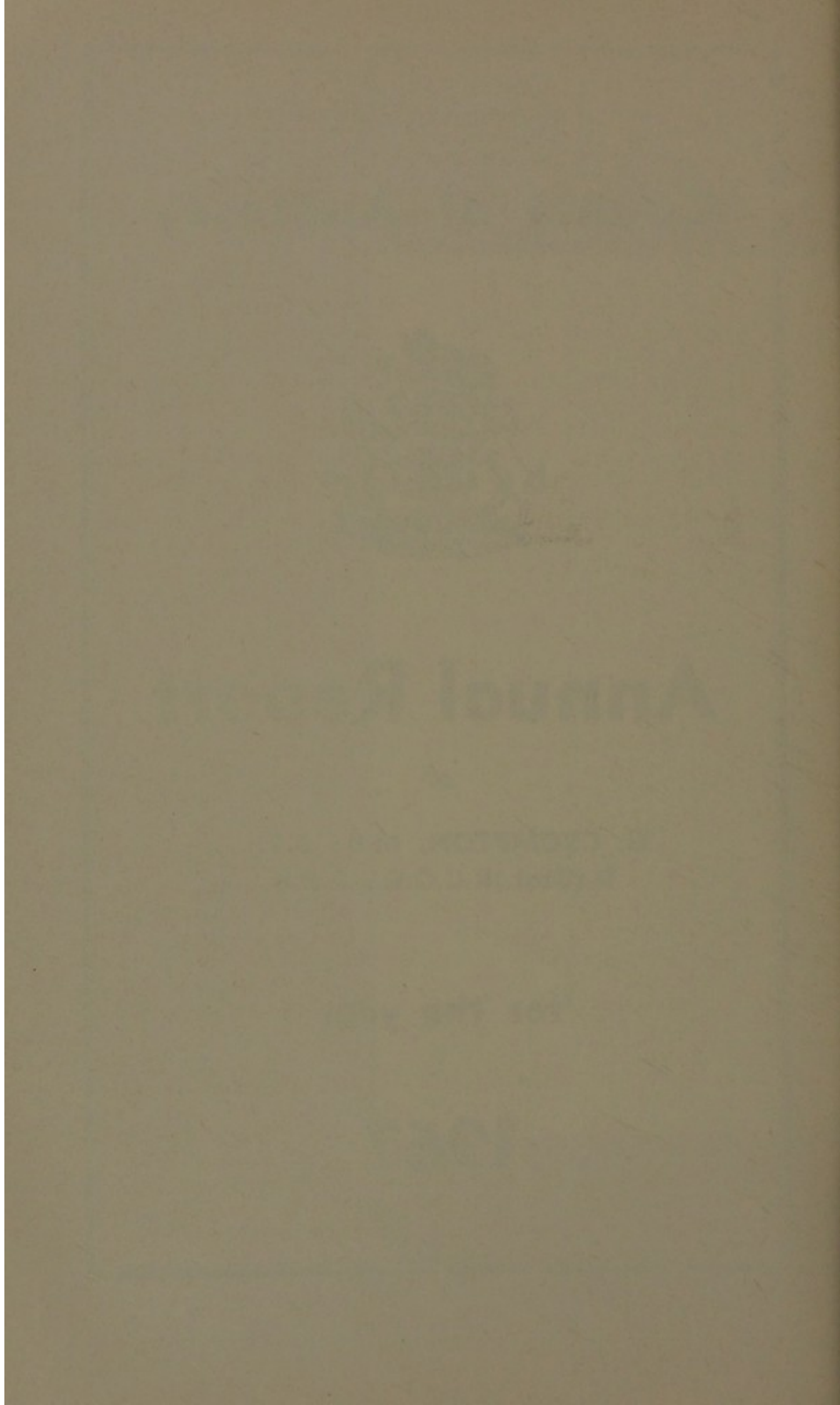
Annual Report

of

G. CROMPTON, M.B., B.Ch.,
D.(Obst.)R.C.O.G., D.P.H.

for the year

1967



To the Members of the Anglesey County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Reports of the County Medical Officer of Health, County Welfare Officer and the Principal School Medical Officer for the year 1967.

The mid-year estimate of population was 56,670 compared with the 1961 Census figure of 51,700. The number of live births were 1,014, reflecting a reduction in the birth rate from the 19.5 per 1,000 population peak of 1966 to 17.9 with Anglesey now following the England and Wales pattern of falling birth rates after an interval of three years of contrasts. The birth rate for England and Wales for 1967 was 17.2 per 1,000 population and the death rate 11.2. The standardized mortality ratio for Anglesey was 11.6, showing a slight excess of mortality compared with England and Wales as a whole.

The number of stillbirths in any one year was the lowest ever recorded in Anglesey, being equivalent to a stillbirth rate of 12.7 per 1,000 total births, improving on the 1966 figure of 14 which was the previous best. As in 1966, 20 infants died in the first year of life, making the 1967 infant mortality rate 19.7 per 1,000 live births. We would be well advised not to make such improvements an excuse for complacency as the perinatal mortality experience in Anglesey is still far and away in excess of that in many of the countries of Western Europe. Anglesey ante-natal clinics have been staffed by Consultant Obstetricians for over 25 years and the way to a lowering of this perinatal mortality ratio, which some people say is an index of the degree of civilisation of a society, is by full and wise use of existing ante-natal clinics by all expectant mothers.

The level of acceptance of immunization procedures was frankly very disappointing. The number of new notifications of tuberculosis was a surprisingly low figure of ten. Even though one suspects that this feat will not be repeated for at least a couple of years, it does herald the distinct possibility of Anglesey being able to claim, no new cases of tuberculosis in a calendar year, in the not too distant future,—a remarkable reversal of the pattern that existed here only twenty years ago.

The Welsh Hospital Board rationalised their mass miniature radiography service in 1967 with the result that North Wales will now be served by one mobile unit instead of the two previously semi-static units. The fall in pulmonary tuberculosis has been so marked in recent years that from the point of view of diagnosing unsuspected pulmonary tuberculosis, the service had become largely defunct and with the ever increasing need to use all available money wisely, such rationalisation was long overdue.

It is hoped that this will soon be followed by a reappraisal by some Colleges of Education of their existing requirements in respect of chest X-ray examinations of entrants to such colleges. Pupils at school are now Heaf tested annually, a large proportion are given B.C.G. in their thirteenth year and the incidence of new cases of tuberculosis is very low. All such college entrants are medically examined and the disease, even if present, is so successfully combated with modern chemotherapeutic agents that even qualified teachers who contract tuberculosis are not likely to be out of circulation for more than a few months. Furthermore, University students reading subjects other than Education are admitted without compulsory X-ray examinations of the chest.

Continuation of the present requirement in respect of student teachers is an unnecessary contribution to the total radiation experience of the community and for students from rural areas where there is no easy access to a static mass miniature radiography unit, causes considerable inconvenience with no tangible returns, which can only be circumvented by such Local Education Authorities making arrangements at considerable expense to themselves with local hospital management committees for chest X-ray examinations by very busy consultant radiologists.

The Council resolved to provide for health centres at Beaumaris, Holyhead and Cemaes. At the time of writing the necessary agreements regarding Beaumaris have been exchanged and one can look forward to its being operational late in 1968. Discussions have been frequent and lengthy in respect of the Holyhead project and with less success than one had hoped for.

The chiropody service expanded by 25% and the meals on wheels service by 30%, compared with 1966.

The home help service provided assistance for 108 new persons and 133 of those receiving help in 1966 continued to do so in 1967. This represented an expansion of 19% on the number of hours of home help provided in 1966.

The monthly bulletin of information concerning local and general health matters, which was started in 1957 by Dr. G. Wynne Griffith, has been continued and distributed to all general practitioners practising in the area and to some consultant physicians and surgeons.

Also a circular letter was sent to Ministers of Religion of all denominations and to the local secretaries of major voluntary organisations enclosing copies of the newly revised County Health Services Handbook, to enlist their support in acting as voluntary welfare officers in their districts to bring to the authority's attention names of persons in need. Their support has been most encouraging.

Over 90% of all births have taken place in hospital or private nursing homes for many years in Anglesey and consequently our midwives have very few opportunities to practise their skills on the districts. In order to maintain high standards, arrangements were successfully concluded between the Council and the Caernarvon and Anglesey Hospital Management Committee for each of our domiciliary midwives to attend for up to two weeks per annum at the St. David's Hospital maternity unit, should they wish to do so. I wish to record our gratitude to the Hospital Management Committee for their ready co-operation in this matter.

Cervical cytology clinics were established at Amlwch, Llangefni and Holyhead and late in the year agreement was reached with the Family Planning Association on the implementation of the National Health Service (Family Planning) Act, 1967.

Following the opening of Llyn Alaw, Anglesey mains water was in plentiful supply. Discoloration and taste problems stemming from natural manganese in raw Alaw water and algae at Cefni have, however, led to complaints from members of the public and the County Water Engineer has implemented the advice given him by leading consultants in this field in an endeavour to eliminate such problems for good.

The County Ambulance Service was extensively overhauled and improved. More men were appointed and each ambulance was equipped as comprehensively as possible.

During the Council's deliberations on the need for expansion and on the duties of the ambulance service, it was noticeable from press reports, etc., that the general public expect the ambulance to arrive within a few minutes of its being called for hospital admissions and that they are intolerant of the slightest delays, however good the reasons. It is not generally appreciated that it is the condition in

which a patient arrives at hospital that is important and not the speed with which he is despatched there. Indeed, in cases of severe injury with profound shock, adequate intensive treatment of the latter by a doctor to make the patient fit for the journey by ambulance to hospital should be the aspect given priority. Similarly, the same principles apply in the majority of domiciliary emergencies where the doctor is invariably called first as opposed to a road accident situation where the ambulance is the more likely to be first on the scene.

With the expanded ambulance service, together with the availability of the hospital flying squad, there remains probably only one major single contribution which the National Health Service needs to make for a vast improvement to be effected in the emergency domiciliary service in rural areas, and that is for the National Health Service Executive Councils to be empowered to provide all general practitioners with a radio communication system. The annual charge to each Executive Council would be a very small proportion of their existing expenditure. It would make practice organisation easier, enable the doctor to see more patients in less time, as well as to reduce his travelling time and enable him, and therefore the ambulance service, to attend at all emergencies quicker without spending further considerable sums of money in providing an ambulance in every locus of population.

I would like to thank British Rail and their Shipping and Port Manager, Captain R. A. H. Lord, for their wonderful response for assistance in the moving of a patient to the St. David's Hospital maternity unit, Bangor, from the Gors Hospital, Holyhead, at 5 a.m. on Saturday, 9th December, when there were 12 ft. snow drifts on the A5 and the Whirlwind helicopters were grounded.

Throughout the most of the year we experienced considerable difficulty in recruiting suitable staff (particularly deputy matrons and female attendants) to our Homes for the Aged. Much progress, however, was made and eight night attendants (two for each of the four Homes) were appointed and these have really made a big difference to the service provided. Day-care staff have had more rest and time off duty and there are indications that recruitment might in future be easier because of this. Arrangements for sickness and holiday relief, where necessary, have been made.

Brwynog, the new Home for the Aged at Amlwch, so named in memory of the late Dr. R. O. Jones, accepted residents from March, 1967, and the project, I am pleased to say, has already become a huge

success, largely due to the efforts of the matron and her deputy working in unison with a large volume of voluntary help from Amlwch townsmen. The degree of involvement of the people of Amlwch in the activities at Brwynog has been most encouraging and most welcome. If this continues, as I hope it will, then Brwynog may well become the centre of organised activity for elderly people in the neighbourhood and not just a Home for the Aged.

The most noteworthy contribution to the welfare of the aged was made by the late Alderman Capt. J. F. Chadwick, M.C., who bequeathed his home, known as Haulfre, Llangoed, and some of its contents, to the County Council to be used for the benefit of the elderly of Anglesey. Haulfre is already being adapted for use as a Home for 25 aged persons and should be ready for occupation by the middle of 1969.

Llys y Gwynt, Holyhead, was renovated and converted into a Home for 21 confused elderly persons and is, together with the new Junior and Adult Training Centres opened in 1966, a landmark of some note in the development of the mental health community care services in the county.

A total of 157 special housing units for elderly and handicapped persons were completed.

The handicapped in Anglesey suffer, as many of their kind do in other areas, from lack of employment opportunities in such establishments as Sheltered Workshops. The Council has approved the principle of establishing such a centre at Llangefni and initial surveys of need, etc., have been made in consultation with the Group Disablement Resettlement Officer.

Much of the difficulty for all local authorities in setting up such workshops relates to the problems of marketing such items as are manufactured. The smaller the workshop and the further away one is from the large centres of population, which reflect a consumer market, the greater is one's marketing difficulty and of being successful in a competitive situation. I am of the opinion that sheltered workshops would prosper seemingly overnight if expert marketing organisations were set up centrally by such as the Department of Employment and Productivity or by local authorities acting in concert to secure work contracts and to dispose of manufactured items. It is only by action on a national level that we can hope to create a situation that would produce immense benefits of a permanent nature to all those handicapped members in our communities who yearn for the opportunity to be productive and to make their contribution to their own society.

As in the past, we have worked in close collaboration with the general practitioner and hospital services, examples of this being the monthly newsletters, attempts to establish health centres and close liaison of health visitors, district nurses, mental and social welfare officers with these services.

The failure to recruit educational psychologists and speech therapists continues to give rise to considerable concern. These services in the county must be improved as soon as possible if the children, who in all cases would be handicapped, are to receive early and intensive investigation and treatment, whether educational, medical or both. One cannot stress too often the importance of early diagnosis and intensive treatment as being the most effective methods of treating a disease or of neutralising or alleviating a handicap. At the present time the educational psychologist spends on average three sessions per week seeing Anglesey children and the speech therapist four per week. Our difficulties are but a reflection of the national shortage of such experts and a long term solution will only be achieved following action by central departments in the setting up of sufficient training facilities in the provinces as well as in the home counties, backed by the creation of attractive salary scales.

The general condition and nutrition of all schoolchildren at school medical inspections were satisfactory and a major reorganisation of the administration of the School Health Service was undertaken in 1967.

It is with considerable regret I have to record the death of Miss Grace Hughes, S.R.N., in February this year. Miss Hughes had been matron of Park Mount since March, 1964, and her presence there is greatly missed.

Miss Dilys Jones, Home Teacher for the Blind, retired from the service in July, having served the County Council since 1951. Prior to that she was employed for some years by the North Wales Society for the Blind. We wish her well in her retirement.

I wish to bring to your attention the many services rendered by voluntary workers, including those who served on the ambulances, help in the infant welfare clinics and organise meals on wheels services in the county. I am also extremely grateful for the help received from the Anglesey Society for the Welfare of Handicapped Persons, the Marie Curie Memorial Foundation, the North Wales Society for the Blind, and the Chester and North Wales Society for the Deaf during the year.

I wish also to acknowledge the kindness and co-operation shown by the other officers of the Council. I am particularly indebted to the Clerk of the Council and his department for assistance and advice frequently sought and readily given. The County Water Engineer (Mr. A. B. Groves) and the Inspector of Consumer Protection (Mr. H. A. Thomas) kindly provided information relating to their departments for inclusion in this report. I am indebted to the District Medical Officers of Health, the Assistant County Medical Officers, the field and clerical staff for their loyal co-operation, and Mr. H. Betts, my chief administrative assistant, and Mr. B. G. Rhodes, the deputy chief administrative assistant, for their help in the compiling of this report.

I would also like to take this opportunity to thank you, Sir, the members of the Anglesey County Council, and in particular the members of the Health Committee and Education Welfare Committee for the interest and support you have shown at all times in the work of the department and for your advice and guidance given me.

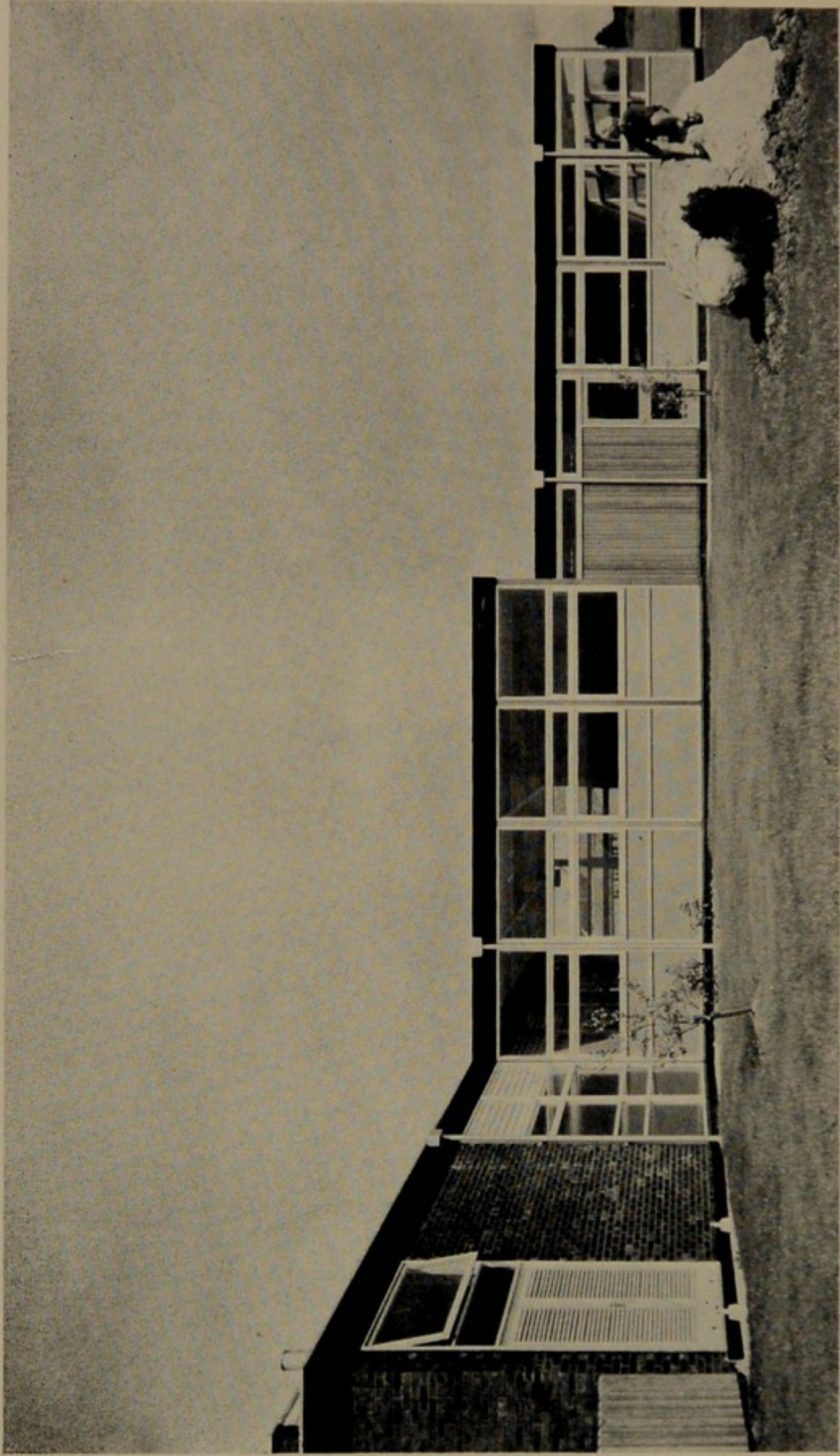
I am,

Your obedient Servant,

G. CROMPTON

County Medical Officer & Principal School Medical Officer.

