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County of Anglesey

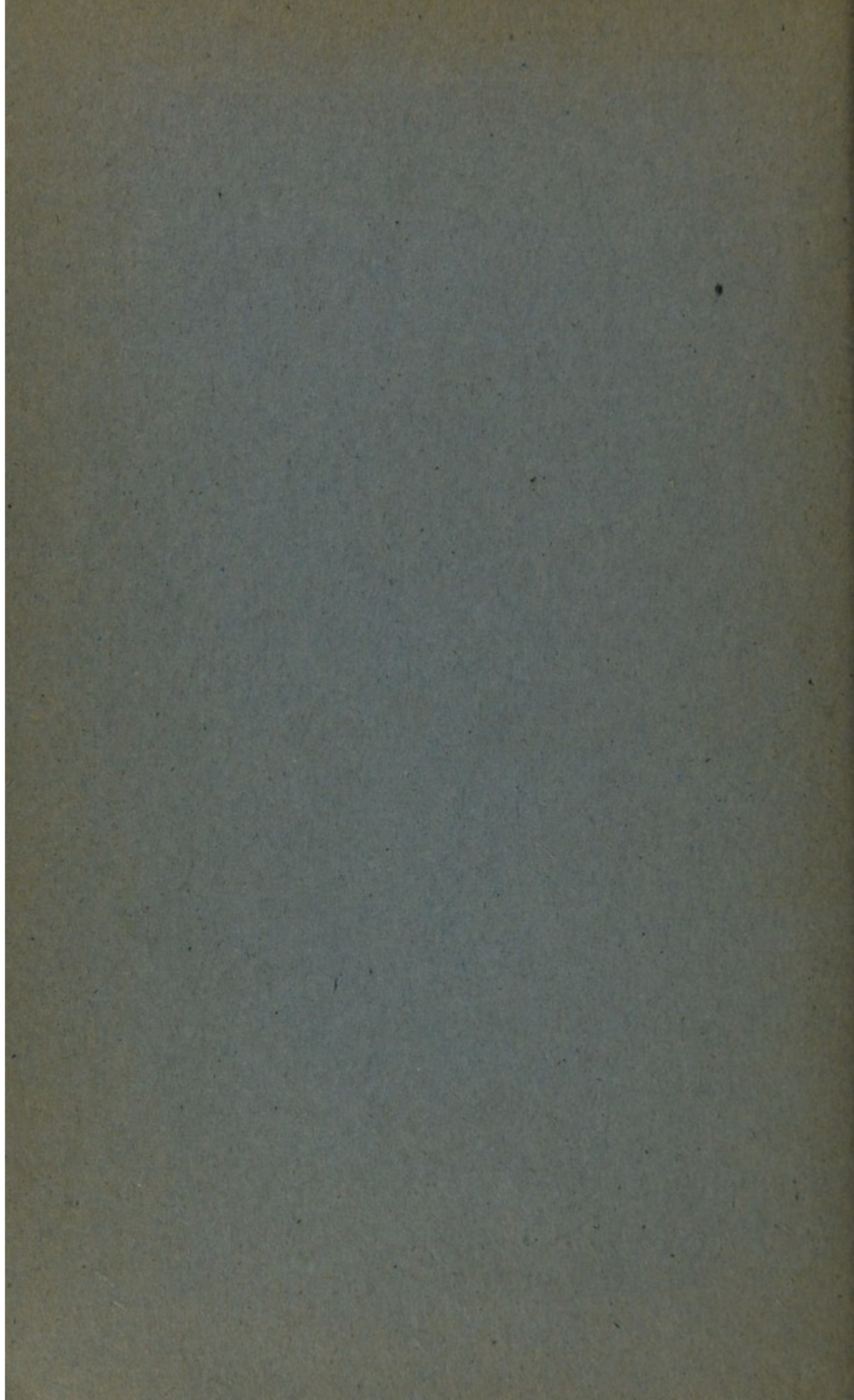
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Annual Report

of the
Medical Officer of Health
and the
Principal School Medical Officer

1969



County of Anglesey



Annual Report

of

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

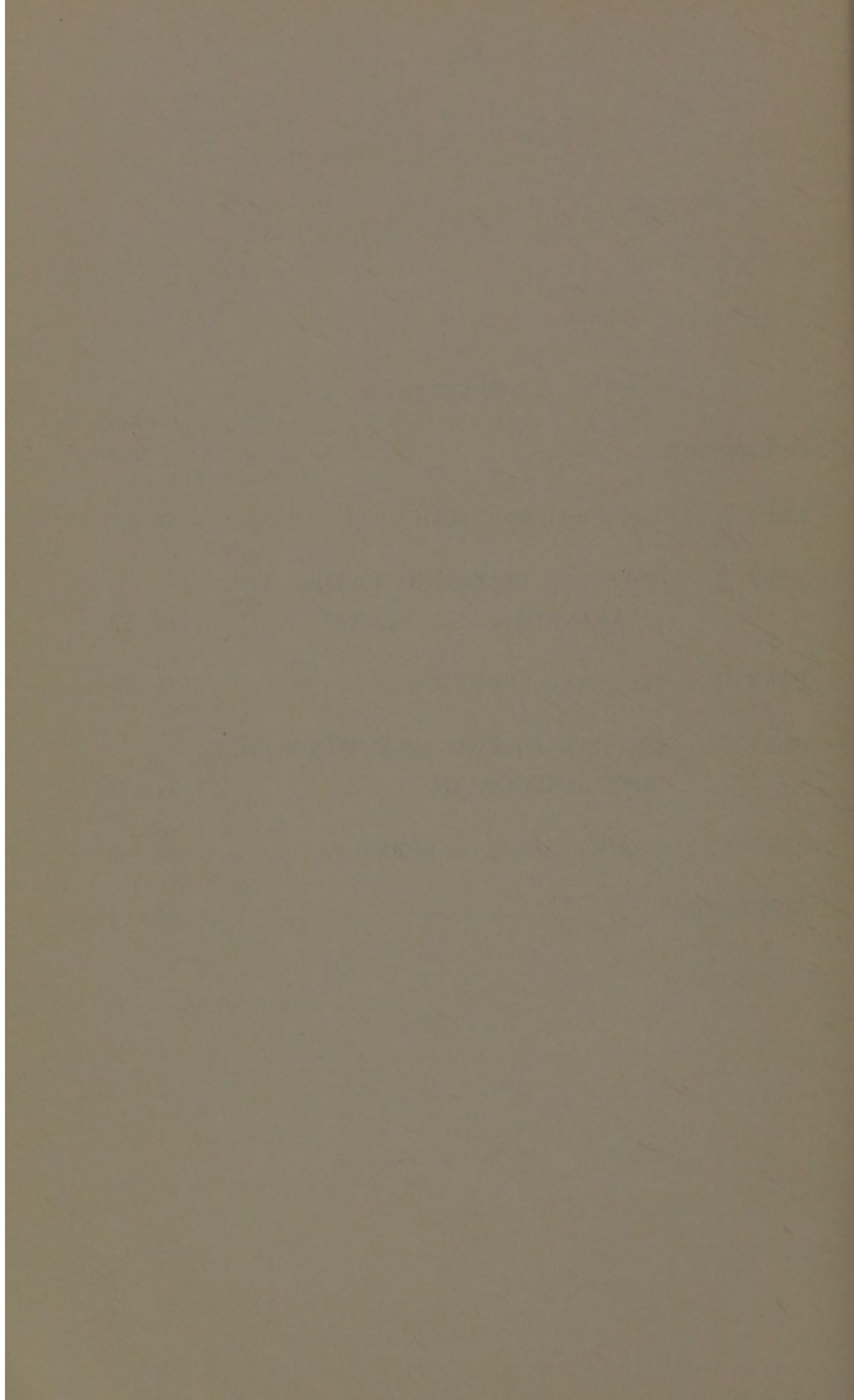
for the year

1969



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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 1969.

The mid-year estimate of population continues to rise, being 58,210 compared with 57,800 and 56,670 for the preceding two years respectively and the 1961 Census of 51,700. There were 1,099 live births, 21 more than in 1968, being equivalent to a birth rate of 18.9 per 1,000 population. The birth rate for England and Wales by comparison was only 16.3 per 1,000 population. Our mortality experience was also relatively favourable, being 10.6 per 1,000 population compared with 11.9 for the country as a whole.

Our infant mortality rate, however, is still much too high at 20 per 1,000 live births, and the only comfort which we can take from the obstetric statistics is that the stillbirth rate at least has reached a record low for the county at 10.8 per 1,000 total births. Analysis of the case histories of mothers delivered of stillbirths or where their live born infants died in the first four weeks of life, shows that a relatively alarming number of them were primigravidae in social classes IV and V. Four such expectant mothers had not received any ante-natal care at all. Let us hope also that the slight falling-off in attendances at our ante-natal clinics which are after all staffed by consultant obstetricians and their staffs, is not the beginning of a new social trend where permissiveness seeks to erode the very basis of our efforts to reduce maternal morbidity and infant mortality.

Twenty-one new cases of tuberculosis notified during the year was something of a disappointment, particularly in view of the very encouraging figures recorded in 1967. The fact that all 80 children examined as contacts of these cases were tuberculin negative must, however, indicate that we are now detecting the disease at a very early stage.

Dr. J. Glyn Jones, the Chest Physician, who has served the County—both its Council and its people—so notably for the past 27 years, retired in the week the introduction of this Report was being prepared. He worked in the greatest harmony with five successive County Medical Officers and I would like to take this opportunity of thanking him on behalf of myself and my predecessors and to wish him well.

Following the adoption of a new schedule for the routine immunisation of infants and young children, early in the year, it is not surprising that the statistics relating to the number of persons who have completed their primary courses of immunisation against Diphtheria, Whooping Cough and Poliomyelitis, is about half that for 1968. We shall have to wait until the end of 1970 before we can judge whether the new schedule, as advised by the Central Health Services Council, is as acceptable to the mothers as the old scheme. Certainly the fact that a few general practitioners did not adopt the new schedule early on caused a great deal of public confusion for some time. Now that this Council has purchased a computer I hope that the department will be given the earliest opportunity to use it for vaccination and immunisation record purposes and that we will be able to combine in a scheme with the general practitioners to try and achieve a hundred per cent. immunisation cover in this county.

The body of this Report will show that there was again an expansion right across the range of services given to the public. The Home Help Service expanded by a further 18% both in the number of persons benefiting from the service and in the number of hours provided. The latter reached over 100,000 hours per annum for the first time in the county's history—in fact, 101,530 hours compared with 85,949 in 1968. This particular service has been nearly doubled in the past four years. The number of visits made by district nurses and health visitors were notably up on those made in 1968 and the same is true of our social welfare officers and mental welfare officers.

Our social welfare officer for the blind was successful in the examinations leading to the Certificate in Social Work, and earlier this year (1970) she proceeded to obtain a further qualification in social work with blind persons. The occupational therapist also made a notable contribution to the success of the welfare services and it is matter for regret to have to record that we failed after repeated advertising over nearly twelve months, to recruit a second qualified occupational therapist.

The number of aids on loan to the elderly and infirm rose from 210 to 327, of which 197 were issued during 1969. There was a 25% increase in chiropody and a welcomed, if inadequate, increase in the number of meals on wheels provided.

The greatest impediment to the future expansion of our welfare services, if past experience is any yard-stick, will be the failure to recruit qualified social workers. There would appear to me to be a general need to establish a Two Year Course, leading to the Certificate in Social Work, in the University City of Bangor. It has been argued

by some that the dearth of available placements for practical work for students in the North Wales area is likely to ensure that no such course will be established in the near future. In view of the impending implementation of the Local Authority Social Services Act, 1970, and the continuing increasing demand for welfare services, I would commend this Council to consider what steps it should now take to ensure an adequate supply of recruits to the service in this area.

One of the outstanding features of our welfare services are the many schemes of sheltered housing units that are now in existence on the Island. It is with pleasure that I record the Civic Trust Award for 1969 which the Valley R.D. Council received for their scheme at Aberffraw. Further schemes have been planned for Holyhead (fourth) and Llanerchymedd, by the urban district council and the Twrcelyn R.D. Council respectively. The flats at Menai Bridge are also very nearly complete at the time of going to press. It is a matter for regret that the Ger-y-Graig scheme at Llangefni has been the source of constant bickering between our two Councils. That particular district council, aided by the Welsh Office on the last occasion, repeatedly claim that first floor flats with thirteen steps to each front door is specially planned housing for the elderly and physically handicapped and that they should accordingly receive grants from this welfare authority as per our scheme. This council has to its credit resisted such illogicality with solidarity.

The co-operation between the department and the general practitioners has never been better. Since October, 1969, we have attached three of our district nurses to family doctor group practices on Holy Island and I am so convinced that this is the true pattern of community nursing for the future that I would recommend that we proceed without further delay to attach all our health visitors and district nurses in this way.

Volunteers are also making an increasingly effective contribution in many of our services, but in none more so than our meals on wheels scheme which is largely manned by volunteers. I believe that we now need to consider the appointment of a Welfare Officer to co-ordinate this voluntary effort to secure further expansion in the services.

The excellent relationship between our mental welfare officers and the psychiatrists is recorded elsewhere in this Report. However, there has developed over the past six years or so a credibility gap between the senior staff of the department and those at the North Wales Hospital, Denbigh, over that hospital's policy of discharging some ex-patients to unsupervised privately run hostels. Just before the publication of this Report, findings of an independent inquiry were made known in which the North Wales Hospital, Denbigh, was criticised for

"dumping" patients still suffering from mental disorder and requiring care and attention, into unregistered premises. It is to be hoped that we can now at last resume constructive discourses in a spirit of trust and co-operation.

In 1969 we felt the effects in this area of the gradual reduction of the mobile mass miniature radiography service leading to its final dissolution in March of 1970. Whilst it is true that sufficient facilities exist at the local hospital, preventing the influx of tuberculosis into the environment where our children are educated, etc., is now proving to be a major item of expenditure because no arrangements were made by the Central Government departments concerned for open access to radiological facilities to be made available to medical officers of health and principal school medical officers. Surely in our role as practitioners of preventive medicine we have as much a right to X-ray facilities on the same basis as any other doctor in the other branches of the National Health Service! All will acknowledge that X-rays solely for super-annuation purposes are an entirely different matter and should be paid for by the local authority concerned. An early favourable decision on free access to medical officers, from the Ministries concerned, would indeed be welcomed.

During the year there was an increasing intensity of concern within the county for an early start to be made by the Welsh Hospital Board on the construction of the new district general hospital that is to be built at Bangor.

Joint meetings were held with representatives of the other five North Wales counties to try and organise a viable and worthwhile special education service for those partially hearing children in the area. Now that the officers have reached an agreement as to the best ways in which this should be undertaken I earnestly hope that the local authorities and the Department of Education and Science, Welsh Office, will seek to implement the proposals as quickly as possible. The special educational requirements of partially hearing children have for far too long been neglected throughout North Wales.

Following the Spring meeting when he was elected to be Vice-Chairman of this County Council, Alderman Hugh Jones ceased to be Chairman of the Health Committee. He had been the Chairman since 1964, having previously served as Vice-Chairman for 15 years. It is with pleasure that I record my own personal gratitude to him for the special guidance and enormous support which he gave me in those first three years of my stewardship of the county health services. His being awarded the M.B.E. in the Queen's Birthday Honours List gave particular pleasure to all the staff of the Health and Welfare Department.

It was in 1969 also that Mr. G. Prys Jones, the Director of Education, retired after many years service to the Council. As his Principal School Medical Officer, I received from him considerable help and guidance and I wish him a long and happy retirement.

Late in the year Mr. G. C. Laszlo, who for many years was consultant ophthalmologist to the school health service by arrangement with the Welsh Hospital Board, passed away suddenly. His considerable contribution to the work of the School Health Service has already been sorely missed and his passing greatly mourned by the profession and patients alike.

I am also extremely grateful for the help received from the Anglesey Society for the Welfare of Handicapped Persons, the Anglesey Society for Mentally Handicapped Children, 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 would like to take this opportunity also to express our great appreciation to those local industrialists, voluntary bodies, youth organisations and private persons who by their generosity and continued support have made a big contribution towards the success of the Junior and Adult Training Centres.