July 1968.



JUNIOR TRAINING CENTRE, LLANGEFNI

GENERAL STATISTICS

SUMMARY OF VITAL STATISTICS

<i>Live Births</i>	
Number	1014
Rate per 1000 population	17.9
<i>Illegitimate Live Births</i>	
Per cent. of total live births	6.3
<i>Stillbirths</i>	
Number	13
Rate per 1000 total live and still births	12.7
<i>Total Live and Still Births</i>	1027
<i>Infant Deaths</i> (deaths under one year)	20
<i>Infant Mortality Rates:—</i>	
Total infant deaths per 1000 total live births	19.7
Legitimate infant deaths per 1000 legitimate live births	16.8
Illegitimate infant deaths per 1000 illegitimate live births	62.5
<i>Neo-natal Mortality Rate</i> (deaths under four weeks per 1000 total live births)	14.8
<i>Early Neo-natal Mortality Rate</i> (deaths under one week per 1000 total live births)	11.8
<i>Perinatal Mortality Rate</i> (stillbirths and deaths under one week combined per 1000 total live and still births)	24.3
<i>Maternal Mortality</i> (including abortion)	
Number of deaths	Nil
Rate per 1000 total live and still births	0.0

Table 1.

POPULATION AND RATEABLE VALUE

<i>District</i>	<i>Area in Acres</i>	<i>Population Mid-year Estimate</i>	<i>Rateable Value (1.4.67)</i>
Beaumaris Borough	3,135	1,950	£ 69,479
Amlwch Urban	4,494	3,780	132,606
Holyhead Urban	730	10,660	238,518
Llangefni Urban	2,510	3,390	112,224
Menai Bridge Urban	824	2,310	81,774
Total Urban Districts	11,693	22,090	634,601
Aethwy Rural	52,352	10,870	200,294
Twrcelyn Rural.....	53,865	9,510	189,945
Valley Rural	58,785	14,200	329,922
Total Rural Districts	165,001	34,580	720,161
Total Administrative County.	176,694	56,670	1,354,762

Estimated product of 1d. rate for County 1967/68 ... £5,330

METEOROLOGY

Monthly climatological data relating to R.A.F. Establishment, Valley, and supplied by courtesy of the Director General of the Meteorological Office, Air Ministry.

Table 2.

YEAR 1967	RAINFALL		SUNSHINE		TEMPERATURE		FOG
	Mean dly. rainfall mms.	No. of Wet Days	Mean dly. hrs. of sunshine	Sunny days	Mean Max. day Tem.	Mean Min. Night Tem.	No. of days fog recorded
January	1.7	11	1.5	2	46	41	0
February	2.6	11	3.7	10	47	40	0
March	1.0	6	4.9	10	49	42	0
April	1.6	9	5.7	10	52	41	2
May	4.0	20	5.8	7	54	45	3
June	1.3	5	7.3	12	63	50	9
July	3.2	9	5.4	5	65	55	4
August	1.5	10	5.7	8	64	55	3
September.....	3.9	15	5.7	11	62	51	1
October	5.5	23	2.8	4	56	49	0
November ...	2.7	14	2.6	8	50	41	4
December ...	2.6	13	1.9	3	47	41	0

There were more rainy days and approximately the same number of sunny days as compared with last year. The number of foggy days was similar to that in 1966, but there was not a single foggy day during the first three months of the year.

VITAL STATISTICS

Where possible the comparable rates for England and Wales are shown. For the current year these are provisional figures issued by the Registrar General.

The following table shows the statistics for the individual county districts.

Table 3.

AREA POPULATION, BIRTHS, DEATHS FOR 1967

District	Area in Acres	Population			Live Births	Deaths
		Census 1951	Census 1961	Mid-year 1967		
Amlwch	4,494	2,700	2,910	3,780	76	46
Beaumaris	3,135	2,128	1,960	1,950	22	33
Holyhead	730	10,569	10,408	10,660	235	131
Llangefni	2,510	2,225	3,209	3,390	68	45
Menai Bridge	824	1,855	2,337	2,310	29	26
Urban	11,693	19,477	20,824	22,090	430	281
Aethwy	52,352	10,434	10,214	10,870	184	131
Twrcelyn	53,865	8,569	7,992	9,510	140	129
Valley	58,784	12,157	12,670	14,200	260	172
Rural	165,001	31,160	30,876	34,580	584	432
Anglesey ...	176,694	50,637	51,700	56,670	1,014	713

Births

There were 1,014 *live births* registered during the year, corresponding to a birth rate of 17.9 per 1,000 population.

The trend of the birth rate over the past 10 years can be seen from Table 4, which gives the England and Wales data for comparison.

Table 4.

BIRTH RATE PER 1,000 POPULATION

	Anglesey	England and Wales
1958	16.3	16.4
1959	16.7	16.5
1960	17.0	17.1
1961	17.4	17.5
1962	18.3	17.9
1963	18.2	18.2
1964	19.2	18.4
1965	19.3	18.0
1966	19.5	17.7
1967	17.9	17.2

Illegitimate live births accounted for 64 out of the total of 1,014 live births. Expressed as a percentage this is 6.3 per cent. of the total and as a rate is 1.1 per 1,000 population.

The following table shows the trend of the illegitimate birth rate for Anglesey and for England and Wales for the last 10 years.

Table 5.

ILLEGITIMATE BIRTH RATE PER 1,000 POPULATION

	Anglesey	England and Wales
1958	0.7	0.8
1959	0.7	0.8
1960	0.7	0.9
1961	0.8	1.0
1962	0.7	1.2
1963	0.9	1.2
1964	0.7	1.1
1965	1.1	1.4
1966	1.2	1.4
1967	1.1	Not available

Stillbirths

Stillbirths during the year numbered 13, which gives a stillbirth rate of 0.23 per 1,000 population. The corresponding rate for England and Wales was 0.26. To express stillbirths as a rate per 1,000 population is liable to mislead, because if the population is ageing, that fact alone would cause a decline in the rate computed in this way. It is of more interest to know what proportion of developing pregnancies (i.e., pregnancies which advance to the 28th week) have live issue.

For the second consecutive year the number of stillbirths and the stillbirth rate are the lowest on record. I commented in my last report in connection with infant mortality and perinatal mortality, that in a small authority, such as Anglesey, minor fluctuations in numbers can produce wide variations in rates. It is very gratifying to note that in the past two years the stillbirth rate has been 14 and 13 per 1,000 births, but for the reason stated above it would be dangerous to attach too much importance to these two years in isolation.

Table 6 shows the stillbirth rate per 1,000 (live and still) births for the past 10 years, with the England and Wales figures for comparison.

Table 6.

STILLBIRTHS PER 1,000 BIRTHS (LIVE AND STILL)

	<i>Anglesey</i>	<i>England and Wales</i>
1958	20	22
1959	28	21
1960	19	20
1961	20	19
1962	17	18
1963	24	17
1964	17	16
1965	24	16
1966	14	15
1967	13	15

Rate is given to nearest whole number.

Infant Mortality

There were 20 deaths of infants under 12 months of age during the year. This gives an infant mortality rate of 19.7 per 1,000 live births as compared with 18.4 in 1966. The corresponding rate for England and Wales was 18.3 per 1,000 live births. There were four deaths of illegitimate infants. The infant mortality rate per 1,000 corresponding live births was therefore:

Legitimate: 16.8 Illegitimate: 62.5

The causes of infant deaths are shown in the following table:

Table 7.

CAUSES OF INFANT DEATHS 1967

<i>Cause</i>	<i>Age at Death</i>					<i>Total</i>
	<i>Under 1 day</i>	<i>1-7 days</i>	<i>1-4 weeks</i>	<i>1-3 mths.</i>	<i>3-12 mths.</i>	
Prematurity/Atelectasis	5	2	—	—	—	7
Cong. malformations.	1	1	2	—	1	5
Other causes	1	1	1	—	—	3
Accidental	—	—	—	—	3	3
Malignant neoplasm. .	—	—	—	—	1	1
Other diseases of respiratory system ...	—	1	—	—	—	1
Totals	7	5	3	—	5	20

Of the 20 infant deaths, 12 occurred within a week of birth. This gives an *early neonatal mortality rate* of 11.8 per 1,000 live births. This figure, especially if combined with incidence of stillbirth to give a perinatal mortality rate, gives an index of the hazards of pregnancy and parturition. The *perinatal mortality rate* for 1967 was 24.3 per 1,000 total births.

Child Mortality

There were two deaths in the age groups 1-4 years and 5-15 years respectively.

The causes of death were:

Sonné Dysentery	1
Pneumonia	1
Accidents	2

The trend of the infant mortality rate over the past 10 years can be seen by reference to Table 8.

Table 8. INFANT MORTALITY RATES

	Infant Mortality Rate		Neonatal Mortality Rate*	
	<i>Anglesey</i>	<i>Eng. and Wales</i>	<i>Anglesey</i>	<i>Eng. and Wales</i>
1958.....	17	23	12	16
1959.....	18	22	14	16
1960.....	18	22	15	16
1961.....	20	22	16	15
1962.....	23	22	11	15
1963.....	16	21	11	14
1964.....	24	20	19	14
1965	25	19	23	13
1966.....	18	19	15	13
1967.....	20	18	15	13

* Deaths under 4 Weeks per 1,000 live births.

Rates are given to nearest whole number.

Infant Mortality and Perinatal Mortality

The number of infant deaths in the last twelve months (20) was the same as in 1966, but the infant mortality rate showed a slight upward trend. The perinatal mortality rate showed a further slight decrease, being the lowest ever recorded. Although for the second year running this low incidence of mortality is gratifying it cannot be accepted with complacency.

Table 9. PERINATAL MORTALITY RATE.

(Stillbirths and Deaths under 1 week per 1,000 total births).

	Anglesey	England and Wales
1958	30	35
1959	39	34
1960	32	33
1961	35	32
1962	28	31
1963	27	29
1964	33	28
1965	44	27
1966	28	26
1967	24	25



Rate is given to the nearest whole number.

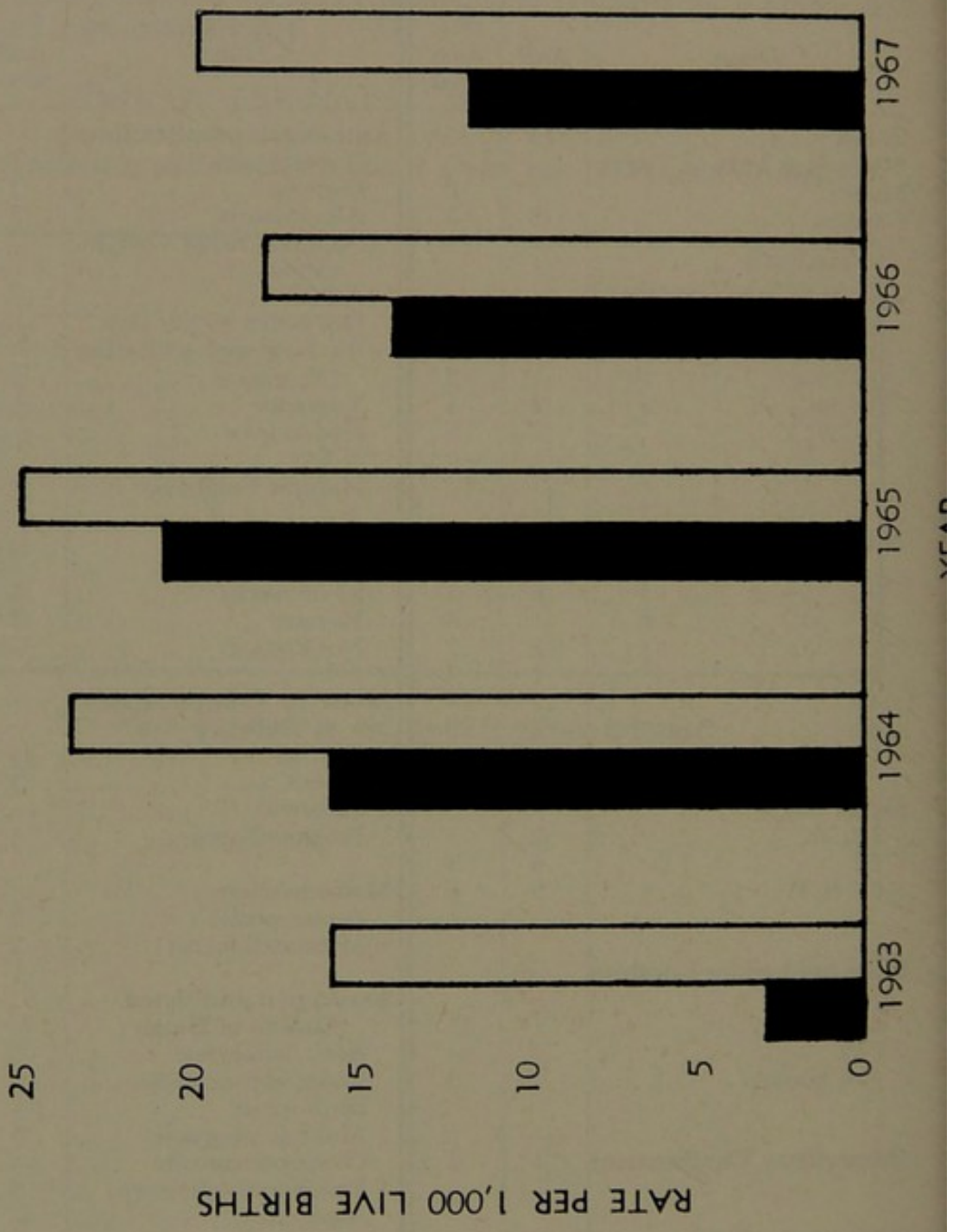
Table 10.

Detailed analysis of Stillbirths and Neo-natal Deaths occurring in 1967.

<i>Detail</i>	<i>Still Births</i>	<i>Neo-natal Deaths</i>	<i>Detail</i>	<i>Still Births</i>	<i>Neo-natal Deaths</i>
Totals	13	15*	Ante-natal complications:		
*Including 1 set of Twins			Hypertension	1	4
Males	5	10	Oedema	1	2
Females	8	5	Albuminuria	1	2
			Nephritis/Renal compli- cations	—	2
Age of Mother :			A.P.H.	2	—
Under 20... ..	3	2	Hb. below 60 per cent ...	—	1
21-24	5	3	Rh. Neg. with antibodies (32 weeks)	1	1
25-29	1	3	Toxaemia	—	4
30-34	2	1	Hydramnios	—	1
35-39	2	5	X-Ray	—	2
40+	—	—	Multiple Pregnancy ...	1	1
			Maturity :		
No. of Previous Pregnancies :			Under 31 weeks... ..	5	2
0	6	5	32-35 weeks	1	6
1	1	4	36-term	7	5
2	2	2	Not known	—	1
3	1	1			
4	1	—	Mode or Complications of Delivery :		
5+	2	2	Normal	11	11
			Breech	1	2
Social Class :			Caesarean	—	2
I & II	2	5	Prolapsed cord	1	—
III	6	3			
IV & V	5	6	Malformations :		
			Anencephalic	3	—
Place booked for Confinement :			Macerated foetus ...	2	—
Hospital	7	11	Associated and listed Causes of Death :		
G.P.	2	—	Resp. Syndrome	—	3
Not booked	4	3	Cong. abnormalities ...	—	6
			Birth injury	—	1
Domiciliary Confinement	1	1	Multiple pregnancy ...	1	1
			Gross prematurity	—	8
Ante-natal Care			Placenta insufficiency ...	5	—
G.P. only	3	7	Asphyxia... ..	—	1
G.P. & A.N.C.	7	6	No. with avoidable causes	1	1
G.P. & Midwife ...	—	—			
None	3	1			

FIVE-YEAR HISTOGRAM SHOWING:—

EARLY NEONATAL MORTALITY RATE 
INFANT MORTALITY RATE 



Maternal Mortality

There were no maternal deaths during the year, although there was one death associated with pregnancy.

General Mortality

There were 713 deaths of persons of all ages registered during the year after allowing for transferable deaths (inward and outward). This gives a crude death rate of 12.6 per 1,000 population. The corresponding rate for England and Wales was 11.2. Because the rates as computed take no account of differences in the age and sex composition of the population in question (hence the appellation "crude"), whereas as a matter of common experience, mortality is correlated both to age and sex, comparisons of crude rates are invalid. Applying the comparability factor given by the Registrar General to the crude death rate gives a standardized death rate of 11.6 per 1,000 population. There were 21 less deaths than in 1966.

Tables 11-13 show the deaths according to the cause and classified by age at death and certain death rates by county and county districts respectively.

Table 11.