I wish also to acknowledge the kindness and co-operation shown by the other officers of the Council. I am particularly indebted to Mr. Idris Davies, 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 Chief 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.

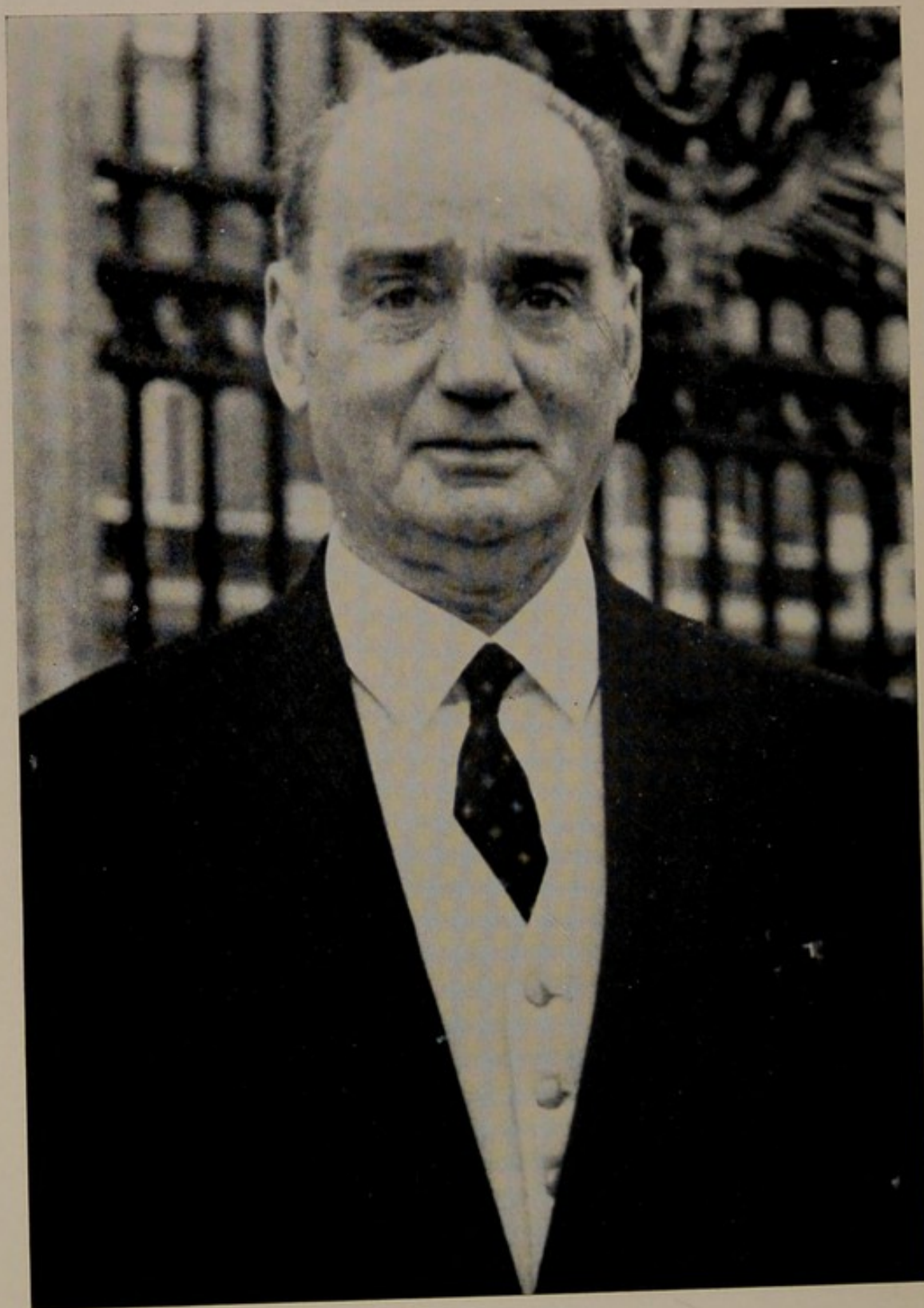
I am,

Your obedient Servant,

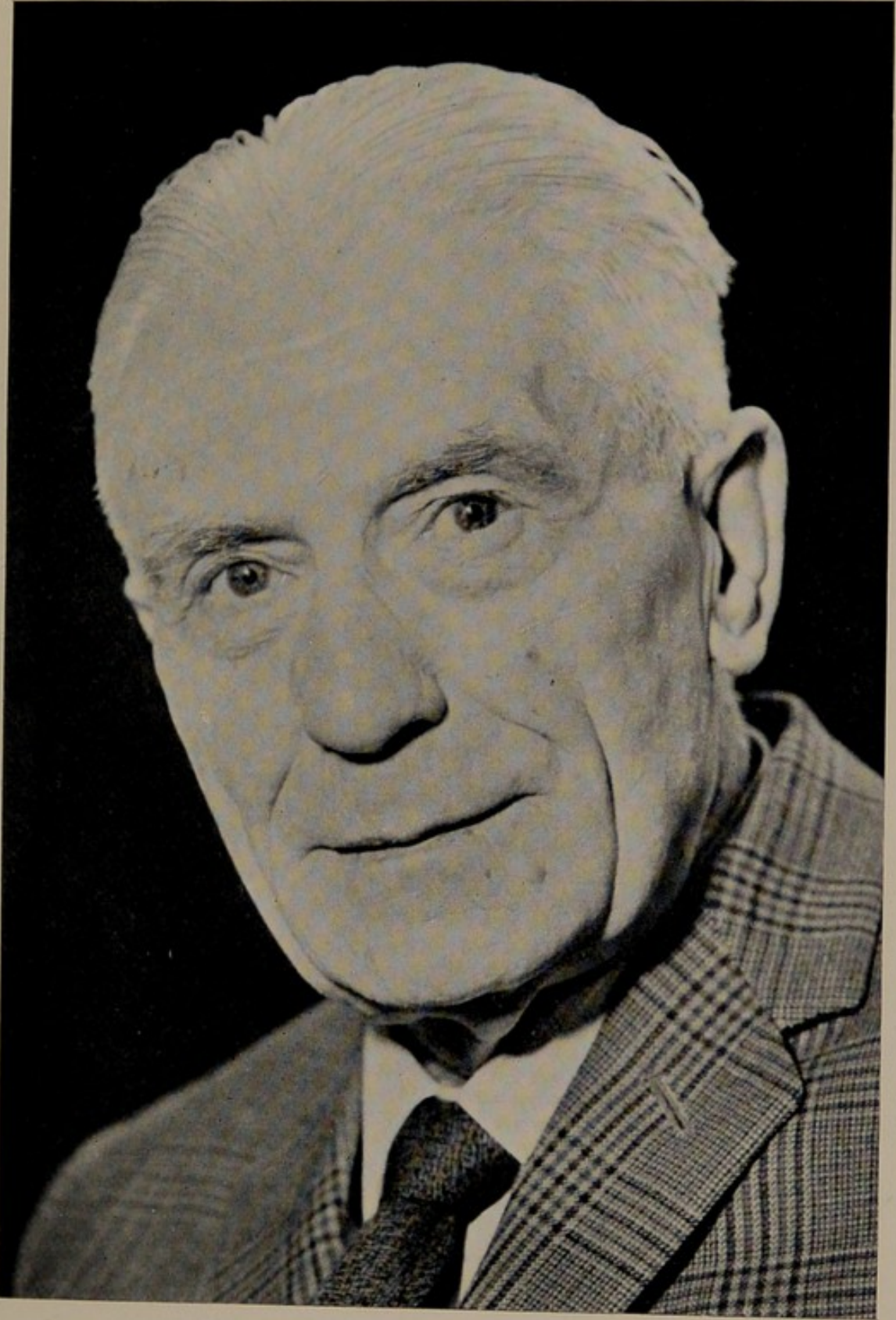
G. CROMPTON,

*County Medical Officer, Principal School Medical Officer,
and County Welfare Officer.*

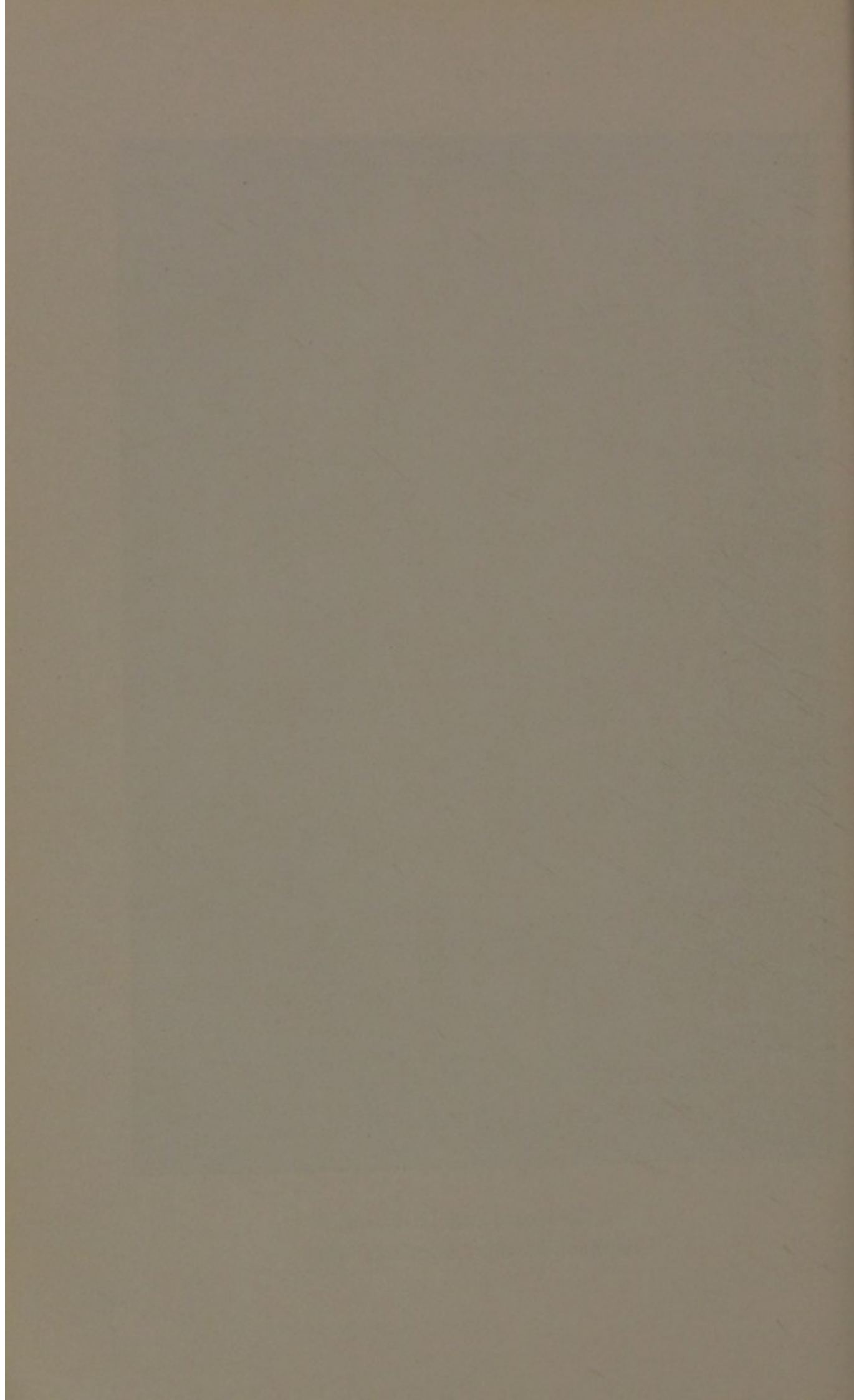
July, 1970.



Alderman Hugh Jones, M.B.E., J.P.,
Chairman of the Health Committee,
1964-1969



Councillor Llewelyn Lewis,
Chairman, Health Committee, 1969



Part I
GENERAL STATISTICS

SUMMARY OF VITAL STATISTICS

<i>Live Births:</i>			
Number	...	...	1,099
Rate per 1,000 population	...	...	18.9
<i>Illegitimate Live Births</i>			
Per cent. of total live births	...	...	7.2
<i>Stillbirths:</i>			
Number	...	...	12
Rate per 1,000 total live and stillbirths	...	...	10.8
<i>Total Live and Still Births</i>			1,111
<i>Infant Deaths</i> (deaths under one year)			22
<i>Infant Mortality Rates:</i>			
Total Infant deaths per 1,000 total live births	...	...	20.0
Legitimate Infant deaths per 1,000 legitimate live births	...	...	19.6
Illegitimate Infant deaths per 1,000 illegitimate live births	...	...	25.3
<i>Neo-natal Mortality Rate</i> (deaths under four weeks per 1,000 live births)			15.5
<i>Early Neo-natal Mortality Rate</i> (deaths under one week per 1,000 live births)			13.6
<i>Perinatal Mortality Rate</i> (stillbirths and deaths under one week combined per 1,000 total live and still births)			24.3
<i>Maternal Mortality:</i> Number of deaths			Nil
<i>Total deaths:</i>			
Number	...	...	709
Crude death rate	...	...	12.2

Table 1

POPULATION AND RATEABLE VALUE

<i>District</i>	<i>Area in Acres</i>	<i>Population Mid-year Estimate</i>	<i>Rateable Value (1.4.69)</i>
			£
Beaumaris Borough	3,135	2,060	71,958
Amlwch Urban	4,494	3,890	140,606
Holyhead Urban	730	10,970	254,233
Llangefni Urban	2,510	3,580	119,484
Menai Bridge Urban	824	2,390	88,241
Total Urban Districts ...	11,693	22,890	674,522
Aethwy Rural	52,352	11,290	223,863
Twrcelyn Rural	53,865	9,770	212,029
Valley Rural	58,785	14,260	357,622
Total Rural Districts.....	165,001	35,320	793,514
Total Administrative County	176,694	58,210	1,468,036

Estimated product of 1d. rate for County 1969/70 £5,690

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 1969 <i>Month</i>	RAINFALL		SUNSHINE		TEMPERATURE		FOG
	<i>Mean dly. rainfall mms.</i>	<i>No. of Wet Days</i>	<i>Mean dly. hrs. of sunshine</i>	<i>Sunny days</i>	<i>Mean Max. day Tem.</i>	<i>Mean Min. Night Tem.</i>	<i>No. of days fog recorded</i>
January	3.7	18	1.1	3	47	41	3
February ...	2.6	13	1.8	2	41	33	1
March	0.9	7	4.2	12	46	35	1
April	2.2	9	7.4	14	52	40	1
May	2.7	15	5.5	11	57	46	4
June	1.9	8	9.5	19	63	50	1
July	0.4	6	6.1	10	65	54	8
August	2.1	9	4.7	8	65	56	2
September	1.0	6	3.7	6	63	53	3
October ...	0.6	7	3.6	12	62	52	4
November	6.2	20	2.2	8	48	41	0
December ...	3.8	15	1.5	4	46	38	1

There were more rainy and sunny days than in the previous year, but temperatures on the average were slightly lower. There were less foggy days, although only one month (November) was completely free of fog.

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 1969

District	Area in Acres	Population			Live Births	Deaths
		Census 1951	Census 1961	Mid-year 1969		
Amlwch	4,494	2,700	2,910	3,890	63	37
Beaumaris	3,135	2,128	1,960	2,060	23	23
Holyhead	730	10,569	10,408	10,970	221	135
Llangefni	2,510	2,225	3,209	3,580	88	51
Menai Bridge.....	824	1,855	2,337	2,390	43	35
Urban	11,693	19,477	20,824	22,890	438	281
Aethwy	52,352	10,434	10,214	11,290	213	148
Twrcelyn	53,865	8,569	7,992	9,770	166	124
Valley	58,784	12,157	12,670	14,260	282	156
Rural.....	165,001	31,160	30,876	35,320	661	428
Anglesey	176,694	50,637	51,700	58,210	1,099	709

Births

There were 1,099 *live births* registered during the year, corresponding to a birth rate of 18.9 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
1960	17.0	17.2
1961	17.4	17.6
1962	18.3	18.0
1963	18.2	18.2
1964	19.2	18.5
1965	19.3	18.1
1966	19.5	17.7
1967	17.9	17.2
1968	18.7	16.9
1969	18.9	16.3

Illegitimate live births accounted for 79 out of the total of 1,099 live births. Expressed as a percentage this is 7.2 per cent. of the total and as a rate is 1.4 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

	<i>Anglesey</i>	<i>England and Wales</i>
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	1.4
1968	1.2	1.4
1969	1.4	1.4

Stillbirths

Stillbirths during the year numbered 12, which gives a stillbirth rate of 0.21 per thousand population. The corresponding rate for England and Wales was 0.22. 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.