ANNUAL DEATH RATES PER 1,000 ESTIMATED POPULATION

<i>District</i>	<i>All Causes</i>	<i>Death Rate for</i>		
		<i>Respiratory Diseases</i>	<i>Cancer</i>	<i>Heart Disease</i>
Amlwch	12.2	1.6	1.6	4.5
Beaumaris	16.9	0.5	3.1	4.6
Holyhead	12.3	2.0	2.2	3.6
Llangefni	13.3	0.9	2.7	4.4
Menai Bridge	11.3	1.3	3.5	2.2
Urban	12.7	1.5	2.4	3.8
Aetiwy	12.1	0.6	2.0	4.0
Twrcelyn	13.6	1.1	2.3	4.6
Valley	12.1	0.8	2.0	4.3
Rural	12.5	0.8	2.1	4.3
Anglesey	12.6	1.1	2.2	4.1

TABLE 12. CAUSES OF DEATH, 1967

CAUSES	MALES										FEMALES					Total						
	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-	0-	1-	5-	15-	25-		35-	45-	55-	65-	75-	
1 Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	3
2 Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
3 Syphilitic disease	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
4 Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5 Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6 Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7 Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8 Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9 Other infective diseases	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2
10 Cancer of stomach	-	-	-	-	-	-	2	2	8	-	-	-	-	-	-	-	-	-	1	4	-	17
11 Cancer of lung	-	-	-	-	-	1	5	8	6	1	-	-	-	-	-	-	1	2	-	-	-	24
12 Cancer of breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	-	4
13 Cancer of uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
14 Cancer of all other sites	1	-	-	-	-	1	-	9	13	11	-	-	-	-	-	3	10	12	13	73	-	73
15 Leukaemia	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	1	1	1	5
16 Diabetes	-	-	-	1	-	-	-	1	2	1	-	-	-	-	-	-	-	-	1	2	-	8
17 Vascular lesions of nervous system	-	-	-	-	-	-	1	9	16	28	-	-	-	-	1	-	-	10	20	30	115	115
18 Coronary disease, angina	-	-	-	-	-	1	2	6	18	26	23	-	-	-	-	1	5	6	7	24	119	119

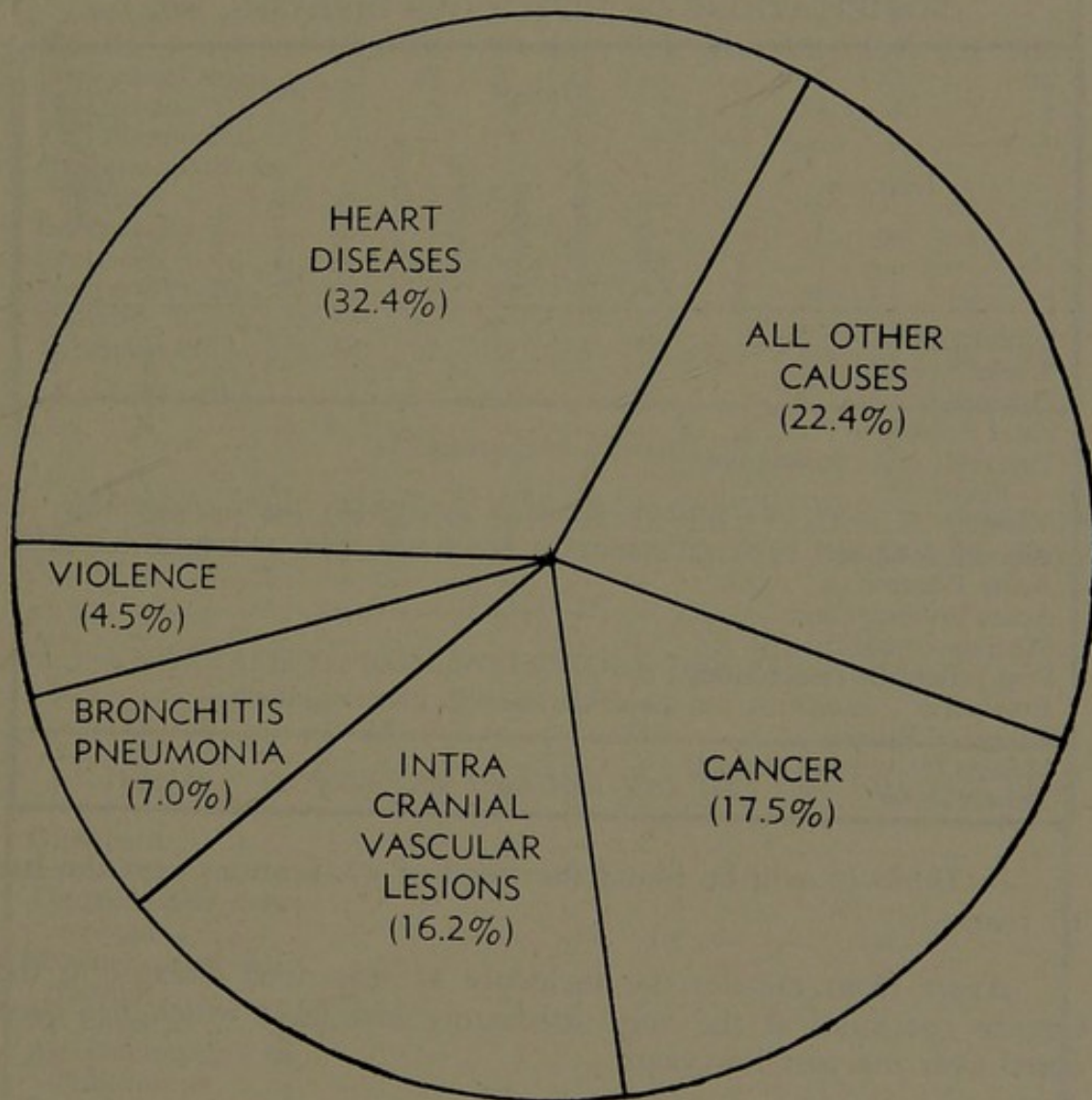
Table 13.

DEATHS AND STILLBIRTHS CLASSIFIED BY COUNTY DISTRICTS 1967

CAUSES	DEATHS								Total
	<i>Amlwch</i>	<i>Beaumaris</i>	<i>Holyhead</i>	<i>Llangefni</i>	<i>Menai Bridge</i>	<i>Aethwy</i>	<i>Turceilyn</i>	<i>Valley</i>	
1 Tuberculosis, respiratory	—	2	—	—	—	1	—	—	3
2 Tuberculosis, other	—	—	—	—	—	—	—	1	1
3 Syphilitic disease	—	—	—	—	—	—	1	—	1
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—
6 Meningococcal Infections	—	—	—	—	—	—	—	—	—
7 Acute Poliomyelitis.....	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—
9 Other infective diseases	—	—	1	—	—	—	1	—	2
10 Cancer of stomach	—	—	2	—	2	4	5	4	17
11 Cancer of lung	2	—	7	4	3	1	4	3	24
12 Cancer of breast	—	—	—	—	—	—	—	4	4
13 Cancer of uterus	1	—	—	—	—	—	—	1	2
14 Cancer of all other sites.....	3	6	13	5	3	17	11	15	73
15 Leukaemia	—	—	2	—	—	—	2	1	5
16 Diabetes	—	—	—	1	—	2	4	1	8
17 Vascular lesions of nervous system	6	5	21	6	3	21	17	36	115
18 Coronary disease, angina	7	5	20	6	3	27	24	27	119
19 Hypertension with heart disease .	1	2	—	1	—	1	—	4	9
20 Other heart diseases	9	2	18	8	2	15	19	30	103
21 Other circulatory diseases	6	1	9	2	1	7	8	8	42
22 Influenza	—	—	2	—	1	—	—	1	4
23 Pneumonia	1	—	5	—	1	3	2	2	14
24 Bronchitis	4	1	14	2	1	—	6	8	36
25 Other diseases of respiratory system	1	—	—	1	—	3	2	—	7
26 Ulcer of stomach and duodenum.	—	1	1	—	—	3	1	2	8
27 Gastritis, enteritis and diarrhoea. .	—	—	—	—	—	—	—	—	—
28 Nephritis and nephrosis	2	—	2	—	—	1	4	1	10
29 Hyperplasia of prostate	—	—	—	—	—	2	—	—	2
30 Pregnancy, childbirth, abortion...	—	—	—	—	—	—	—	—	—
31 Congenital malformations	—	—	1	—	—	3	1	2	7
32 Other defined and ill-defined diseases	1	5	6	8	4	18	9	14	65
33 Motor vehicle accidents	—	—	2	—	—	1	2	3	8
34 All other accidents	2	2	5	1	1	1	4	3	19
35 Suicide	—	1	—	—	1	—	2	1	5
36 Homicide and operations of war. .	—	—	—	—	—	—	—	—	—
Totals	46	33	131	45	26	131	129	172	713
Infant Deaths	1	—	4	1	—	6	3	5	20
Stillbirths	2	—	3	3	—	4	—	1	13

The main causes of death

A summary of the deaths showing the principal causes is given diagrammatically below.



EPIDEMIOLOGY

The notifications of infectious diseases during the year are set out below.

Tables 14 and 15 include cases diagnosed in Caernarvonshire hospitals and therefore notifiable to the Medical Officer of Health of the district in which the hospital is situate.

Table 14.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1967

DISEASE	URBAN					RURAL			Total	<i>No. of children of School age</i>
	<i>Amlwch</i>	<i>Beaumaris</i>	<i>Holyhead</i>	<i>Llangefni</i>	<i>Menai Bridge</i>	<i>Aethwy</i>	<i>Twrcelyn</i>	<i>Valley</i>		
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	5	—	5	4
Dysentery	—	—	3	—	—	—	—	10	13	1
Food Poisoning	—	—	—	—	—	4	—	—	4	—
Typhoid and Paratyphoid Fever	—	—	—	—	—	1	—	—	1	—
Measles	17	20	6	47	20	472	134	100	816	423
Whooping Cough	—	5	2	1	—	18	—	1	27	13
Acute Pneumonia	—	—	—	—	—	—	1	—	1	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Post Infectious Encephalitis	—	—	—	1	—	—	—	—	1	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	1	1	—	1	4	—
Malaria (contracted abroad)	—	—	—	—	—	1	—	—	1	—
Tuberculosis	1	—	1	2	—	3	1	2	10	1

In Table 15 will be found the trend of notifications over the last 10 years.

Apart from measles the incidence of infectious diseases in the County continues at the very satisfactory low level which has been noted over the past few years.

The epidemic of measles which started in 1966 in the western areas continued well into 1967, affecting the eastern areas of the County.

There were no cases of poliomyelitis, diphtheria or smallpox. This is the 18th consecutive year in which no confirmed case of diphtheria has been notified, and the 21st consecutive year in which no death has occurred from this disease.

Table 15.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1958-67

DISEASE	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	50	27	12	22	19	24	30	32	12	5
Dysentery	14	3	27	2	10	38	3	16	25	13
Food Poisoning ...	1	3	3	—	1	—	3	19	5	4
Typhoid and Paratyphoid	1	14	—	—	1	—	—	2	—	1
Measles	1143	653	39	391	394	376	1221	164	762	816
Whooping Cough ...	2	89	27	19	—	—	54	5	2	27
Pneumonia	7	5	4	2	2	3	4	1	7	1
Ac. Poliomyelitis ...	1	—	3	1	—	—	—	—	—	—
Meningococcal Infections	—	1	—	—	—	—	—	1	—	—
Encephalitis	—	1	—	1	—	—	1	—	—	1
Erysipelas	—	1	—	—	1	1	—	—	—	—
Puerperal Pyrexia ...	—	8	14	2	5	3	4	—	2	4
Malaria*	—	—	—	—	—	1	—	1	1	1
Tuberculosis	64	57	32	33	38	26	36	33	26	10

*Contracted abroad.

Mortality from infectious diseases during the year is shown in Table 16, together with the trend of mortality over the past 10 years.

Table 16.

MORTALITY FROM INFECTIOUS DISEASES, 1958-67
(including certain diseases which are not notifiable)

DISEASE	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	1	—	1	—	—	—	—	—	—
Ac. Enceph.	—	—	—	—	—	—	—	—	—	—
Ac. Poliomyelitis & Polioenceph.	—	—	—	—	1	—	—	—	—	—
Enceph. Leth.	—	—	—	—	—	—	—	—	—	—
Measles	—	1	—	—	—	—	1	—	1	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—
Influenza	4	11	1	7	1	—	1	1	13	4
Diarrhoea under 2 years	1	1	—	—	2	2	—	—	—	—
Puerperal Sepsis ...	—	—	—	—	—	—	—	—	—	—
Infective Hepatitis...	—	—	—	1	1	—	1	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	1
Tuberculosis	6	7	8	3	4	5	5	3	3	4

Venereal Disease

Three new cases of syphilis, 13 of gonorrhoea and 44 of non-venereal diseases were seen at the Caernarvon and Anglesey Clinic or at St. David's Hospital during the year.

**SERVICES PROVIDED UNDER
NATIONAL HEALTH SERVICE
ACTS**

HEALTH CENTRES

Steady but slow progress was made in the provision of health centres in the County. Approval was received from the Welsh Board of Health for the adaptation of the existing clinic in Beaumaris to provide health centre and clinic facilities, the health centre facilities being used by the two local General Practitioners. Consultation was taking place at the end of the year with the local Executive Council and the General Practitioners concerned with a view to reaching agreement on terms and conditions.

Several meetings were held during the year in connection with the proposed new health centre in Holyhead, but it is regretted that little progress was made.

The Council also adopted the principle of establishing a health centre in Cemaes Bay, and a suitable site has been earmarked.

VACCINATION AND IMMUNISATION

The Council's proposals under this heading provide for vaccination and immunisation against the following diseases to be made available to the public:

Smallpox, diphtheria, whooping cough, poliomyelitis and tetanus.

B.C.G. vaccination is referred to in the section of this report dealing with tuberculosis.

The programme of recommended protective measures which is devised to afford the fullest protection of our children, was revised in July, 1966, and is now as follows:

The expectant mother	...	A course of Poliomyelitis vaccine.
At age 3 months	...	1st Whooping Cough/Diphtheria/Tetanus
" 4 "	...	2nd do. do.
" 5 "	...	3rd do. do.
" 6 "	...	1st Oral Poliomyelitis vaccine.
" 7 "	...	2nd do. do.
" 8 "	...	3rd do. do.
" 1 year	...	Smallpox Vaccination.
" 18 months	...	Whooping Cough/Diphtheria/Tetanus Booster.
	...	Oral Poliomyelitis Vaccine Booster.
" School Entry	...	Diphtheria/Tetanus Booster.
	...	Oral Poliomyelitis Vaccine Booster.
" 8 years	...	Smallpox Re-vaccination.
" 13 years	...	Tuberculosis (B.C.G. vaccination).

Note—It is now generally accepted, however, that doses of oral poliomyelitis vaccine can be given at the same time as the Triple antigen or Diphtheria/Tetanus "booster."

A personal record card setting out this programme has been prepared and is issued to all mothers of babies.

Triple antigen (Diphtheria/Whooping Cough/Tetanus) continues to be the most popular form of protection against these diseases, and 845 children during the year received protection in this form.

Whooping Cough Vaccination and Tetanus Immunisation

The number of children protected against whooping cough and tetanus during the year 1967 was :

Table 17.

<i>Year of Birth</i>	<i>No. vaccinated against Whooping Cough</i>	<i>No. immunised against Tetanus</i>
1967	329	330
1966	429	430
1965	46	46
1964	18	21
1960-63.....	19	23
1951-59.....	4	17
TOTALS	845	867

Poliomyelitis Vaccination

No Salk vaccine was used during 1967. 949 children completed a primary course of vaccination, and 1,031 children received a reinforcing dose of oral vaccine.

Only 58% of Anglesey children born in 1966 have been protected against poliomyelitis compared with 69% for Wales and 71% for England and Wales. This poor response by parents to all the propaganda urging them to take advantage of the protective measures offered is greatly to be deplored. It is hoped that parents who have not already had their children immunised will meet their responsibility in this matter.

Smallpox Vaccination

During the year vaccination records were related to the area of residence as follows :

Table 18.

VACCINATION RECORDS RECEIVED IN 1967

	<i>Primary</i>	<i>Re- vaccinations</i>	<i>Total</i>
Amlwch	79	22	101
Beaumaris	9	9	18
Holyhead	132	43	175
Llangefni	30	6	36
Menai Bridge	37	13	50
Aethwy	132	104	236
Twrcelyn	119	23	142
Valley	137	35	172
Total	675	255	930

The above figures compare with the figures for 1966 of 700 primary vaccinations, and 363 re-vaccinations, making a total of 1,063 vaccinations in all.

Diphtheria Immunisation

853 children were immunised during 1967 as follows:

Table 19.

<i>Year of Birth</i>	<i>No. immunised</i>
1967	330
1966	430
1965	46
1964	20
1960-63	22
1951-59	5
TOTAL	853

In addition 1,407 children received a "booster" dose during the year.

The following table shows the percentages of Anglesey children born in 1966 and vaccinated by the end of 1967, and those of Wales and of England and Wales.

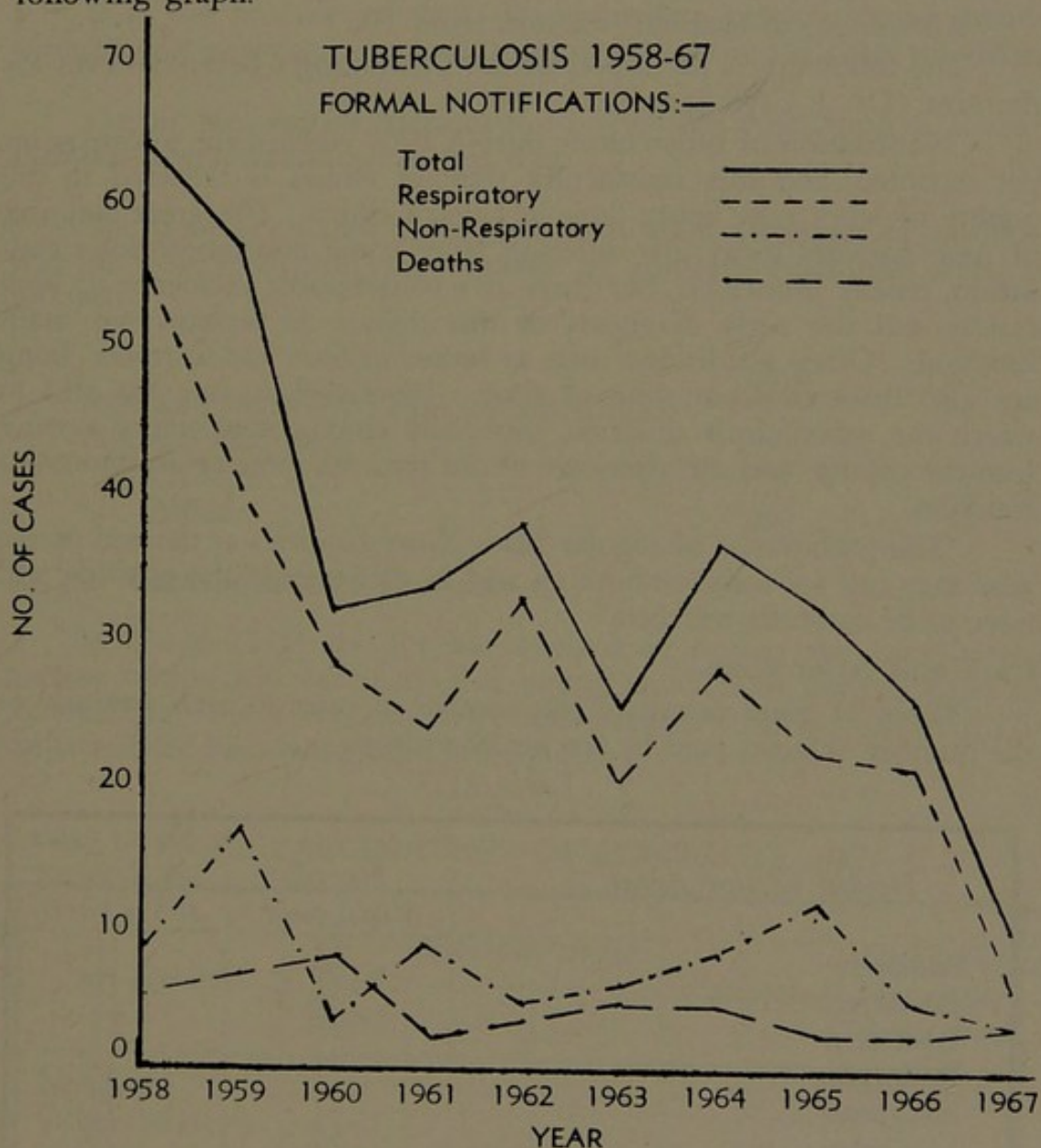
Table 20.

	<i>Anglesey</i>	<i>Wales</i>	<i>England and Wales</i>
Whooping Cough	66	70	74
Diphtheria	66	71	75
Poliomyelitis	58	67	71
Smallpox	46	25	39

TUBERCULOSIS

Ten new notifications of tuberculosis were received during the year (6 respiratory and 4 non-respiratory), and 4 deaths were registered. In addition 4 patients suffering from respiratory tuberculosis came to Anglesey from other local authority areas. One school child was notified as suffering from non-respiratory tuberculosis.