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>
1960	19	20
1961	20	19
1962	17	18
1963	24	17
1964	17	16
1965	24	16
1966	14	15
1967	13	15
1968	14	14
1969	11	13

Rate is given to nearest whole number.

The number of stillbirths and the stillbirth rate in 1969 were the lowest on record. This is the fourth successive year in which the stillbirth rate has been equal to, or lower than, the national rate.

Infant Mortality

Unfortunately there were 22 deaths of infants under 12 months of age during the year, as compared with 17 in the previous year. This gives an infant mortality rate of 20.0 per 1,000 live births as compared with 15.8 in 1968. The corresponding rate for England and Wales was 18.0 per 1,000 live births. There were two deaths of illegitimate infants. The infant mortality rate per 1,000 corresponding live births was therefore:

Legitimate: 19.6 Illegitimate: 25.3

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

Table 7
CAUSES OF INFANT DEATHS 1969

Cause	Age at Death					Total
	Under 1 day	1-7 days	1-4 weeks	1-3 mths.	3-12 mths.	
Pneumonia	—	—	—	—	3	3
Diseases of the genito-urinary system	—	—	1	1	—	2
Congenital anomalies	3	1	1	—	—	5
Birth injury, difficult labour etc.....	1	1	—	—	—	2
Prematurity	7	1	—	—	—	8
Accidental	—	—	—	—	1	1
Others	—	1	—	—	—	1
Totals	11	4	2	1	4	22

Of the 22 infant deaths, 15 occurred within a week of birth. This gives an *early neo-natal mortality rate* of 13.6 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 1969 was 24.3 per 1,000 total births.

The trend of the infant neo-natal and perinatal mortality rates over the past 10 years can be seen by reference to Table 8.

Table 8

INFANT MORTALITY RATES

	<i>Infant Mortality Rate</i>		<i>Neonatal Mortality Rate*</i>		<i>Perinatal Mortality Rate</i>	
	<i>Anglesey</i>	<i>Eng. and Wales</i>	<i>Anglesey</i>	<i>Eng. and Wales</i>	<i>Anglesey</i>	<i>Eng. and Wales</i>
1960.....	18	22	15	16	32	33
1961.....	20	21	16	15	35	32
1962.....	23	22	11	15	28	31
1963.....	16	21	11	14	27	29
1964.....	24	20	19	14	33	28
1965.....	25	19	23	13	44	27
1966.....	18	19	15	13	28	26
1967.....	20	18	15	13	24	25
1968.....	16	18	13	12	25	25
1969.....	20	18	15	12	24	23

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

Rate is given to nearest whole number.

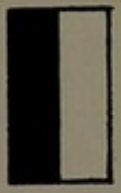
As will be observed from Table 8 the infant mortality, neo-natal mortality, and perinatal mortality rates fluctuate somewhat, the result of dealing statistically with small numbers.

Although the infant mortality rate showed a regrettable increase over the previous year, the perinatal mortality rate was actually lower than in 1968 due to the very low stillbirth rate.

Table 9
Detailed analysis of Stillbirths and Neo-natal Deaths occurring in 1969

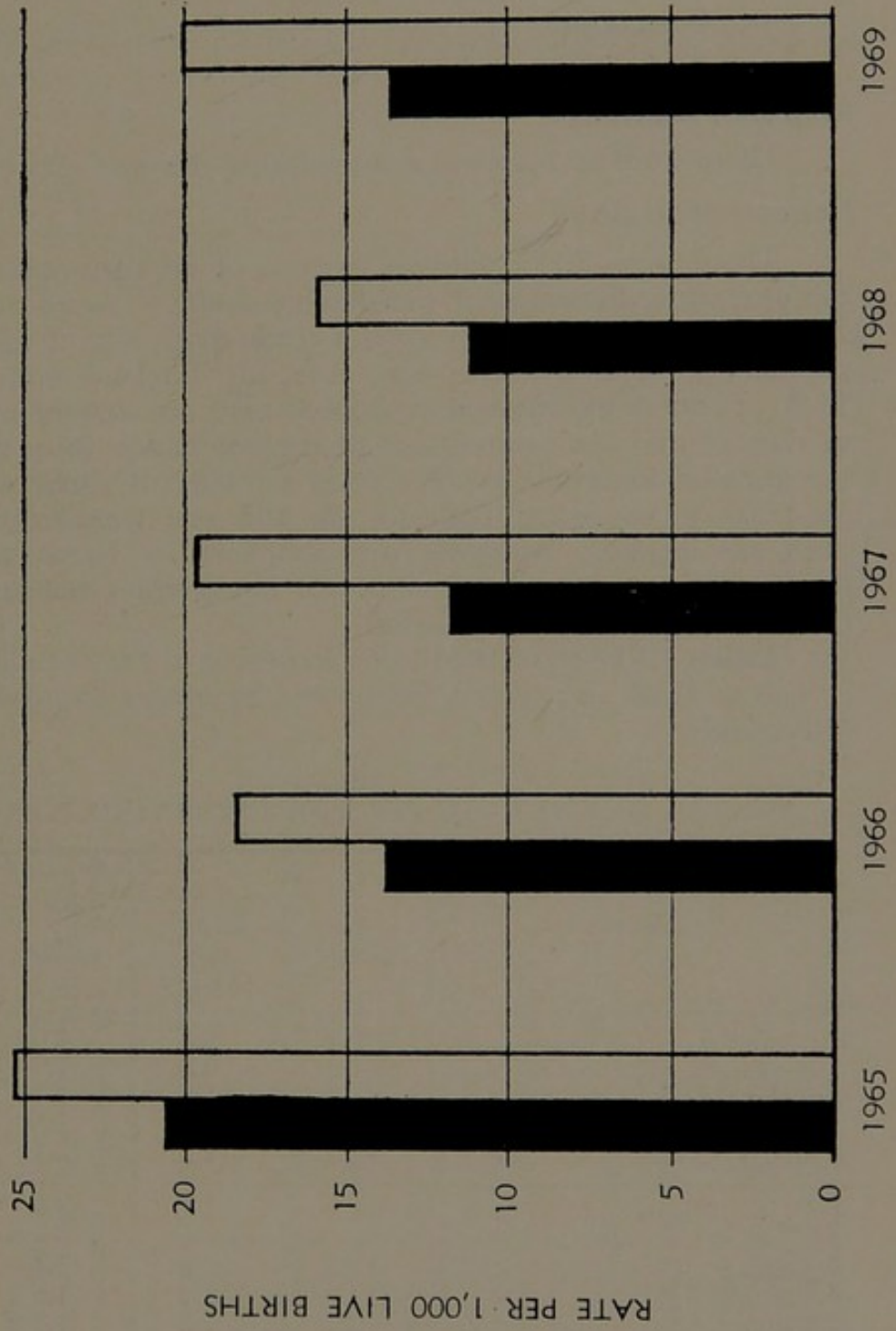
<i>Detail</i>				<i>Still Births</i>	<i>Neo-natal Deaths</i>	<i>Detail</i>				<i>Still Births</i>	<i>Neo-natal Deaths</i>
Totals				12	17	Ante-natal complications					
Males				7	10	Hypertension				1	2
Females				5	7	Oedema				2	—
Age of Mother : ...						Albuminuria				1	1
Under 20				1	4	A.P.H.				1	5
21-24				2	5	Rh. Neg. with antibodies.				1	—
25-29				7	3	Toxaemia				2	2
30-34				2	1	X-ray				3	6
35-39				—	2	Multiple Pregnancy ...				—	4
40+				—	1						
Not known				—	1						
No. of Previous Pregnancies :						Maturity :					
0				7	8	0-31 weeks				5	8
1				1	6	32-35 weeks				2	3
2				2	1	36-40 weeks				5	3
3				1	—	40+ weeks				—	—
4				—	1	Not known				—	3
5+				1	—						
Not known				—	1	Mode or Complications of Delivery :					
Social Class :						Normal				8	9
I & II				3	—	Assisted Breech				3	4
III				5	5	Caesarean Section				—	1
IV & V				4	11	Forceps				—	1
Not known				—	1	Not known				1	2
						Malformations :					
						Anencephaly				1	1
						Hydrocephaly				1	3
						Spina bifida				1	—
						Maceration				3	—
Place booked for Confinement :						Associated and listed Causes of Death :					
Hospital				9	14	Resp. Syndrome				—	4
Domiciliary				—	—	Cong. abnormalities ...				3	6
Not booked				2	2	Birth Injury				—	—
Not known				1	1	Multiple Pregnancy ...				—	4
						Gross Prematurity				—	5
Ante-natal Care :						Placenta insufficiency ...				7	2
G.P. only				—	—	Asphyxia... ..				—	—
G.P. and A.N.C.				9	14	Prematurity				—	11
G.P. and Midwife				1	—						
None				2	2	No. with avoidable causes...				2	1
Not known				—	1						

FIVE-YEAR HISTOGRAM SHOWING :—



EARLY NEONATAL MORTALITY RATE

INFANT MORTALITY RATE



Child Mortality

There were five deaths in the 1—4 years and two in the 5—14 years age groups respectively.

The causes of death were:

Meningococcal Infection	1
Congenital anomalies	2
Pneumonia	1
Accidents	3

Maternal Mortality

There were no maternal deaths during the year.

General Mortality

There were 709 deaths of persons of all ages registered during the year after allowing for transferable deaths (inward and outward), 27 less than in 1968. This gives a crude death rate of 12.2 per 1,000 population. The corresponding rate for England and Wales was 11.9. 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 10.6 per 1,000 population.

Tables 10-12 show the deaths according to the cause and classified by age at death and certain death rates by county and county districts respectively.

Table 10
ANNUAL DEATH RATE PER 1,000 ESTIMATED POPULATION

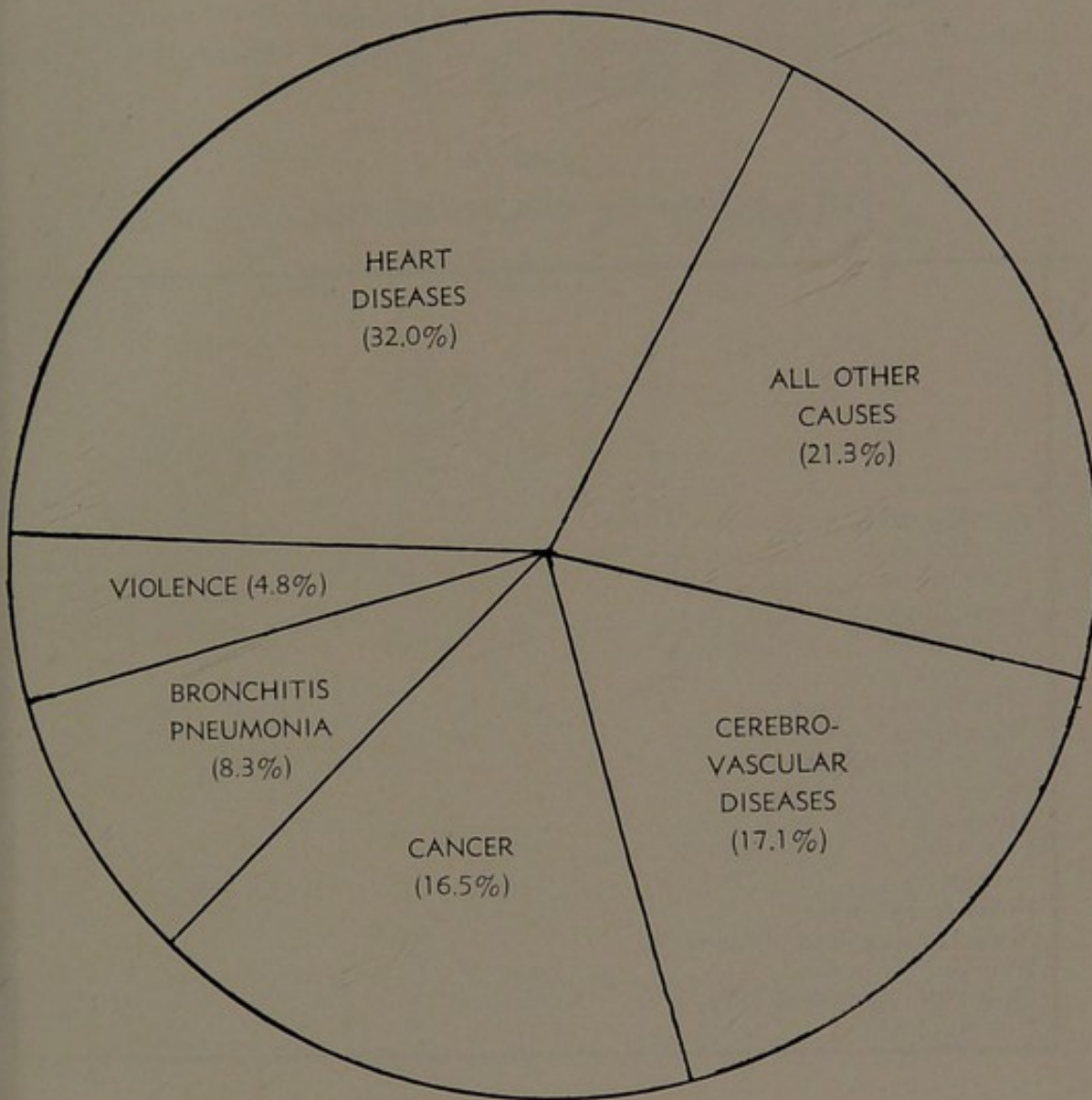
<i>District</i>	<i>All Causes</i>	<i>Death rate for</i>		
		<i>Respiratory Diseases</i>	<i>Cancer</i>	<i>Heart Disease</i>
Amlwch	9.5	0.5	1.0	3.1
Beaumaris	11.2	0.0	1.9	4.4
Holyhead	12.3	1.6	2.3	2.7
Llangefni	14.2	0.6	2.5	6.1
Menai Bridge	14.6	1.2	2.1	5.4
Urban	12.3	1.1	2.0	3.8
Aethwy	13.1	1.6	2.4	5.0
Twrcelyn	12.7	1.1	1.9	3.7
Valley	10.9	1.2	1.7	3.4
Rural	12.1	1.3	2.0	4.0
Anglesey	12.2	1.2	2.0	3.9

Table 11—CAUSES OF DEATH, 1969

Registrar General's Code	Cause of Death	Males						Females						Total							
		0- 4-	5- 14-	15- 24-	25- 34-	35- 44-	45- 54-	55- 64-	65- 74-	75- 84-	85- 94-	95- 104-	105- 114-								
B.1	Cholera																				
B.2	Typhoid fever																				
B.3	Bacillary dysentery & amoebiasis diarrhoeas and other diarrhoeal diseases																				
B.4	Taberculosis of respiratory sys- tem				2												3				
B.6	Other tuberculosis, including late effects																				
B.7	Plague																				
B.8	Diphtheria																				
B.9	Whooping Cough																				
B.10	Streptococcal sore throat and scarlet fever																				
B.11	Scarlet fever infection	1															1				
B.12	Measles																				
B.13	Smallpox																				
B.14	Measles																				
B.15	Typhus and other rickettsioses																				
B.16	Malaria																				
B.17	Syphilis and its sequelae																				
B.18	All other infective and parasitic diseases																				
B.19(1)	Malignant neoplasm, buccal cavity																				
B.19(2)	Malignant neoplasm, oesophagus																				
B.19(3)	Malignant neoplasm, stomach																				
B.19(4)	Malignant neoplasm, intestine				3	1	4	2									21				
B.19(5)	Malignant neoplasm, larynx																				
B.19(6)	Malignant neoplasm, lung, bron- chus				3	4	10	4									27				
B.19(7)	Malignant neoplasm, breast																				
B.19(8)	Malignant neoplasm, uterus																				
B.19(9)	Malignant neoplasm, prostate																				
B.19(10)	Ovarian neoplasm																				
B.19(11)	Other malignant neoplasms, in- cluding neoplasms of lymphatic and haematopoietic tissue																				
B.20	Benign neoplasms and neo- plasms of unspecified nature				1	1															
B.21	Diabetes mellitus																				
B.22	Avitaminoses and other nutri- tional deficiency																				
B.46(1)	Other endocrine, nutritional and metabolic diseases																				
B.23	Haemias																				
B.46(2)	Other diseases of blood and blood-forming organs																				
B.24	Mental disorders																				
B.46(3)	Meningitis																				
B.46(4)	Other diseases of nervous sys- tem and sense organs																				
B.25	Active rheumatic fever																				
B.26	Chronic rheumatic heart disease																				
B.27	Hypertensive disease																				
B.28	Ischaemic heart disease				1	5	31	38	21								148				
B.29	Other forms of heart disease																				
B.30	Cerebrovascular disease																				
B.46(5)	Other diseases of the circulatory system																				
B.31	Influenza																				
B.32	Pneumonia																				
B.33(1)	Bronchitis, emphysema																				
B.33(2)	Asthma																				
B.46(6)	Other diseases of the respiratory system																				
B.34	Peptic ulcer																				
B.35	Appendicitis																				
B.36	Intestinal obstruction and hernia																				
B.37	Gilthosis of liver																				
B.46(7)	Other diseases of the digestive system																				
B.38	Nephritis and nephrosis																				
B.39	Hyperplasia of prostate																				
B.46(8)	Other diseases of the genito- urinary system																				
B.40	Abortion																				
B.41	Other complications of preg- nancy, childbirth and puer- perium																				
B.46(9)	Diseases of the skin and subcu- taneous tissue																				
B.46(10)	Diseases of the musculoskeletal system and connective tissue																				
B.42	Congenital anomalies																				
B.43	Birth injury, difficult labour, and other anoxic and hypoxic con- ditions																				
B.44	Other causes of perinatal mor- tality																				
B.45	Symptoms and ill-defined con- ditions																				
BE.47	Motor vehicle accidents																				
BE.48	All other accidents																				
BE.49	Suicide and self-inflicted injuries																				
BE.50	All other external causes																				
	All causes	15	3	2	9	5	7	25	62	125	115	7	2	3	4	8	14	40	77	186	709

The main causes of death

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



The Registrar General's codes used for compiling the above diagram were as follows:

<i>Disease</i>	<i>Registrar General's Code</i>
Cancer	B19(1) to B19(11)
Heart Diseases	B25 to B29
Cerebro-vascular Diseases ...	B30
Bronchitis and Pneumonia ...	B32. B33(1)
Violence	BE47 to BE50
All Other Diseases	B1 to 18, B20 to 24, B31, B33(2), B34 to 45, B46 (1-10)

EPIDEMIOLOGY

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

Tables 13 and 14 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 13

NOTIFICATIONS OF INFECTIOUS DISEASES, 1969

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	—	13	8	14	40	21
Dysentery	—	—	—	—	18	7	—	—	25	6
Food Poisoning	—	—	—	2	—	—	—	—	2	—
Typhoid and Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—
Measles	—	1	40	5	1	2	44	48	141	49
Whooping Cough	—	—	—	3	—	—	—	3	6	4
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Post Infec'us Encephalitis	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Malaria (cont'cted abroad)	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	—	—	4	2	—	—	—	—	6	2
Ophthalmia Neonatorum	—	—	—	—	1	—	—	—	1	—
Tuberculosis	4	1	4	3	1	1	1	6	21	—

In Table 14 will be found the trend of notifications over the last 10 years.

The incidence of infectious diseases during the year continued at the low level we experience in this County. There was a slight rise in the incidence of scarlet fever, but dysentery showed a welcomed decrease.

There were no cases of poliomyelitis, diphtheria, or smallpox. This is the 20th consecutive year in which no confirmed case of diphtheria has been notified, and the 23rd consecutive year in which no death has occurred from this disease.

Table 14

NOTIFICATIONS OF INFECTIOUS DISEASES, 1960-69

DISEASE	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	12	22	19	24	30	32	12	5	14	40
Dysentery	27	2	10	38	3	16	25	13	68	25
Food Poisoning ...	3	—	1	—	3	19	5	4	11	2
Typhoid and Paratyphoid	—	—	1	—	—	2	—	1	—	—
Measles	39	391	394	376	1221	164	762	816	255	141
Whooping Cough	27	19	—	—	54	5	2	27	12	6
Pneumonia	4	2	2	3	4	1	7	1	1	—
Ac. Poliomyelitis ...	3	1	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	1	—	—	—	—
Encephalitis	—	1	—	—	1	—	—	1	—	—
Erysipelas	—	—	1	1	—	—	—	—	1	—
Puerperal Pyrexia...	14	2	5	3	4	—	2	4	1	—
Malaria*	—	—	—	1	—	1	1	1	1	—
Tuberculosis	32	33	38	26	36	33	26	10	19	21
Infective Jaundice...	—	—	—	—	—	—	—	—	1	6
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	1

* Contracted abroad

Mortality from infectious diseases during the year is shown in Table 15, together with the trend of mortality over the past 10 years.

Table 15

MORTALITY FROM INFECTIOUS DISEASES, 1960-69
(including certain diseases which are not notifiable)

DISEASE	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	1	—	—	—	—	—	—	—	1
Ac. Enceph.	—	—	—	—	—	—	—	—	—	—
Ac. Poliomyelitis & Polioenceph.	—	—	1	—	—	—	—	—	—	—
Enceph. Leth.	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	1	—	1	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Influenza	1	7	1	—	1	1	13	4	—	8
Diarrhoea under 2 years	—	—	2	2	—	—	—	—	1	—
Puerperal Sepsis ...	—	—	—	—	—	—	—	—	—	—
Infective Hepatitis...	—	1	1	—	1	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	1	—	—
Tuberculosis	8	3	4	5	5	3	3	4	3	3

Venereal Disease

Five new cases of syphilis, 8 of gonorrhoea and 48 of non-venereal diseases were seen at the Caernarvon and Anglesey Clinic or at St. David's Hospital during the year.

The reported incidence of both gonorrhoea since 1954 and syphilis since 1958 in England and Wales as a whole has been most disturbing.

This trend, however, has not been apparent in Anglesey as Table 16 shows.

Table 16
NEW CASES—ANGLESEY

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Non-gonococcal urethritis</i>
1950.....	22	6	49
1955.....	20	3	35
1960.....	8	3	25
1961.....	9	15	26
1962.....	8	11	21
1963.....	9	7	38
1964.....	8	8	47
1965.....	4	15	48
1966.....	4	17	38
1967.....	3	13	44
1968.....	2	10	43
1969.....	5	8	48

It is important to note that whereas the education of the public relating to the venereal diseases has tended to stress the excellent results obtained by treatment, there are still existing deficiencies and dangers, particularly from failure of early diagnosis, and the fact that a disease of unknown cause (so-called non-gonococcal or "non-specific" genital infection) is now the commonest of this group of infections and remains highly resistant to treatment. The resistance to treatment of the latter is not generally known by the public at large.

Part II
SERVICES PROVIDED UNDER
NATIONAL HEALTH SERVICE
ACTS

HEALTH CENTRES

Negotiations with the various interested parties in Holyhead are unfortunately proceeding very slowly indeed, but some progress was made in the discussions with respect to the Centre at Cemaes Bay. It is hoped that agreement will be reached on this project early in 1970. [At the time of going to press a decision has been reached to drop this project completely owing to the high cost.]

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, measles and tetanus.

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

A revised programme of recommended protective measures, devised to afford the fullest protection of children, was introduced on the 1st January, as follows:

The expectant mother	...	A course of Poliomyelitis vaccine
At age 4 months	...	1st Whooping Cough/Diphtheria/Tetanus 1st Oral Poliomyelitis
„ 6 months	...	2nd Whooping Cough/Diphtheria/Tetanus 2nd Oral Poliomyelitis
„ 10 months	...	3rd Whooping Cough/Diphtheria/Tetanus 3rd Oral Poliomyelitis
„ 12 months	...	Measles
„ 14 months	...	<i>Primary</i> Smallpox Vaccination
„ 5 years or School Entry	...	Diphtheria/Tetanus Booster Oral Poliomyelitis Booster Smallpox Re-vaccination
„ 13 years	...	B.C.G. Vaccination
„ 15/16 years or on leaving school	...	Oral Poliomyelitis Booster Tetanus Booster Smallpox Re-vaccination

The introduction of this new programme, as expected, had the effect of noticeably reducing by the end of the year, the total number of children given certain primary courses of immunisation.

A personal record card, printed bilingually (Welsh and English) setting out this programme, is available for issue to all mothers.

Full details of the number of children immunised during the year is given in Table 17.

Diphtheria, Whooping Cough and Tetanus Immunisation

Triple antigen (diphtheria/whooping cough/tetanus) continues to be the most popular form of protection against these diseases, and 557 children were immunised with this combined vaccine during the year, compared with 1,117 in 1968. The reduction by approximately 50% in the total number of children given primary courses during the year as compared with the previous year, was due to the introduction of the new programme which results in primary immunisations not being completed before the age of 10 months instead of 5 months as previously.

In addition, a few other children who did not receive triple antigen were given primary immunisation against these diseases individually, i.e., 10 against diphtheria and 30 against tetanus.

"Booster" doses of vaccine were also given to children during the year as follows:

Against Diphtheria, 1,567; Tetanus, 1,608; and Whooping Cough, 728.

Single or combined vaccines were used according to the need.

Poliomyelitis Vaccination

Only Sabin oral vaccine was used during 1969. 627 children completed a primary course of vaccination during the year, and 1,694 children received a reinforcing dose compared with 1,029 and 1,251 respectively in 1968.

Similarly, as already indicated above, the introduction of the new programme considerably reduced the number of children who *completed* the primary course of polio vaccination during the year as compared with the previous year.

Measles Immunisation

Immunisation against Measles was introduced in May, 1968, and at the beginning of 1969 was available to all children aged 1-15 years inclusive who had neither been immunised against, nor suffered from natural, measles. Unfortunately, in June, 1969, the national supply of measles vaccine fell short of the quantity needed for routine immunisation and it was, therefore, necessary to confine it to children in the age group 4-6 years inclusive. This curtailment in the supplies obviously had a detrimental effect on the scope of the measles immunisation programme with regard to both the acceptance rate and the scale of publicity. The supply position did not improve until early in 1970.

Table 17

NUMBER OF CHILDREN PROTECTED (PRIMARY COURSES OF VACCINE)
AGAINST THE FOLLOWING DISEASES DURING THE YEAR 1969

<i>Year of Birth</i>	<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>	<i>Polio- myelitis</i>	<i>Measles</i>
1969	93	93	93	71	2
1968	426	425	426	449	136
1967	23	20	23	52	117
1966	7	6	8	14	94
1962-65.....	14	12	15	37	149
1953-61.....	4	1	22	4	6
TOTAL	567	557	587	627	504
No. of Booster doses given.....	1,567	728	1,608	1,694	—

By the end of the year 75 per cent. of the children who were born in 1968 were immunised against diphtheria and whooping cough, 66.4 per cent. against poliomyelitis, and 43 per cent. approx. were vaccinated against smallpox. It is regretted that the percentages for Wales, and England and Wales are not yet available for comparison.

Smallpox Vaccination

During the year, vaccination records received indicated that 510 children were given primary vaccinations and a further 46 children were re-vaccinated compared with 566 and 75 respectively in 1968. In addition, 42 persons over the age of 15 years were given primary vaccination and 178 were re-vaccinated, compared with 74 and 212 respectively in 1968.

TUBERCULOSIS

21 new notifications of tuberculosis were received during the year (15 respiratory and 6 non-respiratory), and 3 deaths were registered. In addition 5 patients suffering from respiratory tuberculosis came to Anglesey from other local authority areas.

Whilst two more cases were notified during the year than in 1968, the low trend of the past two years was maintained in 1969.

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

Admissions to hospitals totalled 26 in 1969.

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

"Although there was again a slight increase in the number of new cases notified it is pleasing to note, at the same time, that of eighty child contacts not one was tuberculin positive. This goes to prove the efficiency of our preventive efforts inasmuch as patients suffering from tuberculosis are diagnosed before reaching the infective stage. The more the pity, therefore, that the Mass Radiography Service, which has proved so useful in this respect, is to be suspended.

"This being the last occasion upon which I shall be contributing to this Report, I would like to acknowledge the support received from members and officials of the County Council during my twenty-seven years as Chest Physician. This period has shown a dramatic decline in the incidence of tuberculosis and our tactics have had to be altered from time to time to meet new conditions. I am very grateful for the support and encouragement received throughout from four successive Medical Officers. To them in particular, to the Health Visitors, and to the clerical staff of the Health Department, I would like to pay tribute for their devotion to this work and to wish them all success in bringing the campaign to a successful conclusion."

Care and After Care

Table 18 gives details of the number of cases in each area and of the number of visits paid by the health visitors.

Table 18

<i>Health Visitor Areas</i>	<i>No. of Visits paid</i>	<i>No. of cases on Register at 31/12/69</i>
Amlwch	25	13
Beaumaris	36	9
Bodedern	34	11
Bodorgan	60	21
Holyhead	221	44
Llangefni	34	17
Llanfechell	15	6
Marianglas	14	14
Menai Bridge	58	20
Newborough	21	5
Totals	518	160

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 262 such visits.

Supplies of milk and extra nourishment were given free of charge to 13 patients during the year. In addition 2 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 214 contacts of 26 new cases (including the 5 "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 at the chest clinic were as follows:

	1968	1969
New and transferred cases of tuberculosis:	24	26
Contacts examined:		
Children	93	80
Adults	121	134

B.C.G. Vaccination of Contacts

In Table 19 is set out the work done during the year in the routine testing and vaccination of young contacts of notified cases of tuberculosis. Since vaccinations commenced in 1949 a total of 2,824 contacts have been vaccinated with B.C.G.

Table 19

B.C.G. VACCINATION OF CONTACTS, 1969

Age Groups	Total Tested	Multiple Puncture		Vaccinated	Refusal of Test and/or vaccination
		+ve	-ve		
Newborn	—	—	—	44	1
Others under 5 years	47	—	47	47	2
5-9 years	19	—	19	19	1
10 years & over	14	—	14	14	—
Totals	80	—	80	124	4

B.C.G. Vaccination of Schoolchildren

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 1969 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 591 of these children consented, but due to absenteeism the M.P. test was only completed for 488 children. Of this number 400 were found to be negative reactors and all but six were given B.C.G.

There were 88 (18%) positive reactors. No further investigation was considered necessary in 85 of these children. The remaining three 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 re-M.P. tested. The parents of 690 children consented to this, but due to absenteeism the M.P. test was only completed on 614 children. Of this number 12 were negative and required re-vaccination, but only 9 were actually vaccinated. 27 children were referred for X-ray examination of the chest because the results of the M.P. re-tests were stronger than one would have normally expected, and the results in every case were satisfactory.

During the year a temporary member of the teaching staff of the Amlwch County Secondary Schools was found to be suffering from Respiratory Tuberculosis and prompt action was taken to screen the pupils and staff at the school. Besides the pupils included in the annual B.C.G. vaccination programme which happened to be conducted at about the same time, a further 562 pupils were M.P. tested and 124 were X-rayed and happily all the results were satisfactory.

Only two parents refused to allow their children to be given either an M.P. test or X-ray examination.

Tuberculin Testing of School Entrants

Since 1957 annual routine testing of primary school children has been carried out. The test used is the Multiple Puncture Test which is 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.

Parental consent was obtained to the M.P. test being given to 1,009 (94.7%) out of the 1,066 new entrants to school in 1969. Of this number 83 (or 8.3%) were found to be positive reactors. This group of positive reactors included 77 who had received B.C.G. vaccination as contacts of known cases. No action was considered necessary in the other 6 cases.

323 "inward transfers" to the County were also M.P. tested, 275 of whom were found to have a negative reaction, and 48 positive reaction. On enquiry it was found that 41 of this latter group had had B.C.G. vaccination. No action was considered necessary in the remaining 7 cases.