The number of notifications and deaths over the past 10 years is shown in tables 15 and 16 on page 27 and is illustrated in the following graph.



The incidence of tuberculosis showed a dramatic decrease to a record low figure of 10, the next lowest incidence being 26 cases in 1966 and 1963. Similarly a record low figure of 6 respiratory cases compares well with the previous low record of 20 cases in 1963. The graph above indicates clearly the welcomed and steady decrease

over the years in this disease, but it would be wishful thinking to assume that the low incidence reached in 1967 will continue throughout 1968.

I am also glad to report a continual steady decrease in the number of patients on the register since the peak of 579 cases at the end of 1959. The corresponding figure for 1967 was 279 cases with a decrease of 19 during that year.

During the past few years intensive disease detection drives have taken place leading to a decrease in the pool of undetected cases acting as primary foci of infection.

Admissions to hospitals totalled 16 in 1967.

The following is the report of the Consulting Chest Physician for the area (Dr. J. Glyn Jones):

"Notification of tuberculosis during 1967 reached the lowest point yet recorded, and this satisfactory state of affairs is reflected in the quality of work now being done at Chest Clinics. The great majority of new patients today are suffering from some non-tuberculosis condition, chiefly bronchitis, but there is a considerable incidence of lung cancer and the early diagnosis of this disease is perhaps our main function. Other conditions such as bronchiectasis and Farmers' Lung are also detected from time to time. Nevertheless, one has still to watch the tuberculosis situation, especially among newcomers moving into the county, and the after-care of old patients remains an important function.

"The withdrawal of regular Mass X-ray facilities at the end of the year may call for some rethinking and in this respect the position will have to be carefully watched."

Care and After Care

Table 21 gives details of the number of cases in each area and of the number of visits paid by the health visitors.

Table 21.

<i>Health Visitor Areas</i>	<i>No. of Visits paid</i>	<i>No. of cases on Register at 31/12/67</i>
Amlwch	22	19
Beaumaris	51	17
Bodedern	25	15
Bodorgan	74	22
Holyhead	313	86
Llangefni	36	33
Llanfechell	46	21
Marianglas	15	19
Menai Bridge	44	25
Newborough	28	22
Totals	654	279

It is routine practice for the Superintendent Nursing Officer or her Deputy to pay the initial visit to a newly notified case in order to obtain the environmental history and to arrange for the follow-up examination of contacts. During the year they paid 45 such visits.

Supplies of milk and extra nourishment were given free of charge to 5 patients during the year. In addition 12 cases who did not qualify for a free issue under the Council's scheme were assisted by the Anglesey Society for the Welfare of Handicapped Persons.

It is the practice to urge the immediate household and family contacts of a new case to submit to examination by the chest physician.

During the year 88 contacts of 14 new cases (including 4 "inward transfers") were examined in this way.

The number of new cases coming to light (whether by notification or otherwise) and the number of contacts examined were as follows:

	1966	1967
New and transferred cases of tuberculosis:	27	14
Contacts examined:		
Children	113	58
Adults	60	30

B.C.G. Vaccination of Contacts

In Table 22 is set out the work done during the year in the routine testing and vaccinating of young contacts of notified cases of tuberculosis. Since vaccinations commenced in 1949 a total of 2,570 contacts have been vaccinated with B.C.G.

Table 22.

B.C.G. VACCINATION OF CONTACTS, 1967

Age Groups	Total Tested	Multiple Puncture		Vaccinated	Refusal of Test and/or vaccination
		+ve	-ve		
Newborn	—	—	—	56	—
Others under 5 years	39	—	39	39	1
5-9 years	13	—	13	13	—
10 years & over	6	1	5	5	—
Totals	58	1	57	113	1

B.C.G. Vaccination of School Children

As a preliminary to B.C.G. vaccination children aged between 13 and 16 years are given a multiple puncture tuberculin test. Those that react to this test may do so because they are at the time suffering from the disease or alternatively the positive reaction may be nothing more than the last remaining evidence of an infection with the germ of tuberculosis acquired at some time in the past and long since overcome. A chest X-ray will detect current disease so that it can be treated.

In 1967 B.C.G. vaccination was offered to children attending County Secondary Schools who were eligible in accordance with Welsh Board of Health Circular 19/64. The parents of 569 of these children consented but due to absenteeism the M.P. test was only completed for 516 children. Of this number 453 were found to be negative reactors and all but one were given B.C.G.

There were 63 (13.9%) positive reactors. No further investigation was considered necessary in 59 of these children. The remaining four were referred for chest X-ray and I am glad to report all results were satisfactory.

In addition children of 13 years of age and over who had previously been given B.C.G. vaccination were also M.P. tested. The parents of 149 children consented to this but due to absenteeism the M.P. test was completed on 131 children. It is heartening to note that out of this number there were only two cases that required to be re-vaccinated.

During the year for various reasons it was considered highly desirable to M.P. test all pupils attending five of the Primary Schools in the County. Two hundred and ninety-eight children were M.P. tested, and eleven teaching, domestic and canteen staff were referred for X-ray; all the results were satisfactory.

Tuberculin Testing of School Entrants

Since 1957 annual routine testing of primary school children has been carried out. The test used was the Multiple Puncture Test which was applied by the nursing staff. This procedure serves several purposes:

- (a) It enables us to discover those children who are likely to be suffering from tuberculosis;
- (b) it enables us to gauge the level of infection in the community;
- (c) when repeated annually it enables us to note when a child "converts" from being tuberculin negative to being tuberculin positive and so picks out the children needing surveillance;
- (d) the finding of a positive reaction in a young child should help in tracing undiscovered sources of infection in the community.

In 1967 there were 1,033 new entrants to school and for 978 (94.7%) of these parental consent was given to the test being done. Of this number 85 (or 8.7%) were found to be positive reactors. This group of 85 positive reactors included 79 who had had B.C.G. vaccination as contacts to known cases. 2 cases were X-rayed and are being kept under observation by the Chest Physician.

93 "Inward Transfers" to the County were also M.P. tested. Of this number 87 were found to have a negative reaction and six positive reactions, four of whom on enquiry were found to have had B.C.G. vaccination. Arrangements were made for the other two positive reactors to attend the Chest Clinic for examination and in both cases the results were satisfactory.

MIDWIFERY AND MATERNITY SERVICES

Births

The number of births *notified* during the year classified by place of occurrence was as follows:

Table 23.

	<i>Live Births</i>	<i>Stillbirths</i>
At Home	87	1
St. David's Hospital.....	652	10
Gors Maternity Home.....	255	2
Private Nursing Homes, etc.	5	—
Totals	999	13

In 1967 91% of all births took place in institutions.

The Council's midwives attended 90 deliveries, including miscarriages during the year. 18 were midwives' booked cases and 72 were doctors' booked cases, the doctor being present at the time of delivery in 25 of these confinements.

Eight applications were received during the year for the Committee to accept financial responsibility for the ante-natal care of unmarried mothers. Six of the applications were subsequently withdrawn, one was granted and one was not granted.

Analgesia in Domiciliary Midwifery

Fourteen out of the 15 midwives employed by the Council at the end of the year held the certificate of the Central Midwives Board authorising them to administer gas and air analgesia in midwifery cases, and the necessary apparatus is available to them all. Six of these midwives are also trained to administer trilene.

The number of domiciliary cases who received gas and air or trilene analgesia during the year was 68. In addition, pethidine was administered in 45 cases.

Medical Aid

No midwife called in medical aid for domiciliary cases during the year.

Midwifery Packs

Midwifery packs are issued by the midwives for domiciliary confinements on demand.

Domiciliary Care by Midwives

As soon as the expectant mother "books" with her, the midwife undertakes ante-natal supervision and, unless the mother is reluctant to attend, all midwives in the county service are instructed to arrange for their cases to be seen periodically at the county ante-natal clinics. The midwives attend with their cases. In addition they undertake regular ante-natal supervision of all persons booked in the patients' homes. Midwives are also instructed, subject to the patient's agreement, to inform the family doctor of the pregnancy.

Details of the work done by domiciliary midwives in 1967 are given in Table 24.

Table 24.

District	Total Visits		No. of Domiciliary Confinements	Analgesics Administered	
	Ante and Post-Natal	Hospital Discharges*		Gas/Air or Trilene	Pethidine
Amlwch	210	434	1	1	1
Beaumaris	402	175	12	5	8
Bodorgan	358	269	6	5	1
Holyhead	747	535	25	20	11
Llanerchymedd	84	88	1	—	—
Llanfechell	219	127	4	1	1
Llangefni	375	331	5	4	4
Llanddona ...	459	215	11	11	3
Marianglas	589	233	11	11	11
Menai Bridge ...	437	384	5	5	3
Newborough ...	355	317	9	5	2
Totals	4,235	3,108	90	68	45

* Visits to patients discharged from hospitals before the 10th day after confinement

Ante-Natal Clinics

Ante-Natal clinics were held at three centres in the County as follows:

Holyhead	Weekly
Amlwch	Fortnightly
Llangefni	Fortnightly

Details of attendances at these clinics are shown in Table 25.

Table 25.

	<i>Number of Cases</i>			<i>Attendances</i>
	<i>Ante-natal</i>	<i>Post-natal</i>	<i>Gynaecological</i>	
Amlwch	194	59	2	598
Holyhead	459	55	1	1,447
Llangefni	143	38	—	474
Totals	796	152	3	2,519

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Centres

The Gwalchmai clinic was closed in February because the premises had become unsuitable for clinic purposes. As no suitable alternative could be found in Gwalchmai, steps were taken during the year to open a clinic in Bryngwran. It was anticipated the clinic would be ready to function early in 1968.

Very little progress was made during the year with the proposed clinic facilities to be incorporated in the new health centre at Newry Fields, Holyhead. The reason for this is that the discussions on the health centre are proving more protracted than was anticipated.

The medical officers held 220 clinic sessions and health visitors held another 117 sessions.

One thousand five hundred and thirty-eight children were on the rolls during 1967, and the total attendance numbered 6,503, a decrease of 51 compared with 1966.

Details of the work done are shown below :

(1) No. of centres provided at end of year	...	...	12
(2) No. of children who attended centres during the year			
who were born in 1967	...	...	510
1966	...	...	482
1965—62...	...	...	546
		—	1,538
(3) No. of children who first attended the centres during the year who at their first attendance were under 1 year			631
(4) Total number of attendances made by children included in (2) during the year :			
Under 1 year	...	...	4,495
1 year but under 2	...	...	1,237
2 years but under 5	...	...	771
		—	6,503

The Clinics held at the 12 places in the County are detailed in Appendix C.

In addition to the Council's clinics, one voluntary clinic, held at the Valley R.A.F. Station, was supported during 1967 in that the local health visitors assisted free of charge at these sessions. At this clinic 115 children were seen during the year, the number of attendances being :

Children under 1 year	...	...	311
From 1 to 2 years	...	...	83
Over 2 years	...	...	9
		—	
Total attendances	...	...	403

The Care of Premature Infants

Details of cases notified in 1967 were as follows :

(a) Number of premature babies who were born :	
(i) At home	1
(ii) In private nursing homes	—
(iii) In hospitals	44
(b) (i) Number of those born at home who survived 28 days	1
(ii) Number of those born in hospitals who survived 28 days	39

Dental Care of Mothers and Young Children

Details of dental services rendered to these priority classes are set out in Table 26 below.

Table 26.

	<i>Children under 5 years</i>	<i>Expectant and Nursing mothers</i>
Number inspected	67	9
Number treated	90	15
Number rendered dentally fit...	84	15
Forms of treatment :		
Number of teeth extracted ...	89	21
Number of teeth filled	57	22
Number of scaling and gum treatments	—	8
Number of radiographs	—	1
Dentures supplied	—	1
General Anaesthetics	49	5

Mr. O. C. Jenkins, the Principal Dental Officer, makes the following comments on the dental service for the priority groups.

"Treatment for the priority classes has been much the same as in previous years. We have noted the large proportion of pre-school children with good mouths. If the parents took a greater interest in their own and their children's dental health, standards would improve still further."

Distribution of Welfare Foods

During 1967 the following welfare foods were distributed in the county :

National Dried Milk, full cream	19,951 tins
National Dried Milk, half cream	231 tins
Cod Liver Oil	950 bottles
Orange Juice	11,203 bottles
Vitamin A and D tablets	247 packets

In addition, 6,339 packets of proprietary dried milk, 443 packets of other baby foods and 3,177 bottles of vitamin supplements were sold.

Deafness in Young Children

The importance of the early recognition and treatment of deafness cannot be exaggerated. By this means alone can the resulting disability be minimized. Through the courtesy of the Caernarvonshire Medical Officer of Health we are able to refer cases to a clinic at Bangor held by Professor Sir Alexander Ewing, and four patients (all new cases) attended during 1967.

No child under the age of 5 years was in attendance at a special school during 1967.

Children at Risk

Children on the At Risk Register are kept under strict supervision and developmental assessments are carried out at about the age of one year. A number of children are removed from the register following this assessment, but those remaining become subject to further assessments in subsequent years or as often as appears desirable. At the end of the year there were 61 children on the register, which was established in mid-1966.

Congenital Defects

Babies born with congenital defects came to our notice through the medical staffs of the local maternity hospitals and through our own midwives and health visitors. This system works satisfactorily and during 1967, 24 babies with congenital defects were registered.

Phenylketonuria

This rare inherited disorder, which, untreated, gives rise to a severe mental condition, can be detected at an early age by a simple test which is carried out by the health visitors. The urine of all babies is tested when they are about 4 to 5 weeks old.

Cytology Service

As envisaged in my previous report the cytology service became fully functional in May and clinics are held twice monthly in Holyhead, Amlwch and Llangefni, primarily for women from the age of 35 years upwards, especially those in social class V. Women of the age of 20 to 35 years are accepted at these clinics but are not encouraged to attend. 218 smears were taken during the year, 9 of which were dubious, and 1 was positive. The potential case loads for these clinics is much greater than the actual case load experienced. It is not intended, however, to reduce any of these clinics at present in the hope that attendances will increase.

The Medical Officer attending the Family Planning clinics also continued to take cervical smears as in the past, 143 such smears being taken in 1967.

Family Planning ^{Service} ~~Services~~

For a number of years the Family Planning Association has held weekly clinics in Llangefni and in addition Anglesey people could attend the clinics held in Bangor.

The National Health Service (Family Planning) Act, 1967, came into operation on the 28th June, 1967. In September the Health Committee considered a comprehensive report following the issue of this Act and Welsh Board of Health circular 15/67. The Committee recommended that advice and supplies should be given to married women, unmarried mothers, single women just before marriage and other single women who were 21 years of age or over. It was also proposed to provide the service, through the agency of the Family Planning Association and to extend it by establishing clinics in Amlwch and Holyhead. The County Council adopted these recommendations for implementation as from the 1st April, 1968.

Nurseries and Child Minders Regulations Acts, 1948 and 1951

Playgroups are proving very popular and during the year two new groups were registered—one each at Rhosneigr and Cemaes Bay. At the end of the year there were 14 such groups providing accommodation for 249 children of under school age.

The County Medical Officer advises on the formation of these groups and on the conditions required under the above Acts. All are duly registered and regularly inspected, and I would wish to record my thanks to the responsible persons and organising committees for their co-operation.

HEALTH VISITING

Statistics

Tables 27 and 28 give some details of the work done by the health visitors during the year.

Table 27.

District	Births Notified	Visits to children born in :			Total
		1967	1966	1962-65	
Amlwch	102	324	340	396	1,060
Beaumaris	59	284	539	454	1,277
Bodedern	128	693	471	557	1,721
Bodorgan	70	288	335	189	812
Holyhead	264	1,327	809	583	2,719
Llanfechell	61	503	418	679	1,600
Llangefni	86	374	318	396	1,088
Marianglas	72	433	278	611	1,322
Menai Bridge ...	79	714	626	731	2,071
Newborough ...	78	370	361	425	1,156
Totals	999	5,310	4,495	5,021	14,826

The health visitors also visited other cases as follows.

Table 28.

Tuberculosis	654
Mentally Sub-normal cases	129
Miscellaneous	709
Total	<u>1,492</u>

One nurse was sent for training as a Health Visitor during the year.

HOME NURSING

The qualifications of the nursing staff at present in post are as follows:

<i>S.R.N., S.C.M., Q.N.</i>	5
<i>S.R.N., S.C.M.</i>	6
<i>S.E.A.N., S.C.M.</i>	4
<i>S.C.M. (engaged entirely on Midwifery)</i>	1

Table 29 shows the work done during 1967 in the separate districts:

Table 29.

<i>District</i>	<i>Cases</i>	<i>Visits</i>
Amlwch	143	3,210
Beaumaris	106	2,429
Bodedern	17	1,250
Bodorgan	31	962
Holyhead	216	6,535
Llanddona	72	1,908
Llanerchymedd	41	1,398
Llanfechell	80	1,661
Llangefni	104	2,310
Marianglas	82	1,674
Menai Bridge	62	1,450
Newborough	66	1,433
Totals	1,020	26,220

The following table gives further details of these cases:

Table 30.

<i>Group</i>	<i>Total No. of Cases</i>	<i>Total No. of Visits</i>
Medical	721	20,161
Surgical	299	6,059
Totals	1,020	26,220

The domiciliary nursing service staff consists of 16 nurses, 15 of whom combine home nursing with midwifery. The county is divided into 12 nursing districts. In the Holyhead area there are two district nurses engaged mainly on domiciliary nursing as there is also a full-time midwife in this area. Llangefni and Amlwch each have two district nurses, one concentrating mainly on midwifery and the other on home nursing.

In 1967 the number of patients visited decreased by 319, and the number of visits decreased by 345 as compared with the previous year.

There were 715 patients who at the time of the first visit during the year were aged 65 years or over and 16,616 visits (i.e., 64% of the total) were paid to these cases. Patients receiving more than 24 visits during the year numbered 262 (i.e., 26% of the total cases), and they received 14,768 visits.

No special provision is made for the home nursing of sick children, but 382 visits were paid to 55 children under the age of 5 at the time of the first visit. No night nursing service is provided.

The scheme for supplying disposable sheets to incontinent patients continued throughout the year, and is greatly appreciated by the patients themselves, the nurses and the General Practitioners. This service is particularly beneficial in a rural county such as Anglesey, where it would be very expensive and extremely difficult to organise any form of laundry service. During the year 14,754 disposable sheets were issued to 117 patients.

Loan of Sick Room Equipment

Each district nurse holds the following items of equipment which she may issue on loan free of charge and without a deposit being paid: air ring, bed pan, bed rest, hot water bottle, rubber sheet, urinal.

More expensive items, such as invalid chairs and rubber mattresses are stored centrally and a refundable deposit and a variable weekly hire charge continue to be made.

During the year 251 items of medical equipment were issued on loan.

HOME HELP SERVICE

The service is provided by a Home Help Organiser, two whole-time home helps and 107 part-time persons employed on a casual basis.

The number of home help cases had remained fairly constant over a number of years. In 1966, however, there was an 18% increase in demand for this service and in 1967 the demand increased more rapidly still, the number of persons receiving help rising to 241, as compared with 194 in the previous year, an increase of a further 24%. The total number of hours help given was 70,344, as compared with 59,116 in 1966, an increase of 19%.