MIDWIFERY AND MATERNITY SERVICES

Births

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

Table 20

	<i>Live Births</i>	<i>Stillbirths</i>
At Home	66	1
St. David's Hospital	826	10
Gors Maternity Home	191	—
Private Nursing Homes, etc.	5	1
Totals	1,088	12

In 1969 94% of all births took place in institutions.

The Council's midwives attended 63 deliveries, including miscarriages during the year. Three were midwives' booked cases and 60 were doctors' booked cases, the doctor being present at the time of delivery in 15 of these confinements.

During the year five applications were received from unmarried expectant mothers for admission to Bersham Hall for ante-natal care and confinement. All were granted but subsequently three withdrew their applications.

Analgesia in Domiciliary Midwifery

All the 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. Nine 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 40. In addition, pethidine was administered in 30 cases.

Medical Aid

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

Midwifery Packs

About one gross of midwifery packs are used annually for domiciliary confinements and early discharge cases from hospitals.

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 patients' agreement, to inform the family doctor of the pregnancy.

Details of the work done by domiciliary midwives in 1969 are given in Table 21.

Table 21

District	Total Visits		No. of Domiciliary Confinements	Analgesics Administered	
	Ante and Post-natal	Hospital Discharges*		Gas/Air or Trilene	Pethidine
Amlwch	312	436	8	2	1
Beaumaris	386	259	12	2	3
Bodorgan	255	414	6	3	3
Holyhead	912	1,545	11	11	6
Llanerchymedd	77	177	—	—	—
Llanfechell	241	150	2	2	1
Llangefni	322	393	5	4	4
Llanddona	350	305	4	4	1
Marianglas	572	418	9	8	8
Menai Bridge ...	354	613	2	1	1
Newborough ...	301	435	1	3	2
Totals	3,982	5,145	63	40	30

*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 22.

By arrangements with the Caernarvonshire and Anglesey Hospital Management Committee, the Council's ante-natal clinics are staffed by Consultants and Doctors from the local maternity hospital and by the Council's Midwives and Health Visitors. 98 sessions were held during the year.

Table 22

	Number of Cases			Attendances
	Ante-natal	Post-natal	Gynaecological	
Amlwch	173	35	—	555
Holyhead	482	71	3	1,840
Llangefni	163	36	1	564
Totals	818	142	4	2,959

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Centres

No clinics were closed during the year and no new clinics were opened. Unfortunately, no practical progress has been made with the Health Centre proposed for Holyhead, and as a result the resources of existing clinics held at St. David's Priory are somewhat strained. As I mentioned last year serious consideration will soon have to be given to the establishment of another clinic in the town if negotiations for the establishment of a Health Centre do not reach a successful conclusion at an early date.

The medical officers held 222 clinic sessions and health visitors held another 124 sessions.

One thousand four hundred and six children were on the rolls during 1969, and the total attendance numbered 5,575, a decrease of 316 compared with 1968.

Details of the work done are shown below :

(1) No. of centres provided at end of year	...	...	...	...	13
(2) No. of children who attended centres during the year who were born in 1969	...	...	...	511	
	1968	...	...	473	
	1967-64	...	...	422	
				—	1,406
(3) No. of children who first attended the centres during the year who at their first attendance were under 1 year	...	...	...	...	625
(4) Total number of attendances made by children included in (2) during the year :					
Under 1 year	...	...	...	4,070	
1 year but under 2	...	...	...	1,066	
2 years but under 5	...	...	...	439	
				—	<u>5,575</u>

The Clinics held at the 13 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 1969 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	...	...	...	...	353
From 1 to 2 years	...	...	...	...	58
Over 2 years	...	...	...	...	2
					—
Total attendances	...	...	...	...	413

The Care of Premature Infants

Details of cases notified in 1969 were as follows:

- (a) Number of premature babies who were born:
- (i) At home 4
 - (ii) In private nursing homes —
 - (iii) In hospitals 71
- (b) (i) Number of those born at home who survived 28 days 3
- (ii) Number of those born in hospitals who survived 28 days 58

Dental Care of Mothers and Young Children

Details of dental services rendered to these priority classes are set out in Table 23 below.

Table 23

	<i>Children under 5 years</i>	<i>Expectant and Nursing mothers</i>
Number inspected	111	27
Number treated	76	20
Number rendered dentally fit	74	17
Forms of treatment:		
Number of teeth extracted	62	33
Number of teeth filled ...	38	17
Number of scaling and gum treatments	—	3
Number of radiographs	—	2
Dentures supplied	—	6
General Anaesthetics	33	9

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

"Patients have come to have treatment under this Scheme this year again as usual. As I have stated in previous years, we in Anglesey are fortunate to have fewer under-five year old patients in need of treatment compared with other counties in the United Kingdom. I believe that the reason for this is the help given to their teeth by the Anglesey County Council's fluoridation policy.

"The dental and medical staffs have stressed on the mothers the need for good oral hygiene and good diet.

"It is of interest to refer back to the survey carried out about six years ago in Anglesey and other parts of the United Kingdom into the practice amongst mothers of giving 'dinky comforter bottles' to their

young infants. These feeding bottles were filled with concentrated vitamin fruit juices and in some cases with sweetened water. It is a practice to be condemned as it resulted in the upper four teeth of a child known to use them becoming grossly decayed while the rest of the child's teeth were still sound."

Distribution of Welfare Foods

During 1969 the following welfare foods were distributed in the county :

National Dried Milk, full cream	10,373 tins
National Dried Milk, half cream	27 tins
Cod Liver Oil	935 bottles
Orange Juice	13,243 bottles
Vitamin A and D Tablets	379 packets

In addition, 9,028 packets of proprietary dried milk, 1,297 packets of other baby foods, and 2,911 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 five patients (one new case) attended during 1969.

One child under the age of 5 years was in attendance at a special school during 1969.

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 130 children on the register.

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 1969 22 babies with congenital defects were registered, and their distribution are shown in Table 24.

Table 24

CONGENITAL MALFORMATIONS

<i>Site of Defect</i>	<i>Number of Cases</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
Central Nervous System	2*	1	3
Eye and Ear	1*	0	1
Alimentary System	2	1	3
Heart and Circulatory System	2	0	2
Respiratory System	1*	0	1
Urino-genital System	6*	0	6
Skeletal System	8*	1	9
Other Malformations	0	1	1
Totals	22	4	26

* Includes one child with multiple defects as indicated.

Phenylketonuria

This rare inherited disorder, which, untreated, gives rise to severe mental subnormality, can usually be detected at an early age by a simple "nappy" test. In 1968, however, two false negatives were obtained and this disorder of metabolism was only detected some months later when the two children concerned were not showing the progress that was expected of them at their ages.

On 1st October, therefore, arrangements were made in conjunction with the Pathologist at the Caernarvon and Anglesey General Hospital to introduce the Guthrie test which is more reliable. I am glad to report that no mothers refused consent for their babies to be tested, the results of which proved negative in every case. At the time of going to press we are, with others, finalising arrangements with Professor Mahler, of the Medical Unit at the Welsh National School of Medicine, to subject specimens of urine-soaked filter papers from each newborn baby to the "Woolf Test." This supersedes the Guthrie test and will enable us to detect up to 20 or more disorders of metabolism at a very early age, when treatment could be expected to be more successful. The whole of Wales will be participating in this scheme in the very near future and the results will enable the scientists at the School of Medicine to determine the true incidence of many metabolic diseases in the Principality and the prevalence of certain abnormal genes in the population.

Cytology Service

The cytology clinics which were established in May, 1967, continued to be held in Amlwch, Holyhead and Llangefni. Even though the existence of this service was well advertised through the local women's organisations, attendances have been disappointing and it was decided to reduce the number of sessions from twice to once monthly at each centre.

304 smears were taken during the year, ten of which were dubious; none was positive.

The Medical Officer attending the Family Planning clinics also continued to take cervical smears as in the past.

Family Planning Service

This service is organised through the agency of the North Wales Branch of the Family Planning Association. Clinics are held at Amlwch (twice monthly), Holyhead (twice monthly), and Llangefni (every week). I would like to express my appreciation of the valuable work being carried out by the Medical and Nursing Staff and the band of voluntary workers. Advice and supplies are given to married women, unmarried mothers, single women just before marriage, and other single women who are 21 years of age or over.

I repeat my request to the Agency to submit accurate statistics relating to attendances at the clinics. The figures given me are so palpably inaccurate as to be valueless and have no place in this report.

The Nurseries and Child Minders Regulation Act 1948

Playgroups continued to prove very popular and during the year one new group was registered at Llandegfan. At the end of the year there were 14 such groups providing accommodation for 278 children of under school age.

The County Medical Officer advises on the formation of these groups and on the conditions required under the above Act. 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 25 and 26 give some details of the work done by the health visitors during the year.

Table 25

<i>District</i>	<i>*Births Notified</i>	<i>Visits to children born in :</i>			<i>Total</i>
		1969	1968	1964-67	
Amlwch	89	319	298	647	1,264
Beaumaris	73	662	343	683	1,688
Bodedern	145	676	519	469	1,664
Bodorgan	66	506	503	619	1,628
Holyhead	267	1,402	1,114	927	3,443
Llanfechell	65	325	411	750	1,486
Llangefni	100	551	412	242	1,205
Marianglas	100	559	304	707	1,570
Menai Bridge ...	112	868	732	847	2,447
Newborough ...	71	457	441	613	1,511
Totals	1,088	6,325	5,077	6,504	17,906

* By doctors and midwives.

The health visitors also visited other cases as follows :

Table 26

Tuberculosis	541
Mentally Sub-normal	259
Miscellaneous	773
Total	1,573

HOME NURSING

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

S.R.N., S.C.M., Q.N.	5
S.R.N., S.C.M.	7
S.E.A.N., S.C.M.	4
S.E.A.N., S.C.M., Q.N. (engaged entirely on Midwifery)	1

Table 27 shows the work done during 1969 in the separate districts:

Table 27

<i>District</i>	<i>Cases</i>	<i>Visits</i>
Amlwch	153	2,320
Beaumaris	150	2,769
Bodedern	74	2,202
Bodorgan	92	1,270
Holyhead	417	9,686
Llanddona	88	1,970
Llanerchymedd	67	1,440
Llanfechell	101	1,877
Llangefni	137	2,565
Marianglas	88	1,600
Menai Bridge	99	2,616
Newborough	80	1,290
Totals	1,546	31,605

The following table gives further details of these cases:

Table 28

<i>Group</i>	<i>Total No. of Cases</i>	<i>Total No. of Visits</i>
Medical	1,105	23,326
Surgical	441	8,279
Totals	1,546	31,605

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. Llangefni and Amlwch each have two district nurses, one concentrating mainly on midwifery and the other on home nursing.

In October, three domiciliary nurses were fully attached, one to each of the three general practitioner group practices on Holy Island. I am pleased to report that at the time of going to press this arrangement has proved that attachment of nursing staff in this way has great benefits to all concerned, staff and patients alike, and feel that we should now proceed with all speed to fully attach all Anglesey district nursing and health visiting staff to the family doctor group practices.

In 1969 the number of patients visited increased by 159, and the number of visits increased by 809 as compared with the previous year.

There were 813 patients who at the time of the first visit during the year were aged 65 years or over, and 17,360 visits (i.e., 53% of the total) were paid to these cases. Patients receiving more than 24 visits during the year numbered 307 (i.e., 20% of the total cases), and they received 16,282 visits.

No special provision is made for the home nursing of sick children, but 350 visits were paid to 54 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 26,178 disposable sheets were issued to 197 patients, an increase of approximately 14% over the previous year.

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 231 items of medical equipment were issued on loan.

HOME HELP SERVICE

The service is provided by a Home Help Organiser, one Assistant Home Help Organiser, two whole time home helps and 163 part-time persons employed on a casual basis. The whole-time equivalent of these casual home helps would be 50. I commented in my last report on the very rapid expansion that has occurred in this service over the past three years. This expansion continued into 1969, but to a somewhat lesser extent than in the previous two years. In 1969, 384 persons received assistance, an increase of 18% over the cases helped in 1968. The corresponding increases in 1968 and 1967 were 35% and 24% respectively. The number of new cases (160) was also slightly less than in the previous year. It would appear, therefore, that the demand is beginning to level out and that we may be at last approaching satisfying the needs of those who have heard about the service. It is of concern, however, that in all probability a great many elderly need such a service and have not approached the department on this matter either directly or indirectly. Also very few expectant and nursing mothers seem to realise that they also can avail themselves of this particular service.

The total number hours of help given was 101,530, as compared with 85,949 in 1968, an increase of 18% (22% in 1968).

Tables 29 and 30 show the civil state, and the categories of need and ages of recipients respectively, of the new cases assisted during the year.

Table 29

<i>Recipients</i>	<i>Categories of need</i>					
	<i>Aged/ Infirm</i>	<i>Chronic Sick</i>	<i>Mental Disorder</i>	<i>Expect- tant & Nursing Mothers</i>	<i>Misc.</i>	<i>Total</i>
1. Married Couples living alone	21	6	2	—	8	37
2. Other Married Couples	2	1	—	5	3	11
3. Single Persons Living Alone	M	9	1	—	—	10
	F	74	6	—	3	83
4. Other Single Persons	M	—	—	1	—	2
	F	13	3	—	—	17
Totals	119	17	3	5	16	160

Table 30

Recipients	Age Groups												Totals			
	16-59		60-64		65-69		70-74		75-79		80-84				85+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1. Married couples living alone*		8		8		5		3		6		4		3		37
2. Other Married Couples*		9		—		1		—		1		—		—		11
3. Single persons living alone	M	1		—		2		—		3		2		2		10
	F	3		6		7		15		28		13		11		83
4. Other Single persons	M	2		—		—		—		—		—		—		2
	F	4		—		—		3		7		2		1		17
Totals	3	24	—	14	2	13	—	21	3	42	2	19	2	15	160	

*In the case of married couples the age of the wife only is recorded.

Of the persons assisted in 1969, the largest group was the 313 aged and infirm. Chronic sick and persons suffering from tuberculosis (29) by comparison were few in number, and the remaining 42 beneficiaries were a miscellaneous group which included the mentally disordered and expectant and nursing mothers.

Recruiting home helps is rapidly becoming extremely difficult, particularly since we have to date been seeking part-timers. There is a shortage of available working women on Anglesey as the Industrialists who have established factories here well know, and we find ourselves competing in this market for our home helps.

The Council need now to consider the appointment of a certain number of full-time home helps and provide them with transport so as to ensure the expansion of this most valuable service, particularly to those persons living in isolated cottages and farms.

It is of interest that our home helps in 1969 cooked approximately 10,000 lunches for those they assist.

CHIROPODY

The chiropody scheme functioned satisfactorily throughout the year, all the County being adequately catered for. 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 3,533 treatments were given to 746 patients; 1,208 of the treatments were given in the patients' own homes, and 1,751 in the consulting rooms of the chiropodists. In addition 574 treatments were given to 119 of the residents in the Council's Homes for the Aged.

Although the scheme provides for chiropody treatment for expectant mothers, handicapped persons and the aged, in practice the demand has been confined almost entirely to the last group.

I mentioned in my report in 1968 that there had been a drop in the demand for chiropody. The demand in 1969, however, showed an increase of 25%.

There has been a marked increase in the demand for domiciliary treatment and I am far from satisfied that this trend is entirely justified on the basis of true need.

AMBULANCE SERVICE

The ambulance service in the County is provided from four ambulance stations, one of which is also the ambulance control.

The stations at Llangefni (two ambulances), Holyhead (Control and three ambulances) and Amlwch (one ambulance) are manned throughout the 24 hours, whilst the station at Llangoed (one ambulance) is manned from 8.00 a.m. to 8.00 p.m. daily.

The operational staff consists of a foreman ambulance driver, control room attendant and 22 driver/attendants, and ambulances now operate with a two-man crew except during holidays or sick leave, when some ambulances have to be despatched with a driver only.

During the year 14,110 patients were conveyed by ambulance and sitting case car as compared with 13,882 in 1968.

The milage covered was 335,908 as compared with 311,468 in the previous year. The average mileage per journey and per case carried in both ambulances and sitting case cars showed an increase over 1968.

Table 31

	AMBULANCES			SITTING CARS		
	<i>Cases</i>	<i>Journeys</i>	<i>Mileage</i>	<i>Cases</i>	<i>Journeys</i>	<i>Mileage</i>
First Quarter	2,181	955	36,409	1,464	787	46,075
Second Quarter	2,198	949	35,786	1,399	750	44,725
Third Quarter	1,981	979	36,782	1,310	791	47,404
Fourth Quarter	1,977	978	34,573	1,600	925	54,154
TOTALS	8,337	3,861	143,550	5,773	3,253	192,358
				AMBULANCES	SITTING CARS	
Average mileage per journey				37.17	59.16	
Average mileage per patient carried				17.21	33.32	

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

Both the Mental Health and Social Welfare Services are accommodated in a single Section of the Department and the full establishment is set out on page 56. The combination of these two services, supported by one administrative unit, form a compact, co-ordinated and economically administered section.

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

To mentally ill persons	1,489
To mentally subnormal patients	398

The number of persons under surveillance at 31st December, 1969, was 293.

Since 1967 it is heartening to note that the number of visits by mental welfare officers has practically trebled thus providing a more intensive and extensive service to the mentally ill and mentally subnormal.

Admissions to Hospital

(a) *Mentally ill*

During the year no patients were admitted to hospital under Section 25 but 2 females were admitted under Section 26 and 16 males and 15 females under Section 29. The number of informal admissions was 139 of whom 35 were arranged by the Mental Welfare Officers.

(b) *Subnormality*

No cases of subnormality were admitted under an Order but one case was admitted informally during the year. Arrangements were, however, made for four subnormal patients to be admitted to hospitals during the year for short term care.

The following table gives the number of Anglesey persons who were residing in hospitals for subnormal patients on the 31st December.

Table 32

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Brynhyfryd Hospital, Forden, Welshpool	—	1	1
Coed Du Hospital, Mold.....	—	2	2
Dryma Hall Hospital, Skewen, Glamorganshire	—	1	1
Eryri Hospital, Caernarvon	1	—	1
Garth Angharad Hospital, Dolgellau	5	—	5
Llwyn View Hospital,	—	3	3
Llys Maldwyn Hospital, Caersws ...	3	6	9
Oakwood Park Hospital, Conway ...	6	—	6
Northam Hospital, Almondsbury, Nr. Bristol	—	1	1
Mary Denby Hospital, Great Warford, Alderley Edge, Cheshire	1	—	1
Royal Eastwood Hospital, Redhill, Surrey	1	—	1
Total	17	14	31

It is doubtful if more than nine of these cases will require community care.

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 who 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.

Llys y Gwynt Home for the Elderly Mentally Confused provides accommodation for 22 persons of both sexes. During the year 10 persons were admitted and 8 were discharged. At the end of the year there were 11 persons awaiting admission.

Efforts to implement the Boarding Out Scheme which was adopted by the Council in 1967, continued throughout the year. It is very disappointing to report once again that in spite of advertising and other publicity methods we were not able to board out a single person.

At the end of the year there were a few cases of subnormality provided with residential accommodation in hostels or training centres outside Anglesey as follows:

Fronfraith, Rhyl	2 males
Poplars Vocational Training Unit, Broadoak, Newnham	2 males
Redcourt, Glossop, Derbyshire	1 female

Community Care

Table 33 shows the number of patients referred to the Local Health Authority during the year.

Table 33

NUMBER OF NEW PATIENTS REFERRED TO THE LOCAL HEALTH AUTHORITY DURING 1969

Referred by	<i>M.I.</i>		<i>Psychopathic</i>		<i>S.N./S.S.N.</i>		Total
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
General Practitioners ...	29	20	—	—	—	—	49
Hospitals, on discharge from in-patient treatment	6	7	—	—	—	—	13
Hospital, after or during out-patient or day treatment	5	10	—	—	—	—	15
Local Education Authorities	—	—	—	—	1	—	1
Other Sources	7	4	—	—	7	5	23
TOTAL	47	41	—	—	8	5	101

M.I.—Mentally Ill. *S.N.*—Sub-normal. *S.S.N.*—Severely Sub-normal

Table 34 shows the number under community care at 31st December, whilst Table 35 shows their distribution by age and sex.

Table 34

	<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>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Attending or awaiting entry to Day Training Centre	—	—	—	—	2	2	29	17	31	19	50
Resident in L.A. Home Hostel & others ...	12	7	—	11	—	—	9	6	21	24	45
Receiving home visits	46	54	10	14	24	26	13	11	93	105	198
Total	58	61	10	25	26	28	51	34	145	148	293

Table 35

<i>Age/ Sex</i>	<i>Category</i>				<i>Total</i>
	<i>Mentally Ill</i>	<i>Sub- normal</i>	<i>Severely Sub- normal</i>	<i>Psycho- pathic Disorder</i>	
0- M	—	—	10	—	10
15 F	—	2	17	—	19
16- M	23	23	31	—	77
44 F	23	19	14	—	56
45- M	15	3	3	—	21
59 F	21	6	1	—	28
60- M	11	—	5	—	16
69 F	17	1	—	—	18
70- M	15	—	1	—	16
79 F	13	—	1	—	14
80+ M	4	—	1	—	5
F	12	—	1	—	13
<i>Total</i> M	68	26	51	—	145
F	86	28	34	—	148
<i>Grand Total</i>	154	54	85	—	293

The supervision of the mentally subnormal living in the community is a part of the duties of the Mental Welfare Officer. In Anglesey these duties in the past were carried out by Health Visitors, and more recently by Mental Welfare Officers and Health Visitors. The duties, however, were transferred wholly to the Mental Welfare Officer Staff on the 1st January, 1970. During 1969 the Health Visitors paid 258 visits, and the Mental Welfare Officers 398 visits to these cases.

I am pleased to record the excellent relationship that exists between our Mental Welfare Officers and the General Practitioners and Hospital Consultants in the Area. With regard to General Practitioners, Mental Welfare Officers are given every opportunity to visit and to discuss cases regularly with them and this extremely cordial and professional relationship is as a consequence of considerable benefit to the

patient. Similarly the Consultant Psychiatrists encourage them to visit patients in hospital and request their regular attendance at the Psychiatric Out Patients' Clinics, thus enabling Mental Welfare Officers to form a better and much closer personal relationship with their clients.

Adult Training Centre

The establishment of the Adult Training Centre was maintained at full strength throughout the year, and consists of the Supervisor, a Craftsman and a Craftswoman. Work and training in the Centre progressed satisfactorily during the year and at the 31st December there were 30 male and female adults in training. A small weekly allowance which varies between 5s. and £1 is paid to those attending the Centre, based on attendance, not on individual productivity.

The Centre produces a variety of goods, such as seed and lettuce boxes, whale hide and polythene plant pots, punnets and wreath frames for the horticultural trade, and rugs, nylon coat hangers, rubber link mats and various other articles for local trade. In addition a considerable amount of industrial processing work is carried out for local industries. I would like to express my appreciation for the great interest shown in the Centre by local tradespeople and industrialists.

Junior Training Centre

The establishment consists of a Supervisor, 3 Assistant Supervisors and a Nursery Assistant. During the year 2 children were admitted to the Centre and at the 31st December there were 18 children on the register. Considerable interest is shown by young girls preparing for a career, especially those from nearby training colleges, in the work of teaching mentally handicapped children.

Steady progress has been maintained during the year and the children enjoyed various outings, parties and film shows, which are now a regular part of the curriculum. Our grateful thanks are due to the various groups of children, local industrial firms and other voluntary bodies for their generous gifts and donations to the Centre, including a very fine 16 m.m. cine camera.



Part III
WELFARE SERVICES

WELFARE SERVICES

The Council's responsibility for the 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 hard of hearing, and general handicapped classes of persons;
- (c) the provision of general care of the aged.

For convenience and efficiency, 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, 4 Mental Welfare Officers, a Welfare Officer for the Blind, an Occupational Therapist and a Welfare Officer for the Deaf, the latter on an agency basis with the Chester and North Wales Society for the Deaf.

The Provision of Accommodation

At the end of the year accommodation under Part III of the National Assistance Act, 1948, was available at Park Mount, Llangefni (26 beds), Garreglwyd, Holyhead (45 beds), Brwynog, Amlwch (30 beds). [Haulfre, Llangoed (25 beds) was in the course of adaptation and, as expected, opened early in 1970.] At the end of the year there were 36 applicants awaiting admission.

The following table gives details of admissions to, and discharges from, the Homes during the year.

Table 36

	<i>Brwynog</i>	<i>Garreg- lwyd</i>	<i>Park Mount</i>	<i>Total</i>
Residents at 1/1/69	28	44	24	96
*Admitted	18	21	9	48
*Discharged	12	15	7	34
Died	4	7	—	11
Residents at 31/12/69 ...	30	43	26	99

**Includes residents sent to and re-admitted from Hospital.*

Difficulty was again experienced in recruiting suitable staff in all grades and as a result considerable stress was placed upon the administrative and senior care staff, which stress was further accentuated by illness and resignations.

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. Two 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 ready co-operation at all times.

The Council exercised their powers under the Act to maintain during 1969 five 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 E. E. Hughes, who completed a twelve months course in social work training, and was successful in obtaining the Certificate in Social Work. Arrangements were also made for her to undertake early in 1970 the three months course of specialised training for work with blind persons. I am very pleased to be able to report that Miss Hughes also successfully completed this course and obtained the appropriate Certificate.

Table 37
REGISTER OF BLIND PERSONS

	<i>On</i> 1/1/69	<i>On</i> 31/12/69
Males	51	55
Females	89	86
Total	140	141

Changes during the year:

New Cases registered.....	16
Deaths of persons on register	15
Transfers "In"	3
Transfers "Out"	3
De-certified	—

As will be seen from Table 37 the number of registered blind persons increased by 1 during the year. There are 47 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, 1969, was as follows:

Table 38

<i>Age Groups</i>	<i>No. on Register</i>
0-4	2
5-15	4
16-59	19
60-69	28
70-79	37
80 +	51
Total	141

Four girls and 2 boys are on the Blind Register, three of whom are attending special residential schools for the blind.

Four blind persons were in "open" employment, two were employed as factory operatives, one as a business executive, and one as a charity organiser for the North Wales area of the Royal National Institute for the Blind; there was also one female home worker.

The Social Welfare Officers paid 572 visits to registered blind persons and 77 visits to persons under observation.

A number of articles made by pastime workers are sold through the agency of the North Wales Society for the Blind.

Summer outings were organised to Colwyn Bay, while, in addition to sponsoring them, the North Wales Society for the Blind provided funds for Christmas parties and gifts to each blind person. The Society also provided a birthday gift for nonagenarians.

Talking books are still in great demand and each request is granted when a machine is available. Readers are particularly delighted with 24 Welsh books which have been recorded by the North Wales Society for the Blind.

Welfare of the Deaf and Hard of Hearing

Under the Council's scheme the Chester and North Wales Society for the Deaf continued to act as the authority's agents. 283 visits were made during the year by the Society's staff.

Details of the register are given below :

Table 39

No. of persons on Register at 1st January, 1969	48
New Cases	12
Number died	2
Number left Anglesey	1
Number removed from register	3
No. on Register at 31st December, 1969	54

Classification of cases on Register at 31st December, 1969 :

Number Deaf without Speech: Adults	12
Children	5
Number Deaf with Speech: Adults	9
Number Deaf/part Blind with Speech: Adults	2
Number Deaf/part Blind without Speech: Adults ...	—
Number hard of hearing: Children	12
Adults	14

At the end of the year there were 3 deaf and 4 partially hearing children in residential special schools.

Meals on Wheels

During the year the provision of a meals-on-wheels service was started in Bodedern and Llanfairpwll, in addition to the service already 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. 11,277 meals were supplied as compared with 9,823 in 1968.

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, Menai Bridge and Bodedern 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, 728 meals being provided from this source, as compared with 415 in 1968. 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 16 bungalow or flat schemes, with 207 units of accommodation, for the aged in the county. 10 such schemes incorporated a warden service. The Llanfawr (Holyhead) scheme adjoins the Home for the elderly mentally confused, and the matron of the Home also acts as warden to this scheme. There is a similar scheme in Amlwch adjoining Brwynog Home for the Aged. The County Council has agreed to pay the housing authorities an annual grant per bungalow or flat of approved accommodation, for a period of 60 years 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 reduce the demand for accommodation in the Council's Homes for the Aged.

The warden service is proving very satisfactory. Each warden occupies a house or flat free of rent and in order to encourage ancillary services the Council pays £1 per week for encouraging social functions in the communal lounge, and a further £1 if they undertake to shop or accompany the residents 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 480 people on the Register of Handicapped Persons, an increase of 93 as compared with 1968. In addition there were a further 128 persons whose names were placed on a supplementary register.

The Social Welfare Officers paid 2,787 visits as follows :

To Handicapped Persons	1,520
To Aged Persons	535
To Social Clubs	52
To Others (this category includes visits to persons' relatives, attendances at meetings, talks given, etc.)	680

197 aids and gadgets were issued to handicapped persons on free loan during the year, making a total of 327 aids on loan at the 31st December.

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 Welfare Officers of the Spastics Society visited a number of spastics in the county.

Occupational Therapy

The Occupational Therapist continued visiting Homes for the Aged, Social Clubs, etc., for the general handicapped as well as domiciliary visiting of the housebound. During the year 585 domiciliary visits to 61 physically and mentally handicapped persons, 122 visits to the Homes for the Aged, 45 visits to Social Clubs and 31 visits to the Sheltered Housing Schemes were paid.

The success of the service is largely due to the enthusiasm and encouragement Mrs. Roberts gives the aged and handicapped. In spite of repeated advertising we were unable to obtain the second Occupational Therapist provided for in our establishment.



Part IV

**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.

At 31st December, 1969, 260 persons held dealers' licences authorising the use of a special designation in relation to the sale of milk. All licences expire in 1970, and before new ones can be issued the premises will require to be inspected. The increase (35) over the previous year are mainly retail shops. The proportion of milk sold over the counter continues to increase. By reason of the $\frac{1}{2}$ d. per pint which, outside Holyhead, can be made as a delivery charge, the price in shops is generally that much less than when delivered on the round.

184 samples of Pasteurised Milk were submitted for examination. All were reported as being adequately heat treated but 5 received unsatisfactory reports for keeping quality. 220 samples of Untreated Milk from retail supplies were also examined, 55 of which failed the prescribed tests. Those failures from milk producer-retailers were referred to the Ministry of Agriculture, Fisheries and Food for appropriate action. In so far as dealers' samples were concerned, both for Pasteurised and Untreated Milk, the cause of failures was generally slackness in storage conditions. It would be of great assistance to enforcing authorities if, in appropriate cases, refrigeration facilities could be insisted upon.

The problem of the dirty milk bottle is still with us, although this year has seen a substantial improvement compared with that of the past few years. The situation is much more critical during the later summer months and can often be associated with bottles dumped by holiday-makers. An attempt is being made by the dairy to make available only cartoned milk for other than door-to-door sales. Apart from the cost factor, if this experiment is successful not only should it reduce the number of offending bottles but also reduce the number of broken bottles so often found on the seashore. Although the cost to the consumer is higher, the advantages are that there would be a substantial reduction in the number of "uncleanable" bottles and less chance of broken bottles on the beaches.

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>Number 'Not Genuine'</i>
Baby Food	1	—
Beverages	17	1
Bread and Butter	2	—
Cereals	5	1
Confectionery	25	—
Fruit and Fruit Products	7	—
Honey	1	—
Meat and Fish Products	37	8
Medicinal Products	3	—
Milk and Milk Products	16	9
Sauces and Spices	9	—
Soups	2	—
Tea	1	—
Vegetables	4	—
Vegetable Oil Products	5	—
Totals	135	19

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

MEAT PRODUCTS (8 samples)

Three cooked meat pies were contaminated by mould. Proceedings were instituted in two instances resulting in fines amounting to £10 and £3 respectively. In the third instance relating to a cornish pasty, which was reported as being "mouldy" and containing a fly, the evidence was conflicting as to where the contamination could have occurred, and no further action was therefore taken. Four samples of pork sausages were reported as containing preservative within the prescribed limit, but not bearing a declaration of this presence. In each case a "Caution" was issued, and the appropriate notices are now displayed. One sample of brawn declared the presence of preservative, but did not contain such. Here also a "Caution" was issued.