In the course of the year home helps were provided for 108 new cases. There were a further 133 persons receiving help in 1966 who continued to benefit from this service in 1967.

Of the persons assisted in 1967, the largest group was the 195 aged and infirm. Chronic sick and T.B. cases (12) by comparison were few in number, and the remaining 34 beneficiaries were a miscellaneous group which included mental subnormality and expectant and nursing mothers.

I commented in my last report on the difficulties experienced in that year in recruiting the necessary staff. The difficulties of recruitment were further aggravated by the sudden and unexpected increase in demand. The Home Help Organiser is to be congratulated on meeting these demands under such difficult conditions. The question of appointing an assistant home help organiser was under consideration at the end of the year.

CHIROPODY

The chiropody scheme functioned satisfactorily throughout the year, and I am glad to be able to report that all the County was adequately catered for by 6 chiropodists in private practice.

Although the scheme provides for expectant mothers and physically handicapped as well as persons of pensionable age, it was concerned almost entirely with the latter group. Patients are able to obtain treatment from the chiropodist of their choice selected from a small number of qualified chiropodists who have agreed to serve on the panel for the purpose.

A total of 2,505 treatments were given to 625 patients, an increase of 25% on the previous year. 662 of the treatments were given in the patients' own homes, and 1,843 in the consulting rooms of the chiropodists. In addition 571 treatments were given to 69 of the residents in the Council's Homes for the Aged.

AMBULANCE SERVICE

The ambulance service in the County is provided mainly from three ambulance stations one of which is also the ambulance control. The stations at Llangefni (2 ambulances) and Holyhead (control and three ambulances) are fully manned throughout the 24 hours, whilst the ambulance station at Amlwch is manned from 8 a.m. to 8 p.m. daily, all by full time staff. A further ambulance is operated from a private garage in Llangoed, the garage owner providing a 24-hour emergency cover.

During the year 12,341 patients were conveyed by ambulance and sitting case car as compared with 13,726 in 1966.

The mileage covered was 283,568 as compared with 288,551 in the previous year. The average mileage per journey and per case carried in ambulances showed an increase, whilst those for sitting case cars remained steady.

Until 1967 it had not been the policy in Anglesey to provide ambulance attendants, reliance being placed on relatives, by-standers or police to provide this cover. Nobody can dispute that this was an unsatisfactory arrangement. In 1967, however, the Council decided to rectify this defect by the appointment of 6 additional men, who commenced duties in July, making all staff interchangeable as driver/attendants. Two-man crew coverage is thus provided at Holyhead, Llangefni and Amlwch stations.

In the autumn 5 of the new driver/attendants were sent on a two weeks training course organised by the Cheshire County Council.

In December, 1967, the Council resolved to appoint three additional driver/attendants at the Amlwch station to provide 24-hour cover instead of day manning only, such appointments to operate as soon as possible after the 1st January, 1968. Unfortunately owing to the Government's economic policy, in particular with regard to additional staff, these appointments were postponed.

Table 31.

	AMBULANCE			SITTING CARS		
	<i>Cases</i>	<i>Journeys</i>	<i>Mileage</i>	<i>Cases</i>	<i>Journeys</i>	<i>Mileage</i>
First Quarter	1,822	842	31,425	1,242	695	37,804
Second Quarter	1,751	853	29,824	1,293	739	41,287
Third Quarter	1,972	924	34,982	1,119	642	35,525
Fourth Quarter	1,723	837	30,625	1,419	773	42,096
	7,268	3,456	126,856	5,073	2,849	156,712
				AMBULANCES	SITTING CARS	
Average mileage per journey				36.71	54.06	
Average mileage per patient carried.....				17.45	30.63	

MENTAL HEALTH SERVICES

The Mental Health Services are administered by the Health Committee through the Mental Health Sub-Committee which meets quarterly, the County Medical Officer being the Executive Officer in charge of the service.

Staff

For the purposes of administrative convenience, the mental health and social welfare services are accommodated in a single section of the department. During the year the Council appointed a senior welfare officer whose prime duties are to supervise the work of both mental welfare and social welfare officers. Mr. R. J. Jones, one of the mental welfare officers, was appointed to this post and took up duties on 1st December. The full establishment of the section now consists of a senior welfare officer, two mental welfare officers, two social welfare officers and a social welfare officer for the blind. At the end of the year there was a vacancy for a mental welfare officer.

The total number of visits made by the mental welfare officers during the year was:

To mentally ill persons	601
To mentally subnormal patients	40

The number of persons under surveillance at 31st December, 1967, was 211.

Admissions to Hospital

One male patient was admitted to hospital under Section 25 and six male and seven female patients were admitted under Section 29, no one was admitted under Section 26. The number of informal admissions was 150, four of which were arranged by the mental welfare officers. This low incidence of compulsory admission to hospitals follows the trend of the past few years and the number of informal admissions remained constant.

The reasons for the overwhelming number of informal admissions compared with admissions under Order are:—

- (a) that the public are now accepting mental ill-health in the same spirit as they are accepting physical ill-health.
- (b) that the stigma that existed regarding "admission to Denbigh" is gradually disappearing.

Residential Accommodation

There is still a pressing need for residential accommodation for patients whom the hospitals medical staffs consider fit for discharge into the community but cannot be discharged as:—

- (a) they have no home; or
- (b) relatives are unable to care for them.

Some of these patients have been in hospital for a number of years.

In order to meet some of this demand, a Home, mainly for the elderly mentally confused, was opened in Holyhead on the 1st March for 20 residents. This Home (Llys y Gwynt) was previously a Home for the Aged and the conversion was made possible by the opening of Brwynog, a new Home for the Aged in Amlwch. Prior to this, a few cases were admitted to the Homes for the Aged, obviously a not very satisfactory arrangement. A number of suitable cases remained in Llys y Gwynt and 14 other persons were admitted there during the year; on the 31st December there were 16 residents.

The Council also adopted in principle a Boarding-Out Scheme for implementation during 1968.

Mental Subnormality

The supervision of the mentally subnormal living in the community is a part of the duties of the mental welfare officer—at present these duties are being carried out by both mental welfare officers and health visitors. It is intended, however, that the duties of supervision of all the mentally subnormal will be undertaken in the near future by the mental welfare officers. During 1967 the health visitors paid 129 visits to these cases.

Community Care

Table 32 shows the number of patients referred to the Local Health Authority during the year.

Table 32.

NUMBER OF NEW PATIENTS REFERRED TO THE LOCAL HEALTH AUTHORITY DURING 1967

Referred by	M.I.		S.N.		Total
	M.	F.	M.	F.	
General Practitioners	11	10	—	—	21
Hospital on discharge from in-patient treatment	3	13	—	—	16
Local Education Authority, Section 57 Education Act, 1944	—	—	1	1	2
Police and Courts	1	—	—	—	1
Other Sources	—	2	—	—	2
TOTAL	18	39	1	1	59

M.I.—Mentally Ill.

S.N.—Sub-normal.

The majority of the referrals are for assistance either with employment or housing problems. Problems relating to employment are referred to and discussed with the Group Disablement Resettlement Officer of the Ministry of Labour.

Table 33 shows the number under community care at 31st December.

Table 33.

NUMBER OF PATIENTS UNDER COMMUNITY CARE AT
31st DECEMBER

	<i>Mentally Ill</i>		<i>Elderly Mentally Infirm</i>		<i>Sub-normal</i>		<i>Severely Sub-normal</i>		<i>Totals</i>		<i>Grand Total</i>
	M	F	M	F	M	F	M	F	M	F	
Attending or awaiting entry to Day Training Centre	—	—	—	—	—	—	24	16	24	16	40
Resident in L.A. Home Hostel.....	6	2	7	2	2	3	—	—	15	7	22
Receiving home visits	36	57	2	5	16	18	8	7	62	87	149
Total	42	59	9	7	18	21	32	23	101	110	211

There were no psychopathic patients under community care

Adult Training Centre

In January, 1967, a Craftswoman was appointed to the Centre. This welcomed addition to the staff enabled us to admit females to this Centre. The establishment was maintained at full strength throughout the year and consists of a Supervisor, a Craftsman and a Craftswoman.

The Adult Training Centre progressed satisfactorily during the year and 23 male and female adults are in training, as they are at the moment unsuitable for normal employment.

A small weekly allowance is paid to those attending the Centre, based on attendance, not on individual productivity. During the year the Council increased this allowance which now varies between 5s. and £1 weekly.

We have been very fortunate to date in obtaining access to a considerable amount of scrap timber from one of the main contractors at the Wylfa Power Station. This is being converted into firewood and seed boxes, etc.

Progress was maintained with the physical, mental and social well-being of those attending the Centre. Those with physical disabilities are now working longer at a given task without showing signs of fatigue and training also includes the rudimentary three Rs. Elementary instruction is also given in such subjects as domestic work, cookery and laundry.

The working ability of the trainees in general has been very satisfactory. A certain percentage have shown a remarkable production return, within the sphere of articles, in the manufacture of which they have been trained.

It has been a very satisfactory and interesting year especially with the Centre nearing its full complement of trainees. It is anticipated this coming year to train both male and female trainees in the utilisation return, within the sphere of articles in the manufacture of which staplers.

Junior Training Centre

The establishment provides for a Supervisor, three Assistant Supervisors and a Nursery Assistant. In the early months of the year, the Centre operated under difficulties due to lack of staff. The Nursery Assistant took up duties in January, but we were unable to fill the two vacancies for Assistant Supervisors until April.

During the year 9 children were admitted to the Centre and at 31st December there were 19 children on the register.

The Nursery group has special difficulties, having some children with very severe mental subnormality, and the age range here is 2½ years to 11 years. The oldest is a boy who has to remain in a playpen for most of the day and who needs constant supervision and full attention to his needs. He can be most disturbing to the other children and is in need of supervision in a day special care unit for juniors.

Provision has been made for both speech therapy and physiotherapy, but it is indeed unfortunate that up to date we have not been able to provide these much needed services, even though continuous efforts are being made to recruit the necessary staff.

The Anglesey Branch of the National Society for Mentally Handicapped Children, to which many of the parents belong, is very active and continued to treat the Centre generously. In September they arranged the annual outing, taking the children to Chester Zoo. In November they presented, for use in both the Junior and Adult Centres, the superb gift of a Bell and Howell 16 mm. sound projector, and a screen. Both educational and entertainment films are shown and the children are thrilled to have their "own film show" and even the most difficult and restless of them respond to this visual aid. Much benefit and pleasure are derived from this generous gift.

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE

Medical Inspection

The school population on the 18th January, 1968, was:

Primary Schools	6,271
Secondary Schools	4,271
Special School	28
	10,570
	10,570

The average attendance in the primary schools during the school year ended July, 1967, was 91.4 per cent., as compared with 90.8 per cent. in 1966. In the secondary schools the average attendance was 89.1 per cent., compared with 88.0 per cent. in 1966.

In the Day Special School for educationally sub-normal pupils, the average attendance was 91.4 per cent. as compared with 88.9 in 1966.

The work of medical inspection is detailed in tables on page 64. The statistics reflect a satisfactory state of health among the school population.

As will be seen from Part II Tables A & B on pages 65 and 66 the commonest defects discovered at routine medical inspection are defects of vision, including squint and defects of the nose and throat.

Minor orthopaedic departures from the normal foot and postural defects are frequently noted, but the severe crippling defect is happily not often seen. Of the infectious skin diseases, there were three cases of scabies and one case of impetigo.

General Condition and Nutrition

The general condition and nutrition of all children examined at routine medical examinations was satisfactory.

83 per cent. of the primary school children take milk, but only about 41 per cent. of those in the secondary schools do so.

The average number of meals served by the *School Meals Service* each school day was 7,980, which represents 84 per cent. of the school population.

Toilet Survey

In April, each school was visited by the Principal School Medical Officer for the purposes of making a detailed inspection of school kitchens, cloakrooms and toilets. The requirements of each school was sent to the County Architect for his Department's attention.

Health Education

Health Education in Anglesey is largely confined to the efforts made by the school nurses and the dental officers in the normal performance of their duties. This field of activity cries out for expansion and money spent on health education would be a very worthwhile investment in the future. Serious consideration needs to be given now to the appointment of a Health Education Officer.

School Milk

The year 1967 was noteworthy from the point of view of our successful struggle to get the school milk suppliers to discontinue using polythene packs. These were very prone to leakage and since it was commonplace to find one burst pack in a consignment, this would lead to the outsides of other packs being coated with a mixture of tacky drying milk solids and dust. Children would have to penetrate this potentially disease-harboursing layer as well as the polythene with the special sharp pointed synthetic straws provided. Some of the younger schoolchildren found the operation rather difficult and repeated attempts to pierce the packs only increased the likelihood of contamination of the straw. Conventional milk bottles and crates can be more easily stacked at delivery, needing less floor space and are less likely to be polluted by canine wastes. School caretakers also have less of a problem of disposal than with non-returnable packs and pupils find that they no longer have milk pistols issued free by courtesy of the Local Education Authority.

The work of the School Nurse

The work done by school nurses in the prevention of infestation with vermin deserves high praise. The nurses made 28,914 inspections, which is equivalent to every child being examined on the average every five months during the year. The number found to be verminous was 77, or 0.7 per cent. of the school population. The figures for the past few years are as follows: 1964, 103 cases; 1965, 125 cases; 1966, 134.

Orthopaedic Care and After-Care

The following tables set out the work done by the physio-therapist:—

Table 34.

<i>Centre</i>	<i>No. of Clinics held</i>	<i>No. of Patients</i>	<i>No. of Attendances</i>
Holyhead	78	181	516
Llangefni	45	167	385
Amlwch	42	91	235
Menai Bridge	38	78	191
TOTALS	203	517	1,327

Table 35.

	<i>Orthopaedic and other</i>
Total number of patients on clinic registers 31.12.66	356
Number of new patients, 1967	161
Total number discharged, 1967	172
Total number of patients on clinic registers 31.12.67	345

Breathing exercises, etc., have also been given in the four clinics to 19 cases referred by hospitals.

During the year 141 attendances were made by 125 individual children at the 9 Orthopaedic Clinic sessions held at Holyhead and Llangefni, an average attendance of 15.7 per session.

Defective Eyesight and Squint

The Ophthalmic service for school children is provided through the hospital authorities. The number of refraction sessions held during the year was 69 as compared with 63 in 1966. The number of school children seen was 840 (767 in 1966). In addition a further 73 pre-school age children were examined.

During 1967, due to our being able to secure more sessions from Mr. Laszlo and Mr. Wynne Parry, the waiting lists for the eye clinics which had previously reached alarming proportions were quickly reduced.

The number of cases of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 10.

Prescriptions for glasses were issued at the clinics to 618 children.

The school nurses continued to test the eyesight of 7 year old children and to refer doubtful cases for the opinion of the school doctor. This form of screening is valuable in detecting defective vision at an early stage. During the year 822 children were tested by the nurses and 116 referred for further examination. In addition the school nurses test the corrected vision of children wearing glasses and if in doubt about the suitability of the spectacles refer the case for further examination. During 1967 they examined 317 such children and referred 80 to see the school doctor.

Orthoptic Treatment

Orthoptic clinics are normally held at Bangor. The orthoptist is employed by the Caernarvon and Anglesey Hospital Management Committee and we are now in the extremely fortunate position of having had an orthoptist in this area since February, 1963.

Diseases of the Ear, Nose and Throat

All consultations and operations for conditions of the ear, nose and throat are held at the Caernarvon and Anglesey Hospital, Bangor.

These are among the commonest causes of ill-health among children, and during 1967 75 cases were referred for a specialist opinion and 69 were operated upon, 37 for the removal of tonsils and/or adenoids, 12 for diseases of the ear, and 20 for other nose and throat conditions; 15 children received other forms of treatment.

The number of children awaiting consultation at the end of the year was 14.

Handicapped Pupils

Much work was done during 1967 in the ascertainment of handicapped pupils and at the year's end the number of such pupils on the register was 272.

Table 36.

<i>Category</i>	<i>No. formally ascertained during the year 1967</i>	<i>No. on the register of H.P.s. at 31/12/67</i>
Blind	—	4
Partially sighted.....	—	3
Deaf	—	3
Partially Hearing	8	42
Delicate	—	—
Educationally Sub-normal	18	163
Epileptic	—	2
Maladjusted	1	1
Physically Handicapped	3	10
Speech.....	—	44
TOTALS	30	272

A system was inaugurated during the year whereby a register is maintained of pre-school aged children who early in their school life might need to be ascertained as handicapped pupils. At the end of the year there were 3 partially sighted, 1 deaf, 2 partially hearing and 16 physically handicapped on this "potentially handicapped" register.

18 delicate and 13 epileptic children were also under surveillance. There were 19 children who are potentially educationally subnormal or mentally subnormal.

Spina Bifida Survey

A survey was carried out at the request of the Welsh Board of Health to ascertain the number of spina bifida cases amongst Anglesey children born during the period 1st January, 1960, to 31st December, 1967. In this period there was a known total of 19 cases, five were stillbirths and nine died under the age of one year. The surviving five children are kept under close surveillance and appropriate action has been or will be taken in respect of special educational treatment should the need arise—one child is in fact quite successfully attending an ordinary school.

Number of cases dealt with during the year under the Education Act 1944:

Section 57 as amended 3

A considerable proportion of the time of the medical staff is devoted to the individual assessment of children reported by the schools because of suspected backwardness. During 1967 60 such reports (on Form 3 H.P.) were received, and 29 were referred for examination.

The remaining 31 were not so referred for a variety of reasons (to be kept under observation, because of their age, left the county, etc.). The number examined during the year was 25 of whom 20 were recommended some form of special educational treatment, and 3 were reported upon as being unsuitable for education at school.

The following table shows the number of pupils admitted to special schools during the year and the number in attendance at such schools on the 31st December:

Table 37.

<i>Category</i>	<i>No. admitted 1967</i>	<i>No. in att'ce at Dec. 31</i>	<i>No. waiting adm. Dec. 31</i>
Blind	—	4	—
Partially Sighted	—	1	1
Deaf	—	3	—
Partially Hearing	3	4	1
Delicate	—	—	—
Educationally Sub-normal. .	18	38	44
Epileptic	—	1	1
Maladjusted	1	1	—
Physically Handicapped ...	3	4	—
Speech.....	—	—	—
TOTALS	25	56	47

Defective Hearing

There were 3 deaf pupils on the register at the end of the year and 42 partially hearing.

One school child was examined by Professor Sir Alexander Ewing at Bangor.

Rhoscolyn Day Special School

This junior day special school continues to operate at a disadvantage brought about by its isolated position. There were 26 children on the school roll at 31st December, 1967. The number of children who need special educational treatment and have been ascertained as suitable for Rhoscolyn are at least three times this number but have been unable to go there, in the majority of cases, because of transport difficulties. Since the Health Committee have demonstrated that their Junior Training Centre with travelling to Llangefni, which is more or less in the centre of the island, is acceptable to most parents, including those living on the periphery of the island, it is suggested that the best location for the County's Day Special School for educationally subnormal children would also be in or near Llangefni.

Speech Therapy

The Speech Therapist held 153 sessions during the year and gave 1,059 appointments. 31 new cases were seen and a total of 77 children received treatment during the year. 33 were discharged. A number of other cases were interviewed but did not require treatment.

Child Guidance

Children showing evidence of being emotionally disturbed are referred to the Child Guidance Clinics which are held in Bangor and Holyhead under the direction of the Consultant Child Psychiatrist.

Details of work done by the Child Guidance Clinic for the year 1967 are given in tables 38-40.

Table 38.

Anglesey Children seen during 1967

1. At Clinics—Number of attendances :

Clinic	No. of individual Children seen	Attendances									
		Psychiatrist				Psychologist				P.S.W.	
		First		Further		First		Further		First	Further
C	P	C	P	C	P	C	P	P	P		
Bangor	13	9	9	47	25	7	—	2	—	10	28
Holyhead ...	52	33	40	167	172	32	—	1	—	40	178
Child'n seen by Educational Psychologists	121	—	—	—	—	121	—	—	—	—	—
Totals	186	42	49	214	197	160	—	3	—	50	206

"C"—Child.

"P"—Parents or Guardians.

Table 39.

2. Elsewhere—Number of Visits :

Psychiatric Social Workers	Psychologists
Home Visits and Visits to Other Agencies	School and Other Visits
11	60

Table 40.

3. Number of referrals to Psychiatrists during 1967 :

Name of Referring Agency.	No. of Referrals
School Medical Officer	24
General Practitioners	11
Consultant Paediatricians	5
Other Medical Specialists	1
Courts and Probation Officers	1
Other Social Workers.....	—
Parents	—
Schools and Education Officers	1
Children's Officer	1
	44
Waiting list at 31/12/67	2

DENTAL SERVICE

During the year 55% of the total school population were dentally inspected compared with 43% in 1966. It is appreciated that even though there has been a marked improvement in performance it is still far from satisfactory as it is only when every child has been inspected at least once annually, will we be able to determine the true extent of the demands on the service and as an Education Authority only then will we be able to make the necessary provision.

Towards the end of the year the Education Welfare Committee resolved to switch emphasis from treatment at fixed clinics (except in the case of extraction under general anaesthesia) to treatment in mobile dental units. One new caravan was ordered so that each dental officer will have one such unit to himself as well as fixed clinic surgeries and we confidently expect an increase in the proportion of children inspected and a marked decrease in numbers of those who failed to keep their appointments. Under the present system one in three of those given appointments for various reasons fail to attend. The availability of treatment at the schools, whether in a rural or urban setting, will also reduce the hazard to children from crossing main roads, etc.

The number of fillings completed continues to be about three times the number of teeth extracted—the proportion being nearly eight times in the case of permanent teeth.

The Llyn Alaw water source was fluoridated from 10th July, 1967.

Mr. O. C. Jenkins, Principal School Dental Officer, reports as follows:

"During the year the school dental service in the County has shown a steady growth in all forms of treatment given to school-children.

In the last few years treatment has been concentrated on the primary schoolchildren, and consequently the majority of the children that have accepted treatment regularly, while at their primary schools, should show a lesser need for much treatment during their years at the secondary schools. I think this is our experience in Anglesey.

This year the dental service was inspected by a Dental officer from the Ministry of Education. This official noted the great changes for the better that had occurred in the facilities offered by the Authority to the pupils since his previous visit and noted in particular the success of the mobile dental clinics in the County and agreed this part of the service should be expanded.

Mr. J. Barcroft, Area Dental Officer for Holyhead, is firmly of the opinion that it is better to take treatment to the schools rather than get the children to come to the central clinics, as he finds that 40% of those given appointments at the centre fail to turn up.

Mr. H. W. Evans, Area Dental Officer for Llangefni and Amlwch, reports :

"If Anglesey children, in my area at least, are to reap the benefits of fluoridation they must show a greater awareness of the importance of *daily* oral hygiene in the control of dental decay. In early years it is the parents' duty to see to it that they brush their children's teeth, at least after breakfast and again at bed-time, and this disciplined hygiene should be continued until the child reaches the age of 8-9 in order to inculcate the habit. It will also enable the parents to detect early caries, and will familiarise the child with dental health.

Recently I had the opportunity of examining and treating (at Rhosneigr and Pencarnisiog Primary Schools) the teeth of children of Army and Air Force personnel stationed on the island and I was most impressed, almost without exception, with their high standard of oral hygiene and the high percentage of those dentally fit, especially among the lower-age groups. This reflects well upon the parents, and underlines the importance of *disciplined* dental hygiene. These children will not only have better teeth and healthier gums in later years, they will also make better patients. Furthermore, the fact that the parents themselves are tooth-conscious will be reflected in the state of the child's dental health and in their attitude towards treatment. Regrettably, very few of the Welsh children in my area attained such high standards of oral hygiene."

I would like to stress here the need for the Authority to improve the facilities for orthodontic treatment. At the present time, as much orthodontic treatment as they are able to do, is carried out by our present staff. They refer their more complicated cases out of the County to an Orthodontic Specialist, with the consequent spending of considerable time and expense by the pupils referred with their parents.

I think the time has come for this Authority to consider the appointment of an Orthodontist, part or full time ; his services could be shared by an adjoining Authority. It has been stated that up to 50% of children need the advice and possible treatment of an Orthodontist, and at present the children in this County do not have such facilities.

In conclusion, we would like to thank the members of the teaching, nursing and administrative staffs for their ready help in the running of the School dental service during the year."

Table 41.

Dental Inspection and Treatment :

1. No. of pupils inspected by the Authority's Dental Officers :		
(a) Periodic age groups		5,139
(b) Specials		519
(c) Total (periodic and specials)		5,658
2. Number found to require treatment		4,751
3. Number offered treatment		4,547
4. Number actually treated		3,060
5. Attendances made by pupils for treatment		5,629
6. Half-days devoted to	(a) Inspection	89
	(b) Treatment	1,102
	(c) Total	1,191
7. <i>Fillings</i> :	(a) Permanent Teeth	4,256
	(b) Temporary Teeth	2,235
	(c) Total	6,491
8. <i>No. of teeth filled</i> :	(a) Permanent Teeth	3,223
	(b) Temporary Teeth	1,540
	(c) Total	4,763
9. <i>Extractions</i> :	(a) Permanent Teeth	511
	(b) Temporary Teeth	1,645
	(c) Total	2,156
10. Administration of general anaesthetics for extraction		649
11. Emergencies		75
12. Other Treatments		1,242
13. Courses of treatment completed		2,750
14. Orthodontics :		
(a) Cases brought forward from previous year		26
(b) Cases commenced during the year		20
(c) Cases completed during the year		17
(d) Cases discontinued during the year		—
(e) Removable appliances fitted		23
(f) Fixed appliances fitted		—
(g) Pupils referred to Hospital Consultant		5
15. Number of pupils supplied with dentures		23

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1967

PART I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Table A—Periodic Medical Inspections and Pupils found to require Treatment

Age Groups Inspected (by year of birth)	No. of pupils inspected	Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin) :		
		For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)
1963 and later	58	—	5	5
1962	678	2	57	57
1961	209	4	13	16
1960	45	2	2	4
1959	31	3	—	3
1958	15	3	1	4
1957	21	—	1	1
1956	7	—	—	—
1955	35	2	6	5
1954	15	1	—	1
1953	712	37	45	80
1952 and earlier	329	29	13	41
TOTALS ...	2,155	83	143	217

Table B—Other Inspections

Number of Special Inspections ...	895
Number of Re-inspections ...	531
Total ...	<u>1,426</u>

Table C.—Infestation with Vermin.

i. Total number of examinations in the schools by school nurses or other authorised persons ...	28,914
ii. Total number of individual pupils found to be infested and treated ...	77

PART II.

Return of Defects found by Medical Inspections.

Table A.—Periodic Inspections.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
(1)	(2)								
4	Skin	1	4	3	30	—	1	4	35
5	Eyes :								
	a. Vision	13	6	64	40	6	2	83	48
	b. Squint	15	12	7	—	—	—	22	12
	c. Other	2	3	—	2	—	1	2	6
6	Ears :								
	a. Hearing.....	1	5	—	1	—	—	1	6
	b. Otitis Media...	—	—	—	1	—	—	—	1
	c. Other	—	—	—	—	—	—	—	—
7	Nose and Throat	21	48	8	17	4	—	33	65
8	Speech.....	3	3	1	—	—	—	4	3
9	Lymph. Glands ...	—	11	—	—	—	—	—	11
10	Heart	3	10	—	8	—	—	3	18
11	Lungs	1	2	1	4	—	—	2	6
12	Developmental :								
	a. Hernia	—	1	—	—	—	—	—	1
	b. Other	1	8	2	1	1	—	4	9
13	Orthopaedic :								
	a. Posture.....	—	1	2	1	—	1	2	3
	b. Feet	25	9	21	2	1	—	47	11
	c. Others	9	2	6	4	—	2	15	8
14	Nervous system :								
	a. Epilepsy	—	—	—	—	—	1	—	1
	b. Other	—	1	—	—	—	—	—	1
15	Psychological :								
	a. Development	—	3	—	—	—	—	—	3
	b. Stability	—	—	—	1	—	—	—	1
16	Abdomen	1	1	1	4	—	—	2	5
17	Other	8	3	—	14	—	1	8	18

T.—Number requiring treatment.

O.—Number to be kept under observation.

Part II. (Continued)

Table B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	4	2
5	Eyes : a. Vision	66	42
	b. Squint	3	3
	c. Other	1	2
6	Ears : a. Hearing	5	2
	b. Otitis Media	—	—
	c. Other	—	—
7	Nose and Throat	17	7
8	Speech.....	2	—
9	Lymphatic Glands.....	—	—
10	Heart	3	3
11	Lungs	1	1
	Developmental :		
	a. Hernia	—	—
	b. Other	3	1
13	Orthopaedic :		
	a. Posture	—	—
	b. Feet	6	4
	c. Other	5	2
14	Nervous system :		
	a. Epilepsy	—	—
	b. Other	—	—
15	Psychological :		
	a. Development	—	—
	b. Stability	—	—
16	Abdomen	—	—
17	Other	6	4

PART III.

TREATMENT TABLES

*No. of cases
known to have
been dealt with*

Table A.—Eye Diseases, Defective Vision and Squint :

External and other, excluding errors of refraction and squint	54
Errors of refraction (including squint)	786
Total	840
No. of pupils for whom spectacles were prescribed	618

Table B.—Diseases and Defects of Ear, Nose and Throat :

Received operative treatment :	
(a) for diseases of the ear	12
(b) for adenoids and chronic tonsillitis	37
(c) for other nose and throat conditions	20
Received other forms of treatment.....	15
Total	84
Total number of pupils in schools known to have been provided with hearing aids :	
(a) 1967	1
(b) in previous years	10

Table C.—Orthopaedic and Postural Defects :

(a) Pupils treated at clinics or out-patient departments	286
(b) Pupils treated at school for postural defects	—
Total	286

Table D.—Diseases of the Skin (excluding uncleanliness, see Part I.

Table C).	
Ringworm—Scalp	—
Ringworm—Body	—
Scabies	3
Impetigo.....	1
Other Skin Diseases	—
Total	4

Tables E. and F.—Child Guidance Treatment and Speech Therapy :

(a) Under Child Guidance arrangements	65
(b) Under Speech Therapy arrangements	77

Table G.—Other Treatment given :

(a) Miscellaneous Minor Ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	471
(d) Other :	
(i) Pupils given Breathing Exercises	19
(ii) Pupils given Ultra Violet Light	1
(iii) Treated at hospitals	397
(iv) Enuresis Alarms	28
Total	916

SCHOOL CLINICS

The present arrangements regarding school clinics are as follows :

A. Local Education Authority Clinics :

<i>Type</i>	<i>Location</i>	<i>Sessions</i>
1. Dental	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni (c) County Sec. School, Menai Bridge (d) New Clinic, Madyn Road, Amlwch. (e) Two Mobile Clinics.	Daily when S.D.O. is operating in the area.

B. Clinics conducted by the Local Education Authority on behalf of or by the Regional Hospital Board on Local Authority Premises :

1. Ophthalmic	(a) County Secondary School Amlwch. (b) County Secondary School, Menai Bridge. (c) St. David's Priory, Holyhead (d) Clinic, Isgraig, Llangefni.	An average of 1 clinic per week is held in the County alternating between the various centres according to the numbers awaiting treatment in the four catchment areas.
2. Orthoptic	C. and A. Hospital, Bangor.	Weekly.
3. Orthopaedic	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni.	Once monthly, alternately.
4. Physiotherapy	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni. (c) County Secondary School Menai Bridge. (d) County Sec. School, Amlwch	Monday and Wednesday (mornings). Thursday (morning). Friday (morning) Tuesday (morning)
5. Child Guidance	St. David's Priory, Holyhead	Alternate Thursdays
6. Speech Therapy	(a) Clinic, Isgraig, Llangefni. (b) County Sec. School, Menai Bridge. (c) St. David's Priory, Holyhead	Monday (morning). Monday (afternoon) Tuesday (all day)

WELFARE SERVICES

WELFARE SERVICES

The Council's responsibility for provision of welfare services stands referred to the Health Committee, who have appointed a Welfare Sub-Committee to deal with these functions. There is no separate Welfare Department, these services being combined with the health services to form an integrated Health and Welfare Department under the control of the County Medical Officer.

The functions of the welfare services are :

- (a) the provision of accommodation :
 - (i) for persons in need of care and attention because of age, infirmity, etc. ;
 - (ii) temporarily, and in certain circumstances, for persons in urgent need thereof ;
- (b) the provision of welfare services for blind and partially sighted, deaf and partially hearing, and general handicapped classes of persons.
- (c) the provision of general care of the aged.

For convenience, the welfare and mental health services function as one section of the Department. The establishment of this section is a Senior Welfare Officer, 2 Social Welfare Officers, 2 Mental Welfare Officers, a Welfare Officer for the Blind, and a Welfare Officer for the Deaf on an agency basis. Throughout the year the staff remained at full strength.

The Provision of Accommodation

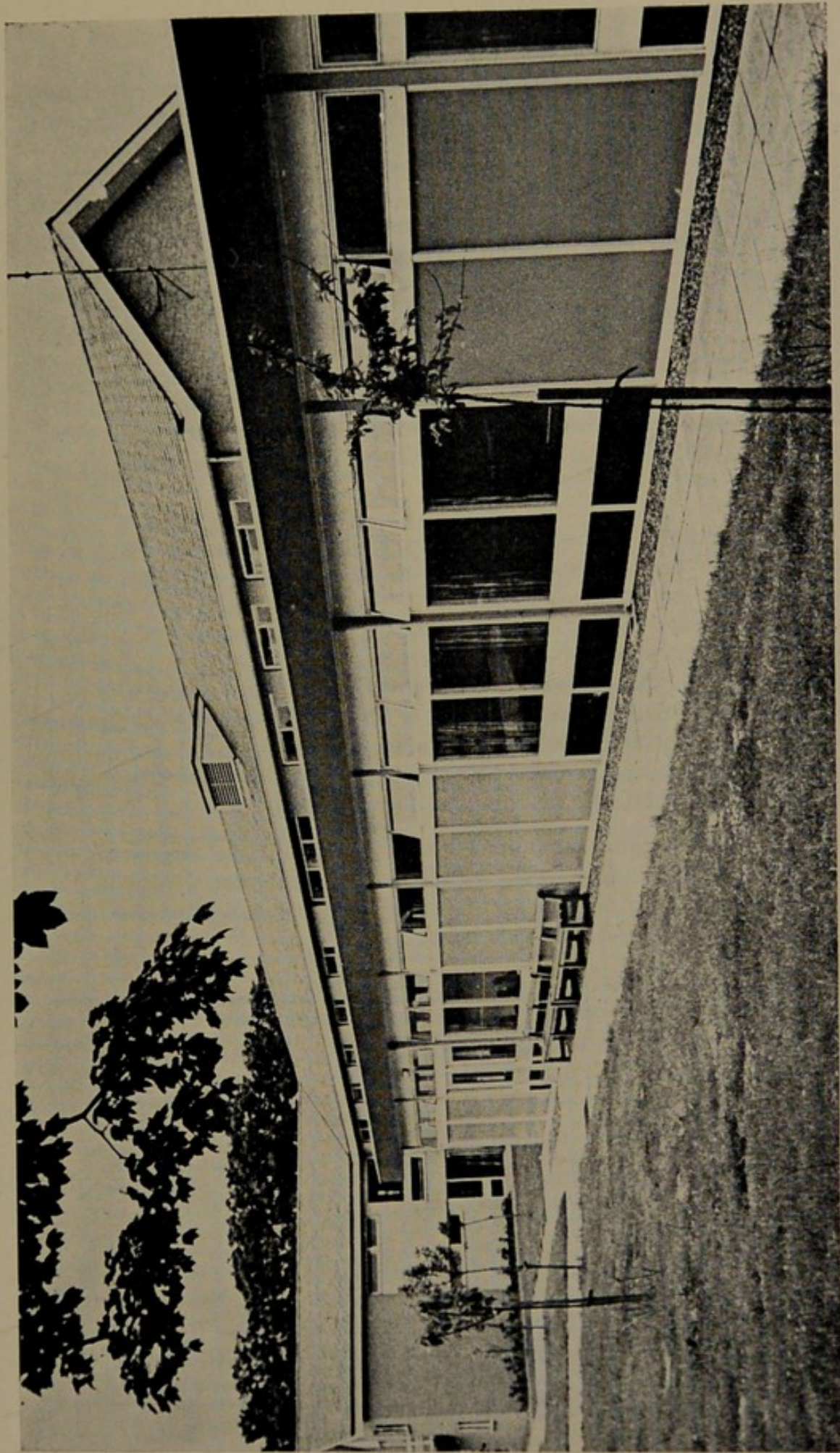
At the end of the year accommodation under Part III of the Act was available at Park Mount, Llangefni (26 beds), Garreglwyd, Holyhead (48 beds) and Brwynog, Amlwch (30 beds). Llys-y-Gwynt, Holyhead, was closed as a Home for the Aged early in March when Brwynog was opened.

At the end of the year there were 5 applicants awaiting admission. Details of the use made of these places are shown below :

Table 42.

	<i>Garreg- lwyd</i>	<i>Brwynog</i>	<i>Park Mount</i>	<i>Total</i>
Residents at 1/1/67	47	—	26	73
Admitted	23	37	5	65
*Discharged	19	6	4	29
Died	12	2	3	17
Residents at 31/12/67	39	29	24	92

**Includes residents sent to Hospital*



BR WYNOG—AML WCH

"Brwynog," the purpose-built Home in Amlwch, received its first resident on the 6th March and the residents and staff have settled down very well in this new Home.

In the early months of the year staffing difficulties became more acute than ever and at one period three of the seven matrons/deputy matrons were off duty through illness, leaving only four matrons or deputy matrons to cover three Homes. The staff are to be complimented on their devotion to duty during this difficult period.

During the year the Council decided to strengthen the staffing of the Homes by appointing two night attendants to each of the four Homes. Our first attendants commenced duties in February, 1968, and have proved a great asset, especially in relieving the strain on the senior care staff.