MILK (9 Samples)

The nine samples of milk submitted to the Public Analyst were reported either to be contaminated with foreign matter or of being sold in dirty bottles. Proceedings were instituted in respect of the

three samples which contained foreign matter, resulting in a fine totaling £80 and £17 16s. 0d. costs. The information concerning the dirty milk bottles was referred to the licensing authority of the dairy concerned. One sample of milk not submitted to the Public Analyst contained glass. Proceedings were instituted and the dairy company fined £30 and costs.

BEVERAGE (1 Sample)

A lemon and lime drink was reported to obtain cyclamates. Investigations revealed that the manufacturers had collected old stocks of this commodity a few days previously, but apparently this one had been overlooked. "Caution."

CEREAL (1 Sample)

Spaghetti together with an associated live insect larva and insect webbing. The larva was identified as that of the Mediterranean Moth, and the distributors admitted that they had had considerable trouble concerning one consignment. An attempt had been made to recover distributed stocks, and this isolated packet had been overlooked. "Caution."

Bacteriological Examination of Cooked Meats

At the request of the Public Health Research Laboratory, 107 samples of cooked meats were submitted for bacteriological examination. The results were forwarded to the Public Health authority of each of the District Councils concerned for any follow-up action which they might deem necessary. Without going into the results in detail, I think it would be a fair summary to suggest that there were indications that a regulation is needed to forbid the dual use of knives and slicing machines for both raw and cooked meats.

Examination of Milk Samples for Tuberculosis and Brucella Abortus

The total of 2,440 samples of milk were submitted for examination for Tuberculosis and Brucella Abortus. No sample was reported as giving a positive reaction to Tuberculosis.

In order to get the correct picture in so far as Brucella Abortus is concerned, it is desirable to divide the samples into two groups—"Herd Samples" and "Individual Cow Samples."

1,846 herd samples were taken, of which 44 (approx. 2.4%) were reported positive. In each of these cases notices were served by the Medical Officer of Health for the appropriate District Council restricting the sale of milk for human consumption.

Arising from the 44 positive herd samples, 596 individual cow samples were taken, of which 58 were positive. Being anxious to do all in our power to assist the milk producer to eliminate this infection from his herd, no reasonable appeal for assistance is refused. This attitude has resulted in a degree of duplication in sampling from the individual animals in infected herds.

One of the difficulties in controlling infection in herds is a complete lack of restriction upon the sale of infected animals. Reference had been made in a previous report to the fact that the introduction of the Brucellosis (Accredited Herds) Scheme has meant an increasing number of infected cattle being offered for sale. A type of Brucellosis, normally unknown in this County, has been reported in milk samples taken from animals only recently introduced into herds. This emphasises the need that no farmer should buy animals into the herd until he has taken every precaution that they are Brucellosis-free; this means at least two "clean certificates."

The Minister's proposal for a new eradication scheme for introduction in 1971 has yet to be announced, but it is sincerely hoped that for the sake of both human and animal health the sale of infected animals will be permitted only for slaughter. The "flying herd" is the predominant type in this County, a fact which makes enforcing officers particularly sensitive to the need for the strictest health controls over the sale of all farm cattle.

A number of milk retailers are registered under the Brucellosis (Accredited Herds) Scheme, and the time might be appropriate for the Ministry to conduct a feasibility study into a requirement that all Untreated Milk sold by retail for human consumption should be from certified herds or their equivalent.

Antibiotics in Milk

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

Ice Cream

97 samples of ice cream were submitted for examination, with the result that 58 were classified as Grade 1, 30 as Grade 2, 9 as Grade 3 and none as Grade 4; 8 samples were reported to be 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. 77 persons are so registered with the Council. Inspections of premises have been combined with other administrative visits.

SANITARY CIRCUMSTANCES

Housing

Table 40 (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, 1969, in the various county districts since the end of the war.

Table 40

District	No. of houses built or under construction		Increase since 31st Dec., 1968		Total No. of houses built or under construc'n per 1,000 population
	by council	by** private builders	council	** private	
Beaumaris Borough	293	92	59	11	187
Amlwch Urban	449	221	42	33	172
Holyhead Urban	1,399	260	168	29	151
Llangefni Urban.....	868	234	77	51	308
Menai Bridge Urban	195	460	30	38	274
Aethwy Rural	690	1,152	16	183	163
Twrcelyn Rural	454	1,148	20	135	164
Valley Rural	803	1,589	45	184	168
Totals	5,151	5,156	457	664	177

Excludes temporary houses completed.

**Includes houses built by other public sectors.

Table 41

HOUSES (BUILT OR UNDER CONSTRUCTION) PER 1,000 POPULATION
At 31st December each year

	1963	1964	1965	1966	1967	1968	1969
Beaumaris.....	117	125	136	151	143	154	187
Amlwch	118	116	114	133	144	153	172
Holyhead	92	100	103	112	120	134	151
Llangefni	207	199	205	233	252	279	308
Menai Bridge	152	166	183	214	229	252	274
Aethwy	56	72	77	100	125	148	163
Twrcelyn	88	97	103	119	134	148	164
Valley	81	90	99	121	136	152	168

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 49 samples of raw water from the Cefni reservoir, 48 were contaminated, some, admittedly, only to a minor degree, but many grossly so. 45 out of 47 samples of treated water from the plant proved satisfactory. 40 samples of treated water from the Alaw plant were satisfactory, whilst four samples were unsatisfactory.

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

Direct labour mainlaying work covered a distance of 15 miles during the year and included some 3.8 miles of trunk mains. 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 Trefdraeth, Llanddona, Rhosybol, Llangwyllog and Llanrhyddlad.

New housing schemes in various districts involved 2.2 miles of new main.

(a) *Lengths of water main laid in 1969: 26,372 yards.*

(b) *New Supplies:*

Beaumaris	44
Amlwch	53
Llangefni	70
Menai Bridge	20
Holyhead	134
Aethwy	187
Twrcelyn	149
Valley	176
Total	<hr/> 833 <hr/>

Fluoridation

Fluoridation of the Cefni and Llyn Alaw water supplies was maintained at a satisfactory level without difficulty, and the whole county is 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.

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 sampling is carried out in pairs from premises in close proximity to each other so as to eradicate as far as possible misleading results due to technical or other faults. Where one of the pair shows a result below Class I the higher classification is the one taken as correct for the purposes of Table 42.

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 42
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	824	14	3	—	841

Food Hygiene Regulations

No prosecutions were instituted by the Council under the above regulations during 1969. 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 1969:

Amlwch Urban District Council:

No change from the position at the end of 1968.

Holyhead Urban District Council:

There has been the normal extension of the sewerage system to cope with housing development.

Turcelyn Rural District Council:

Llanfechell.—This scheme was completed during and came into partial use in December, 1969.

Penysarn.—This scheme received technical approval from the Ministry but was held up for financial reasons by the Government.

Rhosybol.—Council's consultants have prepared a scheme for this village.

Talwrn.—A scheme to serve this village is in the course of preparation.

Moelfre.—Re-alignment of sea outfall was completed.

Valley Rural District Council:

Rhydwyn and Llanrhuddlad.—Sewerage scheme completed and brought into operation during the year.

Valley and Four Mile Bridge.—Sea outfall extension completed.

Rhosneigr.—Sea outfall extension in progress.

Trearddur Bay.—Scheme of separation completed and main sewerage scheme to serve the Ravenspoint and Towyn Capel areas submitted to the Welsh Office for approval.

Aethwy Rural District Council:

Llanddaniel/Gaerwen.—This scheme which provides for a new sewerage system in Llanddaniel, certain modification to the existing sewers in Gaerwen and extensions to the joint treatment works at Gaerwen has now received the approval of the Welsh Office and it is expected that work will commence in the Spring of 1970.

Llanfairpwll.—Some modification of the existing sewers was permitted in order to meet the extensive development taking place in this village and Welsh Office consent has been obtained to complete the Council's proposed scheme including a new treatment plant at Pwllfanog.

Beaumaris Borough Council:

The town sewage disposal plant worked satisfactorily during the year.

In Llanfaes the sewage disposal plant for the new housing scheme was started but was not completed.

Negotiations were still going on in respect to the proposal to provide a sewer for houses in the Llanfaes area towards Llangoed.

Menai Bridge Urban District Council:

The sewage from 30 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:

No major changes from the position at the end of 1968. Further major extensions to the Sewage Disposal Works are envisaged in 1970 to cope with the additional trade effluents from the Industrial Estate.

Part V
SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE

Medical Inspection

The school population on the 22nd January, 1970, was:

Primary Schools	6,400
Secondary Schools	4,175
Special School	42
	10,617

The statistics reflect a satisfactory state of health among the school population and the work of medical inspection is set out in the tables on pages 85—87.

As will be seen from Part II, Tables A and B on pages 86 and 87 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 17 cases of scabies and 1 case of ringworm.

General Condition and Nutrition

The general condition and nutrition of all children except 14 of those examined at routine medical examinations was satisfactory.

86 per cent. of the primary and special school children take milk. Free milk for pupils at secondary schools ceased from September 1968.

The average number of meals served by the *School Meals Service* each school day was 8,300, which represents 82 per cent. of the school population.

Health Education

As reported previously, Health Education in Anglesey is largely confined to the efforts made by the school nurses and dental officers in the normal performance of their duties. As this field of activity urgently calls for expansion, authority was given in 1968 to the appointment of a Health Education Officer and provision was made accordingly in the estimates.

It was most unfortunate that due to the general economic situation it was subsequently necessary to delete this item from the estimates. The appointment of a Health Education Officer, at the earliest possible opportunity still remains a priority if a constructive and sustained programme of Health Education is to be carried out within the County.

School Milk

The policy of providing free milk to children in Secondary Schools was discontinued nationally as from September, 1968, and although it is pleasing to note that 86 per cent. of Anglesey children attending Primary and Special Schools took milk during the year, there was a slight decrease of .1 per cent. as compared with the previous year.

During the year 37 samples of school milk were examined for both keeping quality and heat treatment, and I am pleased to report that all were satisfactory. The chemical quality was also good and in no case below the statutory minimum standards.

Following a complaint concerning the condition of seven bottles of milk delivered in one consignment to the Thomas Ellis C.P. School, Holyhead, by the Northern Dairies (Wales) Ltd., the matter was investigated by the Consumer Protection Department. Legal action ensued and following conviction under Section 2 of the Food and Drugs Act 1955 the Company was fined £30.

A deputation visited the Northern Dairies (Wales) Ltd. to discuss hygiene standards.

The Company reassured the Authority that they would continue to pursue vigorously and diligently their policy of taking all possible precautions to ensure a clean and wholesome supply of milk and that they would in particular investigate the possibility of finding alternative ways and means of improving existing techniques used to eliminate the contamination of milk bottles. It was also accepted that the Local Education Authority could take the following practical steps to assist in improving matters:

- (1) education of pupils regarding the misuse of milk bottles ;
- (2) arrange for milk tops and straws to be removed before returning empty milk bottles ;
- (3) arrange for crates containing empty milk bottles to be put out each day for collection and not left in schools during holiday periods ;
- (4) explore the possibility of arranging school talks and film shows by the Company staff.

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 29,565 inspections, which is equivalent to every child being examined on the average every four months during the year. The number found to be verminous was 73, or 0.7 per cent. of the school population. The figures for the past few years are as follows: 1965, 125 cases ; 1966, 134 cases ; 1967, 77 cases ; 1968, 57 cases.

Orthopaedic Care and After-Care

The following tables set out the work done by the physiotherapist:—

Table 43

<i>Centre</i>	<i>No. of Clinics held</i>	<i>No. of Patients</i>	<i>No. of Attendances</i>
Holyhead	73	141	438
Llangefni	43	142	356
Amlwch	41	90	254
Menai Bridge	40	84	228
Totals	197	457	1,276

Table 44

	<i>Orthopaedic and other</i>
Total number of patients on clinic registers 31.12.68	321
Number of new patients 1969	136
Total number discharged 1969	195
Total number of patients on clinic registers 31.12.69	262

Breathing exercises, etc., have also been given to 4 cases referred by hospitals.

During the year 148 attendances were made by 81 individual children at the 11 Orthopaedic Clinic sessions held at Holyhead and Llangefni, an average attendance of 13.5 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 49 as compared with 90 in 1968. The number of school children seen was 537 (1,020 in 1968). In addition a further 49 pre-school age children were examined.

It will be seen that the number of sessions held during the year was reduced by approximately 50 per cent. as compared with the previous year. This was due to the deaths of Dr. T. G. Wynne Parry and Dr. G. C. Laszlo within a short time of each other, and to an injury sustained by Mr. G. L. Harper, together with the difficulty experienced by the Hospital Management Committee in appointing replacements.

As a result there were 630 children (108 new cases and 522 re-examinations) awaiting appointments at the end of the year compared with 200 cases at the end of 1968. In some cases, children had to wait up to nine months to be seen by the Ophthalmic Surgeon, a state of affairs which causes considerable concern. The hospital authorities have assured us that they are doing their best to resolve this difficulty.

The number of cases of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 18.

Prescriptions for glasses were issued at the clinics to 296 children, approximately half the number issued in each of the two preceding years.

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 910 children were tested by the nurses and 103 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 1969 they examined 384 such children and referred 19 to see the school medical officer.

Orthoptic Treatment.

Orthoptic clinics continued to be held at Bangor and it is regretted that no statistics are available.

Unfortunately, sessions at the St. David's Priory, Holyhead, ceased at the end of May as the Orthoptist was no longer available to hold sessions in Anglesey. As a result, only twelve sessions were held during the year, 10 new cases were seen and the total attendances at these Clinics was 102.

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 General Hospital, Bangor.

These are among the commonest causes of ill-health among children, and during 1969 86 cases were referred for further investigation and 47 were operated upon, 25 for the removal of tonsils and/or adenoids, 9 for diseases of the ear, and 13 for other nose and throat conditions; 4 children received other forms of treatment.

Handicapped Pupils

Much work was done during 1969 in the ascertainment of handicapped pupils and at the year's end the number of such pupils on the register was 233.

Table 45
CLASSIFICATION OF HANDICAPPED PUPILS

<i>Category</i>	<i>No. formally ascertained during the year 1969</i>	<i>No. on the register of H.P.s. at 31/12/69</i>
Blind	2	5
Partially sighted	—	3
Deaf	1	3
Partially hearing.....	7	32
Delicate	2	3
Educationally Sub-normal	16	153
Epileptic	—	2
Maladjusted	—	—
Physically Handicapped	2	14
Speech	—	18
Totals	30	233

During 1967, a register was started 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, 1 Blind, 2 Partially Sighted, 1 Deaf, 3 Partially Hearing and 26 Physically Handicapped Children were on this "Potentially Handicapped" register.

In addition, 16 Delicate, 15 Epileptic, 1 Potentially Maladjusted, together with 4 children with Severe Communication Difficulties were under surveillance. There were also 39 children who are Potentially Educationally Sub-normal or Mentally Sub-normal.

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 46

<i>Category</i>	<i>No. admitted 1969</i>	<i>No. in.att'ce at Dec. 31</i>	<i>No. waiting adm. Dec. 31</i>
Blind	—	3	2
Partially sighted	—	1	1
Deaf	—	2	1
Partially Hearing	—	4	—
Delicate	1	1	—
Educationally sub-normal	18	59	28
Epileptic	—	1	—
Maladjusted	—	—	—
Physically Handicapped ...	3	7	3
Speech	—	—	—
Totals	22	78	35

Educationally Sub-normal Pupils.

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 1969 45 such reports (on Form 3 H.P.) were received, and 37 were referred for further examination. The remaining 8 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 22, of whom 16 were recommended some form of special educational treatment, and 4 were reported upon as being unsuitable for education at school.

Children ascertained as educationally sub-normal pupils who are recommended for educational treatment at a day special school are normally admitted to St. Gwenfaen School, Rhoscolyn. Although the number of children on the school roll at 31st December, 1969, increased to 42 as compared with 34 at the end of 1968, it has not been possible to admit a number of children due to the school's isolated position and the resultant transport difficulties.