The residents in the Homes enjoy a number of amenities such as "llyfrau print bras" (large-print books) through the courtesy of the County Librarian; Chiropody service; film shows; outings; and concerts provided by local choirs and other voluntary bodies. A number of pupils from some of the comprehensive schools also undertake regular visits to the Homes to help with teas, chatting with the residents, etc. A few cases were admitted for short-term care so that the relatives who normally care for them were able to go on holiday, or where relatives caring for them were suddenly taken ill and had to be admitted to hospital.

Close and cordial relations existed throughout the year with the hospital geriatric services. I would like to express my thanks to Dr. Penrhyn Jones, the Consultant Geriatrician, and his staff for their readily given co-operation at all times.

The Council exercised their powers under the Act to maintain during 1967 a total of 12 persons in accommodation provided by voluntary organisations and other local welfare authorities outside the county.

Welfare of the Blind

The Council employ one whole time social welfare officer for the blind.

Miss Dilys M. Jones retired from this post on the 7th July, 1967, having served the Council for 16 years, previous to which she was on the staff of the North Wales Society for the Blind. Our best wishes go to Miss Jones in her retirement. I am also pleased to welcome Miss E. E. Hughes, Miss Jones' successor, who took up duties on the 17th July, 1967.

Table 43.

REGISTER OF BLIND PERSONS

	<i>On</i> 1/1/67	<i>On</i> 31/12/67
Males	55	54
Females	95	91
Total.....	150	145

Changes during the year :

New Cases registered	21
Deaths of persons on register	17
Transfers "In"	1
Transfers "Out"	10
De-certified	—

As will be seen from Table 43 the number of registered blind persons decreased by 5 during the year. There are 37 persons registered as partially sighted, all of whom are visited periodically by the social welfare officer for the blind. The majority are suffering from failing eyesight owing to advancing age or congenital causes, and may, after a later examination, become registered as blind persons.

The age composition of the blind population on 31st December, 1967, was as follows :

Table 44.

<i>Age</i> <i>in years</i>	<i>No. on</i> <i>Register</i>
0-4	—
5-15	4
16-20	1
21-39	4
40-49	3
50-64	24
65 upwards	109
Total.....	145

Meals on Wheels

Meals on wheels are provided in Amlwch, Beaumaris, Holyhead, Llangefni and Menai Bridge. The sources of supply and the means of distribution vary from place to place according to the availability of local facilities. Some meals are cooked by the volunteers themselves, others are supplied from school canteens and other council kitchens, whilst in one case a local firm supplies the meals from their canteen during school holidays. The distribution is carried out in all cases by local volunteers. In two centres luncheon clubs are also held. The recipients of the meals are charged 1s. per meal and normally two meals are supplied weekly. 9,836 meals were supplied as compared with 7,535 in 1966—an increase of approximately 30%.

The Council owes a considerable debt of gratitude to the W.R.V.S., the Associated Octel Company, and the bands of voluntary workers in Amlwch and Menai Bridge for the excellent work they are doing, often at great inconvenience to themselves and their families, and to the School Canteen staffs and the staff of the Training Centre kitchen.

The service from Llys-y-Gwynt continued satisfactorily throughout the year, 442 meals being provided from this source. The staff at the Home are also to be commended for their part in this good work.

Housing schemes for the Aged

At the end of the year there were 13 bungalow or flat schemes, with 157 units of accommodation, for the aged in the county. Six such schemes incorporated a warden service. The Amlwch scheme adjoins the new Home for the Aged, and the matron of the Home also acts as warden to this scheme. The County Council pays the housing authorities an annual grant per bungalow or flat for approved accommodation as follows:

- (a) £13 in a few schemes approved in the early stages of the development of the service, approximately 10 years ago, without any warden or ancillary welfare services.
- (b) £13 where there is a warden and the county welfare authority provides the ancillary welfare services.
- (c) £35 for schemes where there is a warden and the housing authority provides the ancillary welfare services.

The ancillary welfare services provided include such items as call-bell system, social visits by the warden, communal lounge, a guest bedroom for use of relatives visiting the aged during sickness, etc.

This service is proving very successful and there is no doubt it does much to relieve pressure on the Council's Homes for the Aged.

At the end of the year five further schemes were pending.

The warden service is proving very satisfactory. The wardens occupy a house or flat free of rent and in order to encourage ancillary services the Council pays 10s. per week for encouraging social functions in the communal lounge, and a further 10s. if they undertake to shop or accompany the old folk to the doctor's surgery in times of illness.

Welfare of the General Classes of Handicapped Persons

At the end of the year there were 279 people on the Register of Handicapped Persons, an increase of 71 as compared with 1966. In addition there were a further 112 persons whose names were placed on a supplementary register.

The Social Welfare Officers paid 1,809 visits as follows:

To Handicapped Persons	1,059
To Aged Persons	372
To Social Clubs	64
To Others (this category includes visits of persons' relatives, attendances at meetings, talks given, etc.)	314

149 aids and gadgets were issued to handicapped persons on free loan during the year.

There are three Clubs for Handicapped Persons, one each at Holyhead, Llangefni and Amlwch. These clubs are a source of great pleasure to the handicapped. Apart from having somewhere to go twice a month, they enjoy making friends with other members, learning craft work, listening to talks and watching films. Summer Outings, Christmas parties, etc., are also greatly appreciated and enjoyed.

Co-operation with voluntary bodies was maintained during the year, one of which has undertaken the provision of social amenities for a group of Old Age Pensioners' Bungalows. The British Red Cross Society continued transporting handicapped persons to and from the Social Club at Llangefni, and this service is greatly appreciated. A number of handicapped persons were given practical help by the Anglesey Society for the Welfare of Handicapped Persons and the Regional Officer of the Spastics Society visited a number of Spastics in the county.

The services of the Peripatetic Occupational Therapist are much appreciated by the housebound handicapped and those attending the three clubs, and it is regretted that this service was curtailed throughout most of the year because of illness.

**ENVIRONMENTAL HEALTH
SERVICES**

FOOD AND DRUGS

MILK AND DAIRIES REGULATIONS

The County Council, as Food and Drugs Authority, is responsible for the licensing of all dealers (including processors) in Untreated, Pasteurised and Sterilised Milk, and for the enforcement of the Regulations applicable thereto. These duties are performed by officers of the Consumer Protection Department on behalf of the County Medical Officer, who is the responsible officer.

During the year, the two licensed processing plants in the county ceased production. One processor has arranged to purchase his milk from a dairy outside the county, and the other had her licence suspended by the County Council ; she subsequently ceased business.

The total number of licensees distributing milk is 204.

Most of the milk sold in the county is pasteurised and processed by plant situated in Denbighshire. While one does not have the responsibility of supervising this plant, the remoteness of the dairy with long lines of distribution brings problems which are not easily solved. The question as to whether all distributors should provide refrigeration storage is one which must receive urgent consideration.

508 samples of Pasteurised Milk were submitted for examination. Ten were unsatisfactory, 7 failing the methylene blue test (keeping quality) and 3 the phosphatase test (heat treatment). When investigating keeping quality failures it is often difficult to pin-point the fault and therefore to correct the situation. Equally important are the three samples which were inadequately heat-treated. Modern pasteurisation plants, properly used, are so designed with flow diversion valves to prevent even a trace of under-heated milk getting into the bottling lines. Due to the changed circumstances, a different line of action will have to be considered when dealing with phosphatase failures.

The plastic one-way container has gone and has been replaced by bottle and carton. The use of the milk bottle by tourists causes many problems. There is a very large proportion of bottles lost—a serious financial consideration for the dairies—but a number find themselves on beaches and places of public access. Often they are broken and are the cause of a number of casualties each year. An effort is being made to persuade our licensees to restrict their supplies to cartons when catering for passing trade.

332 samples of Untreated Milk from retail supplies were submitted for examination. Sixteen were unsatisfactory and were referred to the Ministry of Agriculture, Fisheries and Food for appropriate action. It is pleasing to note that these figures are a considerable improvement on previous years.

THE CONTROL OF FOOD AND DRUGS

Report of Mr. H. A. Thomas, M.I.W.M.A., Chief Inspector of the
Department of Consumer Protection upon the administration of the
Food and Drugs Act and other allied duties.

FOOD AND DRUGS ACT, 1955.

Compositional Quality of Food

<i>Food</i>	<i>Number submitted</i>	<i>No. "Not Genuine"</i>
Beverages	16	1
Bread and flour confectionery ...	19	5
Cheese	11	1
Chestnut spread	1	—
Chips	1	—
Colouring matter and essence ...	2	1
Condiments	7	—
Curry	4	—
Cream	1	—
Dessert	6	—
Egg products	3	3
Fats	6	—
Fish and fish products	5	—
Gelatine	1	—
Honey	1	—
Ice Cream	4	1
Mayonnaise	2	—
Meat products	31	9
Medicaments	4	—
Milk	5	3
Potatoes (creamed)	3	—
Preserve	2	—
Prunes	1	1
Soup	2	1
Sugar confectionery	9	1
Vegetables (tinned)	1	—
Totals	148	27

A summary of the unsatisfactory samples and of the action taken is as follows:—

Milk (3 samples):

One bottle of milk was found to contain three slugs. Proceedings were instituted and a conviction secured. Two bottles of milk contained extraneous matter arising from the use of dirty bottles. The dairy concerned in both cases was situated outside the county and was in course of reconstruction. "Cautions" were issued and details sent to the licensing authority.

Meat products (9 samples):

Five samples of sausages were reported to be deficient in meat in varying amounts between 2.6% and 9.2%. "Cautions" were issued in each case and further samples taken, all of which proved to be genuine.

Two samples contained preservative which, although undeclared, was within the prescribed limits. "Cautions" were issued, and the prescribed notices are now exhibited.

Minced meat supplied as part of a meal was found to contain a small fly. There was conflicting evidence as to at what stage the fly gained access into the food, and no action was therefore taken.

The surface of the meat at the bottom of a can of chopped ham with pork contained a fly which was partly embedded in the meat, forming a depression. This was an imported canned product. Proceedings were not possible as all dealers in the product could rely on warranty. The matter was however taken up with the manufacturers in Denmark.

A portion of pork pie was contaminated with the mould *Penicillium*. The weight of evidence suggested that the delivery of a "stale" meat pie was due to the act or default of the manufacturer. By reason of a High Court decision, proceedings would have had to have been instituted against the retailer, but it was felt that this would have been improper. The whole question of deliveries, and instructions to drivers about "sale or return" of such perishable articles was taken up with the manufacturers who, in this instance, were also the distributors.

Bread (5 samples):

One sample of bread contained a pellet or area of non-uniform matter which was composed of flour that had compacted and escaped even distribution throughout the bulk of the dough. No action.

One loaf was found to contain foreign matter consisting of a small mass of pink-dyed fibres, mainly cotton. Further investigation indicated that this was a portion of the label off the flour sack. Arising from this sample the system of sifting the flour was completely re-organised, and it is felt that a similar occurrence will not now be possible. No further action.

Another loaf contained a small insect firmly embedded in it. Investigation at the bakery revealed that the bread had been made immediately following disinfestation by a local company. The possibility of such an occurrence is one of the risks of insect disinfestation. There was a number of crevices in the working surfaces in the bakehouse, and following the complaint these surfaces were re-topped. Because of the fact that the insect was exceedingly small and because of the prompt action taken by the baker to prevent a further occurrence no further action was taken.

A sample of milk bread was found to be deficient in whole milk solids to the extent of 45%. A formal sample was taken which confirmed this deficiency. This line has now been discontinued. No further action was taken.

Egg products (3 samples):

Three preparations of omelettes (Spanish, cheese and mushroom) were found to have ingredients differing from those contained in the statutory statements. These were minor in character and have been covered on current labels.

A sample of ice cream was deficient in milk solids-not-fat to the extent of 33.3 per cent. Representations were made to the manufacturers, and a further sample taken was reported to be genuine.

White coffee with sugar obtained from a vending machine was found to be devoid of milk. This was found to be due to a fault in the dispensing machinery, and this was immediately rectified. A sample had been taken originally to determine the extent, if any, of metallic contamination.

A sample of soup was found to contain foreign matter which consisted almost entirely of cellulose fibres coloured pink and having the characteristics of paper. No action was taken because similar material was found on the premises of the complainant, though it was stated that the foreign matter was in the can when opened.

Tomato sauce was heavily infested with moulds and yeasts and was in an active state of biological fermentation. This was from a canteen, and it was not possible to trace the supplier. No further action was taken.

A cheese mix was found not to conform to the Labelling of Food Order. This was a product imported from America. Details of the Public Analyst's certificate were communicated both to the manufacturers as well as to the American Embassy.

A bottle of mineral water contained foreign matter identified as glass weighing 0.750 g. A drinking straw accompanying the bottle contained glass to the extent of 0.018 g. Proceedings were instituted and a conviction obtained.

A cake—rum truffle—contained a bent piece of metal (box staple), a part of which was embedded in the foodstuff. This was a local product and the manageress of the establishment stated that she had seen a similar piece of metal in one of the ingredients used in the manufacture of the truffle. The manufacturer of this ingredient admitted that staples of this type were used by his company, but failed to see how a piece of metal of this size could have possibly got through

the very severe screening through which all products had to go. There were similar staples in the bakehouse, and it was felt that any further action would not be advisable.

A quantity of prunes contained a small number of live maggots. The outer surface of the prunes was heavily coated with a white incrustation (sugar). The fruit had been supplied to a canteen. Investigations revealed that the commodity had been held in stock much longer than normal due to a docks strike. "Caution."

A compound colour matter containing cochineal was not labelled in accordance with the requirements of Regulation 7 (2) of the Colouring Matter in Food Regulations, 1966. This was a technical point and has been corrected on reprinting the labelling material.

A sample of fresh cream buns was reported as containing artificial cream. A "Caution" was issued, following which a notice is being displayed stating that artificial cream only is being used for confectionery purposes.

A sample of sugar confectionery which was stated to contain chocolate was found to be devoid of this substance. The labels have been reprinted.

Examination of Milk Samples for Tuberculosis and Brucella Abortus

During the year, 2,891 samples of milk were submitted for this examination. No sample was reported as giving a positive reaction to Tuberculosis but 29 (approx. 1%) were stated to be positive to Br. Abortus. There are notices in force restricting the sale of Untreated Milk from 27 herds,

The sampling covers all herds producing milk for the liquid market. The figure of 1% must be the lowest for any county in the country. This is impossible to prove as it is believed that Anglesey is the only County giving complete coverage.

Every effort should be made to encourage milk producers to register under the Brucellosis (Accredited Herds) Scheme, as the selection of areas suitable for compulsory eradication must ultimately depend on the initial number of registrations. Anglesey being a county of small farmers, the cost of double fencing, or its equivalent, may well be prohibitive. It does not appear to be generally known that, provided the expenditure exceeds £100, the cost of double fencing ranks for a 50% grant. It is a pity that there is not an organisation in existence which would encourage neighbouring farmers to get together as a group to make a joint application to join the Scheme.

Antibiotics in Milk

151 samples of milk taken from retail supplies were examined for the presence of antibiotics ; all were negative.

Ice Cream

214 samples of ice cream were submitted for examination, with the result that 167 were classified as Grade I, 18 as Grade II, 8 as Grade III, and none as Grade IV; 21 were void.

Pharmacy and Poisons Act, 1933

Shopkeepers who are not qualified Pharmaceutical Chemists are required to be registered with the County Council to sell certain substances listed as poisons; these include agricultural sprays, etc. 99 persons are so registered with the Council. Inspections of premises have been combined with other administrative visits.

SANITARY CIRCUMSTANCES

Housing

Table 46 (which is adapted from the Housing Return of the Ministry of Housing and Local Government) gives details of the housing progress up to 31st December, 1967, in the various county districts since the end of the war.

Table 46.

District	No. of houses built or under construction		Increase since 31st Dec., 1966		Total No. of houses built or under construc'n per 1,000 population
	by council	by** private builders	council	** private	
Beaumaris Borough	214	64	—	15	142.6
Amlwch Urban	393	151	22	38	143.9
Holyhead Urban	1,081	196	104	40	119.8
Llangefni Urban	706	148	85	43	251.9
Menai Bridge Urban	140	388	—	45	228.6
Aethwy Rural	609	745	66	206	124.6
Twrcelyn Rural	423	852	4	150	134.1
Valley Rural	747	1,179	14	234	135.6
Totals	4,313	3,723	295	771	141.8

Excludes temporary houses completed.

**Includes houses built by other public sectors.

Table 47.

HOUSES (BUILT OR UNDER CONSTRUCTION) PER 1,000 POPULATION

At 31st December each year

	1961	1962	1963	1964	1965	1966	1967
Beaumaris ...	93	98	117	125	136	151	143
Amlwch	95	107	118	116	114	133	144
Holyhead ...	85	88	92	100	103	112	120
Llangefni	182	202	207	199	205	233	252
Menai Bridge..	128	153	152	166	183	214	229
Aethwy	44	46	56	72	77	100	125
Twrcelyn	63	71	88	97	103	119	134
Valley	66	74	81	90	99	121	136

Water Supplies

Under the Anglesey County Council (Water etc.) Act, 1944, the functions of the Public Health Act, 1936, for the supply of piped water, was delegated by the eight district councils in the area to the County Council. The piped water supply throughout the county was satisfactory in quantity and in bacteriological quality throughout the year.

There are, however, a number of private wells still in use, some of which are polluted, and the users have been warned to boil the water before drinking.

Sampling of the raw water before entry into the treatment plant is carried out by the Water Engineer. Out of 45 samples of raw water from the Cefni reservoir, 39 were contaminated, some, admittedly, only to a minor degree, but many grossly so. The 48 samples of treated water from the plant all proved satisfactory. 47 samples of treated water from the Alaw plant were all satisfactory.

The following information has been supplied by the County Water Engineer.

Direct labour mainlaying work covered a distance of 21 miles during the year and included some 4 miles of cross-country trunk main. The North-East Coast Scheme for improvement of supplies in the Benllech, Brynteg and Pentraeth areas was completed. A further instalment of the 5 year programme of uneconomic main extensions was put into operation and several local extensions were completed. The result of these works will be to bring piped water for the first time to several districts in the parishes of Llangristiolus, Trefdraeth, Llanfechell, Pengraigwen, Llanddyfnan, Pentraeth, Llanbedrgoch Llanfachraeth, Llandrygarn and Bodedern. New housing schemes in various districts involved $2\frac{1}{2}$ miles of new main.

(a) *Lengths of water main laid in 1967:*

By Contract	Nil.
By direct labour	37,486 yds.

(b) *New Supplies:*

Beaumaris	13
Amlwch	73
Llangefni	79
Menai Bridge	34
Holyhead	107
Aethwy	216
Twrcelyn	168
Valley	175
	<hr/>
Total	865
	<hr/> <hr/>

Fluoridation

Fluoridation of the Cefni water supply was maintained at a satisfactory level without difficulty. Fluoridation of the Llyn Alaw supply became operational on the 10th July and this also appears to be working quite satisfactorily, so that the whole of the County is now virtually supplied with fluoridated mains water. From time to time, however, local supplies still have to be brought into use which dilute the fluoride level in the water in those localities.

A further survey on school children was carried out in the early part of the year on behalf of the Ministry of Health.

Sampling

Water sampling is carried out twice weekly and all the county is covered at two to three-weekly intervals with the exception of Holyhead, where the supply is sampled weekly. Sampling points are varied from time to time and if unsatisfactory samples are obtained, concentrated sampling is carried out in the area.

The County Water Engineer receives a weekly summary of the results. He is also informed immediately an unsatisfactory result is received and close co-operation exists in trying to ascertain the cause and effect remedy.

Table 48.

BACTERIOLOGICAL RESULTS OF WATER SAMPLES PIPED WATER SUPPLIES

<i>Supply</i>	<i>Ministry of Health Classification</i>				
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>Total</i>
County Mains Supplies	676	13	8	7	704

Well Water Supplies

Since the County Council took over the public wells on 1st October, 1954, 31 have been closed for various reasons and replaced by main piped supplies.

Many public wells are gradually falling into disuse in districts as an increasing number of houses connect to local authority main water supplies. The number of public wells stands at 328.

Food Hygiene Regulations

No prosecutions were instituted by the Council under the above regulations during 1967. Liaison is maintained with the sanitary authorities whereby any apparent infringements of the regulations observed by members of the council's staff are brought to the notice of the public health inspector of the district concerned.

Sewage Disposal

I am indebted to my colleagues in the county districts for the following information as to the position at the end of 1967:

Amlwch Urban District Council:

The comprehensive Bull Bay Sewerage Scheme (to join with the pre-existing Amlwch Scheme) was under construction and scheduled to be completed during the summer of 1968.

Twrcelyn Rural District Council:

Cemaes.—The previously storm damaged sea-outfall repairs had been completed and given no further trouble. The Ministry had authorised the expense involved in including five low-lying properties into the pre-existing comprehensive sewerage scheme for the area.

Llanfechell.—The Ministry having approved the comprehensive scheme for this village, the receipt of tenders for its construction were awaited.

Moelfre. — The sea-outfall, after re-alignment, was undergoing reconstruction.

Pensarn.—A Ministerial Public Enquiry was held in November relative to the Council's projected scheme to provide coverage for Pensarn, Llancilian, Pengorphwysfa and Nebo.

Valley Rural District Council:

Bodffordd.—The Engineers having reported upon the need for renovation and reconstruction of the present scheme, the matter had been referred to the Ministry for consideration.

Gwalchmai.—The Engineers having advised improvements to the disposal works and the Ministry having accepted the details, a contract had already been signed to cost £5,000.

Rhosneigr.—In December the Engineers reported to the Council on considerable improvements to the pre-existing 43 year old scheme, together with an extension to the sea-outfall. The work projected would involve an expenditure of £60,000. The scheme has been sent to the Ministry for perusal and sanction.

Llynfaes.—The Ministry having previously rejected the Council's projected comprehensive scheme for the area as a whole, the Engineers, at the Council's request, formulated an outline scheme relative to 20 properties, including 12 Council houses, to cost £10,000.

Rhydwyn and Llanrhuddlad. — During the year a Ministerial Inspector visited the Council to informally discuss the matter with the various interests concerned, including the Gwynedd River Board. The Ministry's sanction to advertise for tenders is awaited.

Trearddur Bay.—The Engineers having reported upon various alternatives relative to the changes in this pre-existing scheme, the Council now awaits a Ministerial Local Enquiry.

Valley and Four Mile Bridge.—Ministerial sanction is awaited to advertise for tenders to carry out out-fall extensions to the scheme.

Aethwy Rural District Council:

Llandegfan.—This major scheme was completed in July, 1967, and from then until the end of the year more than 50 per cent. of the properties had been connected. The treatment works operates on the activated sludge principle and a satisfactory effluent has been maintained since the plant was installed.

Llangaffo.—Completion of the scheme (commenced in mid 1966) was expected by the Autumn of 1967, but owing to unforeseen difficulties at the treatment works this will not take place until early in 1968.

Pentraeth.—Work commenced during July/August, 1967, and in the main will serve Pentraeth, Rhoscefnhir, with provision being made to take in a number of properties situated in the Twrcelyn Rural District. Good progress is being maintained.

Llangoed/Penmon.—The Council's Consulting Engineers have prepared a draft layout scheme to serve these areas and it is anticipated that the completed proposals will be submitted to the Welsh Office for consideration during 1968.

Llanfairpwll.—In view of the extensive development which is taking place in this area consideration has been given to the construction of a new treatment works and the Council's Consulting Engineers have been instructed to prepare details for consideration.

Llanddaniel/Gaerwen.—Proposals for the sewerage of Llanddaniel are well advanced and the scheme provides for the sewers to ultimately discharge into the treatment works at Holland Arms, Gaerwen. This will necessitate an extension to the existing works.

Beaumaris Borough Council:

New Sewage Disposal Scheme functioning satisfactorily. New Sewage Disposal Scheme being planned for Llanfaes Council House Estate.

Menai Bridge Urban District Council:

The sewage from thirty houses is dealt with by septic tank treatment, the remainder of the town being drained by gravity to the Council's sewerage system which discharges crude sewage to the Straits via four outfall pipes.

The Council's Consulting Engineers are at present finalising a scheme for the treatment of a considerable portion of the Town's sewage by an activated sludge process.

Llangefni Urban District Council:

There were no developments in the sewerage system as such during the year, although a substantial number of connections were made to the existing public sewers. The major extensions contemplated at the Sewage Disposal Works are nearing completion.

APPENDIX "A"

CONSTITUTION OF HEALTH COMMITTEE, YEAR 1967/68

Chairman : Hugh Jones, Esq., J.P.

Vice-Chairman : Mrs. E. G. Williams, J.P.

Mrs. M. A. Edwards.

*Miss I. Johnston.

Mrs. A. Arthur Jones.

*Mr. Frank Bell.

*Major C. Fanning Evans, J.P.

*Mr. O. Glynn Foulkes, J.P.

*Mr. D. A. Godfrey.

Mr. D. O. Green.

Mr. G. W. Gruffydd.

Mr. Owen Griffith.

Capt. W. Eilian Herbert.

Rev. D. R. Hughes.

Mr. T. Hughes.

*Dr. W. J. Hughes.

Mr. O. T. L. Huws.

Mr. Llewelyn W. Jones.

Mr. William Jones.

†Dr. Leslie W. Jones, O.B.E.

Mr. A. Ifan Jones, M.B.E.

Mr. O. R. E. Jones.

Mr. R. J. Jones.

Mr. W. Pritchard Jones.

*Dr. W. Parry-Jones.

Mr. Thomas Jones.

Mr. Llewelyn Lewis.

Mr. T. H. Morgan.

Mr. W. Charles Owen.

Mr. W. R. Pierce.

Mr. Hugh Pritchard, M.B.E.

Mr. Robert Pritchard.

Capt. A. Robertson, J.P.

Mr. John Roberts.

Mr. Robert Roberts, M.B.E., J.P.

Mr. D. Thomas.

Mr. O. E. Thomas.

Rev. D. J. M. Williams.

Mr. D. Manley Williams.

Mr. Stanley T. Williams.

†Mr. G. A. Williams.

*Co-opted members.

†Ex-officio.

MEMBERS OF ANGLESEY EDUCATION WELFARE
COMMITTEE 1967/68

Chairman: Mrs. E. G. Williams, J.P.

Vice-Chairman: T. Lovett, Esq., O.B.E.

Mrs. M. A. Edwards.

Mr. D. O. Green.

Mr. Owen Griffith.

Mr. C. W. Grove-White.

Mr. J. W. Gruffydd.

Rev. D. R. Hughes.

Mr. R. O. Hughes.

Mr. J. Gwynedd Jones.

Mr. Hefin W. Jones.

Dr. Leslie W. Jones, O.B.E.

Mr. Llewelyn W. Jones.

Mr. O. R. E. Jones.

Mr. Thomas Jones.

Mr. T. H. Jones.

Mr. D. R. Lewis.

Mr. John Lewis.

Mr. T. H. Morgan.

Mr. W. Charles Owen.

Mr. J. R. Owen.

Mr. Robert Prichard.

Mr. Robert Richards.

Mr. I. O. Roberts.

Mr. John Roberts.

Mr. O. J. Thomas.

Mr. D. Manley Williams.

Mr. G. Alun Williams.

Mr. Gordon B. Williams.

Mr. Richard Williams.

Mr. S. T. Williams.

APPENDIX "B"

**SENIOR STAFF OF
THE COUNTY HEALTH DEPARTMENT, 1967**

County Medical Officer of Health, Principal School Medical Officer and County Welfare Officer.	G. Crompton, M.B., B.Ch., D. Obst. R.C.O.G., D.P.H.
Assistant County Medical Officers of Health and School Medical Officers	†G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M. †W. Arthur Jones, L.M.S.S.A., D.P.H. Mrs. Mair Humphreys-Jones, M.B., Ch.B., C.P.H. (Part-time).
Principal Dental Officer	O. C. Jenkins, L.D.S., R.C.S.Eng., D.D.S. (Toronto).
Area Dental Officers	H. W. Evans, B.D.S. J. Barcroft, L.D.S.
Consulting Obstetricians	*O. Vaughan Jones, M.D., F.R.C.S., F.R.C.O.G. *W. Macfarlane, M.B., Ch.B., F.R.C.O.G.
Consulting Paediatrician	*Gwyn R. Griffith, M.D., F.R.C.P., D.P.H., D.C.H.
Chest Physician	*J. Glyn Jones, M.A., M.D., B.Chir., M.R.C.S., L.R.C.P.
Consulting Ophthalmologists	*G. C. Laszlo, M.D., L.R.C.P., D.O. *T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S.
Consulting Orthopaedic Surgeon	*G. I. Roberts, M.B., Ch.B., M.Ch. (Orth.) F.R.C.S.
Consulting Venereologist	*H. Vernon Williams, M.R.C.S., L.R.C.P.
Consulting E.N.T. Surgeon	*Eiron Jones, F.R.C.S.
Consulting Anaesthetists	*T. R. Hardy, M.B., Ch.B., M.R.C.S., L.R.C.P., F.F.A., R.C.S., D.A. *D. E. Rowlands, M.R.C.S., L.R.C.P., F.F.A., R.C.S., D.A.
Consultant Child Psychiatrist	*E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).
Senior Registrar in Psychiatry	*J. Aled Williams, M.B., Ch.B., D.C.H.
Principal Psychologist	Mr. W. E. Moore, B.Sc.
Speech Therapist	Miss A. S. B. Rowlands, L.G.S.M.
Orthoptists	††Mrs. H. M. Foster.
Physiotherapist	††Mrs. H. Lloyd Williams.

†Also part-time District Medical Officers of Health.

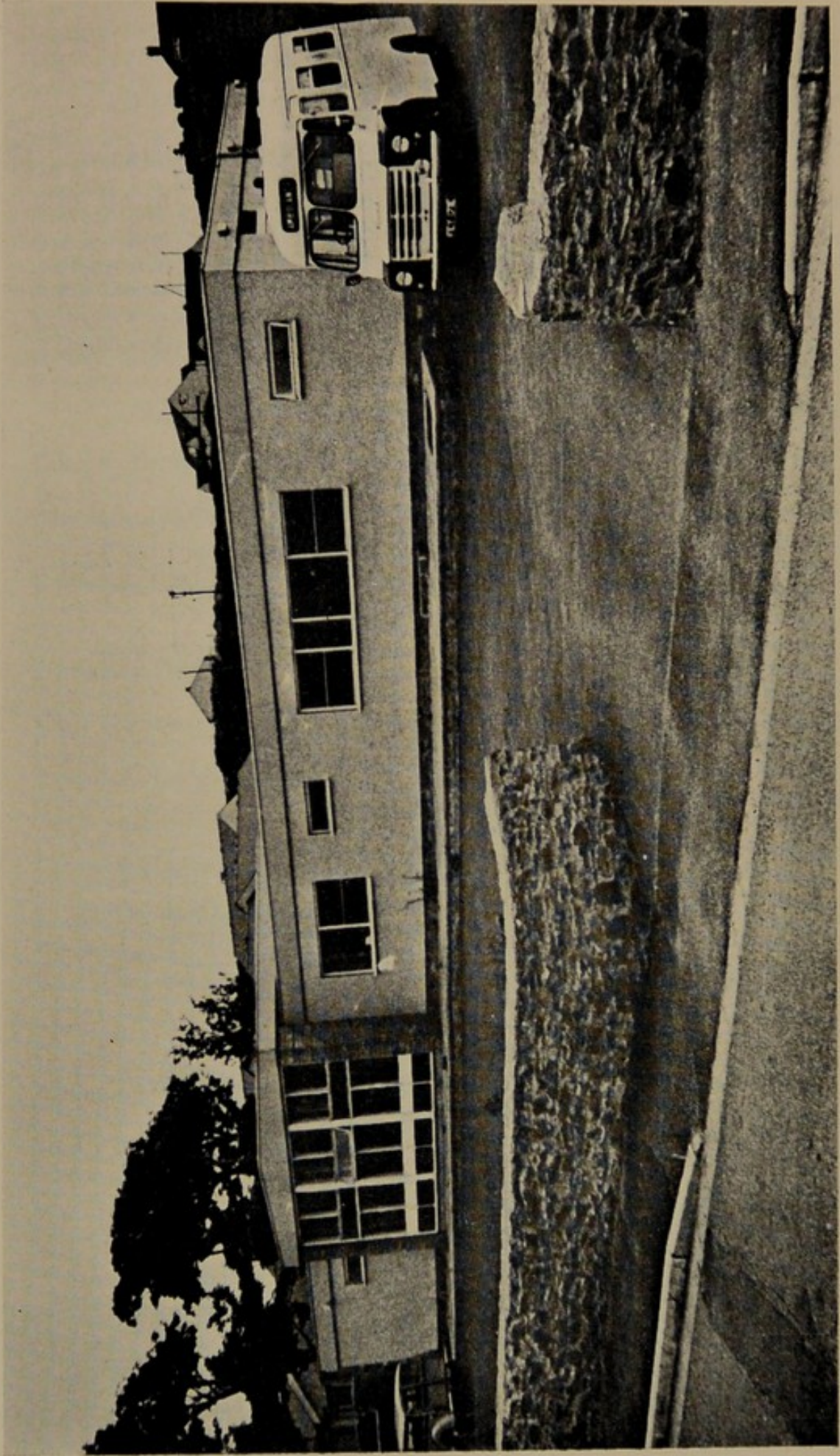
*Under contract with Regional Hospital Boards.

††Employed by the Caernarvon and Anglesey Hospital Management Committee.

Chief Administrative Assistant	Horace Betts, D.P.A.
Deputy Chief Administrative Asst.	B. G. Rhodes. (Commenced 2.1.67)
Admin. Assistant School Health Service	Miss E. Jones, D.M.A. (From 1.12.67)
Superintendent Nursing Officer	Miss J. E. Jones, S.R.N., S.C.M., Q.N. H.V.Cert. (From 1.3.67)
Dep. Superintendent Nursing Officer	Miss M. E. Clarke, S.R.N., S.C.M., H.V. Cert., Q.N., R.N.Cert. (Ontario). (From 1.8.67)
Non-Medical Supervisor of Midwives	Mrs. M. Murphy, S.C.M., S.E.A.N. (From 1.10.67)
Health Visitors	9 Health Visitor/School Nurses. 1 Health Visitor. 1 School Nurse.
District Nurse/Midwives	16 District Nurse/Midwives.
Senior Welfare Officer	R. J. Jones, C.S.W. (From 1.12.67)
Welfare Officers	2 Mental Welfare Officers. 2 Social Welfare Officers. 1 Social Welfare Officer for the Blind.
Home Help Organiser	Mrs. G. Griffith.
Deputy Ambulance Officer	Lefi Williams.
Supervisor of Junior Training Centre	Mrs. Mabel Wilson, J.P.
Supervisor of Adult Training Centre	H. O. Williams.
Matrons—Homes for the Aged : Llys-y-Gwynt	Miss E. Williams, S.R.N. (Left 3.6.67) Mrs. A. Nield-Williams. (From 18.9.67)
Park Mount	Miss Grace Hughes, S.R.N.
Garreglwyd	Mrs. E. M. Williams, S.R.N.
Brwynog	Miss E. O. Roberts.

ASSOCIATED OFFICERS OF THE COUNTY COUNCIL

Clerk of the County Council	Idris Davies, LL.B.
Director of Education	G. Prys Jones, B.A.
County Treasurer	A. I. Peake, F.I.M.T.A.
County Architect	N. Sq. Johnson, A.R.I.B.A., A.M.T.P.I.
Consumer Protection Officer	H. A. Thomas, M.I.W.M.A.
County Water Engineer	A. B. Groves, B.Sc. (Hons.), A.M.I.C.E., M.I.W.E.
Children's Officer	Miss L. M. Hughes, B.A.
Public Analyst	J. G. Sherrat, B.Sc., F.R.I.C.



CLINIC AND AMBULANCE STATION, AMLWCH

APPENDIX "C"

PRESENT ARRANGEMENTS AT ANTE-NATAL CLINICS

<i>Clinic</i>	<i>Time</i>	<i>Place where held</i>	<i>Days when held in month</i>
AMLWCH	2 p.m.	Madyn Road	2nd and 4th Thursday
HOLYHEAD	2 p.m.	St. David's Priory	Every Wednesday
LLANGFNI	2 p.m.	Isgraig Clinic	1st and 3rd Thursday

PRESENT ARRANGEMENTS AT INFANT WELFARE CENTRES

<i>Name of Centre</i>	<i>Place where held</i>	<i>Days when held in month</i>
AMLWCH	Madyn Road.	1st and 3rd Thursday
ABERFFRAW	Village Hall	1st and 3rd Tuesday
BEAUMARIS	New Street	1st and 3rd Thursday
BENLLECH	Memorial Hall	1st and 3rd Monday
CEMAES BAY	Village Hall	2nd and 4th Wednesday
HOLYHEAD	St. David's Priory	2nd and 4th Thursday
LLANGFNI	Isgraig Clinic	2nd and 4th Thursday
LLANFAETHLU	Coffee House	2nd and 4th Friday
LLANFAIRPWLL	Presbyterian Church	2nd and 4th Friday
MENAI BRIDGE	Do.	2nd and 4th Wednesday
NEWBOROUGH	Memorial Hall	1st and 3rd Wednesday
VALLEY	Court Room	2nd and 4th Monday

PRESENT ARRANGEMENTS AT CYTOLOGY CLINICS

<i>Name of Centre</i>	<i>Place where held</i>	<i>Days when held in month</i>
AMLWCH	Madyn Road	1st and 3rd Tuesday
LLANGFNI	Isgraig Clinic	1st and 3rd Tuesday
HOLYHEAD	St. David's Priory	1st and 3rd Monday

PRESENT ARRANGEMENTS AT FAMILY PLANNING CLINICS

<i>Name of Centre</i>	<i>Time and place where held</i>	<i>Days when held in month</i>
AMLWCH	1.30 p.m.-3.30 p.m. Madyn Road	1st and 3rd Friday
LLANGFNI ...	5.00 p.m.-7.00 p.m. Isgraig Clinic	Every Thursday
HOLYHEAD	1.30 p.m.-3.30 p.m. St. David's Priory.	2nd and 4th Friday

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