The majority of children in need of educational treatment at a residential special school are placed at Treborth Hall, Bangor, and at the end of 1969 16 Anglesey children were attending this school. As from September, 1968, pupils have been admitted also on a day basis and 10 places are allocated to Anglesey children. By the end of the year seven children were attending as day pupils. Thus day placement facilities at Treborth Hall assist towards alleviating the needs of those children who for geographical reasons are unable to attend St. Gwenfaen.

Four children were recorded as unsuitable for education in school, under Section 57 of the Education Act, 1944, as amended.

Defective Hearing.

There were 3 deaf pupils on the register at the end of the year and 32 partially hearing. One school child was examined by Professor Sir Alexander Ewing at Bangor during the year.

According to the records, there are now 13 pupils in Anglesey schools known to have been provided with hearing aids.

Speech Therapy.

The Speech Therapist held 155 sessions during the year and gave 1,100 appointments. 33 new cases were seen and a total of 75 children received treatment during the year. 25 were discharged. A number of other cases were interviewed but did not require treatment.

Spina Bifida Survey

An initial survey carried out in 1967 to ascertain the number of spina bifida cases amongst Anglesey children born during the period 1st January, 1960, to 31st December, 1967, revealed a known total of 19 cases; 2 further cases were discovered at a later date. Six new cases came to our notice during 1968 and a further 4 in 1969, making a total of 31 known cases over the period. Of the 4 new cases in 1969, two died shortly after birth, one was stillborn and one survived at the end of the year.

Of the overall total 11 have died, 9 were stillborn, and 1 has left the County. Of the surviving Anglesey children, 3 are attending ordinary schools, 2 are attending a residential school for physically handicapped pupils and the remaining 5 are being kept under close surveillance.

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 1969 are given in tables 47—49.

Table 47

Anglesey Children seen during 1969**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	30	22	24	78	56	21	—	—	—	26	75
Holyhead ...	48	31	36	142	116	31	—	—	—	44	159
Children seen at schools.....	150	—	—	—	—	150	—	—	—	—	—
Totals	228	53	60	220	172	202	—	—	—	70	234

"C"—Child

"P"—Parents or Guardians

Table 48

2. Elsewhere—Number of Visits :

<i>Psychiatric Social Workers</i>	<i>Psychologists</i>
Home Visits and Visits to Other Agencies	School and Other Visits
58	87

Table 49

3. Number of referrals to Psychiatrists during 1969 :

<i>Name of Referring Agency</i>	<i>No. of Referrals</i>
School Medical Officer	33
General Practitioners	14
Consultant Paediatricians	8
Other Medical Specialists	5
Courts and Probation Officers	—
Other Social Workers.....	—
Parents	1
Schools and Education Officers	1
Children's Officer	1
	63
Waiting list at 31/12/69	5

DENTAL SERVICE

The dental statistics set out in Table 50 reveal that during the year only 60 per cent. of the total school population were dentally inspected, compared with 86 per cent. in 1968. There was, however, an increase of 9 per cent. in the number of pupils treated and an increase of 5 per cent. in the "courses of treatment completed" during the year, compared with the previous year when there had been increases of 60 per cent. and 66 per cent. respectively on performance in 1967.

These are satisfactory results on the whole and are undoubtedly due to the policy of the Education Welfare Committee during 1967 to switch the emphasis from treatment at fixed clinics (except for extractions under general anaesthesia) to treatment in mobile dental units. Relatively more emphasis on inspections however will have to be applied in 1970 as it is only by a 100% inspection rate annually that we can truly evaluate the need for dental services within the School Dental Service.

I am pleased to report that a third mobile dental unit came into use during September with the result that each dentist now has a mobile surgery as well as a fixed surgery.

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

"It will be noted in one of the Area Dental Officer's reports that 100% of the parents of children in one school availed themselves of the opportunity for treatment. There can be many reasons for the acceptance or refusal of treatment. It must be acceptable by both parent and child, and be of high standard. The fact that it is easily available and convenient on the school premises appeals tremendously. The use of Mobile Dental Units in Anglesey plays a great part in this and now that we have achieved a high standard we must endeavour to keep our treatment, and our equipment, as up to date as possible. Treatment at school has become popular, and it would be a pity if the demand was not satisfied. To meet this, we would need to increase our establishment by one area dental officer.

Some Anglesey school children have received further treatment from my colleagues in the Hospital Dental Service. The other dental officers and myself are particularly indebted to the Specialist Orthodontists in private practice who have taken over so many of our more complex problems. Attendance by children to places as far away as Liverpool and even London, in two instances, has, according to their parents, been well worth the time and expense involved. It is a matter for regret that we have no such treatment available locally.

I am including herewith reports received from Mr. H. W. Evans and Mr. J. Barcroft.

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

"During 1969 for the first time full use was made of the mobile dental unit to visit all primary schools in my area, and this resulted in an increase in the consent rate for treatment of up to 30% on the previous year. In a number of schools this consent rate reached 90% and in one school (Rhosybol C.P.) for the first time since I came to Anglesey in 1960, consents were received in respect of all the children.

"This, naturally, meant an increase in the demand for conservative treatment. Also, the anaesthetic sessions had to be increased to two each week, to afford adequate coverage for emergency extractions. The number of inspection sessions at the Secondary Schools suffered accordingly.

"After all the preaching about the harmful effects on the teeth of eating sweets and biscuits between meals, one large school in the County (Llangefni Secondary) saw fit, without consultation with their area Dental Officer, to instal a sweet vending machine. One was pleased to see that the Education Authority took such prompt action on the matter and prohibited the sale of cariogenic snacks and required the school to substitute for confectionery other items like fruit, etc."

Mr. J. Barcroft, Area Dental Officer in the Holyhead area, in his report underlines the beneficial effects of fluoridation as witnessed by him, and adds that:

"A little more care in the cleanliness of the mouth would enhance this effect even more."

He adds that as far as he is concerned:

"Having use of a mobile clinic has made it possible to visit every school in the area for inspections and treatment. It has also markedly reduced the number of failed appointments."

I feel that we are really beginning to reap the benefit of the previous years of dental health education and treatment. We have preached the need for good oral hygiene for a long time, and we have already seen the benefits of Fluoridation in Anglesey—in this we are the envy of the vast majority of other dental officers.

On behalf of myself and my two colleagues I wish to record our appreciation of the valuable help given to us, by the three Consultant Anaesthetists, the Nursing Staff and the Headmasters and Teachers, during the year."

Table 50

Dental Inspection and Treatment

1. No. of pupils inspected by the Authority's Dental Officers :		
(a) Periodic age groups		6,346
(b) Specials		564
(c) Total (periodic and specials)		6,910
2. Number found to require treatment		5,796
3. Number offered treatment		5,415
4. Number actually treated		5,338
5. Attendances made by pupils for treatment		8,265
6. Half-days devoted to	(a) Inspection	85
	(b) Treatment	1,172
	(c) Total	1,257
7. <i>Fillings</i> :	(a) Permanent Teeth	4,675
	(b) Temporary Teeth	2,766
	(c) Total	7,441
8. <i>No. of teeth filled</i>	(a) Permanent Teeth	3,615
	(b) Temporary Teeth	2,457
	(c) Total	6,072
9. <i>Extractions</i> :	(a) Permanent Teeth	659
	(b) Temporary Teeth	2,359
	(c) Total	3,018
10. Administration of general anaesthetics for extraction		1,176
11. Emergencies		101
12. Other Treatments		2,696
13. Courses of treatment completed		4,801
14. Orthodontics :		
(a) Cases brought forward from previous year		45
(b) Cases commenced during the year		41
(c) Cases completed during the year		28
(d) Cases discontinued during the year		6
(e) Removable appliances fitted		40
(f) Fixed appliances fitted		1
(g) Pupils referred to Hospital Consultant		21
15. Number of pupils supplied with dentures		15

Miscellaneous Medical Examinations

The School Medical Officers carried out 51 medical examinations of candidates for admission to courses of training for teaching and a small number of other miscellaneous examinations.

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)
4	Skin	2	2	2	7	—	2	4	11
5	Eyes :								
	a. Vision	5	—	65	7	9	2	79	9
	b. Squint	12	4	1	3	—	—	13	7
	c. Other	—	—	1	1	—	—	1	1
6	Ears :								
	a. Hearing	3	4	—	8	—	1	3	13
	b. Otitis Media	—	4	—	6	—	1	—	11
	c. Other	—	—	—	—	—	—	—	—
7	Nose & Throat.	22	27	14	27	2	5	38	59
8	Speech	2	6	—	—	—	1	2	7
9	Lymph. Glands.	2	17	—	2	—	—	2	19
10	Heart	6	20	2	1	—	—	8	21
11	Lungs	3	3	2	5	—	—	5	8
12	Developmental :								
	a. Hernia	1	5	—	—	—	—	1	5
	b. Other	—	18	1	5	2	5	3	28
13	Orthopaedic :								
	a. Posture	1	1	1	—	—	—	2	1
	b. Feet	13	9	45	5	—	—	58	14
	c. Other	1	3	2	4	1	—	4	7
14	Nervous System								
	a. Epilepsy	—	4	—	—	—	1	—	5
	b. Other	—	1	—	—	—	1	—	2
15	Psychological :								
	a. Developm't	—	3	—	—	—	—	—	3
	b. Stability	—	—	—	1	—	—	—	1
16	Abdomen	—	3	1	1	—	—	1	4
17	Other	4	4	2	1	—	—	6	5

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	1	1
5	Eyes :	55	13
	a. Vision	4	1
	b. Squint	4	—
	c. Other	29	7
6	Ears :	3	—
	a. Hearing	—	—
	b. Otitis Media	12	—
	c. Other	12	—
7	Nose and Throat	—	—
8	Speech	4	—
9	Lymphatic Glands	4	—
10	Heart	4	1
11	Lungs	—	—
12	Developmental :	—	—
	a. Hernia	2	—
	b. Other	—	—
13	Orthopaedic :	—	—
	a. Posture	3	—
	b. Feet.....	6	—
	c. Other	—	—
14	Nervous System :	—	—
	a. Epilepsy	—	—
	b. Other	—	—
15	Psychological :	26	1
	a. Development	2	—
	b. Stability	1	1
16	Abdomen	7	—
17	Other	—	—

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 ...	46
Errors of refraction (including squint)	491
Total	537
No. of pupils for whom spectacles were prescribed	296

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

Received operative treatment :	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsilitis	25
(c) for other nose and throat conditions	13
Received other forms of treatment.....	4
Total	51

Total number of pupils in schools known to have been provided with hearing aids :

(a) 1969.....	—
(b) in previous years	13

Table C.—Orthopaedic and Postural Defects :

(a) Pupils treated at clinics or out-patient departments.....	331
(b) Pupils treated at school for postural defects	—
Total	331

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

Ringworm—Scalp	—
Ringworm—Body	1
Scabies	17
Impetigo	—
Other Skin Diseases	16
Total	34

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

(a) Under Child Guidance arrangements	78
(b) Under Speech Therapy arrangements	75
Total	153

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	436
(d) Other :	
(i) Pupils given Breathing Exercises	4
(ii) Treated at Hospitals	404
(iii) Enuresis Alarms	29
Total	873

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) Three 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	(a) C. & A. Hospital, Bangor (b) St. David's Priory, Holyhead	Weekly 1st and 3rd Tuesdays monthly
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) Wednesday (morning) ...Tuesday (morning)

APPENDIX "A"

CONSTITUTION OF HEALTH COMMITTEE YEAR 1969/70

Chairman : Mr. Llew Lewis

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

†Mr. G. Alun Williams

Mrs. M. A. Edwards

*Miss I. Johnston

Mrs. A. Arthur Jones

Mrs. A. Lloyd-Jones

*Mr. Frank Bell

*Major C. Fanning Evans, J.P.

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

*Mr. D. A. Godfrey

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

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

Mr. O. R. E. Jones

Mr. R. J. Jones

†Mr. Hugh Jones, M.B.E., J.P.

*Dr. W. Parry-Jones

Mr. Thomas Jones

Mr. T. H. Morgan

Mr. J. E. O'Toole

Mr. Albert Owen

Mr. R. H. Owen

Mr. W. Charles Owen

Mr. W. R. Pierce

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, J.P.

Mr. D. Manley Williams

Mr. Stanley T. Williams

*Co-opted members

†Ex-officio

**MEMBERS OF ANGLESEY EDUCATION WELFARE
COMMITTEE, 1969/70**

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

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

Mrs. M. A. Edwards	Mr. John Lewis
Mrs. A. Lloyd Jones	Mr. T. H. Morgan
Mr. Owen Griffith	Mr. J. E. O'Toole
Mr. C. W. Grove-White	Mr. J. R. Owen
Mr. J. W. Gruffydd	Mr. R. H. Owen
Rev. D. R. Hughes	Mr. W. Charles Owen
Mr. R. O. Hughes	Mr. W. R. Pierce
Mr. J. Gwynedd Jones	Mr. Robert Prichard
Mr. Hefin W. Jones	Mr. John Roberts
Dr. Leslie W. Jones, O.B.E.	Mr. O. J. Thomas
Mr. Llewelyn W. Jones	Mr. D. Manley Williams
Mr. O. R. E. Jones	Mr. G. Alun Williams
Mr. Thomas Jones	Mr. Gordon C. Williams
Mr. T. H. Jones	Mr. Richard Williams
Mr. D. R. Lewis	Mr. S. T. Williams

SENIOR STAFF OF THE COUNTY HEALTH DEPARTMENT, 1969

APPENDIX "B"

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.
Medical Officers in Department 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.
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	<u>*G. C. Laszlo, M.D., L.R.C.P., D.O.</u> *G. L. Harper, M.R.C.S., L.R.C.P., D.O. *H. K. Mehta, M.B., B.S. (Bombay), F.R.C.S. D.O.
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. *A. C. Peterson, M.B., Ch.B., 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	W. E. Moore, B.Sc.
Speech Therapist	Mrs. P. M. Allcock, L.G.S.T.
Orthoptist	††Mrs. L. Arnold
Physiotherapist	††Mrs. H. Lloyd Williams

†Also part-time District Medical Officers of Health

*Under contract with Welsh Hospital Board

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

Chief Administrative Assistant	Horace Betts, D.P.A.
Deputy Chief Administrative Asst.	B. G. Rhodes.
Admin. Assistant School Health Service	Miss E. Jones, D.M.A.
Superintendent Nursing Officer	Miss J. E. Jones, S.R.N., S.C.M., Q.N., H.V. Cert.
Dep. Superintendent Nursing Officer	Miss M. E. Clarke, S.R.N., S.C.M., H.V. Cert., Q.N., R.N.Cert. (Ontario)
Non-Medical Supervisor of Midwives	Mrs. M. Murphy, S.C.M., S.E.A.N.
Health Visitors	9 Health Visitor/School Nurses 2 Health Visitors 1 School Nurse
District Nurse/Midwives	17 District Nurse/Midwives
Senior Welfare Officer	R. J. Jones, C.S.W.
Welfare Officers	4 Mental Welfare Officers 2 Social Welfare Officers 1 Social Welfare Officer for the Blind 1 Occupational Therapist
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 B. Lloyd Jones, S.R.N., R.M.N.
Park Mount	Mrs. M. Chamberlain, S.R.N.
Garreglwyd	Mrs. E. M. Williams, S.R.N.
Brwynog	Miss E. O. Roberts
Haulfre	Miss M. E. Owen

ASSOCIATED OFFICERS OF THE COUNTY COUNCIL

Clerk of the County Council	Idris Davies, LL.B.
Director of Education	D. G. Hopkin, B.A., LL.B.
County Treasurer	I. L. Pugh, 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	D. A. Parry, B.A., D.A.S.S.
Public Analyst	R. Sinar, B.Pharm., B.Sc., M.Ph.A., M.Chem., A. F.P.S., F.R.I.C., A.Inst. W.P.C.

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
LLANGEFNI	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
BRYNGWRAN	Youth Club	1st and 3rd Tuesday
CEMAES BAY	Village Hall	2nd and 4th Wednesday
HOLYHEAD	St. David's Priory	2nd and 4th Thursday
LLANGEFNI	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 Tuesday
LLANGEFNI	Isgraig Clinic	1st Tuesday
HOLYHEAD	St. David's Priory	1st 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
LLANGEFNI	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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